

2017

2017 TRANSPORTATION SPECIAL STUDY – SOUTHEAST TN

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ACKNOWLEDGEMENTS

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2017 TRANSPORTATION SPECIAL STUDY – SOUTHEAST TN

EXECUTIVE SUMMARY

The 2017 Transportation Special Study for Southeast Tennessee involved 70 total respondents, with 21 females, 1 trans-female, and 48 males who participated. Among the 70 respondents, there were 3 Hispanic and 65 non-Hispanic individuals who identified as Black/African American (31), White/Caucasian (34), American Indian or Alaskan Native (1) and 4 who identified as “Other.” The category of sexual orientation revealed that among the participants, there were 25 who identified as heterosexual, 7 as bisexual, 24 as gay, 1 as lesbian, 1 as transsexual, 4 as queer, 4 as questioning, 1 as heteroflexible, and 4 as same gender loving. Respondents represented the following counties: Bradley County (4), Franklin (1), Grundy (2), Hamilton (59), Marion (1), Polk (1), and “Other” (2). Among the participants, 10 disclosed they had experienced an incarceration and 17 indicated that they had experienced homelessness, during the past year.

Epiprofile

According to the 2016 U.S. Census Bureau, there are an estimated 679,721 individuals residing in Southeast Tennessee. The State of Tennessee Department of Health utilizes the Tennessee enhanced HIV/AIDS Reporting System (eHARS) for collecting data pertaining to HIV/AIDS. In Tennessee, the profile of People Living with HIV/AIDS (PLWHA) includes a population described as 25% female, 74% male, and .4% transgender (Table 1). In Southeast Tennessee, from 2011 – 2016, females living with HIV demonstrate a fluctuation of 1.2%, with ranges from 23.8% to 25.0%; males demonstrate a fluctuation of .9%, with ranges from 74.6% to 75.5%; transgender individuals demonstrate a fluctuation of 0.3% with ranges from 0.4% to 0.7% (Table 2). Similarly, data from the 2017 Transportation Special Study for Southeast Tennessee survey reflect that females living with HIV represent 30%, males represent 68%, and transgender individuals represent 1% of the total population.

Table 1 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 2 Gender 2011-2016

Characteristics of persons 18 years of age and older living with diagnosed HIV in the Southeast Region*, Tennessee, 2011 – 2016 Gender												
	2011		2012		2013		2014		2015		2016	
	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%	Total Pop.	%
Overall	1,350	N/A	1,392	N/A	1,414	N/A	1,305	N/A	1,358	N/A	1,387	N/A
Gender												
Female	377	25.0	342	24.6	341	24.1	316	24.2	324	23.9	330	23.8
Male	1,007	74.6	1,045	75.1	1,068	75.5	982	75.2	1,025	75.5	1,047	75.5
Trans-gender	6	0.4	5	0.4	5	0.4	7	0.5	9	0.7	10	0.7

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 3).

Table 3 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

The 2017 Transportation Special Study for Southeast Tennessee survey reveals that 49% of the respondents were Caucasian/White, 44% identified as Black/African American, 4% as Hispanic, 1% American Indian or Alaskan Native and 5% as Other. 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 35.9% (2011) to 37.1% (2016); White non-Hispanic ranged from 55.7% (2016) to 57.9 (2011); Hispanic individuals ranged from 4.1% (2011) to 5.7% (2016); Other ranged from 1.5 (2016) to 2.2 (2012) (Table 4).

Table 4 Race / Ethnicity 2011-2016

Characteristics of persons 18 years of age and older living with diagnosed HIV in the Southeast 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	485	35.9	502	36.1	513	36.3	483	37.0	504	37.1	515	37.1
White non-Hispanic	782	57.9	794	57.0	804	56.9	729	55.9	761	56.0	772	55.7
Hispanic	55	4.1	65	4.7	70	5.0	72	5.5	73	5.4	79	5.7
Other	28	2.1	31	2.2	27	1.9	21	1.6	20	1.5	21	1.5

According to the State of Tennessee Department of Health, medical transportation assistance trends demonstrate that non-health departments in Southeast Tennessee vastly increased the number of individuals served as well as increased transportation assistance spending from 2015-2017 (Table 5). Conversely, the Southeast Region HIV Care Consortia demonstrated a fluctuation in the number served and in medical transportation assistance spending from 2012-2017.

