

2017

2017 RYAN WHITE PART B EAST TENNESSEE TRANSPORTATION NEEDS ASSESSMENT

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2017 RYAN WHITE PART B EAST TENNESSEE TRANSPORTATION NEEDS ASSESSMENT

ABSTRACT

The 2017 East Tennessee HIV Planning Council (ETHPC) created a Transportation Needs Assessment Survey to examine the need for services among HIV-positive individuals living in the East Tennessee service area. The goals of this study were to assess the potential transportation-related barriers that service recipients may encounter while attempting to access health services, identify specific transportation-related barriers for service recipients living within East Tennessee, assess transportation-related barriers service recipients have resolved, and determine what additional actions or resources may increase the use of health services by service recipients. It was anticipated that a greater number of individuals would indicate that they rely on private and insurance-based transportation versus public transportation given that public transportation is provided only in Johnson City and Knoxville. It was also expected that a greater number of individuals in the East Tennessee counties would demonstrate a reliance on gas cards for transportation.

BACKGROUND

The 2017 ETHPC provided service recipients with a self-report survey to collect data that characterizes the needs of People Living with HIV/AIDS (PLWHA) in East Tennessee. The 2017 ETHPC survey was comprised of both open-ended and close-ended questions. Open-ended questions enabled service recipients to comment anonymously while close-ended questions enabled service recipients to provide data that characterizes needs of PLWHA in East Tennessee. Survey questions focused on demographic information, medical and substance use history, and transportation service utilization.

See **Appendix** for open-ended survey answers.

The 2012-2016 U.S. Census Bureau estimates Tennessee's population at 6,548,009 and East Tennessee's population at 1,709,111. According to the Centers for Disease Control (CDC), there were 37,600 new HIV infections in 2014 and in 2016, 39,782 people in the U.S. were diagnosed HIV positive. In addition, the CDC reports that in 2015, 1.1 million people in the U.S. were living with HIV while 15 % of these individuals were unaware of their status.

The State of Tennessee Department of Health utilizes the Tennessee enhanced HIV/AIDS Reporting System (eHARS) for collecting data pertaining to HIV/AIDS. eHARS reveals that there is a fluctuation of newly HIV diagnosed adult cases across East Tennessee (Table 1).

However, a slight increase appears to exist in the number of newly HIV diagnosed children and adolescents in East Tennessee (Table 1).

Table 1: HIV Cases by Age

Newly diagnosed HIV cases by age East Region, Tennessee, 2011-2016						
	Year of HIV Diagnosis					
Age at diagnosis	2011	2012	2013	2014	2015	2016
<18	1	0	1	2	4	2
>=18	104	84	92	83	89	92
Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.						

eHARS also reveals a fluctuating pattern of newly diagnosed AIDS cases among adults in East Tennessee (Table 2) which is also similar for children and adolescents (Table 2).

Table 2: AIDS Cases by Age

Newly diagnosed AIDS cases by age East Region, Tennessee, 2011-2016						
	Year of AIDS Diagnosis					
Age at diagnosis	2011	2012	2013	2014	2015	2016
<18	1	0	0	2	2	0
>=18	57	50	63	31	50	40
Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.						
Note: Includes persons who may have been diagnosed with HIV and AIDS the same year.						

METHODOLOGY

Surveys

The 2017 East Tennessee HIV Planning Council (ETHPC) created a Transportation Needs Survey to quantitatively and qualitatively examine the need for transportation services among individuals living with HIV/AIDS in the East Tennessee service area. Service recipients received surveys during their visits with health-support service sites. Completed surveys were sent to a Research Analyst in the East Tennessee service area to compile and report findings. The Research Analyst and a University of Tennessee (UT) College of Social Work intern numbered each survey and manually entered survey responses into SurveyMonkey, an online survey tool.

ETHPC survey data entry was completed on December 05, 2017 and analyzed on February 24, 2018.

Epidemiological data (epidata) were collected through February 20, 2018 from the State of Tennessee's Department of Health. Epidata was used for comparing current data trends with past data trends to explore solutions for potential future barriers to treatment and services. Epidata data entry was completed and analyzed on February 24, 2018. The Research Analyst and UT intern reviewed all final results for accuracy. A technical editor also reviewed and edited this report.

Limitations

Survey data was limited by several factors described below.

Based on current survey results, respondents from urban areas have the highest number of usage for gas cards. However, the low number of survey respondents from rural counties reflects limited representation for this segment of the population where gas card usage is likely highest given fewer public transportation options and limited geographical accessibility.

Similarly, responses to transportation survey questions were either partial or unanswered by 20 of the 96 total respondents. Two of these 20 respondents left all transportation survey questions unanswered. Three respondents identified that they have access to transportation and do not need transportation.

Given the typographical errors and confused wording found in the survey, it is likely that some transportation survey questions were perceived as confusing. For example, respondents were asked to identify whether they had missed an appointment for the following reasons:

- My transportation runs when I need it most
- I know who to contact if I want to file a complaint about transportation
- I've moved to be closer to HIV related services
- Transportation is convenient

Similarly, Carter County residents were not given an option to identify their East Tennessee county of residence whereas all other respondents were given this option.

Certain demographic data was collected that is unrelated to the focus of the survey. Given the challenges and constraints associated with the survey model of evaluation and typically low response rates, all survey questions should only target the audience and topic.

See Recommendations for additional suggested survey revisions.

Confidentiality

No identifying information was collected in the surveys. However, the Research Analyst and intern both signed a confidentiality agreement stating that they would not share any respondent information they may learn while compiling results.

KEY FINDINGS

Females

Nineteen women answered the surveys. Their answers show that 78% affirmed they were aware of Ryan White transportation services whereas 21% were not. Similarly, 77% of female respondents affirmed they currently qualify for Ryan White transportation services and 5% do not. While 77% of females affirmed they are currently receiving transportation services 22% indicated that they are not. For gas cards, 73% of females use gas cards while 13% use “other” means. For types of transportation, 76% of females indicated that they use their own car to get to Ryan White appointments, 5% are driven by a friend/family member or bus, and 11% specified “other” but indicated that they use a friend/family member’s car or use a Net Trans van.

Transgender

Only one respondent who completed this survey identified as transgender. This individual affirmed having awareness of Ryan White transportation services, qualifying for Ryan White transportation services, and is receiving the following transportation services: day bus passes, ETHRA, and gas cards. This individual responded with “Other” and “It’s hard for me to find a way to get there” as an answer to how this person gets to Ryan White appointments. This individual further commented that their “case manager comes to my house. No buses, no car.”

Race

Sixteen respondents indicated that their race is Black/African American. Of these 16 respondents, 37% live in Knox County, 12% live in Sullivan County, and 50% live in Washington County. Of these respondents, 87% indicated they were aware of Ryan White transportation services prior to this survey. While 93% affirmed that they currently qualify for Ryan White transportation only 73% stated that they are receiving transportation services by way of gas cards (53%), day bus passes (23%), transit/van system (7%). Further, 43% revealed they use their own car, 37% utilize a bus, 12% use family/friends, and 6% specified “Other.”

Two individuals identified as Hispanic and that they reside in Knox County. These two individuals stated that they were aware of Ryan White services prior to their appointment, affirmed that they qualify for Ryan White transportation, are currently receiving transportation services in the form of gas cards, and that they use their own cars to get to Ryan White appointments.

