Multnomah County
Health Department

Ryan White Part A

2022 Client Experience Survey Results

Portland, OR Transitional Grant Area

HIV Grant Administration and Planning

April 2022

Acknowledgements

A special thank you to the Black Indigenous & People of Color (BIPOC) Data Review Committee and consumer participants for your thoughtful advisement and ongoing support for ensuring BIPOC voices and stories are represented.

We want to recognize the hard work and assistance disseminating this survey by the Ryan White Part A funded organizations: Cascade AIDS Project, Cascade AIDS Project SW Washington, HIV Day Center – Ecumenical Ministries of Oregon, Multnomah County Health Department's PATH Program and HIV Health Services Center, OHSU's Partnership Project and Russell Street Dental Clinic, and Quest Center for Integrative Health.

Thank you to the Ryan White Part A Grantee, the HIV Grant Administration & Planning Team, for always seeking opportunities for improvement. A special thank you to Aubrey Daquiz, Jenny Hampton, Jenna Kıvanç, and Marisa McLaughlin for the countless hours of creating this survey, analyzing data, and writing and editing this report. We appreciate the contributions of program coordination, grant administration and compliance work of Lisa Alfano, Jonathan Basilio, Laura Bradley, and Amanda Hurley.

Finally, we want to extend our deepest gratitude to all the people living with HIV and consumers of services that took the time to complete this survey. Your feedback about Ryan White services is valued and will be used to continuously improve the system of care.

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Executive Summary

The Ryan White Portland, Oregon, Transitional Grant Area (TGA) service delivery system provides an array of vital services to people living with HIV (PLWH). This system is administered locally by the Multnomah County Health Department HIV Grant Administration and Planning (HGAP) program. Approximately 2,800 individuals are served annually, which represents about half of all people living with HIV who reside in the TGA service area.

Every other year, HGAP conducts a client survey in order to better understand the extent to which consumers are satisfied with services provided. Throughout the years, clients have reported high levels of satisfaction and this year is no different. New to the survey in 2021 are questions that pertain directly to this very challenging time; the COVID-19 pandemic. Thank you so much to the consumers who helped craft the 2021 client survey, who assisted with the methodology, and who spent many collective hours completing a survey.

Key Findings

Surveys were distributed primarily via an electronic survey (paper was also an option) during the fall and winter months of 2021. A total of 463 consumers completed a survey and proved to be the most representative sample of individuals compared to past years of this effort. The local Ryan White program services a community that is about 40% Black Indigenous and Persons of Color (BIPOC), 85% male, 21% Latinx, and 67% residents of Multnomah County. The survey sample in 2021 very closely mirrored this demographic profile. New to the 2021 survey was the measurement of disability status. A total of 46% of the survey sample reported at least one disability.

Client Satisfaction

Clients were asked about levels of satisfaction across three areas. There were high levels of satisfaction across all three areas for all time frames measured (years 2015-2021):

1. General - Satisfaction was high in 2021 across these dimensions, and significant demographic differences were included where relevant.
    - (96%) Protect my privacy
    - (93%) Easy to understand explanations
    - (93%) Treat me with respect
    - (90%) Timely call back
    - (89%) Treated as a care plan partner
        - Gender diverse/transgender, people with disabilities (PWD) were ***less likely*** to be satisfied
    - (89%) Help me manage my HIV
    - (89%) Listen and understand my needs
        - Gender diverse/transgender, people with disabilities were ***less likely*** to be satisfied
    - (87%) There are ways to share feedback
        - Gender diverse/transgender were ***less likely*** to be satisfied
    - (86%) Connect me with other resources
        - People with disabilities were ***less likely*** to be satisfied
    - (83%) Cope with stress
        - Gender diverse/transgender; LGB+ (including same-sex loving, lesbian, gay, bisexual, pansexual, asexual, queer, and questioning); people with disabilities were ***less likely*** to be satisfied

2. Trauma Informed Care – Measured over the past two years, there were also very high levels of satisfaction with the extent to which services were trauma informed across the following dimensions:
    - (96%) Staff understand/respect my sexual orientation
        - BIPOC were ***less likely*** to be satisfied
    - (95%) Staff understand/respect my gender identity
    - (94%) In-person COVID-19 safety guidelines
    - (94%) My cultural identity reflected in environment/materials

    - BIPOC and those under 55 were ***less likely*** to be satisfied
- (94%) I can be my authentic self here
    - People with disabilities were ***less likely*** to be satisfied
- (93%) Staff understand/respect cultural/ethnic background
    - BIPOC and people with disabilities were ***less likely*** to be satisfied
- (92%) I feel safe
    - People with disabilities were ***less likely*** to be satisfied
- (92%) Overall, I am satisfied with the care I received
- (91%) Other clients following COVID-19 safety guidelines
    - Gender diverse/transgender were ***less likely*** to be satisfied

3. Medical Case Management (MCM) - Satisfaction with MCM was high in 2021 across these dimensions, and significant demographic differences were included where relevant.:
    - (92%) Apply health insurance
    - (91%) Understand HIV medication adherence
    - (91%) Understand HIV labs
        - Gender diverse/transgender were ***less likely*** to be satisfied
    - (90%) Stay in medical care
    - (89%) Stay on HIV medications
    - (87%) Gain advocacy/navigation skills
    - (85%) Apply dental insurance
        - People with disabilities were ***less likely*** to be satisfied
    - (82%) Figure out medical system

Newly Diagnosed Clients

In 2021, 5% (23) were diagnosed with HIV within the past 2 years (2019-2021). These newly diagnosed respondents reported a high level of satisfaction with their service experiences post-diagnosis:

- (94%) HIV medical care
- (91%) HIV medical case management
- (90%) Information/referral to various types of services
- (83%) Information/class on HIV
- (83%) Other HIV services

Adverse Experiences & Barriers to HIV Care

A wide range of adverse experiences were reported during the past two years. The top three most commonly cited adverse experiences were also the top three most commonly cited barriers to HIV care:

- (68%) Depression, anxiety or other mental health issues
    - BIPOC, those under 55 and people with disabilities were ***more likely*** to experience
    - Those under 55 and people with disabilities were ***more likely*** to experience as a barrier to HIV care
- (44%) Social Isolation
    - LGB+ and people with disabilities were ***more likely*** to experience
    - People with disabilities were ***more likely*** to experience as a barrier to HIV care
- (42%) Other major life stressor
    - White, those under 55 and people with disabilities were ***more likely*** to experience
    - People with disabilities were ***more likely*** to experience as a barrier to HIV care

Both food and housing insecurity were issues for respondents:

- (53%) Food insecurity

    - BIPOC, gender diverse/transgender, those under 55 and people with disabilities were ***more likely*** to experience
- (35%) Housing insecurity
    - Gender diverse/transgender and people with disabilities were ***more likely*** to experience

Service Use and Gaps During the Pandemic

The top four most commonly utilized services were:

- (94%) HIV medical care
- (86%) HIV case management
- (86%) Pharmacy and medication assistance
- (82%) Dental care

The top three services where there was a net increase in use were:

- (20%) Food assistance
- (19%) General information on public health emergencies
- (20%) Housing assistance
    - Those under 55 were ***more likely*** to report as an increase

Respondents with disabilities were ***more likely*** to experience a net increase in use across a wide range of service from transportation to mental health services.

The top three service gaps were:

- (15%) Emergency financial assistance
- (11%) Caregiver support
- (11%) Housing assistance

BIPOC respondents were more likely to experience gaps across a wide range of services from food assistance to mental health services.

Agency Contacts & Client Communication

A higher percentage of respondents reported that they had too few contacts from agency staff compared to those surveyed in 2017 and 2019. BIPOC respondents were more likely to report too few contacts with agency staff.

The proportion of respondents who used technology-based methods of communication was high across many of these categories:

- (87%) Send/receive email
    - 55+ respondents and people with disabilities were ***less likely*** to use
- (57%) Online scheduling
- (48%) Video-chat
    - BIPOC and heterosexual respondents were ***less likely*** to use
- (39%) Telemedicine/telehealth
    - BIPOC and heterosexual respondents were ***less likely*** to use
- (22%) Online support networking
    - Heterosexual respondents were ***less likely*** to use

The above proportions were similar to the proportion of respondents that would like to continue using technology post-COVID. 91% of all clients had their own device to access the internet or had a place to go to access the internet.

Respondents reported they preferred to rely on the following sources of information when a public emergency arises:

- (56%) Case manager or provider
    - 55+ respondents were ***less likely*** to prefer
- (53%) News
    - BIPOC and heterosexual respondents were ***less likely*** to prefer
- (41%) Public emergency alerts
    - BIPOC respondents were ***less likely*** to prefer
- (38%) County/state/federal website/social media
- (27%) Agency website/social media
- (25%) Friends/family
- (12%) Other social media

Alcohol and Drug Treatment

Of the 36 respondents who accessed substance use disorder (SUD) services within past year:

- 13 accessed inpatient services
- 16 accessed outpatient services
- 18 accessed peer services

Most respondents who accessed SUD services reported it took them two weeks or less to access. Satisfaction with SUD services was high.

Introduction

The HIV Grant Administration and Planning (HGAP) program manages the Ryan White Part A federal grant which addresses the unmet health needs of low-income persons living with HIV in the Portland metropolitan area. The federal grant-defined Portland metropolitan area consists of five counties in Oregon (Clackamas, Columbia, Multnomah, Washington, and Yamhill) and one in Washington (Clark), and is referred to as the Portland Transitional Grant Area (TGA). The Portland TGA system of care also received program income from Ryan White Part B funding directly from the Oregon Health Authority (OHA). Both Part A and Part B funding are distributed through contracts with seven organizations, including community-based non-profits, local health departments, and medical centers, in which clients access primary health care and support services. These services are targeted and designed with the explicit purpose to increase retention in care, improve health outcomes, increase the quality of life for those living with HIV, and ultimately reduce the transmission of HIV. As part of their administrative responsibilities, HGAP conducts a client survey every other year.

Consumer feedback in the form of client surveys provides a structured method to obtain client insight around satisfaction with service provision. Specific questions around client service needs, barriers to care, technology, and communication were added to the survey in 2021, due to the huge impact that the COVID-19 pandemic had on not only our local Portland TGA system of care, but also the entire world. Data collected is of interest to multiple stakeholders (providers, consumers, HIV Services Planning Council, HGAP, community members, etc.) and is used as a tool to help Ryan White funded organizations develop quality improvement goals. Measuring client satisfaction is also important for the following reasons:

- Strengthens communication between clients and agencies
- Enables agencies to assess the strengths and weaknesses of their programs from the clients' perspective
- Creates baseline data against which to measure changes in clients' satisfaction over time
- Provides data around which quality improvement efforts can be formed

Client survey data gathered was analyzed at the agency level as well the TGA level. Each participating agency received a summary of the client satisfaction survey results for their agency. TGA-level client survey results were presented to both the agencies and the HIV Services Planning Council. This report contains TGA-level client survey results.

Methodology

Of the seven Ryan White funded organizations, six participated in this client survey endeavor. One organization did not participate due to logistical challenges inherent in the placement in residential SUD treatment programs. Instead of surveying these specific clients, SUD-specific questions were asked of all clients surveyed to obtain information about client experience across the spectrum of SUD services utilized by individuals living with HIV.

Consumers who sit on the HIV Services Planning Council BIPOC Data Review Committee (DRC) greatly assisted in the development of the final survey content. Client input on survey questions was also collected over the course of two community-based feedback sessions. Feedback from both groups was instrumental in crafting a survey that directly spoke to the experiences of consumers during the pandemic. Additionally the BIPOC DRC also helped develop a dissemination methodology to garner a more representative sample of respondents that closely resembled the demographic profile of TGA RW clients. Their direction helped HGAP achieve the goal of the most representative survey sample that we have ever garnered. See **Appendix A** for the survey.

Survey dissemination occurred through electronic survey (e-survey) distribution, in person surveys distributed at specific agencies (with the option of returning them via on-site drop box or mailing in a business-reply envelope) and surveys mailed to client home addresses. The electronic survey design allowed clients the ability to access questions on up to two agencies where they received services. While paper surveys were available, most respondents completed a Google Form e-survey. These anonymous surveys were available in both English and Spanish, and agencies only emailed e-surveys and mailed paper surveys to clients who had given them prior communications consent.

Beginning in mid-October 2021 and continuing through mid-January 2022, the six participating organizations sent clients an e-link to the client experience survey Google Form via email (for those who had a current email address in their provider electronic data system) or through an EPIC MyChart message (for those signed up with My Chart). A total of three e-mail blasts went out to clients who had an active and electronic email stored in the agency's data system. Providers also distributed the e-survey via online newsletters, websites, and email signatures. Four agencies utilized on-site tablets during a portion or all of the data collection time period. For three agencies, the tablets were stationed in the reception area of the agency for the entire data collection time period. Two agencies utilized tablets for consumers to access during regularly scheduled support groups. Additionally, paper surveys were available at five of the six participating agencies; paper surveys were also directly distributed to clients who received home-delivered meals from two agencies. Surveys were also mailed to a select number of clients that have been underrepresented in past client satisfaction surveys to ensure additional access means. Of the 688 mailing addresses pulled from CAREWare, surveys were sent to 636 clients that providers confirmed were active and had current consent to mail. As an incentive, consumers they were given the option of continuing to a separate link to enter a raffle. At the close of the survey, five names were randomly drawn and each winner was given a $50 gift card.

Data were analyzed using IBM SPSS Statistics. Tests of significance using SPSS were performed to determine the presence of statistically significant variation between groups (p-value <.05). All open-ended agency-specific qualitative data were disseminated to the respective agencies in its raw form. At the TGA-level, these data along with open forum data collected in 2020 will be summarized in a separate document.

Who Participated?

Across these six participating Ryan White funded agencies, a total of approximately 2,780 unduplicated clients were served in 2021. Of these clients, approximately 436 clients completed at least one set of client survey questions. The approximate response rate for this survey effort was 16%. Twenty-seven of the 463 were completed in Spanish. Of the 463 clients who completed an e-survey, the vast majority accessed the e-survey link from an email received from their agency or MyChart message (66%); 18% completed a paper survey; 6% completed an e-survey after receiving a letter from a provider with a survey link; 5% completed the e-survey on a tablet at an agency or agency-organized group; and the remaining 4% completed a paper survey that was sent by their provider.

The demographic characteristics (age, race/ethnicity, gender, sexual orientation, county of residence, and disability status) of those who completed a client survey are important for the following reasons:

- Determine if the survey sample is representative of the clients who received Ryan White TGA services.
- Understand more about the individuals who answered the survey.
- Determine if any group differences exist with survey responses.

Participants who graciously took the time to complete a client survey were mostly male (83%), white (63%), and residents of Multnomah County (68%). The below table displays the demographic characteristics of client participants.

Demographic Characteristics of Ryan White Portland TGA Survey Participants (N=463)

	#	%		#	%
Age			**Sexual Orientation**		
Mean	50.4		LGB+	383	88%
Median	52.0		Heterosexual	54	12%
Range	19-80		*Missing/Prefer not to answer*	*26*	
Age (by group)			**County of residence**		
Under 20	1	<1%	Multnomah	305	68%
20-29	22	5%	Clark (WA)	37	8%
30-39	65	15%	Washington	61	14%
40-49	102	23%	Clackamas	26	6%
50-59	139	32%	Yamhill	3	<1%
60-69	95	22%	Columbia	2	<1%
70+	15	3%	Other	18	4%
Missing	*25*		*Missing/Prefer not to answer*	*11*	
Race/ethnicity			**Disability Status**		
White	289	63%	Disabled	203	46%
Hispanic/Latino	90	20%	Non-Disabled	237	54%
Black/African-American	40	9%	*Missing*	23	
Asian	12	3%			
American Indian/Alaska Native	16	4%			
Native Hawaiian/Pac Islander	2	<1%			
Multi-racial (3+)	4	1%			
Missing	*10*				
Gender					
Male	373	83%			
Female	53	12%			
Gender Diverse/Transgender	23	5%			
Missing/Prefer not to answer	*14*				

Disability status was added to the survey in 2021. Just under 50% of participants self-reported a disability. The Race/Ethnicity and Disability portion of 2021 survey was borrowed from REALD (Race, Ethnicity, Language, and Disability). REALD is an effort to increase and standardize race, ethnicity, language, and disability data collection in the state of Oregon. REALD includes a set of standardized data categories and questions. The gender identity and sexual orientation questions in this 2021 survey were also altered for alignment with SOGI (Sexual Orientation and Gender Identity). SOGI is an effort to increase and standardize sexual orientation and gender identity. The above table (Table 1) presents a truncated version of these new measures for purposes of displaying an "at a glance" look at respondent demographics. For a full un-truncated account of respondent demographics please see **Appendix B.**

The survey sample, when compared with the demographics of those who accessed Ryan White TGA services, was mostly similar across both gender and age. As a direct result of additional recruitment efforts outlined in the prior section, this is the first survey year where the sample closely resembles the demographics of the clients. Respondents in prior years were older and more white compared to this survey year. The below table shows how the demographics of the 2021 survey sample compares to the demographics of the clients served.