Table 5 Medical Transportation

Medical Transportation: HIV Care Consortia					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
# served	88	116	78	68	89
Units of service	167	209	200	195	1478
Amount spent	\$ 4,915	\$ 4,175	\$ 3,993	\$ 3,926	\$ 7,377

Results from the 2017 Transportation Special Study for Southeast Tennessee reflect that more than half of survey participants were aware of the Ryan White Transportation Program (64%) qualified for transportation services (61%). and affirmed that transportation problems were not a barrier (72%) for attending appointments. However, less than half of survey participants affirmed that they receive transportation services (35%), strongly agreed that they have access to reliable transportation (36%) and that experiences with transportation systems are “good.” The 2017 Transportation Special Study for Southeast Tennessee survey participants strongly indicated that gas cards are the most frequently used resource with more than half of participants using their own or another person’s car.

Based on the 2017 Transportation Special Study for Southeast Tennessee survey results, recommendations include increasing efforts to educate service recipients about Ryan White transportation services in an effort to increase the number of individuals who both qualify for and use the transportation supportive services as a means of increasing the number of individuals attending their health-related appointments, especially in rural areas within the Southeast Region. Additional recommendations were provided for the purpose of promoting future survey participation: include parents and guardians of youth who are living with HIV and provide a Spanish version of the survey.

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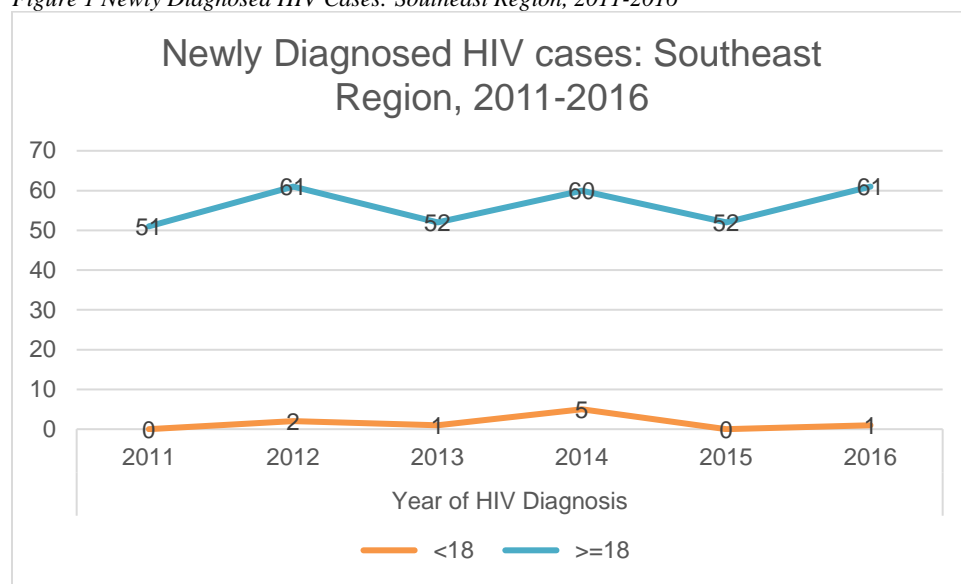
BACKGROUND

The 2017 Transportation Special Study is a statewide survey that is designed to examine transportation needs and identify transportation-related barriers among HIV-positive individuals. The goals of this study were to increase knowledge regarding transportation implementation in rural and urban areas through identifying potential transportation-related barriers and determine what additional actions or resources may increase access to health services. The Ryan White Guidance for Part B contractors stipulates that medical transportation services may be provided “directly or through voucher, to an eligible client so that he or she may access HIV-related health and support services intended to maintain the client in HIV/AIDS medical care.” Individuals accessing HIV/AIDS Care and Prevention health services were provided with a three page, self-report survey, which was intended to characterize the needs of People Living with HIV/AIDS (PLWHA) in the region. The 2017 Transportation Special Study survey was comprised of both open-ended and closed-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 Southeast 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 Southeast Tennessee’s population at 679,721. According to the Centers for Disease Control (CDC), across the United States there were 37,600 new HIV infections in 2014; in 2015, 1.1 million people in the U.S. were living with HIV while 15 % of these individuals were unaware of their status; and in 2016, 39,782 people were diagnosed HIV positive. 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 fluctuating pattern of newly HIV diagnosed youth and adult cases across Southeast Tennessee (Figure 1). Information pertaining to newly diagnosed HIV cases in the Southeast region can prove valuable when making considerations for future transportation needs planning.

Figure 1 Newly Diagnosed HIV Cases: Southeast Region, 2011-2016



Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.

METHODOLOGY

Surveys

Service recipients were provided with a transportation survey to complete during 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. Survey data entry was completed on February 16, 2018 and analyzed on March 16, 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 March 16, 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.