Males

Seventy-three respondents indicated that they are male while 84% specified that they are Caucasian males and live in Knox County (33%), Sullivan County (18%) and Washington County (30%). Of the male respondents, 11% acknowledged that they had been homeless within the past year. While 78% male respondents affirmed they were aware of Ryan White transportation services, 66% currently qualify for Ryan White transportation services, and 27% indicated they didn't know whether they qualified. Of the male respondents, 52% denied that they were currently receiving transportation services and 47% affirmed they were while 67% use gas cards, 12% use day bus passes, 10% use "other", and less than 10% use transit/van systems. As for independent transportation, 66% of these individuals indicated that they are using their own car to get to Ryan White appointments while 18% use a friend/family member for transportation, and 13% use the bus.

It appears that the proportion of Caucasian male survey respondents outnumbered minority survey respondents who also use Ryan White transportation services. This observation is indicated by comparing current results with the 2016 statistics for individuals living with HIV in East Tennessee. The 2016 data reflects that there were 419 females and 11 transgender individuals living with HIV in East Tennessee versus the 19 women and one transgender individual who completed this survey. Additionally, black non-Hispanic individuals represented 19% (432) of persons living in East Tennessee with an HIV diagnosis and yet only 16 Black/African American individuals completed this survey. Similarly, Hispanic individuals with an HIV diagnosis in East Tennessee account for 4% (104) of the population while only two completed this survey.

Gas Cards

Gas cards were the most frequently used transportation service among all respondents (68%), with most individuals using gas cards in Knox County (32%), Sullivan County (16%) and Washington County (29%). All gas card recipients indicated they had heard of Ryan White transportation services prior to this survey with 97% indicating that they qualified for Ryan White transportation. While 95% of gas card users affirmed they are receiving transportation services, 30% affirmed that they also use other transportation services to get to appointments. Of those who use gas cards, 61% use their own car, 19% use the bus, and 17% rely on a friend/family member for transportation.

Although it appears rural counties did not have equitable representation compared to Knox County, Sullivan County, and Washington County, the most frequently utilized transportation service is the gas card. It is also evident that individuals who qualify for Ryan White transportation services use gas cards in conjunction with other transportation services. Additionally, almost all respondents indicated that they are aware of Ryan White transportation services.

Survey Items

Several respondents stated that there were several questions on the survey that did not seem to pertain to transportation issues and were inappropriate. These questions included inquiry into sexual orientation, education level, imprisonment, homelessness, substance use, and HIV infection causes.

The length of the survey may have impacted its overall effectiveness. Similarly, clarity of wording and respondents' emotional responses to the survey may have impacted their reactions. Twenty respondents either partially completed or skipped the last page of the survey which had the majority of transportation-related survey items. This may be attributable to misinterpreted questions that may have appeared to pertain *only* to those individuals who "have ever missed an appointment for six months or more." For example, some respondents only replied that they had not missed an appointment for such an extensive amount of time.

Transportation Services

Respondents were asked to report knowledge of Ryan White transportation services (Figure 1). Prior to completing the ETHPC survey, 78% of respondents indicated that they were aware of the transportation services. While 69% of respondents indicated that they qualify for Ryan White transportation services, 5% indicated that they do not qualify due to "I have a car" and "I don't need transportation services at this time," and 25% recorded that they did not know whether they qualify for the transportation services.

Slightly more than half of the respondents (54%) reported that they currently receive transportation services with gas cards as the most commonly used resource (68%). The next most commonly used transportation service was day bus passes (15%), followed by "Other" (10%). Of the six respondents who chose "Other" as their transportation service, they specified the following: "Own vehicle," "Medicaid cab," "N/A," "Not needed" (Figure 2).

When surveyed about transportation methods for Ryan White appointments, 66% respondents indicated that they used their own car, 17% rode with a friend/family member. 13% used a bus system, 6% chose "other" reporting that they relied on a friend/family member or a "NetTrans van." One percent of respondents indicated that "it's hard for me to find a way to get there" due to "No buses, no car" but that this individual relies on their case manager who "comes to my house" (Figure 3).