Demographic Comparison of Survey Participants and Ryan White (RW) TGA Clients

Demographic characteristic	Survey sample	RW TGA Clients*
Male	83%	85%
Average age (in years)	50 years	47 years
BIPOC	37%	40%
Latinx Ethnicity	20%	21%
Multnomah County resident	68%	67%

**Clients who received at least one Ryan White TGA service during the 2021 calendar year.*

Throughout the body of this document, there will be demographics mentioned where dichotomous group differences appear. For example, people with disabilities were *less likely* to be satisfied with 'treat me as a care plan partner' compared with respondents without a disability. The five demographic groups examined for group differences are: BIPOC, gender diverse/transgender, people with disabilities (PWD), older adults (55+ years old) and LGB+.

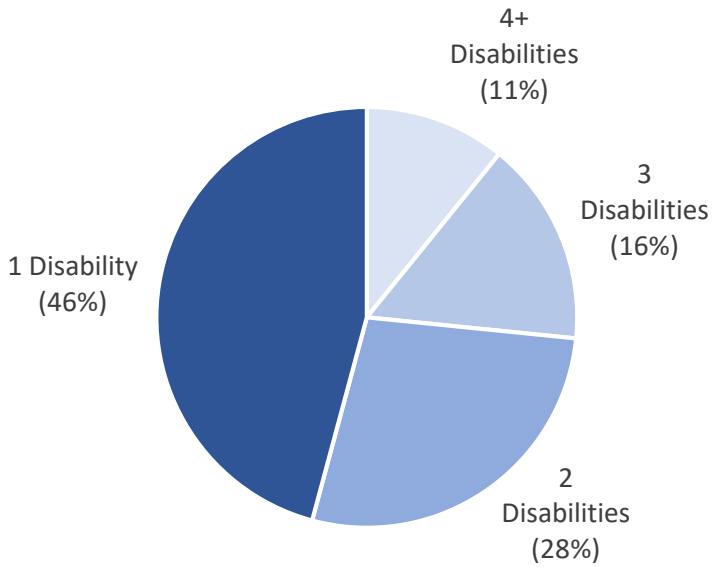
Because this is the first year disability status was asked of respondents, details of these data are presented below and not in the Appendix. In addition to guiding the revision of the Race and Ethnicity questions, REALD also served as a template for the eight disability categories outlined below as both a percent of the total survey sample and a percent of respondents who self-identified as having one or more disability. The most commonly cited disability was mobility, in which respondents cited difficulty walking or climbing stairs. Approximately 2 out of 10 of all respondents reported a mobility disability, and among those with a disability, 4 out of 10 reported a mobility disability.

Disability Types Among Survey Sample and Disabled

Disability Category	N	% of survey sample	% of disabled
Non-disabled	237	54%	n/a
Disabled	203	46%	n/a
Mobility	81	18%	40%
Cognitive	72	16%	35%
Vision	73	16%	36%
Independent Living	70	15%	34%
Hearing	38	8%	19%
Learning	30	7%	15%
Self-care	22	5%	11%
Communication	16	4%	8%

The above table does not reflect the extent to which respondents cited the occurrence of multiple disabilities. The below chart shows about half (46%) of all respondents with a disability reported the presence of one disability. The other half of respondents who reported a disability cited the presence two or more disabilities. The most frequently cited disability pairings were vision with self-care, and vision with mobility.

Number of Disabilities



Respondents by Agency

Out of the 463 survey respondents, 144 clients completed the satisfaction section for ***more*** than one agency. Therefore, 603 agency satisfaction responses apply to the following section "Were Clients Satisfied with Ryan White (RW) Services." When examining statistical differences between respondents that completed satisfaction surveys for one RW funded agency versus two RW funded agencies, a higher percentage of clients with at least one self-reported disability completed satisfaction questions for two agencies (28%) compared to clients without a disability (20%). While the demographic characteristics of clients completing satisfaction surveys for two agencies differs slightly (see below table), no other statistically significant differences were found.

Demographic Comparison of Survey Respondent Completing Satisfaction Surveys for 2 RW Agencies

Demographic characteristic	Yes	No
Gender Diverse/Transgender	31%	24%
55+ Years of Age	23%	25%
BIPOC	20%	25%
LGB+	24%	21%
Has 1+ Disability	**28%***	**20%***

**Statistically significant difference*

Were Clients Satisfied with Ryan White (RW) Services?

Consumer satisfaction is a measurement that helps inform our RW program the extent to which services meet the expectations of RW clients. Our local service delivery system is comprised of seven RW funded agencies. These agencies provide a wide array of services from food assistance and housing case management to HIV medical care. For a full list of RW services provided in the TGA see **Appendix C.** This section describes the extent to which clients were satisfied with RW agency staff interactions, the agency environment, and different aspects of service provision. In 2021, clients were asked about their satisfaction with services across three topic areas:

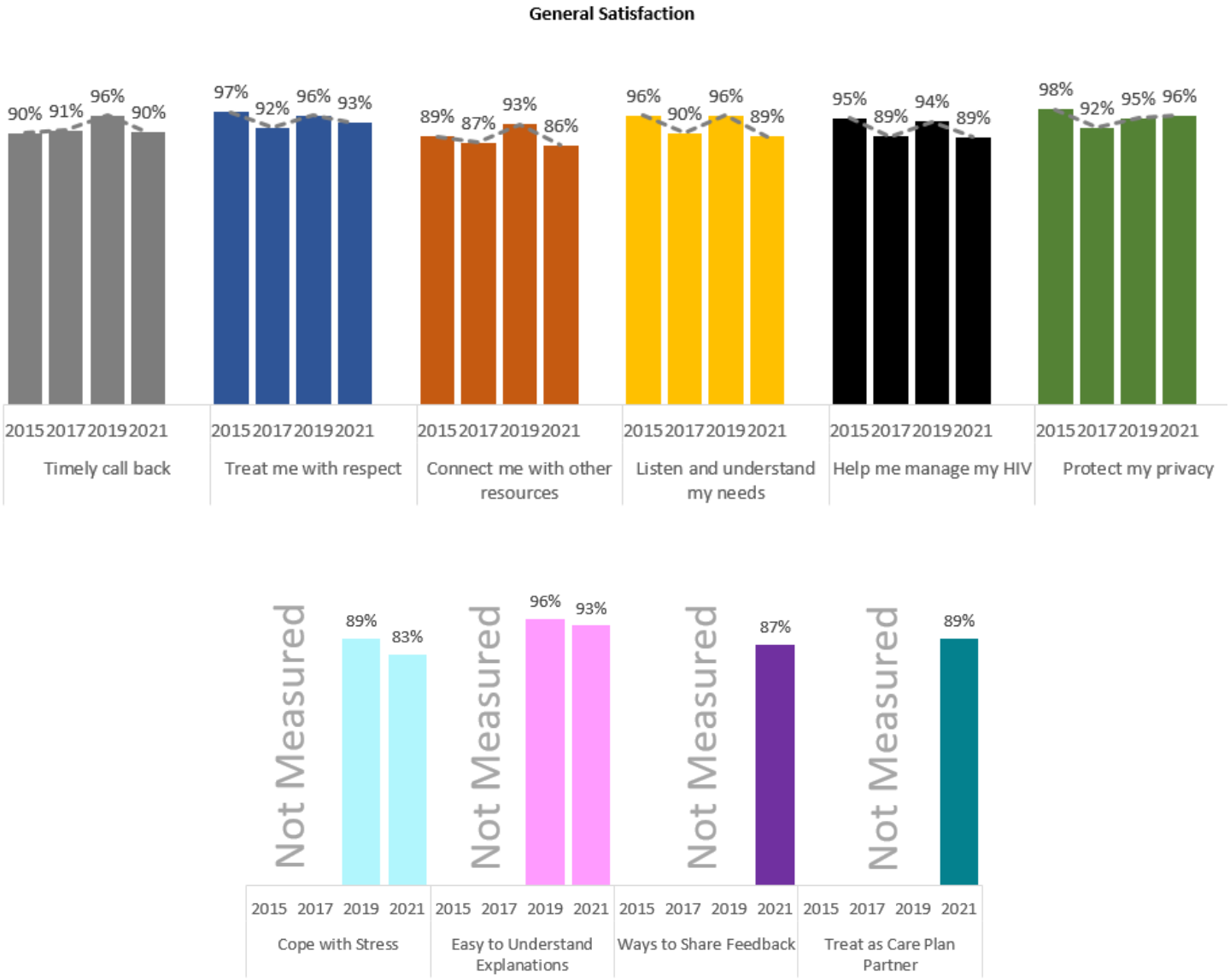
1. **General Satisfaction**: This area consists of information on client perceptions around universal agency HIV care and support practices, such as timeliness of call backs, protection of privacy, being treated with respect; and other aspects that pertain to general service provision.
2. **Trauma Informed Care (TIC) Satisfaction:** This second topic area involves the degree to which clients were satisfied with principles of Trauma Informed Care (TIC) during service provision. Examples of TIC principles included feeling safe during service provision and staff understanding/respecting a client's gender identity, sexual orientation and ethnic background.
3. **Medical Case Management (MCM) Satisfaction**: MCM is a cornerstone of our local RW system. Approximately 72% of all RW clients receive MCM from a RW-funded provider in the TGA. This service ensures all medical case management clients receive primary medical case management services, which include treatment adherence assessment, health insurance maintenance, and coordinating timely access to appropriate levels of medical and supportive services, through ongoing client assessment. The extent to which respondents were satisfied with these and other aspects of MCM service provision were measured.

General Satisfaction

Overall, across the past four survey time periods (2015, 2017, 2019 and 2021) participants reported high rates (83%-98%) of general satisfaction with RW services. Ten general satisfaction questions were asked. Of these ten, four were considered 'new' because they were asked for the first time in 2019 or 2021. The below graphics depict these satisfaction questions grouped in two; the first graph displays questions asked since 2015, and the second graph displays the 'new' questions.

For six out of the ten satisfaction questions, pre-pandemic satisfaction rates (see year 2019) were the highest compared with previous years. 2021 pandemic satisfaction rates decreased across all questions, except for the protection of privacy. Although, there was a decrease in satisfaction from 2019 to 2021, general satisfaction in 2021 was still very high, ranging from a high of 96% ('protect my privacy') to a low of 83% ('cope with stress').

The three highest areas of satisfaction in 2021 were 'protect my privacy' (96%), 'treat me with respect' (93%) and 'easy to understand explanations' (93%). The three lowest areas of satisfaction were 'cope with stress' (83%), 'connect me with other resources' (86%) and 'ways to share feedback' (87%).



General Satisfaction: Key Differences Between Groups

Of the ten general satisfaction questions, five questions had statistically significant differences found across at least one of the five demographic groups examined. The below chart displays those five questions and shows the groups more and less likely to be satisfied and percentage difference in that demographic groups' satisfaction rate.

Respondents who identified as gender diverse/transgender were *less likely* to be satisfied with four of the below five items compared with those who identified as cisgender. The satisfaction rates of gender diverse/transgender compared with that of cisgender respondents differs by at least 10%. The widest satisfaction gap existed with 'cope with stress,' where 67% of gender diverse/transgender were satisfied compared with 85% of cisgender respondents, yielding a satisfaction difference/gap of 18%.

Differences were also seen for people with disabilities (PWD) compared to people without disabilities (Pw/oD). Although, the satisfaction gap was not as pronounced, there were still significant differences between the satisfaction rates of those with and without a disability.

'Cope with stress' was the only element of service provision where all three demographics groups listed below; gender diverse/transgender , LGB+ and people with disabilities had lower rates of satisfaction compared with their counterparts.

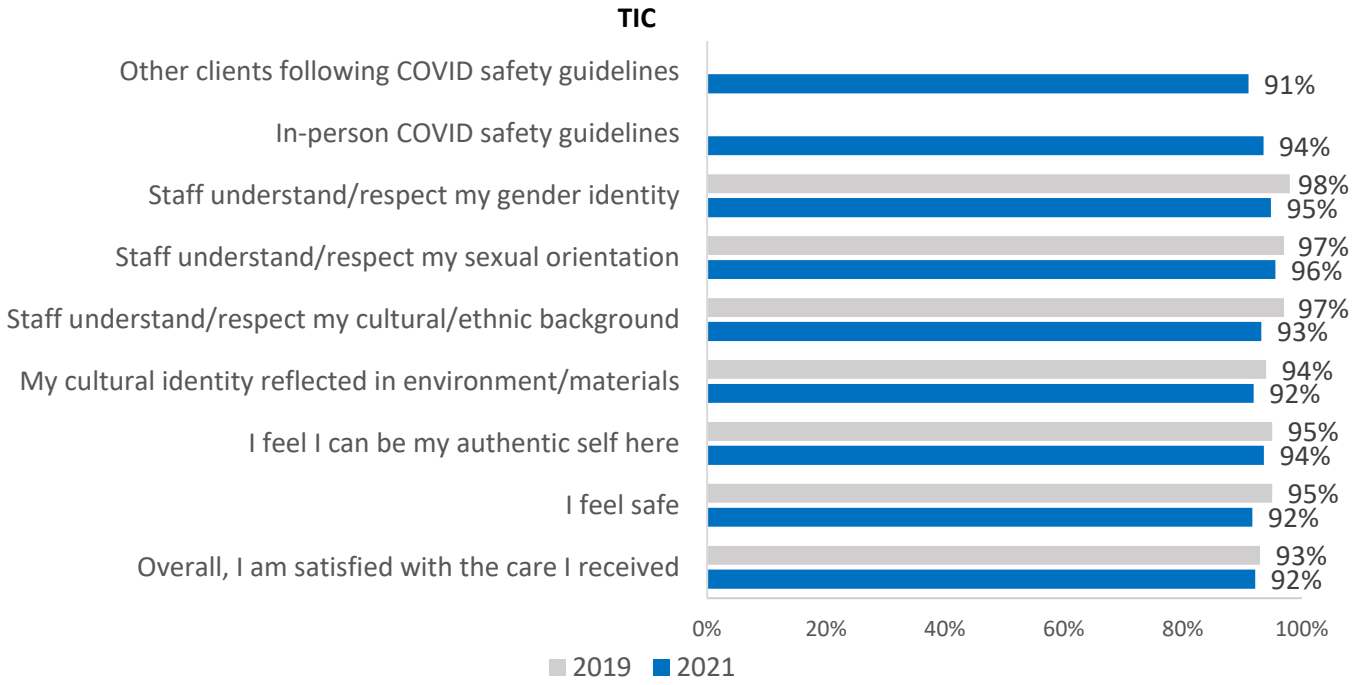
General Satisfaction - Key Differences Between Groups

	GndDv/Trns	Cisgender	*% Difference*	LGB+	Hetero	*% Difference*	PWD	Pw/oD	*% Difference*	ALL
Listen and Understand my needs	79%	90%	*11%*				86%	93%	*7%*	89%
Cope with Stress	67%	85%	*18%*	82%	93%	*11%*	79%	88%	*9%*	83%
Treat as Care plan partner	79%	90%	*11%*				86%	92%	*6%*	89%
Ways to share feedback	73%	88%	*15%*							87%
Connect me with other resources							83%	90%	*7%*	86%

Trauma Informed Care (TIC)

In November 2016, the Ryan White Portland TGA established the Trauma Informed Care (TIC) Learning Collaborative. In 2019 the Learning Collaborative started to assess baseline markers to monitor progress implementation of TIC principals at the agency-level. The assessment used questions adapted from the 'Standards of Practice for Trauma Informed Care-Healthcare Settings,' a tool developed for general use across health, behavioral health and related systems serving trauma survivors, and based on nationally recognized principles of TIC. Questions from this tool were amended and included in the client experience survey to better understand the extent to which clients were satisfied with various TIC topics as they applied to experiences accessing services at RW agencies. These TIC topics were included in client surveys beginning in 2019 and again in 2021. Added to this section for 2021 were two questions pertaining to COVID guidelines at RW agencies.