Some transportation survey questions could have been perceived as confusing. 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

See Recommendations for more details and strategies for addressing these limitations.

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

Seventy completed surveys were returned from across the Southeast Tennessee region. Of these 70 surveys, the profile includes 48 males, 21 females, and one trans-woman (Figure 2), with 95% identifying as non-Hispanic. Of these respondents, 31 are Black/African American, 34 are White/Caucasian, 1 American Indian or Alaskan Native, and 4 identified as “Other” (Figure 3). Of these individuals, 25 identify as heterosexual, 7 bisexual, 24 gay, 1 lesbian, 1 transsexual, 4 queer, 4 questioning, 1 heteroflexible, and 4 as “same gender loving.”

Figure 2 Gender Identity

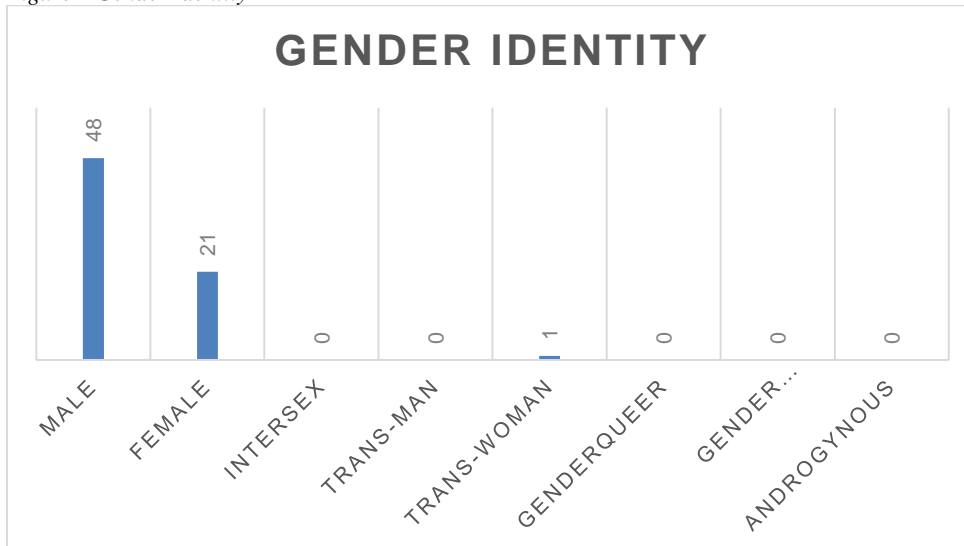
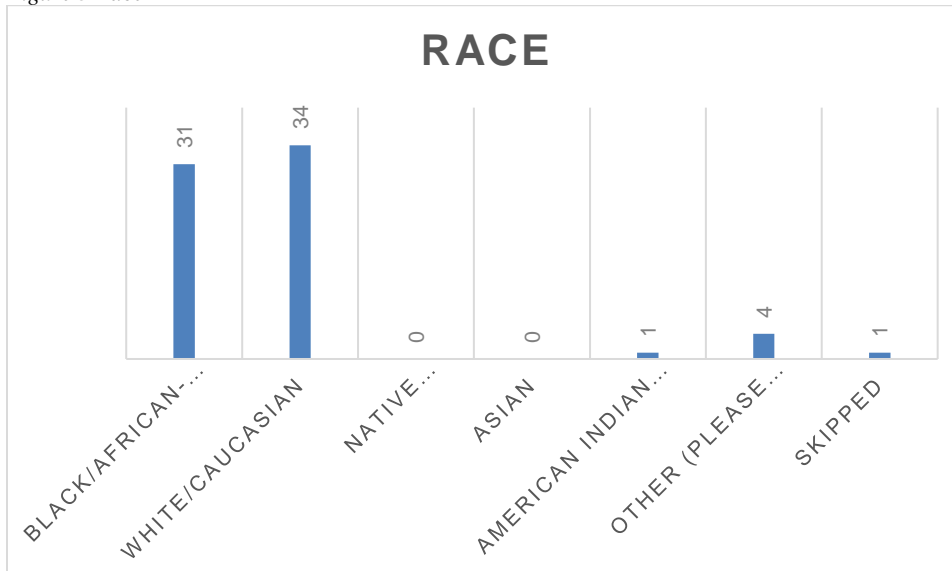
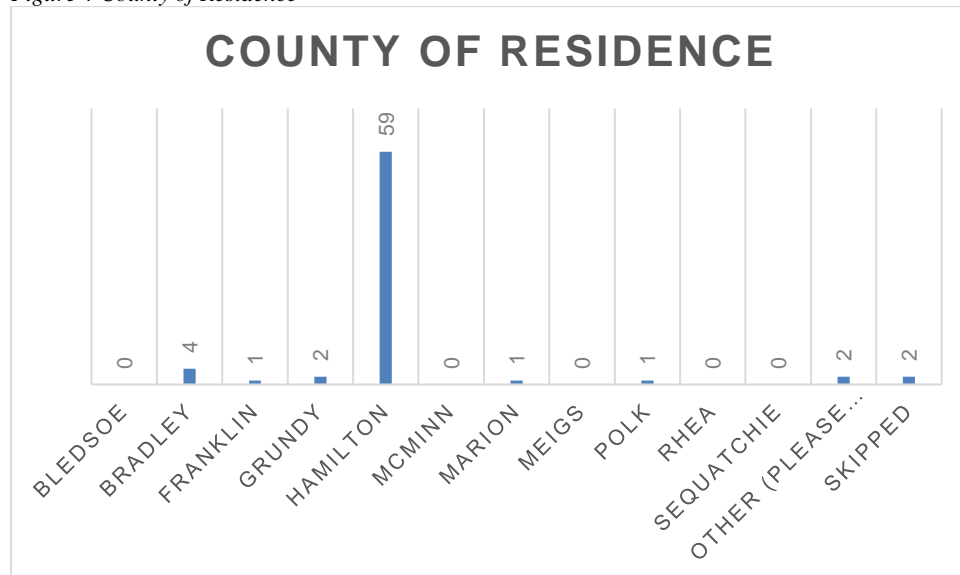