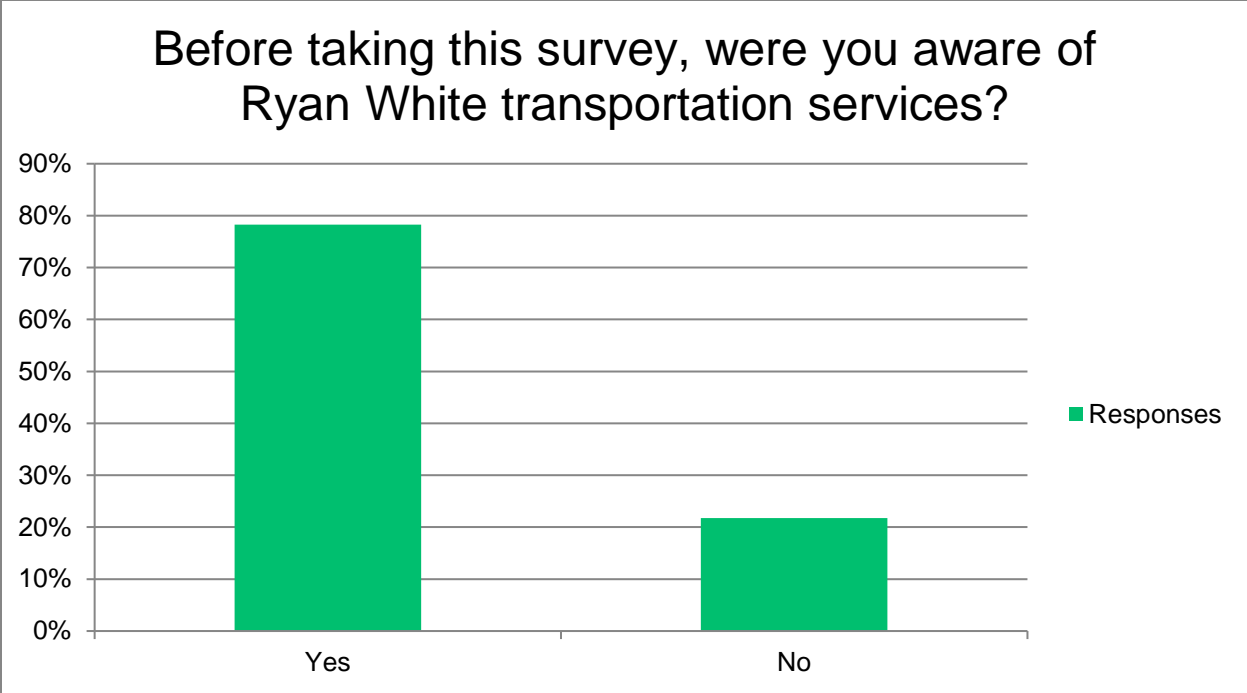


Figure 1: Knowledge of Transportation Services

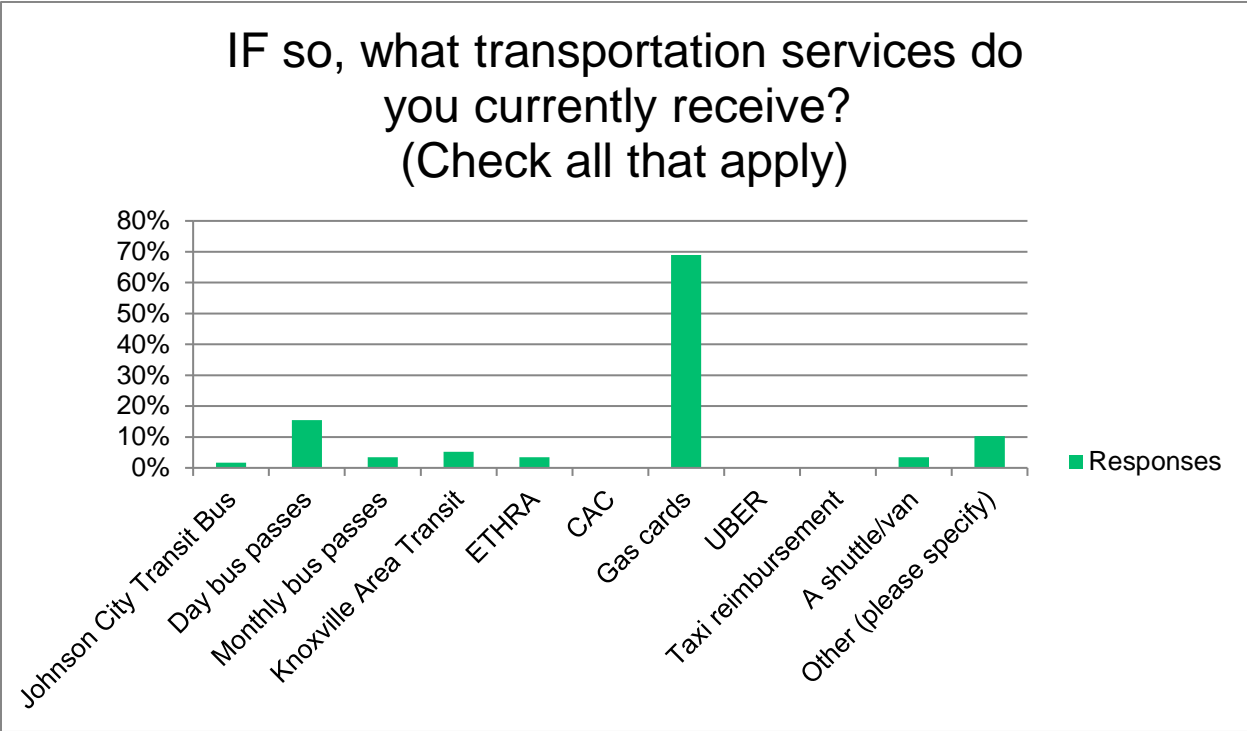


Figure 2: Utilized Services

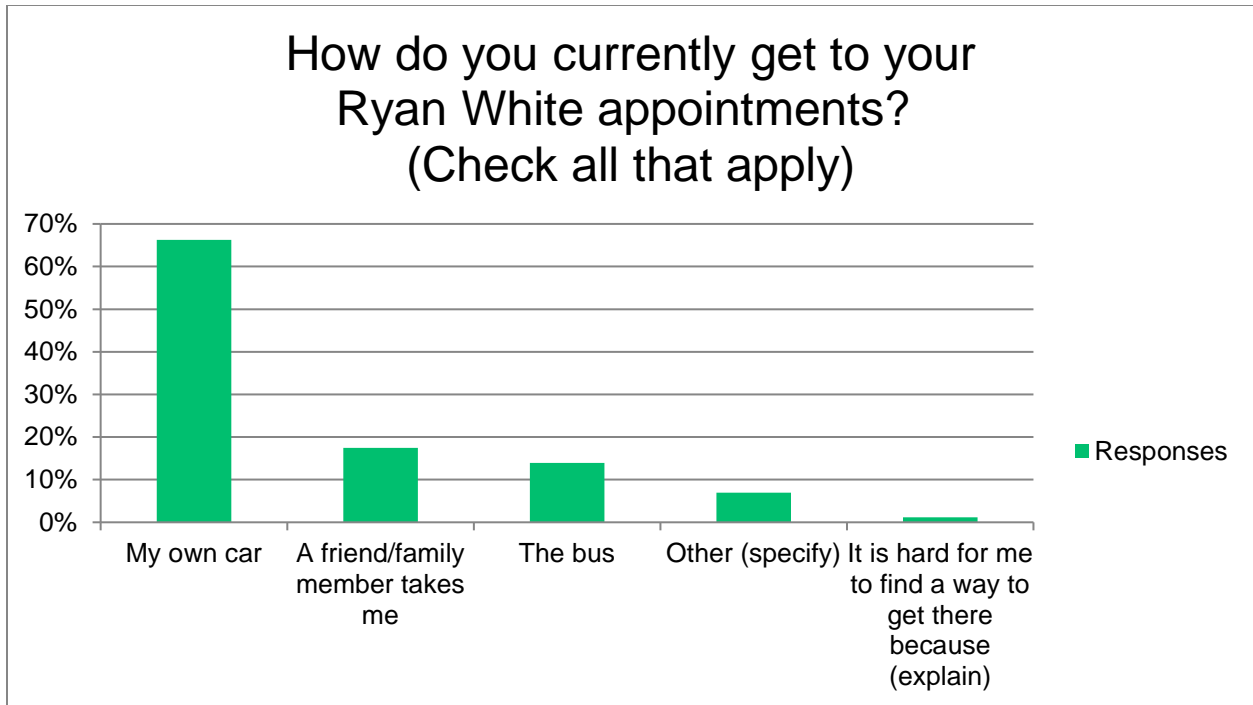


Figure 3: Current Transportation

Respondents were asked to identify specific transportation barriers leading to missed appointments over the past six months or more. The 2017 ETHPC survey responses are listed in the Table 3. Regarding barriers for transportation to appointments, more than half (53%) of respondents “strongly disagreed” that they didn’t have transportation -- 7% of these respondents strongly agreed that this caused a missed appointment. More than half of respondents “strongly disagreed” that the office or clinic was too far away, whereas 5% “strongly agreed” that this has been an issue. Regarding transportation as a barrier for accessing certain HIV-related services, over half of respondents “strongly disagreed” that this is an issue with 2% agreeing that this is accurate for them. Regarding missed appointments due to a change in medical providers because of transportation issues, 64% “strongly disagreed” that this is true while 3% affirmed.

Missing an appointment due to moving closer to HIV-related services resulted in 64% of respondents who “strongly disagreed” and 5% in agreement. Inability to follow HIV-related treatment because of transportation as a barrier resulted in 58% of respondents “strongly disagreed” and 1% in agreement. While 38% strongly agreed and 16% agreed that transportation is convenient, 18% strongly disagreed that this is true for them. About one-third of respondents (32%) “strongly disagreed” that public transportation is provided and the lack of transportation is related to missing appointments. About one-third (30%) indicated that they were “neutral” regarding this issue.

Regarding bus routes as convenient and accessible, 41% indicated that they were neutral for considering this as a reason for missing appointments. For the ease at which individuals can

arrange transportation for appointments, 31% strongly agreed and 26% were “neutral.” Regarding understanding and using transportation material as related to missing an appointment, 50% “strongly agreed.” With respect to case managers helping individuals use transportation services, 58% of respondents “strongly agreed” this was helpful. For those who know someone who can physically help them get to the doctor, 51% of respondents “strongly agreed” this was true. 43% of respondents were “neutral” regarding parking problems as a barrier for attending appointments and 41% “strongly disagreed” with this statement. Transportation stops as a barrier for attending appointments resulted in 40% indicating that they were “neutral” and 31% “strongly disagreed.”

Missing appointments due to “my transportation runs when I need it most” resulted in 36% strongly in agreement and 32% indicating that they were neutral. Having reliable transportation as a reason for missing appointments resulted in 36% indicating that they strongly agreed with 27% remaining neutral. Positive experiences with “the transportation system” as a reason for missing appointments resulted in 39% of respondents agreeing and 31% remaining neutral.