In general, the vast majority of clients were satisfied with RW agencies' integration of trauma informed principles into service provision in 2021, ranging from a high of 96% (staff understand/respect my sexual orientation) to a low of 91% (other clients following COVID safety guidelines). However, there was a slight decrease in the satisfaction rates of all of these TIC topics between 2019 and 2021.



TIC: Key Differences Between Groups

Despite very high levels of satisfaction across the TIC topics for most respondents, differences existed across four out of the five demographic groups. BIPOC respondents were *less likely* to be satisfied with agency materials/environment reflecting cultural identity compared with white respondents. BIPOC respondents were also *less likely* to be satisfied with staff understanding/respecting cultural/ethnic background and sexual orientation. People with disabilities were also *less likely* to be satisfied with three out of the eight TIC topic compared to people without disabilities. The topics cited by people with disabilities were mostly different than those cited for BIPOC respondents and included staff understanding/respecting my cultural/ethnic background, feeling safe and feeling they could be their authentic self.

Lastly, gender diverse/transgender respondents were *less* satisfied than cisgender respondents when it came to other clients following COVID safety guidelines, while respondents 55 years of age or older were *more* likely to be satisfied that their cultural identity was reflected in the environment/materials compared with those younger (under 55 years old).

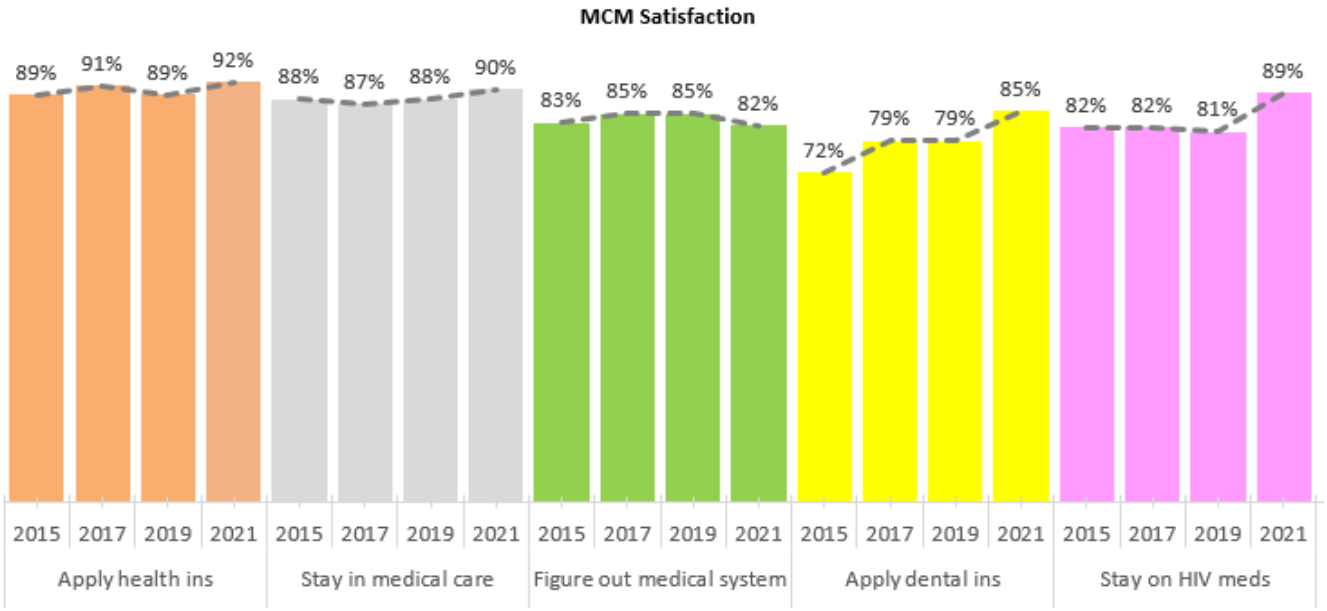
TIC - Key Differences Between Groups

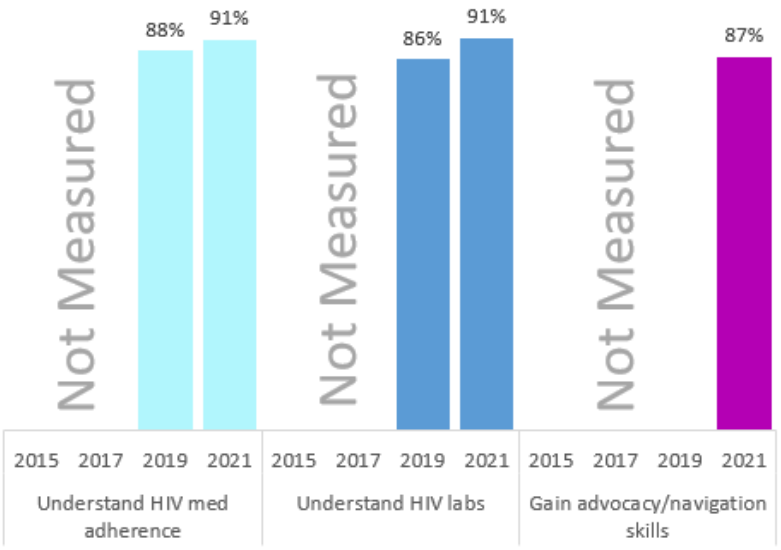
	BIPOC	White	% Difference	GndDv/Trns	Cisgender	% Difference	55+	under55	% Difference	PWD	Pw/oD	% Difference	ALL
My cultural identity is reflected in environ/materials	86%	96%	10%				96%	89%	-7%				92%
Staff understand/respect my cultural/ethnic background	86%	90%	4%							91%	96%	5%	93%
Staff understand/respect my sexual orientation	93%	98%	5%										96%
Other clients following COVID safety guidelines				81%	92%	11%							91%
I feel safe										88%	96%	8%	92%
I feel I can be my authentic self here										92%	96%	4%	94%

Medical Case Management (MCM) Satisfaction

In addition to being asked about general satisfaction with RW services, a subset of clients who received MCM services were asked specifically about how their medical case manager helped across eight aspects of this service. The below graphics depict these eight satisfaction questions grouped in two; the first graph displays questions asked since 2015, the second graph displays the 'new' questions.

Similar to the pattern observed in the general satisfaction section, in 2021 there were very high rates of satisfaction with MCM services, ranging from a high of 92% ('apply for health insurance') to a low of 82% ('figure out medical system'). Satisfaction with aspects of MCM have stayed fairly consistent over time or have steadily increased. This pattern is a departure from general satisfaction rates, which have decreased between the years 2019 and 2021. When it comes to MCM, clients were more satisfied with staff to, in particular, 'apply for dental insurance,' 'stay on HIV meds' and 'understand HIV labs' in 2021 compared with 2019. Although much of the MCM provided during the pandemic was not in-person, staying in contact with clients via e-mail, phone, text, video-chat, etc. seemed to have yielded a tremendous benefit to clients and helped them stay connected to medical care and connected to services.





MCM: Key Differences Between Groups

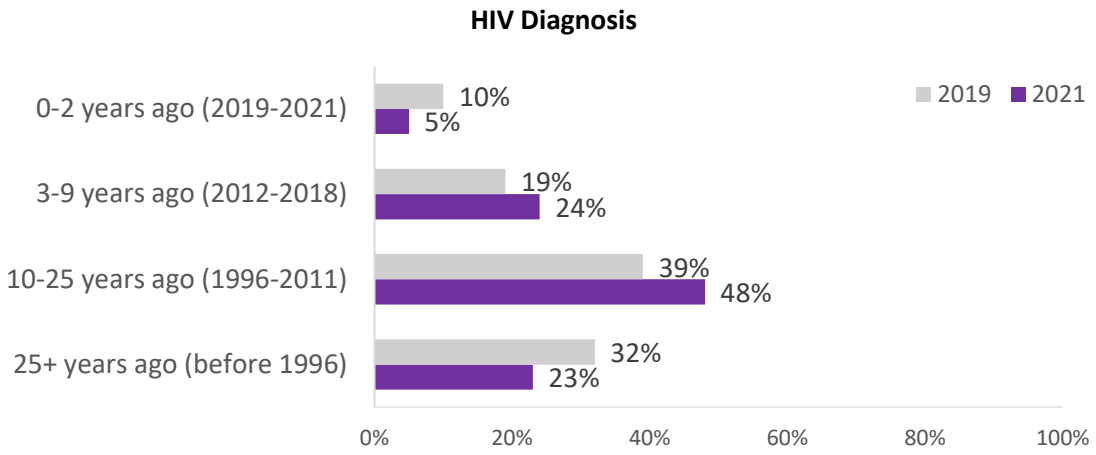
Of the eight MCM satisfaction questions, only two questions had statistically significant differences found across at least one of the five demographic groups examined. The below chart displays the two questions and shows the groups more and *less likely* to be satisfied. Respondents who identified as gender diverse/transgender were *less likely* to be satisfied with staff to help them 'understand HIV labs' compared with those who identified as cisgender. The gap between the satisfaction rates of those who were gender diverse/transgender and cisgender was 15%; with a far fewer percentage of gender diverse/transgender satisfied (77%) compared with cisgender (92%). A smaller satisfaction gap existed among persons with disabilities to 'apply for dental insurance,' but nevertheless the difference was still significant with persons with disabilities *less likely* to be satisfied compared with people without a disability.

MCM - Key Differences Between Groups

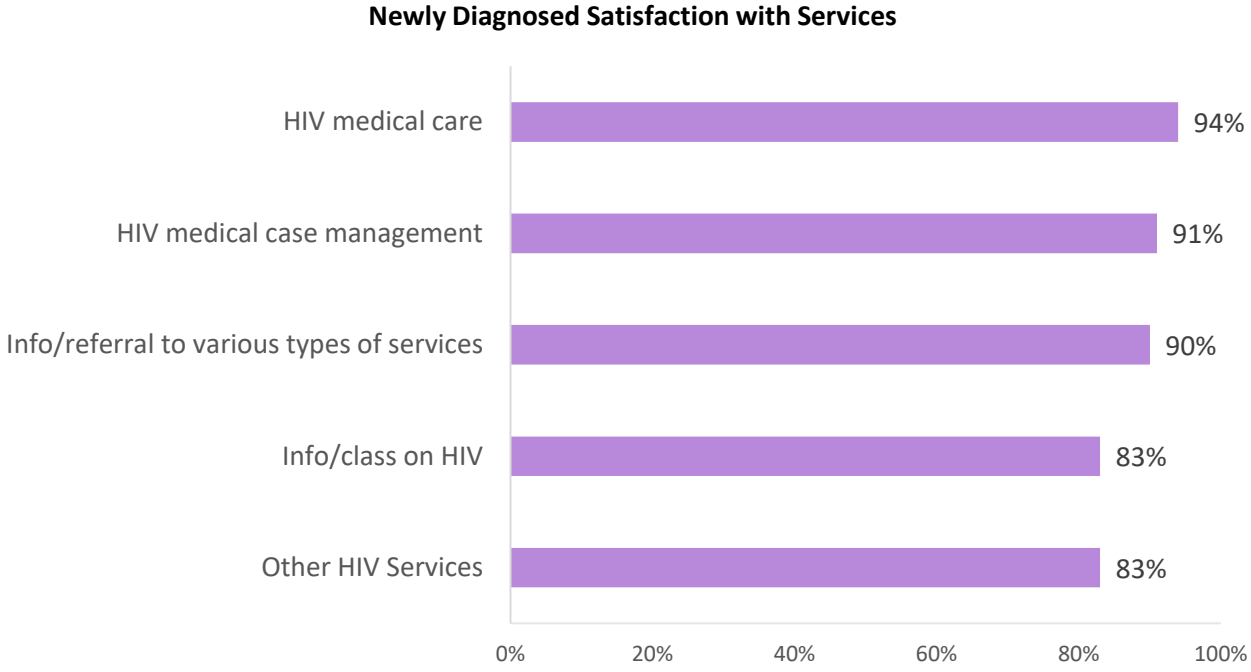
	GendDiv/Trans	Cisgender	*%Difference*	PWD	PW/o D	*%Difference*	ALL
Understand HIV labs	77%	92%	*15%*				91%
Apply for Dental Insurance				82%	90%	*8%*	85%

Newly Diagnosed Clients Satisfaction With Initial Services

In 2021, 5% of the survey respondents were newly diagnosed (as defined by having a diagnosis within the past 2 years), which represents a decrease in the percentage of newly diagnosed in 2019 (10%). During the pandemic, the number of newly diagnosed PLWH in the TGA (n=129 in 2020) decreased compared to the average from the previous 2 years (n=178). However, this does not account for the large proportional decrease in the total number of newly diagnosed survey respondents in 2021 (n=23) compared to 2019 (n=60). As displayed in the below graph the majority of survey respondents (71%) were diagnosed 10+ years ago.



Newly diagnosed respondents were asked a set of five questions about their service experience during this specific period after receiving an HIV diagnosis. The vast majority of newly diagnosed participants (about 83%-94%) reported they were satisfied with accessing HIV medical care, HIV medical case management, information/referral to various types of services, information/class on HIV and other HIV services. Access to core services, HIV medical care and HIV medical case management were extremely high at 94% and 91% respectively.