Figure 3 Race



Regarding counties of residence, survey results demonstrate that 86% of respondents reside in Hamilton County (59), followed by Bradley County (4), Grundy (2), “Other (2),” Franklin (1), Marion (1), and Polk (1) (Figure 4).

Figure 4 County of Residence

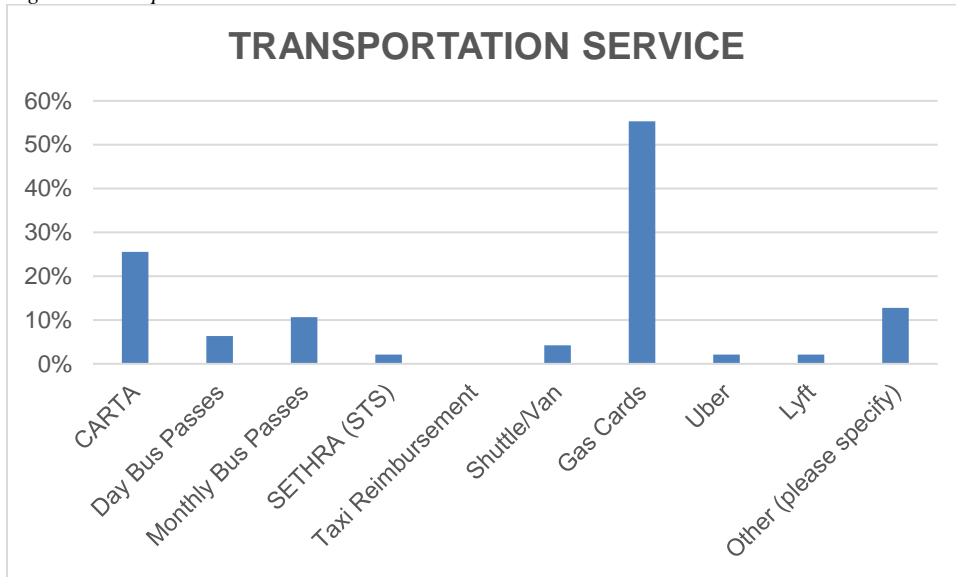


Transportation Services

Respondents were asked to report knowledge of Ryan White transportation services. Prior to completing the 2017 Transportation Special Study survey, 64% of respondents indicated that they were aware of transportation services. 61% of respondents indicated that they qualify for Ryan White transportation services, while 7% indicated that they do not qualify, and 31% reported that they did not know whether they qualify for the transportation services. Two comments were provided in response to qualifying: “Have own transportation” and “I am being denied access to transportation. I have access to bus system. But am legally blind and have a brain injury. The CARTA trainer has worked 4 me before and average time to learn new route is 12 weeks. They did not train me for 12 weeks for every doctor I have to see. I see 7 or 8 doctors and my insurance does not cover transportation. If they continue to deny me Ryan White transportation w/ they have recently done I will not have access to my doctors that my HIV doctor referred me to. I can't afford CARE-A-VAN.”