Knowing who to contact to file a complaint about transportation as a reason for missing appointments resulted in 41% of respondents strongly agreeing and 27% remaining neutral. Transportation being handicap accessible as a reason for missing appointments within the past six months or longer resulted in 51% remaining neutral and 27% strongly agreeing.

Table 3: Transportation Survey Questions

Transportation Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Didn't have transportation	7.69%	11.54%	20.51%	6.41%	53.85%
Office too far away	5.13%	2.56%	26.92%	7.69%	57.69%
Unable to access some services due to transportation	2.56%	3.85%	25.64%	11.54%	56.41%
Had to change provider due to transportation	3.90%	1.30%	20.78%	9.09%	64.94%
Had to move to access services	5.13%	1.28%	20.51%	8.97%	64.10%
Unable to follow treatment due to transportation problems	1.28%	3.85%	29.49%	6.41%	58.97%
Transportation is convenient	38.96%	16.88%	18.18%	7.79%	18.18%
Able to access public transportation	13.16%	14.47%	30.26%	9.21%	32.89%
Bus routes meet transportation needs	9.33%	9.33%	41.33%	10.67%	29.33%
Able to arrange transportation	31.58%	18.42%	26.32%	6.58%	17.11%
Transportation materials are useful	50.00%	11.11%	18.06%	5.56%	15.28%
Case manager helps with transportation needs	58.33%	8.33%	13.89%	4.17%	15.28%
Have personal supports who can help with transportation	51.35%	14.86%	13.51%	5.41%	14.86%

Have problems with parking	4.05%	2.70%	43.24%	8.11%	41.89%
Too many stops are made by transportation service	12.16%	6.76%	40.54%	9.46%	31.08%
Transportation is available when needed	36.49%	13.51%	32.43%	4.05%	13.51%
Transportation is reliable	36.99%	20.55%	27.40%	5.48%	9.59%
Have positive experiences with transportation services	39.73%	10.96%	31.51%	4.11%	13.70%
Know who to contact with problems regarding transportation services	41.89%	13.51%	27.03%	8.11%	9.46%
Transportation is handicap accessible	27.03%	6.76%	51.35%	5.41%	9.46%

According to the State of Tennessee Department of Health, transportation trends between 2015-2017 show that health departments in East Tennessee served 44 individuals with \$1,660 worth of transportation support (2015-2016) and served 53 individuals with \$2,730 worth of transportation support (2016-2017) (Table 4). Non-health departments in East Tennessee served 61 to 81 individuals living with HIV with \$1000 to \$1155 worth of access to transportation services (Table 5). HIV Care Consortia provided the highest numbers and amounts of transportation support from 2012-2017 with service to 244 to 377 service recipients, equaling \$22,201 to \$36,867 dollars spent (Table 6). It is possible that the variance in number served versus program funding is explained by a fluctuation of gas prices.

Table 4: Transportation – Health Department

Medical Transportation: Health Departments					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
# served	n/a	n/a	n/a	44	53
Units of service	n/a	n/a	n/a	56	123
Amount spent	n/a	n/a	n/a	\$ 1,660	\$ 2,730

Table 5: Transportation – Non-Health Department

Medical Transportation: Non-Health Departments					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
# served	81	65	75	61	70
Units of service	58	50	50	51	50
Amount spent	\$ 1,155	\$ 1,000	\$ 1,000	\$ 1,010	\$ 1,000

Table 6: Transportation - HIV Care Consortia

Medical Transportation: HIV Care Consortia					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
# served	246	282	254	244	377
Units of service	1725	1098	1629	1245	1086
Amount spent	\$ 36,867	\$ 22,201	\$ 33,020	\$ 24,889	\$ 28,512

Demographics

Gender

In Tennessee, PLWHA is represented by females at 25.4%, males at 74.2%, and transgender individuals at 0.4% (Table 7). In East Tennessee, from 2011 – 2016, females living with HIV demonstrate a fluctuation of 1.9%, with ranges from 17.5% to 19.4%; males demonstrate a fluctuation of 2.1%, with ranges from 80.1% to 82.2%; transgender individuals demonstrate a fluctuation of 0.2% with ranges from 0.3% to 0.5% (Table 8). Similarly, data from the 2017 ETHPC survey reflect that females living with HIV represent 20.43%, males represent 78.49%, and transgender individuals represent 1.08% of the total population (Figure 4). What data reflect is an increase in females living with HIV in East Tennessee by at least 1.03%; a decrease in males living with HIV by at least 3.71%; and an increase in transgender individuals living with HIV by at least .58%.

Table 7: HIV Diagnoses 2016

Characteristics of persons living with diagnosed HIV in Tennessee, 2016			
	<i>Total Population</i>	<i>%</i>	<i>Rate per 100,000 persons</i>
Overall	17,489	N/a	262.9
Gender			
Female	4,437	25.4	130.2
Male	12,979	74.2	400.3
Transgender	73	0.4	N/A

Table 8: Gender 2011-2016

Characteristics of persons 18 years of age and older living with diagnosed HIV in the East Region*, Tennessee, 2011 – 2016 Gender												
	2011		2012		2013		2014		2015		2016	
	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%
Overall	2,235	N/A	2,267	N/A	2,279	N/A	2,001	N/A	2,060	N/A	2,205	N/A
Gender												
Female	399	17.9	396	17.5	408	17.9	373	18.6	399	19.4	419	19
Male	1,829	81.8	1,864	82.2	1,864	81.8	1,618	80.9	1,651	80.1	1,775	80.5
Trans-gender	7	0.3	7	0.3	7	0.3	10	0.5	10	0.5	11	0.5