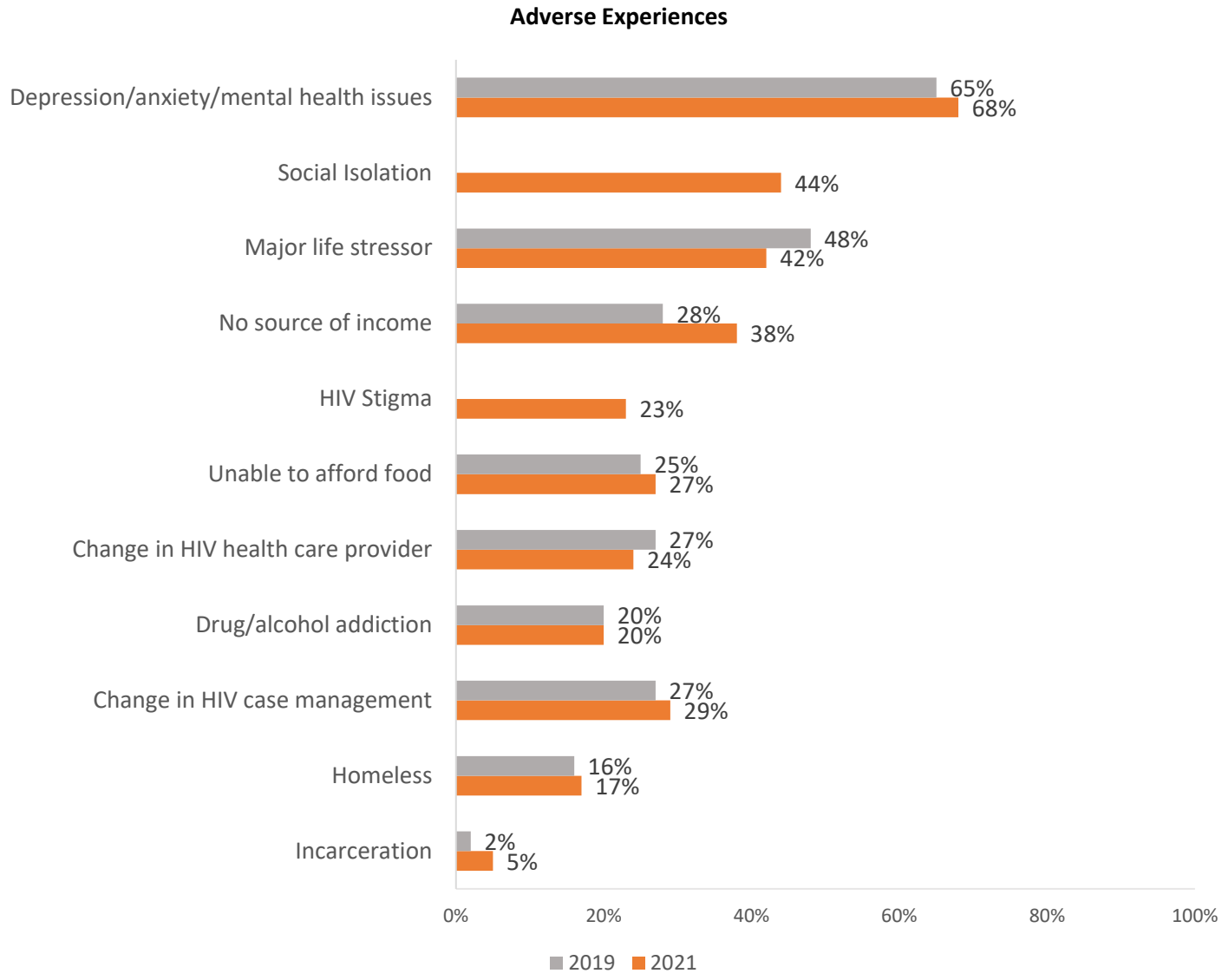
Demographic differences amongst those newly diagnosed were not assessed because of the small number of newly diagnosed and overall high satisfaction.

Adverse Experiences & Barriers to HIV Care

To obtain a broader view of adverse experiences clients might be coping with, besides those related to HIV, participants were asked to identify any life challenges they might have experienced in the past two years. Many respondents faced multiple challenges during this time period. Adverse experiences (with slightly different response categories) appeared on both the 2019 and 2021 surveys. This allows for the measurement of adverse experiences respondents faced both before and during the pandemic.

Client Adverse Experiences

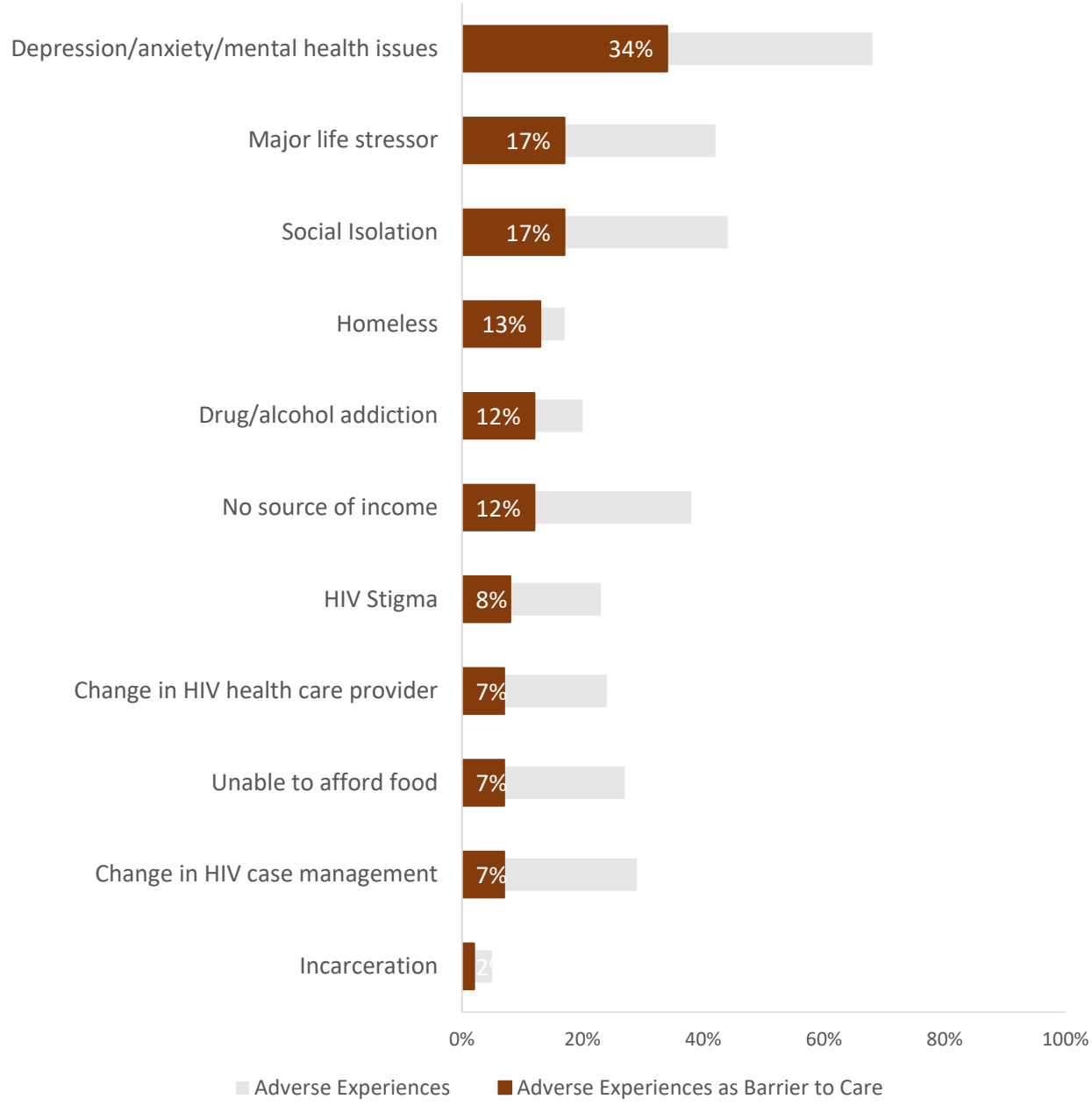
The most commonly cited adverse experience in 2021 was depression, anxiety and other mental health issues. However there was only a slight increase in the percentage of clients reporting depression compared to 2019. In fact, across most areas, there was a similar percentage of clients reporting adverse experience in 2021 compared to 2019. However, of note, there was a marked increase in the proportion of respondents who reported no source of income in 2021 (38%) compared to 2019 (28%). Despite this increase in clients reporting no source of income, there was a decrease in the percentage of clients reporting a 'major life stressor' in 2021 (42%) compared to 2019 (48%), which includes job and/or housing loss. Additionally, while impacting a small percentage of clients, there was double the percentage of clients reporting incarceration in the past two years in 2021 (5%) compared to 2019 (2%). Social isolation and HIV stigma, both new survey additions in 2021, were the second and fifth most reported adverse experience respectively.



Impact of Adverse Experiences on HIV Care

Also new to 2021 was whether or not respondents felt any of the listed adverse experiences acted as a barrier to HIV care. The top three most commonly cited adverse experiences that got in the way of respondents accessing HIV care were depression, anxiety and other mental health issues (34%); major life stressor (17%); and social isolation (17%). However, despite a high proportion of respondents reporting many adverse experiences, a much lower percent cited these experiences as barriers to HIV care across most categories. For example, while one-third of clients reported depression, anxiety or other mental health issues as a barrier to HIV care, a much higher proportion (70%) reported this as an adverse experience. Across most adverse experiences, under one-half of all clients reporting this experience also reported that this impacted their HIV care, with the exception of being homeless or experiencing a drug/alcohol addiction. While 17% of clients reported being homeless in the past two years, 13% reported that being homeless acted as a barrier to HIV care. One out of 5 clients reported drug/alcohol addition, with 12% reporting that this interfered with their HIV care.

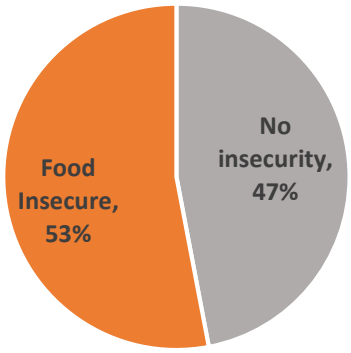
Adverse Experiences as Barriers to Care



Food and Housing Insecurity

In addition to asking clients whether they were unable to afford food and/or were homeless in the past two years and to what extent this impacted their HIV care, new questions about food and housing insecurity were added to the 2021 survey. Food security questions were included from the Hunger Vital Sign assessment, which is a 2-question tool used to identify household food insecurity. Food insecurity is defined as the "limited or uncertain access to enough food" and is a critical health issue that impacts a wide range of health outcomes. Additionally, understand the extent to which clients experienced food insecurity also provides more information on the extent to which RW food assistance and food connection services may be required. Based on the results of this 2-question tool, over half of all respondents (53%) reported a food insecurity.

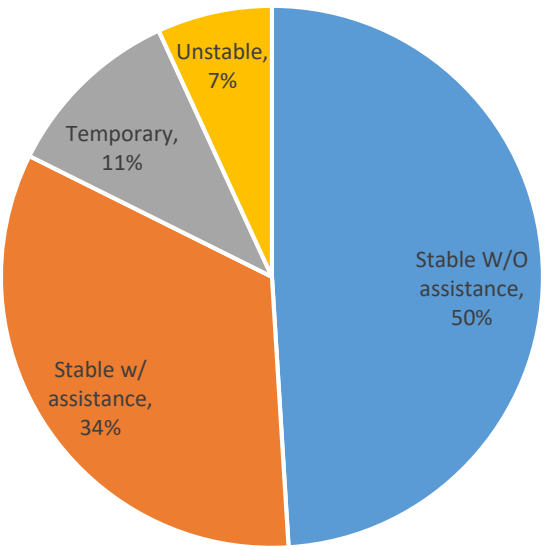
Food Insecurity



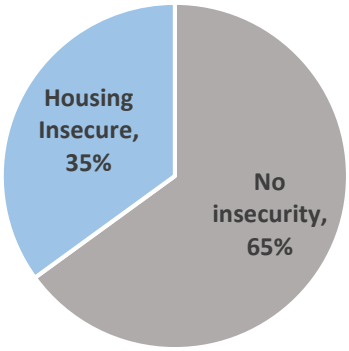
In 2021, two new housing questions were added to the survey. One of the questions pertained to current housing situations and the other pertained to future housing stability. About one-third of respondents reported stable housing with some sort of assistance while one-half of all respondents had stable housing without assistance, and 18% of all respondents reported temporary or unstable housing. About one-third (35%) of all respondents felt uncertain/unstable about future housing. This result points to the precarious housing situation that many individuals connected to the RW system of care face.

The following percentages of respondents felt uncertain about their future housing: 27% of respondents with stable housing (no assistance), 33% with stable housing (with assistance), 49% with temporary housing and 81% with unstable housing. While clients in temporary/unstable housing felt more uncertain about future housing, many respondents regardless of current housing, also felt uncertain about housing. These results highlight the importance of the variety of RW housing services offered, from past and present housing placement, housing case management services to emergency rental assistance, to ensure the capacity to meet clients' housing needs.

Housing Situation



Housing Unstable/Uncertain in next 12 Months



Adverse Experiences: Key Differences Between Groups

Statistically significant differences by demographic groups existed across clients reporting adverse experiences, barriers to HIV care, food insecurity and housing insecurity. People with disabilities were *more likely* to have adverse life experiences while people 55 years of age and older were *less likely* to experience these conditions. The table below shows the results of these differences. Over 4 in 5 clients with disabilities experienced depression, anxiety and other mental health issues (81%) compared with 57% of respondents who did not have a disability. People with disabilities were also more likely to report experiencing Social Isolation (59%) in comparison to 30% of people without disabilities. A large gap also existed for Social Isolation where LGB+ respondents were more likely to report this as an adverse experience (48%) compared with a much lower percentage of heterosexual respondents (24%). A substantially higher percentage of respondents under 55 were more likely to report no source of income (49%) compared with those 55 years of age and older (23%).

Adverse Experiences - Key Differences Between Groups

	BIPOC	White	%Difference	LGB+	Hetero	%Difference	GndDv/Trns	Cisgender	%Difference	55+	Under 55	%Difference	PWD	Pw/oD	%Difference	ALL
Depression, etc.	62%	72%	-10%	71%	57%	14%				20%	40%	-20%	81%	57%	24%	68%
No income	34%	23%	11%							23%	49%	-26%	44%	33%	11%	38%
Unable to afford food										21%	32%	-11%	38%	19%	19%	27%
Drug/alcohol addiction										9%	29%	-20%	27%	14%	13%	20%
Homelessness												0%	23%	13%	10%	17%
Change in HIV CM										21%	35%	-14%	34%	25%	9%	29%
Social Isolation				48%	24%	24%						0%	59%	30%	29%	44%
HIV Stigma							38%	22%	16%	15%	31%	-16%	32%	17%	15%	23%
Major life stressor	33%	47%	-14%							36%	48%	-12%	54%	33%	21%	42%
Incarceration				5%	11%	-6%						0%				5%
Change in HIV provider							41%	23%	18%	15%	31%	-16%				24%

Adverse Experiences as Barriers to HIV Care: Key Differences Between Groups

Survey respondents were also asked if these adverse life experiences were barriers to HIV. Similar to the pattern for adverse experiences, respondents 55 years of age or older were *less likely* to have adverse experiences impact HIV care, while people with disabilities were *more likely* to experience a wide range of barriers to HIV care. The most pronounced differences show that people with disabilities were twice as likely to report depression, anxiety or other mental health issues were a barrier to HIV care (47%) compared with people without disabilities (22%). It was also found that people with disabilities were more than four times as likely to report Social Isolation as a barrier to care (28%) compared with people without disabilities (8%).

Adverse Experiences Barrier to HIV Care - Key Differences Between Groups

	BIPOC	White	%Difference	GndDv/Trns	Cisgender	%Difference	55+	Under 55	%Difference	PWD	Pw/oD	%Difference	ALL
Depression, etc.							25%	40%	-15%	47%	22%	25%	34%
No income				28%	11%	17%	6%	16%	-10%	19%	7%	12%	12%
Unable to afford food										13%	3%	10%	7%
Drug/alcohol addiction							9%	16%	-7%	16%	9%	7%	12%
Homelessness										17%	10%	7%	13%
Change in HIV CM	3%	9%	-6%				5%	10%	-5%			0%	7%
Social Isolation										28%	8%	20%	17%
HIV Stigma										11%	6%	5%	8%
Major life stressor										26%	10%	16%	17%
Change in HIV provider							5%	10%	-5%				7%

Food and Housing Insecurity: Key Differences Between Groups

Lastly, demographic differences existed across food and housing insecurity. Both people with disabilities and gender diverse/transgender respondents were more likely to report both food and housing insecurity at fairly larger margins compared with their counterparts. Close to 3 out of 4 gender diverse/transgender respondents reported food insecurity (74%) compared with 51% of cisgender respondents. Gender diverse/transgender clients were also more likely to report housing uncertainty (66%) compared with 32% of cisgender respondents. We also see higher rates of food insecurity amongst BIPOC respondents, compared with White respondents, and respondents under 55 compared with those 55 and older.