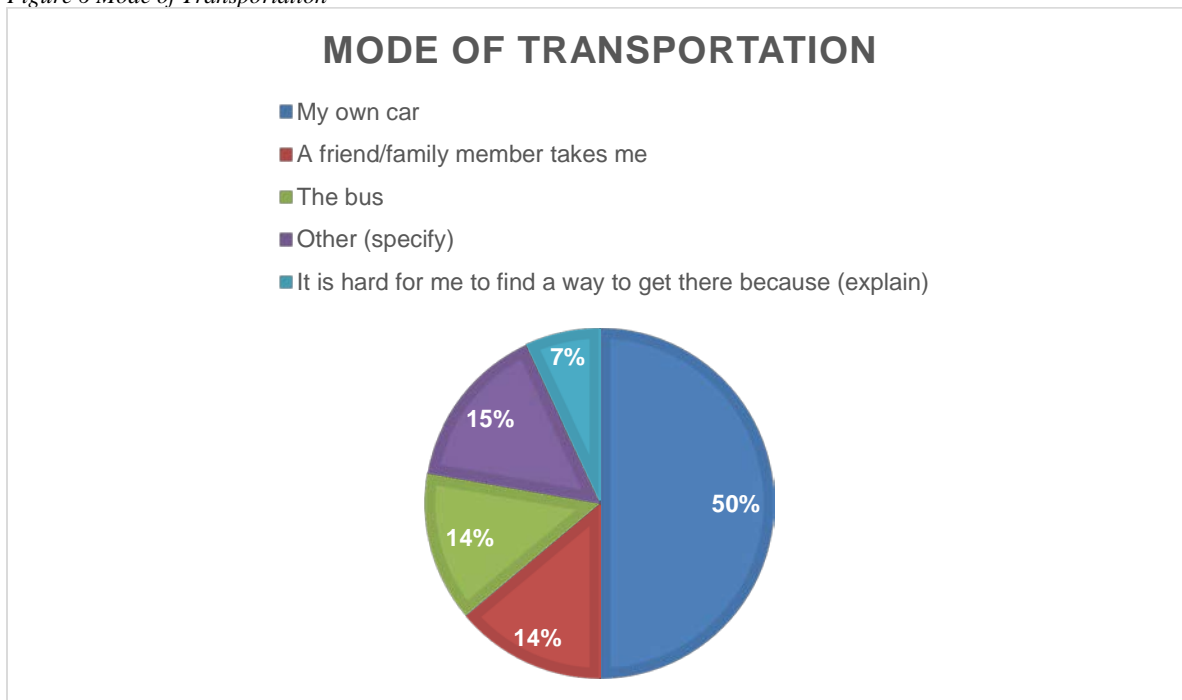
60% of respondents reported that they do not currently receive transportation services. Of the 35% who currently receive transportation services, gas cards are the most commonly used resource (55%). The next most commonly used transportation service was CARTA (25%) and day/monthly bus passes (16%), followed by “Other” (12%) (Figure 5). 5% use additional modes of transportation including SETHRA, shuttle/van, and Uber/Lyft. It is worth also noting that this question was skipped by 32% (23) of respondents. The following responses were provided for “Other”: “My car,” “None – need gas cards,” “Chatt Cares,” “Catholic Charities,” and “Not eligible for SETHRA.”

Figure 5 Transportation Service



When surveyed regarding transportation methods respondents used to get to their Ryan White appointments, 53% indicated that they used their own car, 14% rely on a friend/family member. 14% used a bus system, 16% chose “Other” (Figure 6).

Figure 6 Mode of Transportation



Respondents were asked to identify specific transportation barriers leading to missed appointments over the past six months or more. Survey responses are listed in Table 6.

Table 6 Survey Responses

Have you ever missed an appointment for six months or more for the following reasons?					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I didn't have transportation.	14%	7%	17%	7%	55%
The office or clinic was too far away.	12%	7%	9%	10%	62%
There are certain HIV-related services I can't use because of transportation.	7%	7%	14%	11%	61%
I've changed my medical provider because of transportation.	9%	4%	9%	5%	74%
I've moved to be closer to HIV-related services.	14%	9%	5%	11%	61%
I can't follow my HIV-related treatment because of transportation problems.	7%	5%	7%	9%	72%
Transportation is convenient.	30%	23%	21%	2%	25%
Public transportation is provided to me (i.e. bus, transit, Access, U-Carts, etc.,).	30%	9%	14%	4%	43%
If bus service available, the bus routes usually go where I need them to go.	20%	18%	18%	5%	38%
It is easy to arrange transportation when needed.	36%	17%	17%	5%	24%
I understand and use transportation material.	42%	14%	14%	2%	28%
My case manager helps me figure out my transportation.	33%	11%	22%	5%	29%
I know people who can physically help me get to the doctor if I'm too sick.	47%	19%	12%	3%	19%
Problems with parking make my trip more difficult.	11%	11%	19%	11%	49%
My transportation has to make a lot of stops along the way.	11%	13%	16%	5%	55%
My transportation runs when I need it most.	40%	12%	19%	5%	24%