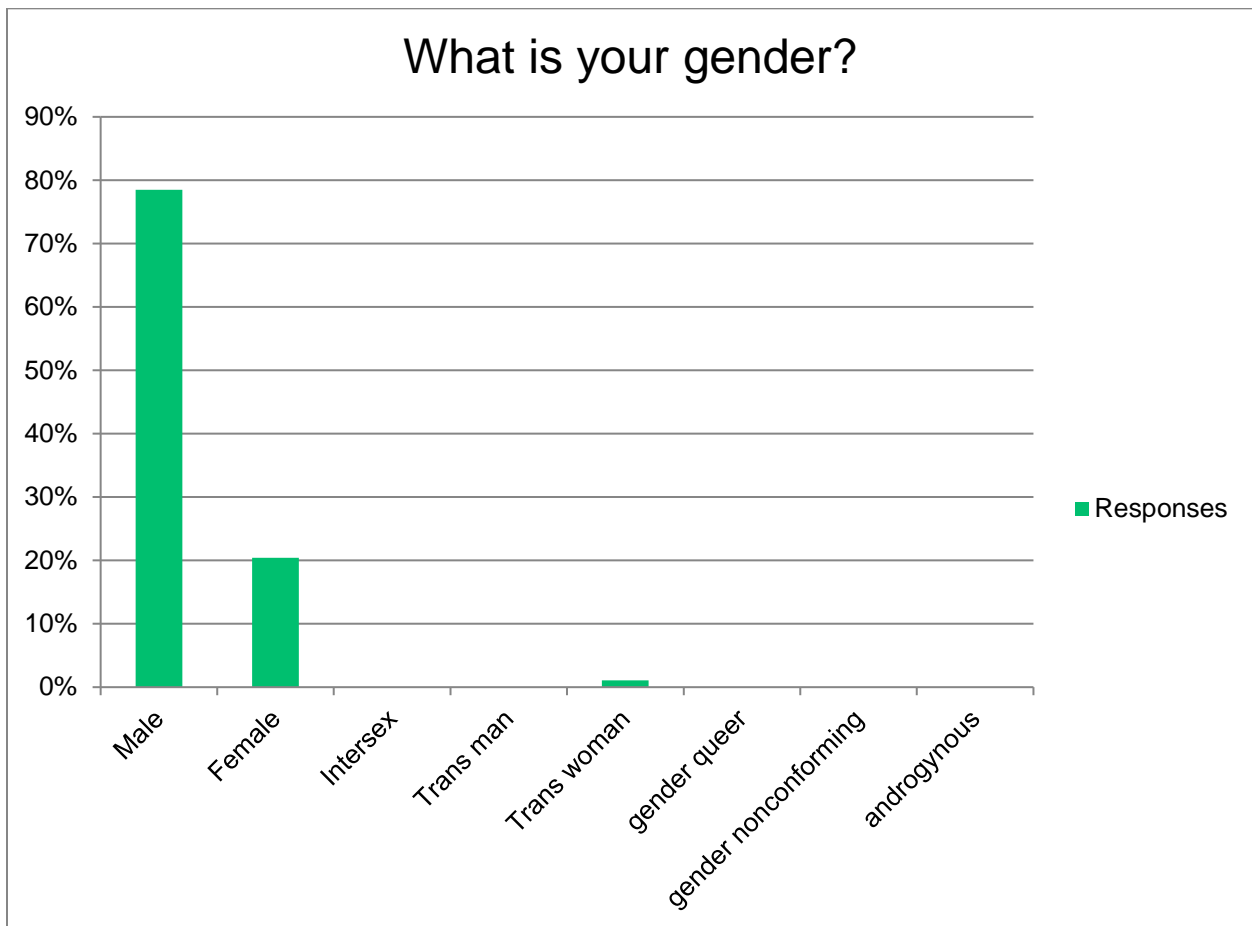


Figure 4: Gender Graph

Race/Ethnicity

Black non-Hispanic individuals are disproportionately affected by HIV in Tennessee, representing 56% of those diagnosed, whereas white non-Hispanic individuals represent 36%, and Hispanic individuals and other races/ethnicities represent the remaining 8% (Table 9).

The 2017 ETHPC survey reveals that 83% of the respondents were Caucasian/White and 97% non-Hispanic, 16% identified as Black/African American, 2% as Hispanic, and 1% as Other (“Human”) (Figure 5). Characteristics of adult (18 years of age and older) individuals living with HIV in East Tennessee from 2011-2016 is as follows: Black, non-Hispanic ranged from 18.4% (2015) to 20.5% (2013); White non-Hispanic ranged from 73.9% (2016) to 75.1 (2015); Hispanic ranged from 3.7% (2011) to 4.7% (2016); Other ranged from 1.6 (2011) to 1.9 (2015) (Table 10).

Table 9: Race / Ethnicity 2016

2016 Tennessee Race/ethnicity			
	Total Population	%	Rate per 100,000 persons
Black non-Hispanic	9,860	56.4	883.4
White non-Hispanic	6,403	36.6	129.7
Hispanic	803	4.6	230.3
Other	423	2.4	169.9

Table 10: Race / Ethnicity 2011-2016

Characteristics of persons 18 years of age and older living with diagnosed HIV in the East Region*, Tennessee, 2011 – 2016 Race/ethnicity												
	2011		2012		2013		2014		2015		2016	
	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%
Black non-Hispanic	442	19.8	456	20.1	467	20.5	385	19.2	380	18.4	432	19.6
White non-Hispanic	1,674	74.9	1,687	74.4	1,686	74	1,495	74.7	1,547	75.1	1,629	73.9
Hispanic	83	3.7	85	3.7	88	3.9	84	4.2	93	4.5	104	4.7
Other	35	1.6	39	1.7	38	1.7	37	1.8	40	1.9	40	1.8

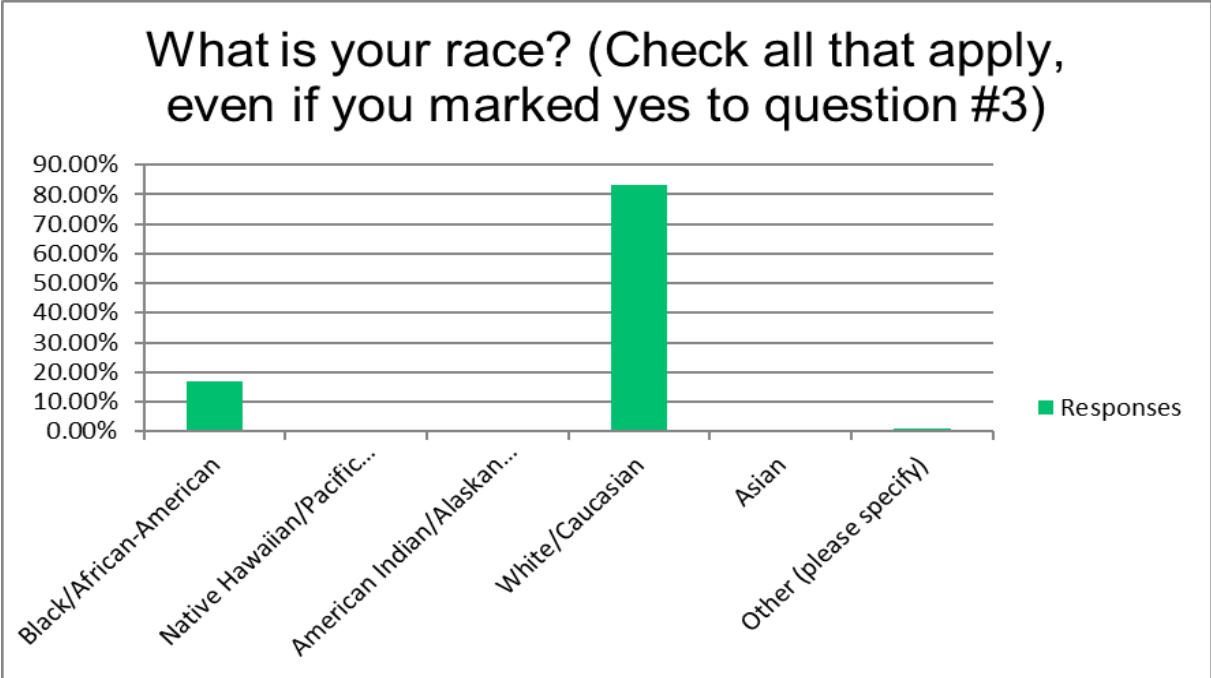


Figure 5: Ethnicity Graph

Sexual Orientation

In the 2017 ETHPC survey, 53% of respondents identified as gay, 39% heterosexual, 3.37% as questioning, 3.37% as “same gender loving,” 1.12% as bisexual, and 1.12% as queer (Figure 6).