Food and Housing Insecurity - Key Differences Between Groups

	BIPOC	White	*%Difference*	GndDv/Trns	Cisgender	*Diff*	55+	Under 55	*%Difference*	PWD	Pw/oD	*%Difference*	ALL
Food Insecure	62%	48%	*14%*	74%	51%	*23%*	43%	61%	*-18%*	67%	41%	*26%*	53%
Housing Uncertain				66%	32%	*34%*				48%	25%	*23%*	35%

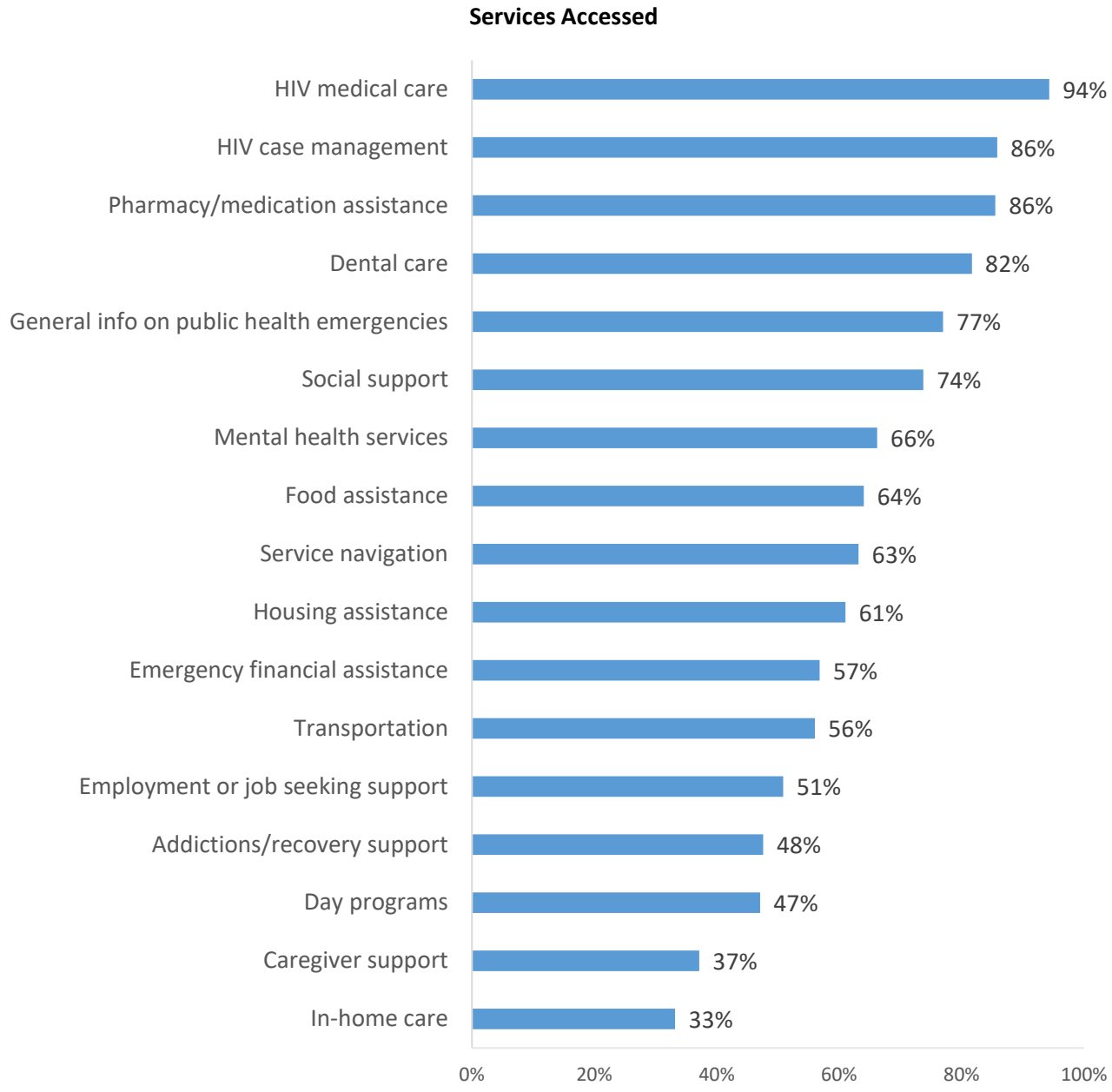
In summary, people with disabilities and respondents under the age of 55 were more likely to both report a wide range of adverse experiences (people with disabilities to a greater extent compared with those under 55) and also report that many of those experiences were also more likely to act as barriers to HIV care. A closer examination of both food and housing insecurity highlighted the disproportionate experiences across demographic groups as well.

Client Service Use and Gaps During the Pandemic

For many, the COVID-19 pandemic changed the world we live in, changed the ways we navigate our surroundings, and changed the services we access. In the midst of this challenging time we asked survey respondents about their use of services, and if there were needed services that were not accessible. More specifically, respondents were asked to report if their use across a wide range of services increased, decreased, or stayed the same. Clients were also asked if there were services they needed but could not get, or if there were services not needed. These questions were new to the 2021 survey; therefore, historical data does not exist from which to draw a comparison.

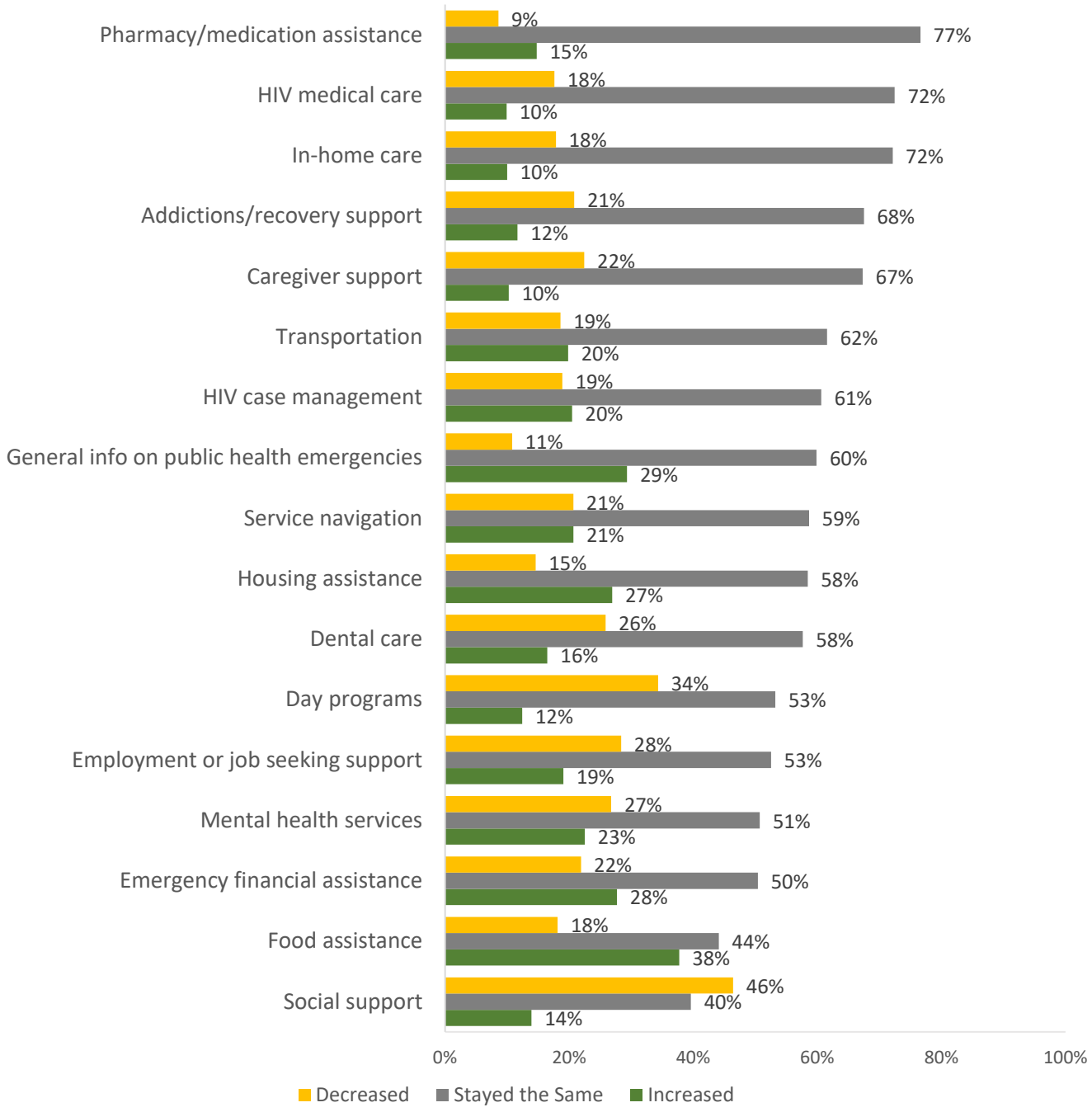
Service Use Patterns

In 2021, respondents accessed a variety of services during the COVID-19 pandemic (see below graph). Over half of respondents accessed the majority of listed services. The service accessed by the most number of respondents was HIV medical care, HIV case management and pharmacy/medication assistance. Less than 50% of all respondents accessed addictions/recovery support; day programs; caregiver support; and in-home care.



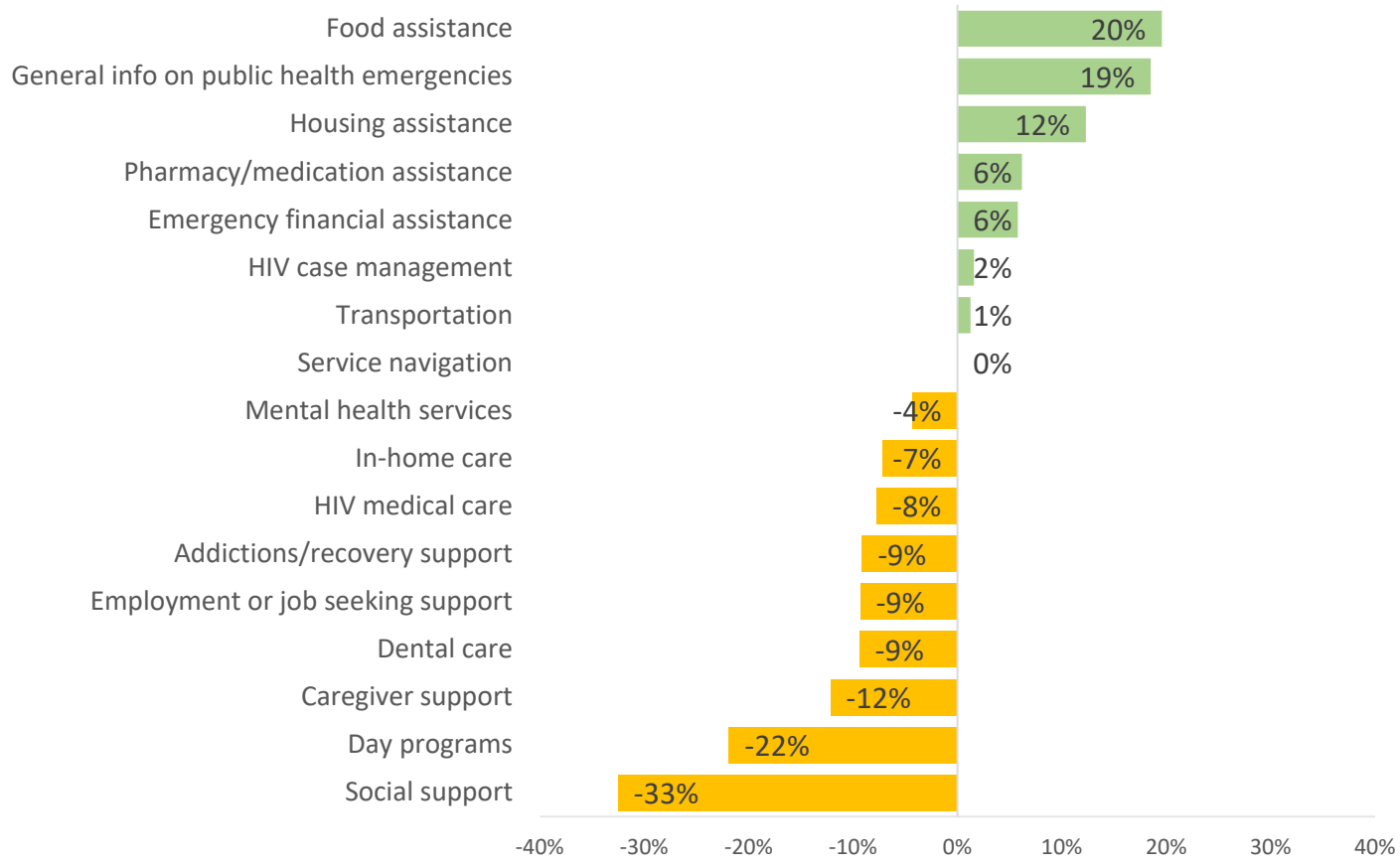
The below graph displays the percentages of survey respondents who reported a decreased, increased, or level use of services among those who had accessed the services above. Across all but two of the listed services, 50% or more of clients reported their use stayed the same. The two services in which less than 50% of respondents said their use stayed the same were food assistance and social support. Of those respondents who used food assistance, 38% said their use increased, while a lower percentage of clients reported their food assistance decreased during the pandemic (18%). The opposite pattern was seen for social support where 46% of survey respondents said their service use decreased, while 14% of clients reported an increase is social support service.

Services Accessed: Decreased, Stayed the Same, Increased



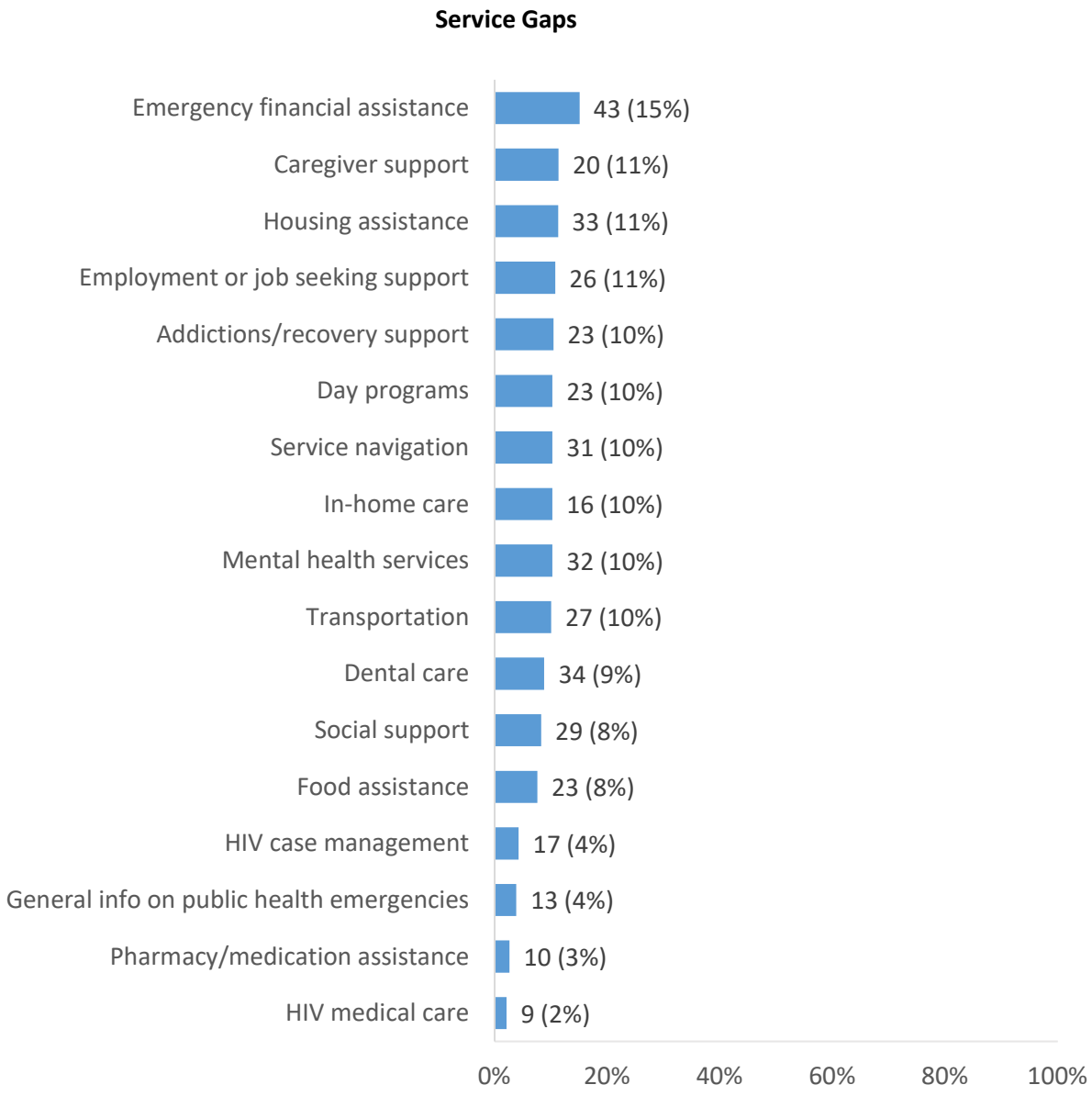
To get a sense of the net change in service use, the number of people who had a decreased use of a service was subtracted from those who had an increased use. This number was converted into a percentage. This mathematical calculation of the net increase and decrease of services accessed is displayed below. The top three services with a net **increase** use were Food Assistance, Info on Public Health Emergencies, and Housing Assistance. These three services' use net increases arguably demonstrate some of the shift in client service needs during the pandemic, some of which is described in the Adverse Experiences and Barriers to HIV Care section above. The bottom three services where respondents reported a net **decrease** in use were Caregiver support, Day program, and social support. These three services that showed the highest net decrease are also services that could be argued to have been the most dependent upon in-person provision. Many of the net service use decreases below were more likely to depend previously on in-person access prior to the COVID-19 pandemic. These services may have shifted during the past two years in many ways – both in terms of actual service availability and means of accessibility (e.g. in-person versus online), in addition to potential client barriers to accessing these services.