My transportation is reliable (i.e. friends, family, etc.,)	36%	21%	13%	7%	23%
Overall, my experience with the transportation system is good.	34%	12%	26%	3%	24%
I know who to contact if I want to file a complaint about transportation.	29%	17%	17%	7%	29%
My transportation is handicap accessible.	21%	11%	25%	7%	37%

Regarding barriers for transportation to appointments, more than half (55%) of respondents “strongly disagreed” that they didn’t have transportation -- 14% of these respondents strongly agreed that this caused a missed appointment. More than half (62%) of respondents “strongly disagreed” that the office or clinic was too far away, whereas 12% “strongly agreed” that this has been an issue. Regarding transportation as a barrier for accessing certain HIV-related services, over half of respondents (61%) “strongly disagreed” that this is an issue with 7% agreeing that this is accurate for them. Regarding missed appointments due to a change in medical providers because of transportation issues, 74% “strongly disagreed” that this is true with 9% affirming.

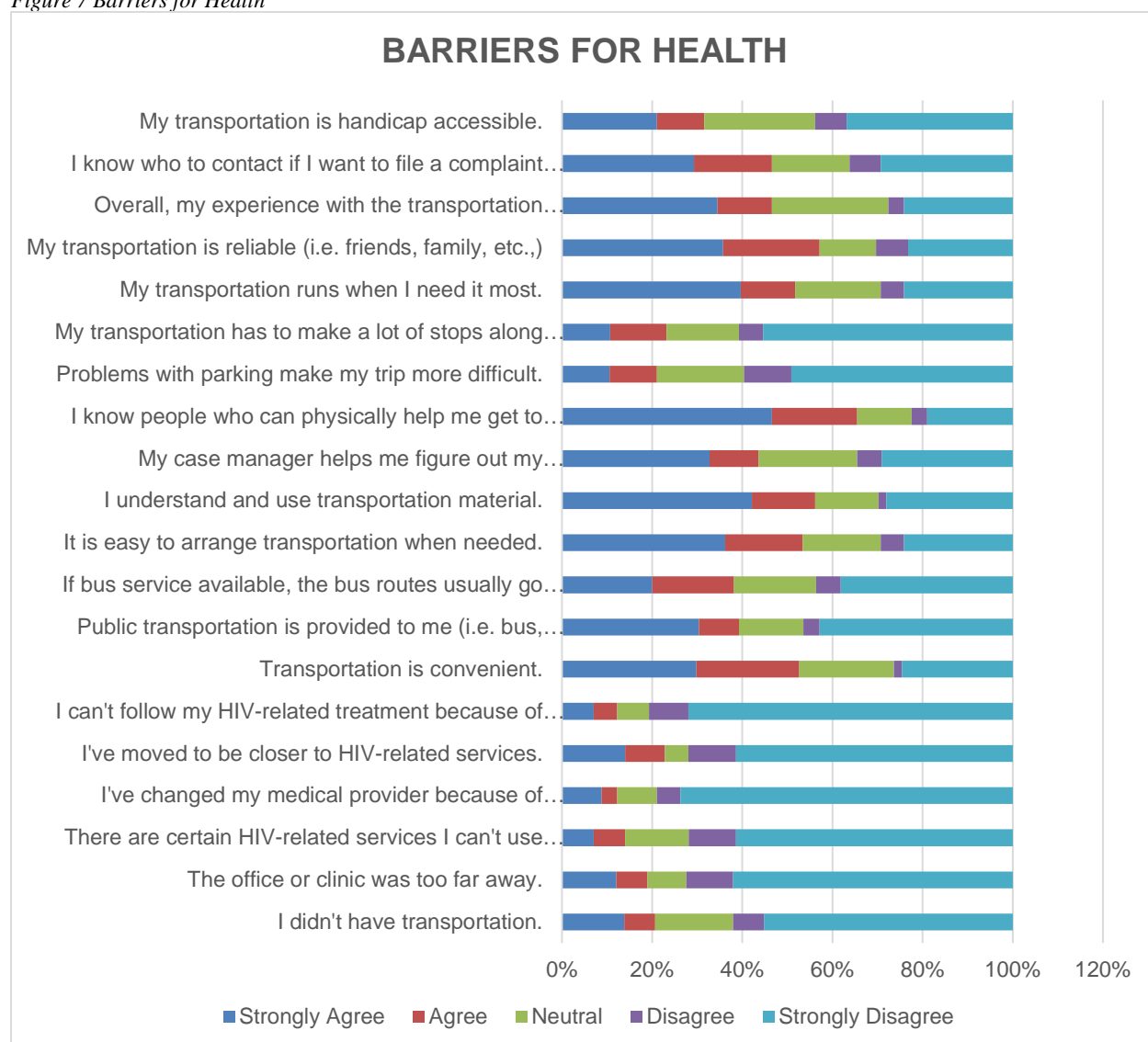
Missing an appointment due to moving closer to HIV-related services resulted in 61% of respondents who “strongly disagreed” and 14% in agreement. Inability to follow HIV-related treatment because of transportation as a barrier resulted in 72% of respondents who “strongly disagreed” and 7% in agreement. 30% strongly agreed and 23% agreed that transportation is convenient and 25% strongly disagreed that this is true for them. 21% of respondents were “neutral” regarding this issue. 43% “strongly disagreed” that public transportation is provided and this is related to missing appointments, while 30% indicated that they “strongly agree.” Regarding bus routes as convenient and accessible, 38% indicated that they “strongly disagree” this as a reason for missing appointments while 20% “strongly agree.”