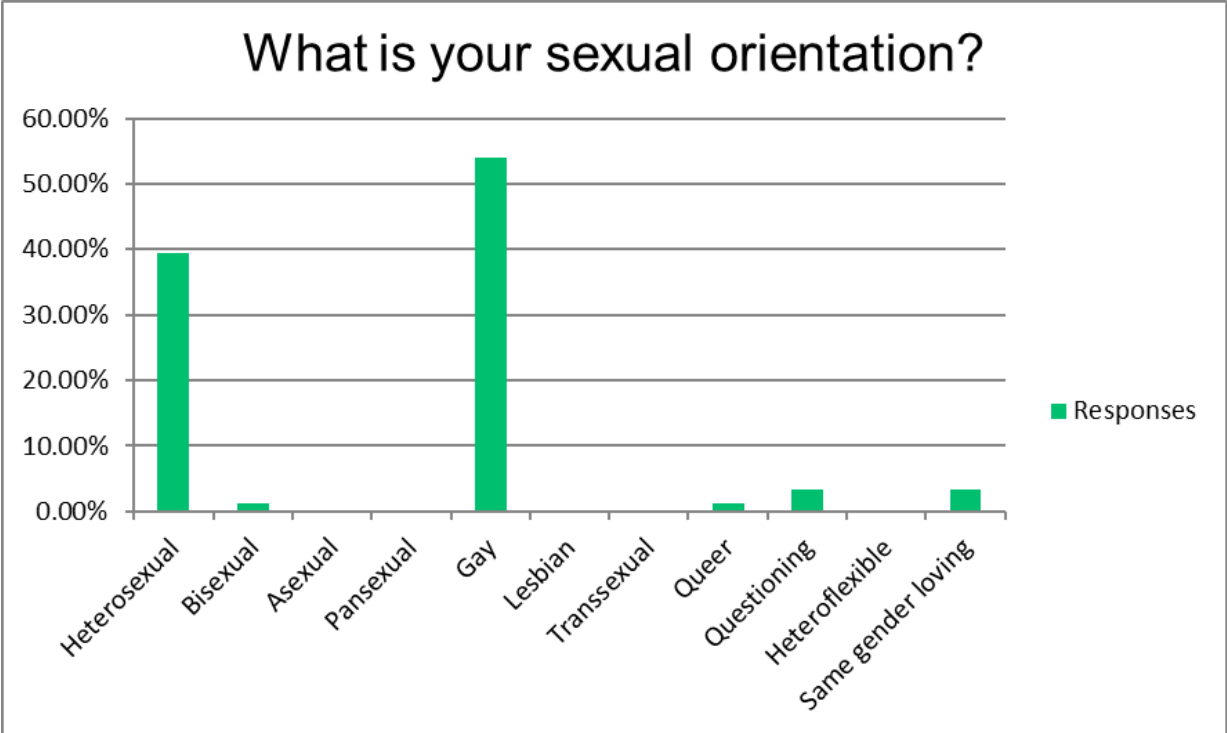
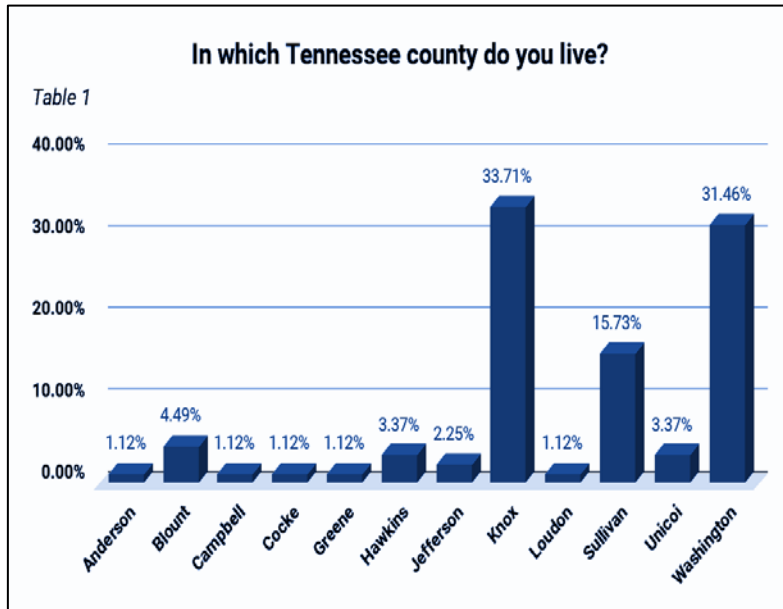


Figure 6: Sexual Orientation Graph

Location



According to the US Census Bureau, in 2016 there were 1,709,111 people living in the East Tennessee service area. The ETHPC surveyed individuals who represented the following counties: Anderson (1.12%), Blount (4.49%), Campbell (1.12%), Cocke (1.12%), Greene (1.12%), Hawkins (3.37%), Jefferson (2.25%), Knox (33.71%), Loudon (1.12%), Sullivan (15.73%), Unicoi (3.37%), Washington (31.46%) (Figure 7).

Figure 7: Location

Incarceration and Homelessness

The 2017 ETHPC survey reveals that within the past 12 months, 88% of individuals living with HIV denied having been incarcerated, 10% confirmed having experienced a recent incarceration, and 1% “refused to answer.” For homelessness during the past 12 months, 90% of respondents indicated that they had not experienced homelessness, 8% had, and 1% “refused to answer.”

Homelessness in East Tennessee from 2011-2016 has decreased by 50% with an increase in permanent housing by almost the same ratio. This trend is reflected in the current survey, with a low number of individuals living with HIV experiencing non-permanent housing (Table 11).

Table 11: Housing Status

Housing Status					
Year	2012	2013	2014	2015	2016
Non-Permanent	45	45	42	32	23
Permanent Housing	250	421	410	510	483
Unknown/Unreported	4	3	2	1	1

Medical Information

Regarding medical health, the 2017 ETHPC survey reveals that 26% believe HIV was transmitted through heterosexual contact, 50% through man-to-man sexual contact, 4% through IV drug use, 2% through blood/tissue transfusion, 11% by unknown means, and 9% indicated “other” (Figure 8).

The “other” responses include the following verbatim explanations:

- mistake-blood bank
- woman to myself
- didn't know the man I was with had it
- never got high, got HIV
- born with it
- oral sex (had tooth pulled and still had bleeding gums)
- work related – needle stick
- not sure about this
- butt sex

The Tennessee enhanced HIV/AIDS Reporting System (eHARS) reports that from 2011 to 2016 for males, 72% HIV cases were transmitted through male-to-male sex, 5.9% to 7% through injection drug use (IDU), 4.6% to 5.4% through male-to-male sex and IDU, 10% to 12% through heterosexual contact, 0.4% through perinatal exposure, and 0.4% to 5% reported “other” and “unknown” (Table 12).

For females eHARS reports that from 2011-2016, 70% to 72% HIV cases were transmitted through heterosexual contact, 16 to 19% through IDU, 1% through perinatal exposure, and 0.2 to 9.8% through “other” and “unknown” (Table 12).

For transgender identified individuals eHARS reports that from 2011-2016, 71% to 100% HIV cases were transmitted through any sexual contact, 0% through IDU, 9% to 28% through any sexual contact and IDU accounts, and 0% through perinatal, “other”, and “unknown” (Table 12).