Net Increase and Decrease of Services Accessed



Service Gaps

Respondents also reported on service gaps, where a service was needed but could not be accessed. A relatively small proportion and number of respondents reported a gap in services compared to all clients that had accessed services during the pandemic. The top three services gaps where the *highest percentage of respondents* reported they could not access the service were: emergency financial assistance (15% of respondents), caregiver support (11%); and housing assistance (11%). The top three services where the *most respondents reported a service gap* were: emergency financial assistance (43 clients); dental care (34 clients) and housing assistance (33 clients).



Increased Service Use and Service Gaps: Key Differences Between Groups

Statistically significant differences existed for demographic groups across both the net increased use of services and services gaps. Further analysis around service utilization will be conducted using the data collected from the provision of RW-funded services; therefore, the analysis here will be kept to a minimum.

There were demographic groups who were more likely to report an increase in service use. A higher percentage of respondents with disabilities reported increased use of seven distinct services, the most of any demographic group examined, including transportation, HIV MCM, mental health (MH) services, service navigation, HIV medical care, pharmacy services and dental care. A *lower percentage* of older respondents (55 years or older) reported increased service use, including HIV MCM, mental health services, housing and job support services, in comparison to younger respondents. A *higher percentage* of LGB+ respondents reported service use increases for mental health services (22%) and emergency financial assistance (27%) in comparison to heterosexual respondents (5% and 10% respectively). Gender diverse/transgender respondents were more likely to report increased job support service use (35%) in comparison to cisgender respondents (16%). See the table below for a complete account of these demographic differences.

Increased Service Use - Key Differences Between Groups

	LGB+	Hetero	*%Difference*	GndDv/Trns	Cisgender	*%Difference*	55+	Under 55	*%Difference*	PWD	Pw/oD	*%Difference*	ALL
Transportation										24%	10%	*14%*	20%
HIV Medical CM							14%	23%	*-9%*	26%	13%	*13%*	20%
MH services	22%	5%	*17%*				13%	24%	*-11%*	26%	14%	*12%*	23%
Service Navigation										24%	12%	*12%*	21%
HIV Medical care										14%	5%	*9%*	10%
Pharmacy Services										19%	11%	*11%*	15%
Dental care										21%	10%	*11%*	16%
Housing							15%	29%	*-14%*				27%
Job support				35%	16%	*19%*	7%	22%	*-15%*				19%
EFA	27%	10%	*17%*										28%

BIPOC respondents were *more likely* to experience a broader range of service gaps than any other group, including social support, in-home care, food assistance, transportation, HIV MCM, mental health services, and service navigation. LGB+ respondents were *more likely* to report a dental care service gap (10%) than heterosexual respondents (0%). Respondents 55 and older were *more likely* to report alcohol and drug treatment/recovery service gap, but were *less likely* to experience gaps in mental health and social support services. People with disabilities were *more likely* to report a gap in social support, transportation, and pharmacy services.

Service Gaps - Key Differences Between Groups

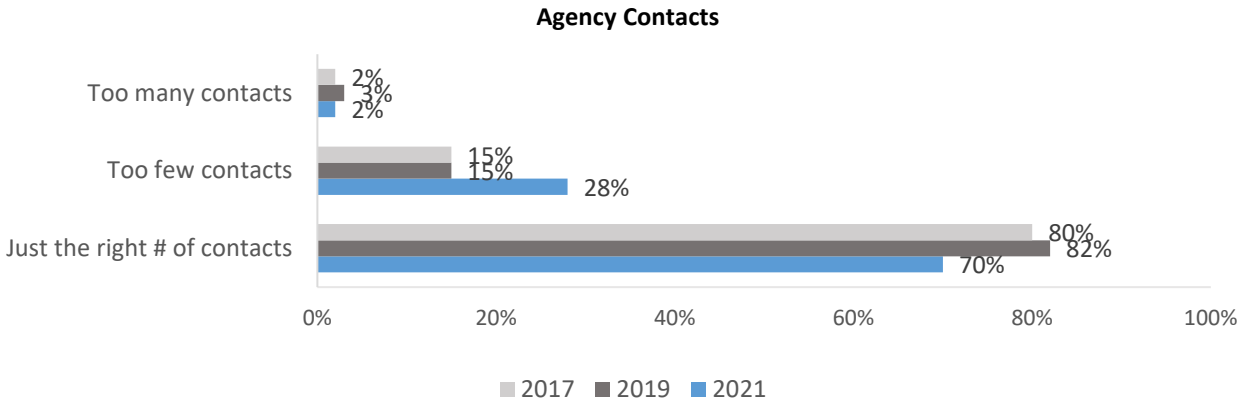
	BIPOC	White	*%Difference*	LGB+	Hetero	*%Difference*	55+	Under 55	*%Difference*	PWD	Pw/oD	*%Difference*	ALL
Social support	13%	5%	*8%*				5%	11%	*-6%*	12%	5%	*7%*	8%
In-home care	20%	2%	*18%*										10%
Food assistance	12%	4%	*8%*										8%
Transportation	15%	6%	*9%*							14%	5%	*9%*	10%
HIV Medical CM	7%	3%	*4%*										4%
MH services	15%	8%	*7%*				4%	14%	*-10%*				10%
Service Navigation	15%	7%	*8%*										10%
Pharm services										5%	1%	*5%*	3%
Drug/Alcohol services							16%	7%	*9%*				10%
Dental Care				10%	0%	*10%*							9%

When examined together, people with disabilities were more likely to experience an increased used of services during the pandemic compared with people without disabilities. In terms of service gaps, BIPOC respondents were more likely to experience a wide range of gaps compared with white respondents.

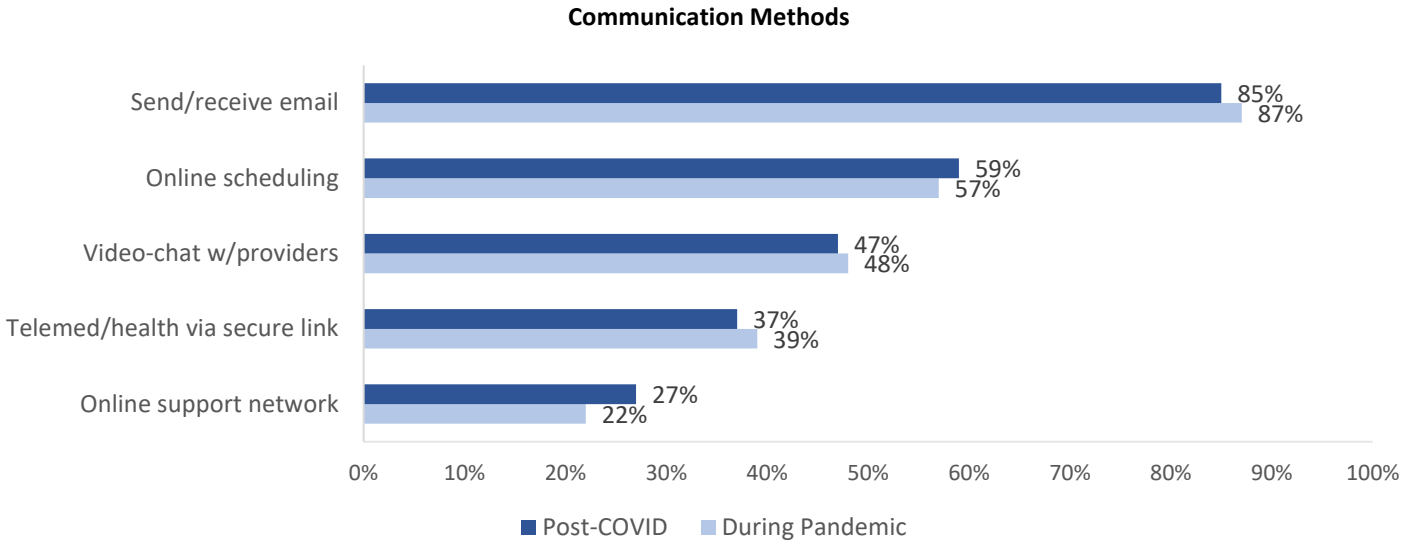
Agency Contacts & Client Communications Access/Preferences

Communication of every variety was drastically altered over the past two years during the pandemic. Modes of communication have shifted from often exclusively in-person to mostly remote and the frequency of communication and contact has also been affected.

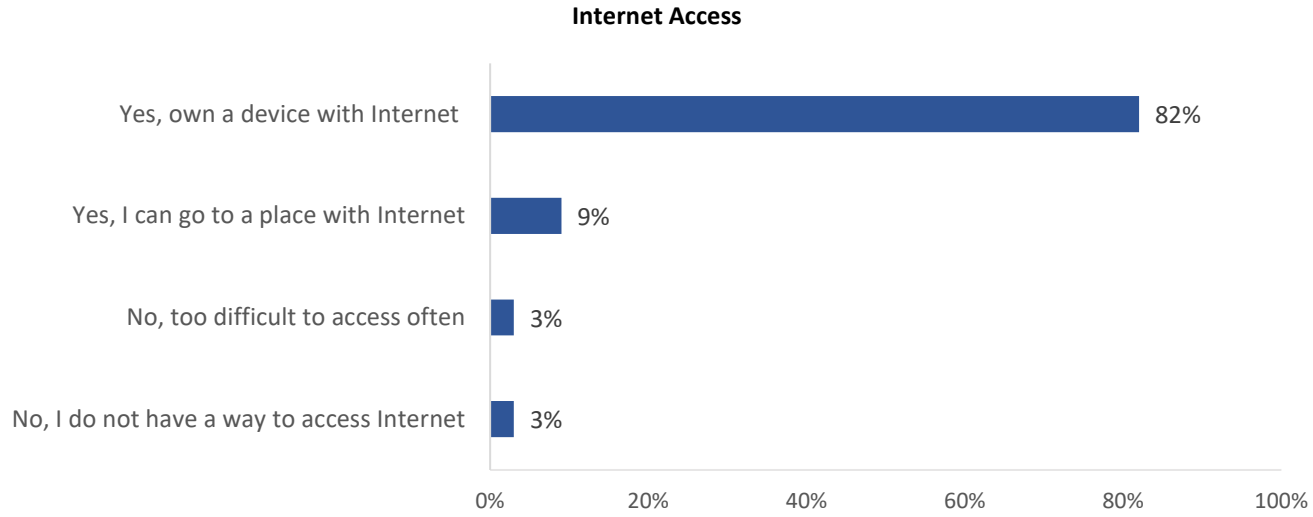
Over the past three survey cycles (2017, 2019 and 2021) respondents were asked to evaluate their level of contact with the Ryan White agency where they received services. In 2017 and 2019, the pattern looks the same with a very small percentage reporting they had too many contacts (3-5%), the same percentage reporting too few contacts (15%) and most reporting just the right number of contacts (80-82%). In 2021, the proportion of respondents who characterized their communication with agency staff as too few almost doubled, from 15% to 28%.



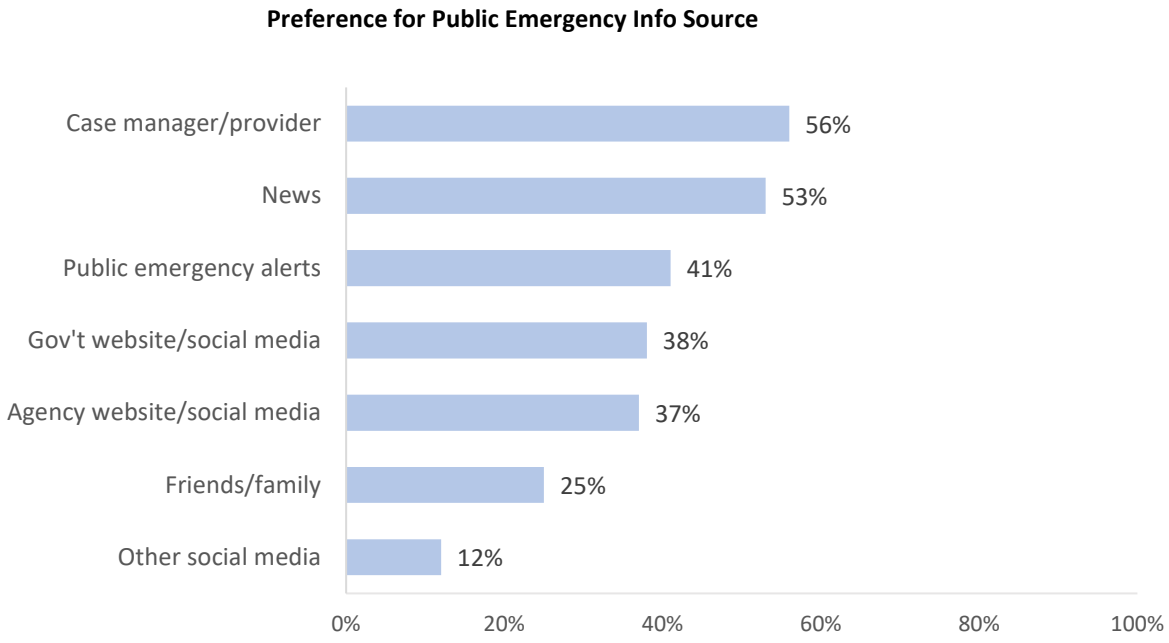
As some services and/or provider communication methods shifted from in-person to online, respondents were asked if they were able to get services using any of the following types of technologies. They were also asked which of these listed technologies they would like to continue to use after COVID-19 health and safety measures are no longer needed. Almost 9 out of 10 respondents said they communicated with agency staff via email and about the same proportion would like to continue using this technology post-COVID. Over half of respondents used online scheduling tools and would like to continue to use post-pandemic. Many respondents used multiple methods to communicate where both email and video-chat were used during the pandemic. The use of video-chat, telemedicine and other online support technologies followed a similar pattern, where a similar proportion of respondents who reported the use of these technologies also reported wanting to continue using these communication tools post-COVID. When moving forward with service delivery models, regardless of COVID pandemic pre-cautions, it is important to consider how the service delivery system might incorporate some of these technologies into evolving service models.



During the pandemic, a number of people have become more reliant on technology for communication. As such, it is crucial to consider the extent to which RW clients have access to stable internet. About 8 out of 10 respondents reported they have internet access. One in 10 respondents reported they have to travel to a location to access the internet, making it more inconvenient to access internet-based communication methods. About 1 in 20 respondents (6%) reported they did not have internet access or encountered significant barriers that made it difficult to access the Internet on a routine basis.