The ease at which individuals can arrange transportation to appointments, 36% “strongly agreed” and 24% “strongly disagreed.” Regarding understanding and using transportation material as related to missing an appointment, 42% “strongly agreed” and 28% “strongly disagreed.” With respect to case management assisting individuals in how to use transportation services as a reason for missing appointments, 32% of respondents “strongly agreed,” 22% were “neutral,” and 29% “strongly disagreed.” 47% of respondents “strongly agreed,” 19% “agreed,” and 19% “strongly disagreed” that they know someone who can physically help them get to the doctor as a reason for missing an appointment. 19% of respondents were “neutral” regarding parking problems as a barrier for attending appointments and 49% “strongly disagreed” with this statement. Transportation stops as a barrier for attending appointments resulted in 16% indicating that they were “neutral” and 55% “strongly disagreed.”

Missing appointments due to “my transportation runs when I need it most” resulted in 40% strongly in agreement and 24% indicating that they were strongly in disagreement. Having reliable transportation as a reason for missing appointments resulted in 36% indicating that they strongly agreed and 23% strongly disagreed. Positive experiences with “the transportation system” as a reason for missing appointments resulted in 34% of respondents strongly agreeing and 24% strongly disagreeing, while 26% remained neutral.

Knowing who to contact to file a complaint about transportation as a reason for missing appointments resulted in 29% of respondents strongly agreeing and 29% strongly disagreeing. Transportation being handicap accessible as a reason for missing appointments within the past six months or longer resulted in 21% strongly agreeing, 25% remaining neutral and 37% strongly disagreeing (Figure 7).

Figure 7 Barriers for Health



According to the State of Tennessee Department of Health, transportation trends over the past year shows that non-health departments in Southeast Tennessee served 66 individuals and provided \$5,045 worth of transportation support and the HIV Care Consortia served 89 individuals with \$7,377 worth of transportation support in 2016-2017 (Table 7 & Table 8).

Table 7 Non-Health Departments

Non-Health Departments

Medical Transportation	2012 – 13	2013- 14	2014 – 15	2015 – 16	2016 - 17
Number Served	N/a	N/a	N/a	29	66
Units of Service	N/a	N/a	N/a	44	1,477
Amount Spent	N/a	N/a	N/a	\$886	\$5,045

Table 8 HIV Consortia

HIV Care Consortia

Medical Transportation	2012 – 13	2013- 14	2014 – 15	2015 – 16	2016 – 17
Number Served	88	116	78	68	89
Units of Service	167	209	200	195	1,478
Amount Spent	\$4,915	\$4,175	\$3,993	\$3,926	\$7,377

CONCLUSION

Southeast Tennessee benefits from the transportation services and all services available through the Ryan White program. It appears from the survey item regarding awareness and qualification for the Ryan White Program, that more respondents indicated that they weren't aware of or did not qualify for transportation services than anticipated (Aware of Ryan White 64% vs Unaware

35%; Qualify for transportation services 61% vs Do not qualify 31%). Similarly, it was not anticipated that 35% of respondents would affirm that they are receiving transportation services as opposed to 60% denying that they do. However, it was anticipated that a majority of those individuals using Ryan White transportation services would more frequently rely on gas cards, considering that counties outside of the Chattanooga area may not have public transportation options. Thus, the 2017 transportation needs assessment reveals that gas cards are the most frequently used resource with service recipients using their own or a friend/family member's car, followed by CARTA and bus passes.