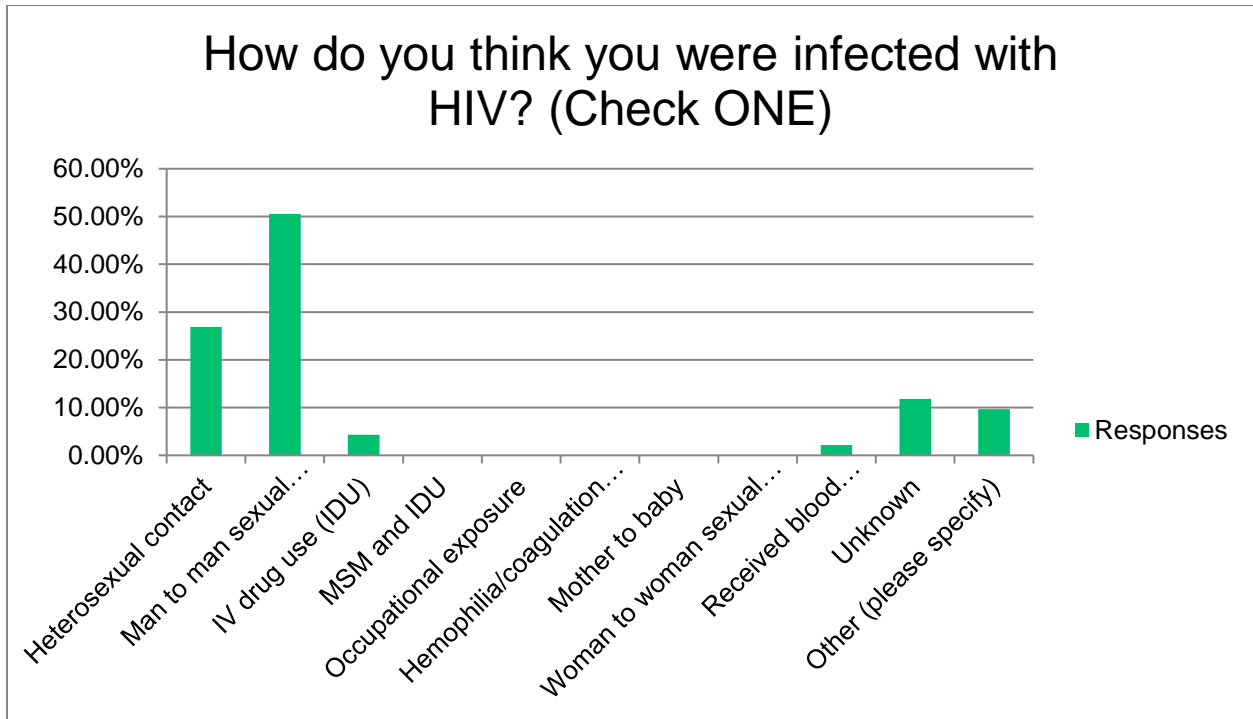


Figure 8: Transmittal

Table 12: Transmission Risk 2011-2016

Characteristics of persons 18 years of age and older living with diagnosed HIV in the East Region*, Tennessee, 2011 – 2016												
Transmission risk												
	2011		2012		2013		2014		2015		2016	
	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%
Male												
Male-to-male sex	1,306	71.4	1,338	71.8	1,340	71.9	1,170	72.3	1,195	72.4	1,267	71.4
Injection drug use (IDU)	134	7.3	133	7.1	126	6.8	100	6.2	97	5.9	107	6
Male-to-male sex and IDU	98	5.4	94	5	95	5.1	74	4.6	75	4.5	87	4.9
Heterosexual contact	192	10.5	200	10.7	200	10.7	191	11.8	198	12	210	11.8
Perinatal exposure	7	0.4	8	0.4	8	0.4	8	0.5	7	0.4	7	0.4
Other	8	0.4	8	0.4	8	0.4	7	0.4	7	0.4	7	0.4
Unknown	84	4.6	83	4.5	87	4.7	68	4.2	72	4.4	90	5.1
Female												
Heterosexual contact	285	71.4	285	72	293	71.8	270	72.4	284	71.2	295	70.4
Injection drug use (IDU)	79	19.8	76	19.2	76	18.6	62	16.6	70	17.5	75	17.9
Perinatal exposure	4	1	5	1.3	5	1.2	5	1.3	6	1.5	7	1.7
Other	1	0.3	1	0.3	1	0.2	1	0.3	1	0.3	1	0.2
Unknown	30	7.5	29	7.3	33	8.1	35	9.4	38	9.5	41	9.8
Transgender												
Any sexual contact	5	71.4	6	85.7	7	100	10	100	9	90	10	90.9
Injection drug use (IDU)	0	0	0	0	0	0	0	0	0	0	0	0
Any sexual contact and IDU	2	28.6	1	14.3	0	0	0	0	1	10	1	9.1
Perinatal exposure	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

CONCLUSION

It is clear that East Tennessee benefits from the transportation programs and all services available through Ryan White. It is important to note that service providers and invested professionals have achieved the goal of making individuals aware of the existence of this valuable program and the resources that are available to individuals diagnosed with HIV/AIDS in East Tennessee. Moreover, according to current survey results, gas cards have proven invaluable especially for individuals living in rural areas where transportation options can be limited and unreliable.

Another hallmark achievement of the support the program provides is the decline in the number of individuals who identify as homeless. Similarly, the data indicate an increased adherence to maintaining Ryan White appointments due to support for transportation and for permanent housing as provided by the program.

RECOMMENDATIONS

1. Future survey design should consider subject matter expertise with approval provided by ETHPC. Subject matter expertise, such as provided by a research analyst, will increase the validity, reliability, usability, and consistency of survey items, allowing greater feedback from respondents.
2. Include woman to man sexual contact as a variable for HIV/AIDS transmission as a survey category.
3. Provide a Spanish version of the survey for Hispanic service consumers.
4. Increase participation of minority service consumers, including women, people of color, minors and their parents, as well as those living in isolated communities.
5. Increase access to gas cards for individuals in rural communities who may be more dependent on using their car or another person's car. This will be especially important for future planning due to the increasing number of children diagnosed with HIV following perinatal exposure. Consider survey for parents.
6. Consider an additional area of focus for gas card dissemination for minority individuals who may not have had access to this valuable resource.

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APPENDIX A – Open-Ended Survey Answers

The final section of the survey invited participants to share comments regarding transportation services in East Tennessee. Thirty-three respondents' suggestions and/or comments are included below:

“Shouldn't have to drive to Knox for appts, treatment, gas cards when don't have gas to get there. Sure. BS.”

“I am very grateful for the gas vouchers.”

“No public transportation where I live.”

“There needs to be more public transportation in rural areas, like ours.”

“There is not public transportation where I live.”

“Lives in Carter County. There is not public transportation in Carter County. (rural area).”

“I use NetTrans through my TN Care Insurance.”

“I am fortunate and do not need transportation services.”

“I have a friend who takes me when I am put to sleep and not able to drive.”

“I haven't missed any appointments. At this time I don't need any transportation services.”

“I have not needed this service for the past 10 years.”

“I don't use the transportation system.”

“Never missed an appointment. This is a great benefit to those that need it!”

“Michelle at Positively Living brings me food and gas and/or bus passes and takes me to the store. I don't know what I would do without her! All of the staff at Positively Living are fantastic!!!”

“No public transportation in my area. If case manager (Michelle) didn't come to me, I wouldn't be able to get food or transportation assistance. Sometimes I use ETHRA to get to the doctor (takes all day with all the stops) and then use bus to go to other appointments or case management when I am in town, then use ETHRA to get back home. Michelle is awesome for coming to my house!”

“What I believe is needed is a coordinator that is able to direct people to all services and numbers that might be available to anyone of need. When people move from other states, it can be very complicated getting started with services needed until you figure out who to speak with a National number for all states would be extremely helpful to make the transaction more easy.”

“Live in Blount County and doctor is in Knoxville. It takes a lot of gas to get to appointments. No transportation system other than EHTRA and it takes too long.”