Lastly, when public emergencies arise (such as COVID-19, extreme weather events, etc.) many of us rely on various sources to obtain the most up to date information and safely protocols. Respondents were asked from where they would prefer to acquire this information. About half of all respondents said they prefer to get public emergency information from either a case manager/provider (56%) and/or the news (53%). Many respondents acquired information from multiple sources. The wide range of information access point preferences, and that about 1 in 4 respondents (25%+) preferred receiving public emergency information from a variety of sources, underscores the importance of continuing a multi-pronged communication strategy around public emergencies.



Contacts and Communications: Key Differences Between Groups

Statistically significant differences for demographic groups across agency contacts, the types of communication technologies used both in the past and in a future post-COVID landscape, internet access, and public emergency information preferences were examined.

In terms of the amount of agency contact experienced at RW agencies, BIPOC respondents were more likely to report they had too few contacts; 34% of BIPOC respondents reported too few contacts with agency staff compared to 23% White respondents.

Respondents were also asked about the various types of communication technology used during the pandemic and if respondents wanted to continue to use post-COVID. BIPOC respondents were *less likely* to rely on communication technologies during the pandemic and reported being *less likely* to rely on these technologies post-COVID across most listed. LGB+ respondents were more likely to rely on communication technology during the pandemic in comparison to heterosexual respondents, but no differences were found in post-pandemic preferences. Older respondents (55+) were *less likely* to send/receive email to/from providers during the pandemic, and were *less likely* to want to use video chat to connect with providers post-pandemic. People with disabilities were *less likely* to send/receive email during the pandemic, though no differences were noted in post-pandemic preferences.

Commications Technologies - Key Differences Between Groups

	BIPOC	White	*%Difference*	LGB+	Hetero	*%Difference*	55+	Under 55	*%Difference*	PWD	Pw/oD	*%Difference*	ALL
Send/receive email							83%	90%	*-7%*	81%	92%	*-11%*	87%
Video-chat	41%	52%	*-11%*	51%	35%	*16%*							48%
Schedule online appt	50%	60%	*-10%*	62%	43%	*19%*							57%
Telemed/telehealth	33%	43%	*-10%*	42%	24%	*18%*							39%
Online support services				25%	9%	*16%*							22%
POST-COVID													
Video-chat	40%	52%	*-12%*				42%	51%	*-9%*				
Schedule online appt	52%	62%	*-10%*										
Telemed/telehealth	28%	43%	*-15%*										
Online support services	21%	30%	*-9%*										

Internet access is inextricably linked to the use of communication technologies. If internet access is difficult and inconsistent, this presents challenges to telehealth and other online service options. BIPOC respondents not only reported being less reliant on communications technologies (above), they were also *more likely* to report having no internet access or found it difficult to use (12%) compared with White respondents (4%). Respondents with a disability were also more likely to report internet access issues (10%) in comparison to respondents with no disabilities (4%).

Access to the Internet - Key Differences Between Groups

	BIPOC	White	*%Difference*	PWD	Pw/oD	*%Difference*	ALL
No Internet/Difficult to access	12%	4%	*8%*	56%	41%	*15%*	53%

Lastly, when it came to the way in which respondents accessed public emergency information, BIPOC respondents were *less likely* to prefer accessing information via the news (38%) and from public emergency alerts (32%) such as texts and calls in comparison to White clients (62% and 46% respectively). Older respondents were *less likely* to prefer accessing public emergency information from their case managers/providers (49%) in comparison to younger respondents.

Preferences for Public Emergency Information - Key Differences Between Groups

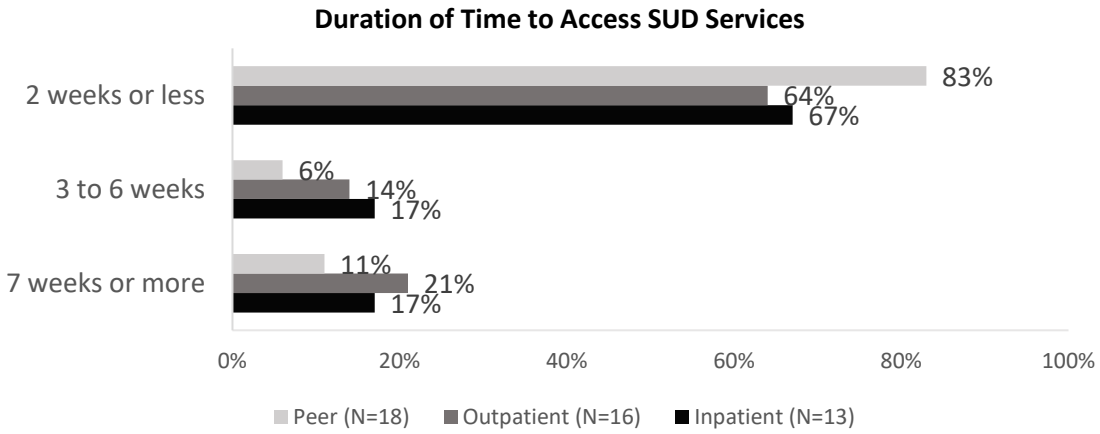
	BIPOC	White	*%Difference*	LGB+	Hetero	*%Difference*	55+	Under 55	*%Difference*	ALL
News	38%	62%	*-24%*	56%	41%	*15%*				53%
Public emergency alerts	32%	46%	*-14%*							41%
Case managers							49%	61%	*-12%*	56%

These are all important considerations when developing post-pandemic plans for service provision and future communication using technology. It is a reminder that not all Ryan White clients have equitable access to the Internet and technologies that many of us relied upon during the pandemic.

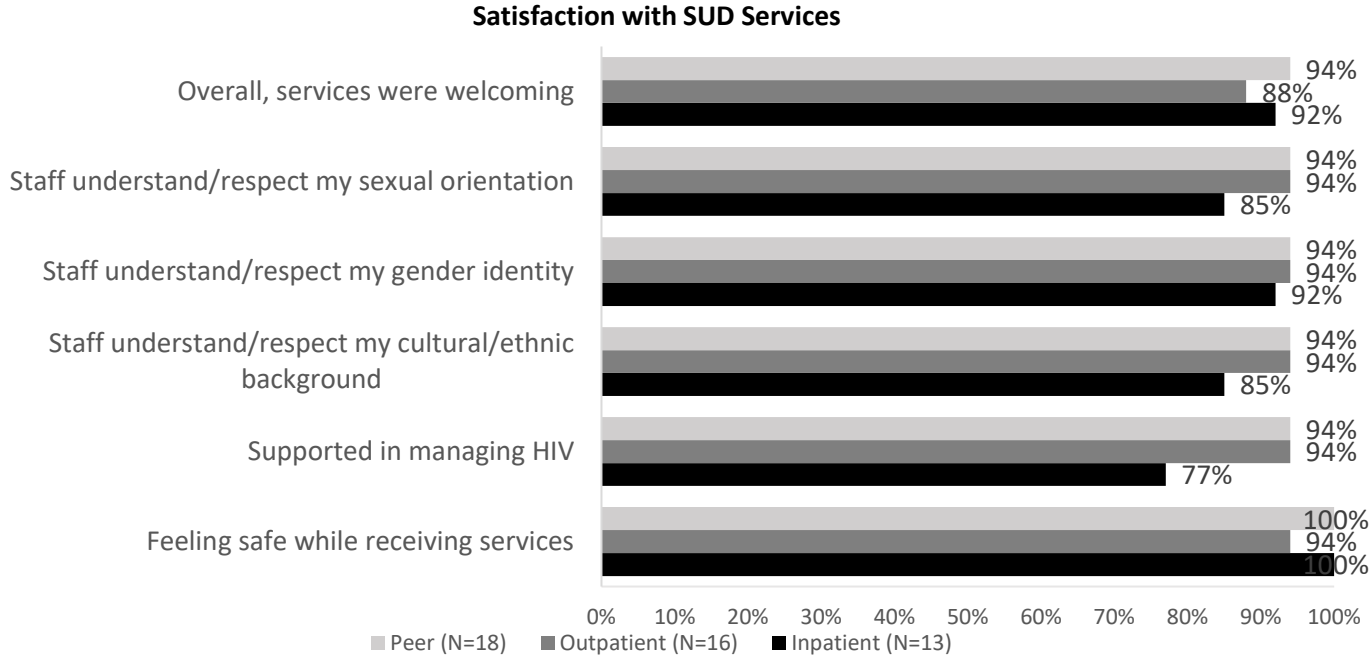
Substance Use Disorder (SUD): Alcohol and Drug Treatment

In addition to the new questions around COVID-19, summarized in the previous section, a new subset of questions was created to better understand the extent to which survey participants accessed and were satisfied with the alcohol/drug treatment and/or recovery support services (SUD services) received, regardless if these services were funded through RW funds. Questions were also asked on how long it takes to access different types of SUD services: peer support, outpatient services and inpatient SUD services. These new questions were crafted with the assistance of the Multnomah County Behavioral Health Division (BHD), and leaned heavily on concepts from Trauma Informed Care.

Thirty-six individuals reported they accessed SUD services within the past year: 13 accessed inpatient services, 16 accessed outpatient services, and 18 accessed peer services. There were multiple respondents (n=11) who accessed more than one type of SUD service, there were also a few (n=2) who accessed all three types of SUD services within the past year. The vast majority of respondents reported accessing peer, outpatient and inpatient SUD services within two weeks or less of seeking out the service. Peer services took the least amount of time to access.



Satisfaction rates were high, with the highest rate (100%) reported for feeling safe while receiving services for both peer and inpatient services, and a low of 77% for support in managing HIV for inpatient services. The below chart also shows the lowest satisfaction is with inpatient services across most of the satisfaction items. Similar levels of satisfaction existed for respondents who accessed peer and outpatient services.



Demographic differences amongst those who accessed SUD services were not reviewed in this report because of the small number of this sub-sample. It is important to remember that there was a very small number of respondents who reported accessing SUD services in the past year, which makes it a challenge to generalize these results to PLWH SUD service experiences broadly.

Appendix A: **Survey**

[Agency] -
2021 Ryan White Client Experience Survey

This survey will help the Multnomah County Health Department gather information about your experiences with services and needs in last 12 months. If you prefer to complete this survey online, go to !

Your answers will help improve services for people living with HIV. Because of how different this last year has been, there are additional questions we are asking. This survey may take up to 30 minutes to complete depending on your experiences. Some questions may feel sensitive or bring up different emotions for you. Please remember that this is a voluntary survey. You may skip any questions you do not wish to answer.

If you have questions about the survey, contact .
To find out more about Ryan White services, go to:

How were you directed to this survey?

- ☐ I am completing a paper survey that was mailed to me from a provider
- ☐ I am completing a paper survey that was given to me in person

PART 1: Tell Us About YOU

This information is confidential and will not be used to identify who you are. It will help us to describe who completed the survey and better understand service needs and experiences across different groups of people.

1. **How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?**

   _____

2. **Which of the following describes your racial or ethnic identity?** *Please check <u>all</u> that apply.*

Hispanic and Latino/a/x
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander
- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Samoan
- ☐ Other Pacific Islander

White
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

American Indian and Alaska Native
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American
- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/North African
- ☐ Middle Eastern
- ☐ North African

Asian
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

OTHER CATEGORIES
- ☐ Other_____
- ☐ Don't know
- ☐ Don't want to answer

3. **If you checked more than one category above is there <u>one</u> you think of as your primary racial or ethnic identity** (please specify which is your primary identity)?

   _____

4. **What is your gender?**
Please check all that apply.
- ☐ Woman
- ☐ Man
- ☐ Agender/No gender
- ☐ Feminine-leaning
- ☐ Masculine-leaning
- ☐ Non-binary
- ☐ Questioning
- ☐ Not listed. Please specify: _____
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

5. **Are you transgender?**
- ☐ Yes
- ☐ No
- ☐ Not listed. Please specify: _____
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

6. **How do you describe your sexual orientation or sexual identity?** *Please check all that apply.*
- ☐ Same-gender loving
- ☐ Same-sex loving
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Straight (attracted mainly to or only to other gender)
- ☐ Pansexual
- ☐ Asexual
- ☐ Queer
- ☐ Questioning
- ☐ Not listed. Please specify: _____
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

7. **Do you have serious difficulties with any of the following?** *Please check all that apply.*
- ☐ Hearing, even with a hearing aid
- ☐ Seeing, even with glasses
- ☐ Walking or climbing stairs
- ☐ Dressing or bathing
- ☐ Learning how to do things that most people your age can do
- ☐ Communicating in your usual (customary) language
- ☐ Doing errands alone (due to a physical, mental or emotional condition)
- ☐ Controlling your mood, intense feelings, behavior, or experiencing delusions or hallucinations
- ☐ None of the above

8. **What county do you live in?**
- ☐ Clackamas
- ☐ Clark, WA
- ☐ Columbia
- ☐ Multnomah
- ☐ Washington
- ☐ Yamhill
- ☐ Prefer not to answer
- ☐ Other (specify) _____

9. **How old are you?** _____ years

10. **When were you diagnosed with HIV?**
- ☐ 0-2 years ago (2019-2021) – *next Q: Part 2*
- ☐ 3-9 years ago (2012-2018) – *skip to Q13: Part 3*
- ☐ 10-25 years ago (1996-2011) – *skip to Q13: Part 3*
- ☐ 25+ years ago (before 1996) – *skip to Q13: Part 3*

PART 2: Getting HIV Care For the 1st Time (2019, 2020, 2021 HIV Diagnosis only)

11. Thinking back to when you were first diagnosed, how satisfied were you with getting the following:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
a. HIV medical case management	☐	☐	☐	☐	☐
b. HIV medical care	☐	☐	☐	☐	☐
c. Other HIV services	☐	☐	☐	☐	☐
d. Information or classes provided on HIV/HIV management	☐	☐	☐	☐	☐
e. Information and referral to other types of needed services	☐	☐	☐	☐	☐

12. Please share any comments you have about your experience getting HIV services after diagnosis.

_____

_____

_____

PART 3: Factors Getting Care and Services

13. In the last 2 years, did any of these situations apply to you?
Please check all that apply.

- ☐ Depression, anxiety or other mental health issues
- ☐ No source of income
- ☐ Have been unable to afford food
- ☐ Drug/alcohol addiction
- ☐ Homeless
- ☐ Incarceration
- ☐ Change in HIV health care provider
- ☐ Change in HIV case manager
- ☐ Social Isolation
- ☐ HIV stigma or discrimination
- ☐ Major life stressor (birth/adoption, death, job loss, housing, gambling, etc.): _____

14. Which of the below situations have gotten in the way of you getting the HIV care that you need?
Please check all that apply.

- ☐ Depression, anxiety or other mental health issues
- ☐ No source of income
- ☐ Have been unable to afford food
- ☐ Drug/alcohol addiction
- ☐ Homeless
- ☐ Incarceration
- ☐ Change in HIV health care provider
- ☐ Change in HIV case manager
- ☐ Social Isolation
- ☐ HIV stigma or discrimination
- ☐ Major life stressor (birth/adoption, death, job loss, housing, gambling, etc.): _____

15. What kind of housing do you have now?

- ☐ Rent or own house/apartment with NO voucher or rent assistance
- ☐ Rent or own house/apartment WITH rent or mortgage assistance (not HOPWA)
- ☐ Housing for people living with HIV/AIDS (HOPWA)
- ☐ Public affordable housing or Section 8 program
- ☐ Transitional (halfway houses or drug treatment program, etc.)
- ☐ Homeless Shelters (women's, faith based, youth, family, post-disaster, etc.)
- ☐ Staying with family or friends
- ☐ On the street – no shelter (camping, sleeping in car, etc.)
- ☐ Another type of housing not listed above (please specify): _____

16. In the next 12 months, do you expect your housing is likely to be unstable and/or uncertain?

- ☐ Yes
- ☐ No

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

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

18. In the LAST 12 months, did you run out of food and not have money to get more?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

19. If you needed help with getting food, what kind of support has been or could have been most helpful (SNAP, food pantries, gift cards, group meals, healthier food options, etc.)?