Regarding barriers for access to HIV/AIDS-related healthcare services, results further demonstrate the importance of gas cards as a valuable resource for community members with more than half of those surveyed denying that transportation is inaccessible. Additionally, 72% denied that they are unable to follow their treatment due to transportation problems and 49% denied experiencing problems with parking. One significant observation is that despite the aforementioned results, 36% strongly agreed that their transportation is reliable and 36% strongly agreed that their experience with the transportation system "is good."

RECOMMENDATIONS

1. Increase service recipients' awareness of Ryan White transportation services in order to increase the number of individuals who can access transportation support services and attend their health-related appointments.
2. Increase access to gas cards for individuals in rural communities who may be more dependent on using their or another person's car.
3. Consider including parents and guardians of youth who are living with an HIV/AIDS diagnosis in future surveys.
4. Consider providing a Spanish version of future surveys for Hispanic service consumers.

APPENDIX A – Open-Ended Survey Answers

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

"None."

"Never missed an appointment. You need a question before 22 that if you have never missed an appointment that you can skip the #22 question because it does not apply."

"Never missed an appointment."

"Transportation is convenient"

"I need to talk to case work."

"N/A"

"N/A"

"I live in another county but can't get gas cards. Soufleris is my doctor but Seizmore now also. It would help us."

"OK"

"Bus passes should be given for more than just appointments."

"Yes. Sun time get a R Mick."

"None"

"None"

Q6: Sexual Orientation "Questioning - when drunk"

"No comments at this time."

"Have own transportation."

"As long as my automobile is operational I have no problem - then I have access to bus route."

"Thank you."

"Sometimes transportation is difficult to obtain depending on time, holidays, and area, which can sometime hinder availability and convenience."

"Everything's is okay."

"Always got to Chatt Cares with their transportation."

"Transportation thru Chat. Cares has been very helpful. Mike is great!!"

"Other than appointments, I'd like more info on what other destinations are included."

"I have requested reasonable accommodations for my disabilities and have still been denied. I think Ryan White should make an exception for someone who is not physically able to use public transportation 100% of the time. Even if I learned a new bus route, if I only see some doctors 2x/year, I will have forgotten the route I learned when it is time for my appointment. Do they not make a reasonable accommodation exception for a person in my condition and circumstance? On occasion?"

"I have used the transportation for food box and it works out pretty good."

APPENDIX B – 2017 Southeast Tennessee Council for HIV/AIDS Care and Prevention Transportation Needs Assessment

Your answers are very important! The SECHACP 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?**
☐ Male ☐ Female
☐ Intersex ☐ Trans-man
☐ Trans-woman ☐ Genderqueer
☐ Gender Nonconforming ☐ 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).*
☐ Black/ African-American ☐ White/ Caucasian
☐ Native Hawaiian/Pacific Islander ☐ Asian
☐ American Indian or Alaskan Native ☐ 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?**
☐ Heterosexual ☐ Bisexual ☐ Asexual
☐ Pansexual ☐ Gay ☐ Lesbian
☐ Transsexual ☐ Queer ☐ Questioning
☐ Heteroflexible ☐ 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"/> Bledsoe	<input type="checkbox"/> Bradley	<input type="checkbox"/> Franklin	<input type="checkbox"/> Grundy
<input type="checkbox"/> Hamilton	<input type="checkbox"/> McMinn	<input type="checkbox"/> Marion	<input type="checkbox"/> Meigs
<input type="checkbox"/> Polk	<input type="checkbox"/> Rhea	<input type="checkbox"/> Sequatchie	
9. **What is your level of education?**
☐ Less than 12th grade ☐ High school diploma/GED ☐ At least some college
☐ Undergraduate ☐ 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"/> CARTA | <input type="checkbox"/> Day Bus Passes | <input type="checkbox"/> Monthly Bus Passes |
| <input type="checkbox"/> SETHRA (STS) | <input type="checkbox"/> Taxi Reimbursement | <input type="checkbox"/> Shuttle/Van |
| <input type="checkbox"/> Gas Cards | <input type="checkbox"/> UBER | <input type="checkbox"/> Lyft |
| <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.