“Ethra services drops you off early. If you are going for a quick appt the doctor will go ahead and see you, but if you call Ethra for early pickup they will not come - they wait until the scheduled time so you have to sit in the lobby for hours. There are MANY stops you have to make on the way so a simple appointment takes all day long.”

“Voices appreciation for HOPE's help when he needs it.”

“Makes it to appointments because of HOPE's help.”

“Takes self to appointments w/ HOPE's help. ‘I appreciate all the help you do.’”

“Able to get to appointments because of Hope's help and is grateful for assistance.”

“Comment on Q6: This is a weird question!”

“Nothing about services. Too many questions not related to transportation. Redundant choices (i.e. gay/same gender loving is the same thing etc.). If I were handing this out I would be embarrassed.”

“Some of this stuff is embarrassing and none of your business. Who I have sex with does have crap to do with me getting a taxi!”

APPENDIX B – 2017 East Tennessee HIV Planning Council (ETHPC) Transportation Needs Assessment

Your answers are very important! The ETHPC is conducting this survey to learn about how to help people living with HIV in Part B counties access medical care and support services. **Your responses are completely confidential and anonymous.**

Instructions: Please answer the following questions by putting an “X” in the box that best describes you and/or filling in the blank line. Thank you for your valuable contribution!

PART I: DEMOGRAPHIC INFORMATION

1. **What is your gender?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Intersex	<input type="checkbox"/> Trans man
<input type="checkbox"/> Trans woman	<input type="checkbox"/> gender queer
<input type="checkbox"/> gender non-conforming	<input type="checkbox"/> androgynous

2. **What is your age?** _____

3. **Are you Hispanic/Latino/Latina?** Yes No

4. **What is your race?** *(Check all that apply, even if you marked yes to question #3).*

<input type="checkbox"/> Black/ African-American	<input type="checkbox"/> White/ Caucasian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other: _____

5. **Were you born in the United States?** Yes No
 5A. **If not born in the U.S., in what country were you born?** _____

6. **What is your sexual orientation?**

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Asexual
<input type="checkbox"/> Pansexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Transsexual	<input type="checkbox"/> Queer	<input type="checkbox"/> Questioning
<input type="checkbox"/> Heteroflexible	<input type="checkbox"/> Same gender loving	

7. **What is your primary language?***(check ONE)* English Spanish Other: _____

8. **In which Tennessee County do you live?**

<input type="checkbox"/> Anderson	<input type="checkbox"/> Blount	<input type="checkbox"/> Campbell	<input type="checkbox"/> Claiborne
<input type="checkbox"/> Cocke	<input type="checkbox"/> Grainger	<input type="checkbox"/> Greene	<input type="checkbox"/> Hamblen
<input type="checkbox"/> Hancock	<input type="checkbox"/> Hawkins	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Johnson
<input type="checkbox"/> Knox	<input type="checkbox"/> Loudon	<input type="checkbox"/> Monroe	<input type="checkbox"/> Morgan
<input type="checkbox"/> Roane	<input type="checkbox"/> Scott	<input type="checkbox"/> Sevier	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Sevier	<input type="checkbox"/> Unicoi	<input type="checkbox"/> Union	<input type="checkbox"/> Washington

9. **What is your level of education?**

<input type="checkbox"/> Less than 12 th grade	<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> At least some college
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	

10. **Have you been in jail or prison in the past year?** Yes No Refused

11. **Have you been homeless in the *past year*?** Yes No Refused

12. **Men:**

How many times in the *past year* have you had 5 or more drinks in a day? _____ (# of times)

Women and persons older than 65 years:

How many times in the *past year* have you had 4 or more drinks in a day? _____ (# of times)

13. **In the *past year* have you used an illegal drug or used a prescription medication for nonmedical reasons** (for instance, because of the experience or feeling it caused)? Yes No Refused

14. **In the past year have you smoked cigarettes?** Yes No **If so, how often?** _____

PART II: HIV MEDICAL CARE

15. **What year did you first test positive for HIV?** _____

16. **How do you think you were infected with HIV?** (*Check ONE*)

- | | |
|---|--|
| <input type="checkbox"/> Heterosexual contact | <input type="checkbox"/> Man to man sexual contact (MSM) |
| <input type="checkbox"/> IV drug use (IDU) | <input type="checkbox"/> MSM and IDU |
| <input type="checkbox"/> Occupational exposure | <input type="checkbox"/> Hemophilia/coagulation disorder |
| <input type="checkbox"/> Mother to baby | <input type="checkbox"/> Woman to woman sexual contact |
| <input type="checkbox"/> Received blood transfusion, tissue, etc. | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other: _____ | |

PART III - TRANSPORTATION SERVICES

17. **Before taking this survey, were you aware of Ryan White transportation services?** Yes No

18. **Do you currently qualify for Ryan White transportation services?** Yes No Don't know
• **If no, why not?** _____

19. **Are you currently receiving transportation services?** Yes No Don't know

20. **IF so, what transportation services do you currently receive?** (*Check all that apply*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Johnson City Transit Bus | <input type="checkbox"/> Day bus passes | <input type="checkbox"/> Monthly bus passes |
| <input type="checkbox"/> Knoxville Area Transit | <input type="checkbox"/> ETHRA | <input type="checkbox"/> CAC |
| <input type="checkbox"/> Gas cards | <input type="checkbox"/> UBER | <input type="checkbox"/> Taxi reimbursement |
| <input type="checkbox"/> A shuttle/van | <input type="checkbox"/> Other, specify _____ | |

21. **How do you currently get to your Ryan White appointments?** (*Check all that apply*)

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> My own car | <input type="checkbox"/> A friend/family member takes me | <input type="checkbox"/> The bus |
| <input type="checkbox"/> Other, specify _____ | | |
| <input type="checkbox"/> It is hard for me to find a way to get there because (explain) _____ | | |

22. Have you ever missed an appointment for six months or more for the following reasons?

Rate the following using the scoring:

1= strongly agree; 2=agree; 3=neutral; 4 =disagree; or 5=strongly disagree

TRANSPORTATION RELATED...					
I didn't have transportation.	1	2	3	4	5
The office or clinic was too far away.	1	2	3	4	5
There are certain HIV-related services I can't use because of transportation.	1	2	3	4	5
I've changed my medical provider because of transportation.	1	2	3	4	5
I've moved to be closer to HIV-related services.	1	2	3	4	5
I can't follow my HIV-related treatment because of transportation problems.	1	2	3	4	5
Transportation is convenient.	1	2	3	4	5
Public transportation is provided to me (i.e. bus, transit, Access, U-Carts, etc.,).	1	2	3	4	5
If bus service available, the bus routes usually go where I need them to go.	1	2	3	4	5
It is easy to arrange transportation when needed.	1	2	3	4	5
I understand and use transportation material.	1	2	3	4	5
My case manager helps me figure out my transportation.	1	2	3	4	5
I know people who can physically help me to get to the doctor if I'm too sick.	1	2	3	4	5
Problems with parking make my trip more difficult.	1	2	3	4	5
My transportation has to make a lot of stops along the way.	1	2	3	4	5
My transportation runs when I need it the most.	1	2	3	4	5
My transportation is reliable (i.e. friends, family, etc.,)	1	2	3	4	5
Overall, my experience with the transportation system is good.	1	2	3	4	5
I know who to contact if I want to file a complaint about transportation.	1	2	3	4	5
My transportation is handicap accessible	1	2	3	4	5

23. Please share any other comments you have regarding Transportation Services:

Thank you for taking the time to complete this survey. We greatly appreciate you sharing your experiences with us.