_____

_____

20. What are the main gaps that you currently see in food support?

_____

_____

PART 4: Factors Getting Care and Services: COVID-19

21. Please think about the services and supports in your life. Since the COVID-19 pandemic began, would you say your use of these supports have decreased, stayed about the same or increased?	**Increased**	**About the same**	**Decreased**	**I did not need this service**	**Needed services, but could NOT get**
a. **Social Support** *(group meetings/meals, peer based activities, etc.)*	☐	☐	☐	☐	☐
b. **In-home care** *(nursing and other home health services, etc.)*	☐	☐	☐	☐	☐
c. **Food assistance** *(food pantry, home-delivered meals, food vouchers/cards, etc.)*	☐	☐	☐	☐	☐
d. **Transportation** *(to medical care, to other needed social services, etc.)*	☐	☐	☐	☐	☐
e. **Day programs** *(community/drop in centers providing basic needs assistance and support)*	☐	☐	☐	☐	☐
f. **HIV case management/social work** *(medical and service access support, insurance enrollment assistance, goal plans, etc.)*	☐	☐	☐	☐	☐
g. **Mental health services**	☐	☐	☐	☐	☐
h. **Caregiver support** *(respite care, etc.)*	☐	☐	☐	☐	☐
i. **Service navigation** *(direct client help with getting services, information and referral, etc.)*	☐	☐	☐	☐	☐
j. **HIV medical care**	☐	☐	☐	☐	☐
k. **Housing assistance** *(financial housing assistance, facility/foster/residential placement, etc.)*	☐	☐	☐	☐	☐
l. **Employment or job seeking support**	☐	☐	☐	☐	☐
m. **Emergency financial assistance** *($ for vision care, food or hygiene products, utility assistance, or other short term emergency requests)*	☐	☐	☐	☐	☐
n. **Pharmacy and medication assistance** *(prescriptions assistance, medication consultation and changes, etc.)*	☐	☐	☐	☐	☐
o. **Dental Care**	☐	☐	☐	☐	☐
p. **General information on public health emergencies** *(COVID-19, fires, heat, etc.)*	☐	☐	☐	☐	☐
q. **Addictions/recovery support services**	☐	☐	☐	☐	☐

22. Are there services that you need or want that are NOT available to you right now?

_____

_____

23. From where/whom would you prefer to get information about public emergencies, such as COVID-19, extreme weather events, etc.?

Please check all that apply.

- ☐ Case manager or provider communications (emails, letters, calls, etc.)
- ☐ Service provider agency website or social media
- ☐ County/state/federal websites or social media
- ☐ News
- ☐ Public emergency alerts (texts, calls)
- ☐ Friends/family
- ☐ Other social media
- ☐ Other information source not listed (please specify:)_____

24. Is there information that you need or want that is not available to you right now?

_____

25. Do you have internet access when you need it?

- ☐ Yes, I have my own computer or smart phone with internet connection
- ☐ Yes, I have a place I can go to access the internet (friend's house, library, provider site, etc.)
- ☐ No, it is too difficult to access the internet. I only use it when I really need to
- ☐ No, I do NOT have any way to access the internet
- ☐ Don't know
- ☐ Does not apply
- ☐ Another answer not provided (please specify):

_____

26. Were you able to get services using any of the options below? *Check all that apply.*

- ☐ A computer or other device *(cell phone, tablet, computer, etc.)* to send/receive email
- ☐ Video-chat *(FaceTime, Zoom, etc.)* to communicate with service providers and/or peers
- ☐ Scheduling an appointment with a health provider online
- ☐ Attending a telemedicine or behavioral health *(telehealth)* appointment with a secure provided link
- ☐ Communicating with an online support network *(message boards, social media groups, etc.)*
- ☐ None of the above

27. Even when COVID-19 health and safety measures are no longer needed, which of the following options do you want to continue using? *Check all that apply.*

- ☐ Use a computer or other device *(cell phone, tablet, computer, etc.)* to send/receive email
- ☐ Use video-chat *(FaceTime, Zoom, etc.)* to communicate with service providers and/or peers
- ☐ Schedule an appointment with a health provider online
- ☐ Attend a telemedicine or behavioral health *(telehealth)* appointment with a secure provided link
- ☐ Communicate with an online support network *(message boards, social media groups, etc.)*

28. Please specify which services you would want to continue virtually or online (case management, medical care, mental health, etc.):

_____

_____

29. In the last 12 months, what were the 3 main things you did to be healthy?

_____

_____

PART 5: Satisfaction

30. In the last 12 months, how did you feel about the number of contacts with [Agency]?

- ☐ Too few contacts
- ☐ Just the right number of contacts
- ☐ Too many contacts

31. In the last 12 months, how satisfied were you with [Agency] to:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
a. Get back to me when I call with questions or needs	☐	☐	☐	☐	☐
b. Explain things to me in a way that was easy to understand	☐	☐	☐	☐	☐
c. Treat me with respect	☐	☐	☐	☐	☐

31. In the last 12 months, how satisfied were you with [Agency] to:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
d. Share information about or connect me with other programs for social, financial, and support services *(food, housing, utilities etc.)*	☐	☐	☐	☐	☐
e. Listen and understand my needs	☐	☐	☐	☐	☐
f. Keep my personal information private	☐	☐	☐	☐	☐
g. Help me manage my HIV and other health issues	☐	☐	☐	☐	☐
h. Help me cope with stress	☐	☐	☐	☐	☐
i. Treat me as a partner in making my care plan	☐	☐	☐	☐	☐
j. Provide me with reasonable ways to share feedback and/or concerns about services	☐	☐	☐	☐	☐

PART 6: MCM Satisfaction (PP, HHSC, CAP MAI services only)

32. In the last 12 months, how satisfied were you with [MCM Provider] staff in helping you:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply (I did not need the help)
a. **Stay in HIV medical care?** *(scheduling, transportation, reminders, etc.)*	☐	☐	☐	☐	☐
b. **Apply for health insurance?** *(help me look at insurance options, etc.)*	☐	☐	☐	☐	☐
c. **Apply for dental insurance?** *(help me apply for Delta Dental through CAREAssist, etc.)*	☐	☐	☐	☐	☐
d. **Stay on my HIV medication?** *(check on med side effects, check that I am taking, help with refills or med changes)*	☐	☐	☐	☐	☐
e. **Figure out/coordinate additional medical and dental care needs?**	☐	☐	☐	☐	☐
f. **Understand HIV medication adherence** *(taking meds every day)* **and why it matters?**	☐	☐	☐	☐	☐
g. **Understand my HIV labs** *(viral load and T-cells)* **and what they mean?**	☐	☐	☐	☐	☐
h. **Gain the skills to navigate my care** *(Advocacy and self-management support, increase understanding and skills to make health decisions, etc.)*	☐	☐	☐	☐	☐

PART 7: Satisfaction Continued (TIC)

33. At [Agency], how satisfied were you with the following:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
a. Feeling safe while receiving these services.	☐	☐	☐	☐	☐
b. Seeing my cultural identity reflected in this agency's environment and materials.	☐	☐	☐	☐	☐
c. Staff understanding and respecting my cultural/ethnic background.	☐	☐	☐	☐	☐
d. Staff understanding and respecting my gender identity.	☐	☐	☐	☐	☐
e. Staff understanding and respecting my sexual orientation.	☐	☐	☐	☐	☐
f. Feeling I can be my authentic self at the agency.	☐	☐	☐	☐	☐
g. The overall care that I received.	☐	☐	☐	☐	☐
h. In-person COVID-19 safety guidelines	☐	☐	☐	☐	☐
i. How other clients follow in-person COVID-19 safety guidelines	☐	☐	☐	☐	☐

Please add any comments regarding your answers to the above satisfaction questions:

_____

_____

LAST SECTION: Alcohol/Drug and Recovery Support Services

Thank you for your feedback so far, we have just one last set of questions! These next questions are about any alcohol and drug treatment services you may have gotten **in the LAST 12 months**.

48. In the last 12 months, did you receive either inpatient/residential, outpatient, and/or peer alcohol/drug treatment and/or recovery support services?

- ☐ Yes – *next Q*
- ☐ No – ***SKIP THIS WHOLE SECTION/END OF SURVEY***

49. In the last 12 months, did you get INPATIENT/RESIDENTIAL Alcohol/Drug and/or Recovery Support services?

- ☐ Yes – *next Q*
- ☐ No – *skip to Q52*
- ☐ I needed Inpatient/Residential services, but could NOT get – *skip to Q52*

50. How long did it take you to get INPATIENT/RESIDENTIAL alcohol/drug and/or recovery support services?

- ☐ 2 weeks or less
- ☐ 3 to 6 weeks
- ☐ 7 weeks or more

51. During your INPATIENT/RESIDENTIAL Alcohol/Drug and/or Recovery Support services, how satisfied were you with the following:	☺ **Very satisfied**	☺ **Somewhat satisfied**	☹ **Somewhat dissatisfied**	☹ **Very dissatisfied**	**Does not apply**
a. Feeling safe while receiving these services.	☐	☐	☐	☐	☐
b. Feeling supported in managing my HIV and other medical issues.	☐	☐	☐	☐	☐
c. Staff understanding and respecting my cultural/ethnic background.	☐	☐	☐	☐	☐
d. Staff understanding and respecting my gender identity.	☐	☐	☐	☐	☐
e. Staff understanding and respecting my sexual orientation.	☐	☐	☐	☐	☐
f. **Overall, services were welcoming and encouraged a positive community environment**	☐	☐	☐	☐	☐

52. In the last 12 months, which of the following types of OUTPATIENT Alcohol/Drug and/or Recovery Support services did you get most recently?

- ☐ Outpatient with Supportive Housing services–*next Q*
- ☐ Outpatient with Medication Assisted Treatment (suboxone, methadone, etc.) services– *next Q*
- ☐ I most recently got a different type of outpatient treatment service than the two above, please specify: _____– *next Q*
- ☐ I needed Outpatient treatment services, but could NOT get– *skip to Q55*
- ☐ I did not need Outpatient treatment services– *skip to Q55*

53. How long did it take you to get your most recent OUTPATIENT Alcohol/Drug and/or Recovery Support services?

- ☐ 2 weeks or less
- ☐ 3 to 6 weeks
- ☐ 7 weeks or more

54. During your most recent OUTPATIENT Alcohol/Drug and/or Recovery Support services, how satisfied were you with the following:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
a. Feeling safe while receiving these services.	☐	☐	☐	☐	☐
b. Feeling supported in managing my HIV and other medical issues.	☐	☐	☐	☐	☐
c. Staff understanding and respecting my cultural/ethnic background.	☐	☐	☐	☐	☐
d. Staff understanding and respecting my gender identity.	☐	☐	☐	☐	☐
e. Staff understanding and respecting my sexual orientation.	☐	☐	☐	☐	☐
f. Overall, services were welcoming and encouraged a positive community environment	☐	☐	☐	☐	☐

55. In the last 12 months, did you get PEER SUPPORT Alcohol/Drug and/or Recovery Support services?

- ☐ Yes – *next Q*
- ☐ No – *skip to Q58*
- ☐ I needed peer support services, but could NOT get – *skip to Q58*

56. How long did it take you to get PEER SUPPORT alcohol/drug and/or recovery support services?

- ☐ 2 weeks or less
- ☐ 3 to 6 weeks
- ☐ 7 weeks or more

57. During your PEER SUPPORT Alcohol/Drug and/or Recovery Support services, how satisfied were you with the following:	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Does not apply
a. Feeling safe while receiving these services.	☐	☐	☐	☐	☐
b. Feeling supported in managing my HIV and other medical issues.	☐	☐	☐	☐	☐
c. Staff understanding and respecting my cultural/ethnic background.	☐	☐	☐	☐	☐
d. Staff understanding and respecting my gender identity.	☐	☐	☐	☐	☐
e. Staff understanding and respecting my sexual orientation.	☐	☐	☐	☐	☐
f. Overall, services were welcoming and encouraged a positive community environment	☐	☐	☐	☐	☐

58. We know that the decision to get alcohol/drug and recovery support services is a personal and self-motivated process on your recovery path. In the last 12 months, did you get any formal program help in getting into any of the treatment services described above?

- ☐ Yes, I got formal program help to get treatment services – *next Q*
- ☐ I did NOT get formal program help, even though I needed it - *skip to Q61*
- ☐ I did not need any formal program help - *skip to Q61*

59. In the last 12 months, did you get help from the PATH program [Promoting Access To Hope], formerly ABC (for example, from Laura Paz-Whitmore or Valerie Warden) to get into treatment services?

- ☐ Yes - *next Q*
- ☐ No, I needed help from the PATH program, but could NOT get the help I needed - *skip to Q61*
- ☐ No, I did not need help from the PATH program - *skip to Q61*

60. How helpful was the help that you got from the PATH program, formerly ABC, in helping you get into the treatment services you needed?

- ☐ Very Helpful
- ☐ Somewhat Helpful
- ☐ Somewhat Unhelpful
- ☐ Very Unhelpful

61. Please add any comments about your experience with Alcohol/Drug Treatment and/or Recovery Support services:

_____

_____

62. Please share any final comments about the Ryan White Service system:

_____

_____

Thank you so much for your time and effort in completing this survey!

****

Please return your survey in the drop box on-site, OR mail it to Multnomah County in the business-reply envelope.

If you would like to enter the raffle for a $50 gift card, please contact .

Appendix B: Demographics of Survey Respondents

Race/Ethnicity		
	%	N
Latinx		
Mexican	16%	74
Other	6%	29
Central American	3%	12
South American	2%	11
Native Hawaiian and Pacific Islander		
Other Pacific Islander	1%	4
Samoan	<1%	1
Marshallese	<1%	1
White		
Western European	37%	168
Other White	26%	118
Eastern European	10%	45
Slavic	2%	7
American Indian and Alaska Native		
American Indian	6%	27
Indigenous Mexican, Central American, or South American	2%	10
Alaska Native	<1%	2
Black and African American		
African American	8%	36
Other African	2%	7
Other Black	1%	5
Afro-Carribean	1%	5
Somali	<1%	1
Ethiopian	<1%	1
Middle Eastern/North African		
Middle Eastern	1%	3
North African	<1%	2
Asian		
Other Asian	2%	8
Chinese	1%	6
Filipino/a	1%	5
Japanese	1%	3
Vietnamese	<1%	2
Asian Indian	<1%	2
Laotian	<1%	1
Korean	<1%	1
Hmong	<1%	1
Communities of Myanmar	<1%	1
Cambodian	<1%	1

Gender		
	%	N
Man	83%	380
Woman	11%	52
Non-binary	3%	13
Masculine-Leaning	2%	10
Feminine-Leaning	1%	6
Don't want to answer	1%	4
Questioning	1%	3
Don't know	<1%	2
Don't know what this question is asking	<1%	1
Agender	<1%	1

Transgender		
	%	N
No	92%	422
Yes	2%	10
Don't know	1%	6
Don't know what this question is asking	<1%	1
Don't want to answer	<1%	1

Sexual Orientation		
	%	N
Gay	62%	284
Same-gender loving	14%	66
Same-sex loving	14%	65
Straight	12%	56
Queer	11%	51
Bisexual	10%	47
Pansexual	3%	15
Don't want to answer	3%	12
Don't know	2%	9
Asexual	2%	9
Questioning	1%	6
Lesbian	<1%	1
Don't know what this question is asking	<1%	1

Appendix C: Ryan White Portland TGA Services

Core Services
Outpatient/ambulatory medical care
Oral Health Care
Early Intervention Services (EIS)
Health Insurance Premium & Cost Sharing Assistance
Mental Health Services
Medical Case Management
Substance Abuse Services Outpatient

Support Services
Case Management (non-Medical)
Emergency Financial Assistance
Food Bank/Home-Delivered Meals
Housing Services
Psychosocial Support Services