

2023 CAREAssist Client Survey

A Report on Clients' Program Satisfaction and Service Needs, Health, and Well-Being

6-13-23



Acknowledgements

Author

Lindsay Hixson, PhD

This report was prepared on behalf of Oregon's CAREAssist Program by Program Design & Evaluation Services (PDES), an interagency research and evaluation unit affiliated with Oregon Health Authority (OHA) and Multnomah County Health Department.

Thanks to the 124 individuals who shared their experiences and opinions on the survey.

For more information

Contact Lindsay Hixson at lindsay.k.hixson@oha.oregon.gov or 971.673.6993.

Please cite this publication as follows: HIV/STD/TB Program. 2023 CAREAssist Client Survey: A Report on Clients' Program Satisfaction and Service Needs, Health and Well-Being. Portland, OR: HIV/STD/TB Program, Oregon Health Authority, Public Health Division; June 2023.

Contents

Acknowledgements.....	1
Executive Summary.....	3
Purpose	4
Methods.....	4
Questionnaire	4
Sample.....	5
Analysis	5
Results.....	6
Response Rate.....	6
Participant Characteristics	6
Experiences as a CAREAssist Client	10
Contact with Caseworker.....	10
Program Forms and Processes.....	10
Trauma Informed Care.....	11
Social Support	12
Health & Well-Being.....	12
Chronic Health Conditions	13
Oral/Dental Health & Vision	15
Health Insurance	16
Health Literacy & U=U.....	17
Other Comments.....	18
References	19
Appendix A: CAREAssist Client Questionnaire	20

Executive Summary

The purpose of the survey was to assess CAREAssist client satisfaction and service needs, health, and well-being. One-third (31%) of a sample of 400 responded to a survey sent in February-April of 2023, with a response rate similar to previous client surveys. Stratified random sampling was used to ensure the sample reflected the diversity of current CAREAssist clients. Respondent characteristics closely matched the current CAREAssist client population, and results did not differ much by gender, race/ethnicity, or region.

Respondents reported high levels of satisfaction with overall program quality, specific program elements (i.e., timeliness, staff knowledge, privacy, and respect/care), and trauma informed care. Most were also satisfied with the support they receive from friends and family (82%). While self-reported health was generally positive (84%), 26% reported a decline in physical health and 22% had a decline in emotional health in the past year. Twelve percent had been referred by a healthcare professional for mental health services in the past year.

The majority of respondents reported having another chronic condition in addition to HIV (84%), with depression/anxiety/emotional problems being the most common (61%). There has been a 34% increase in the proportion reporting 3 or more chronic health conditions since 2013. Male respondents (88% vs. 62%) and White respondents (92% vs. 64%) were more likely than their counterparts to report a chronic health condition.

Most respondents (77%) were either very confident (35%) or somewhat confident (42%) that they understood their health insurance benefits, and the majority (80%) of those eligible for a Qualified Health Plan thought the transition to an off-exchange plan was beneficial. Two-thirds of respondents reported having dental insurance coverage, with 62% seeing a dentist in the past year. Forty percent had a past year eye exam.

The majority of respondents said they track their viral load tests very carefully (63%), while 12% said they trust their doctor to track it and are not aware of the details. Most respondents (90%) said that having an undetectable viral load test meant that their HIV medications are working well and about half said that an undetectable viral load test meant there is so little HIV virus in their blood that it can't be seen on a lab test. While most participants said they had heard of U=U (81%), this was the case more often for White respondents than BIPOC respondents (88% vs. 73%).

About half of respondents offered open-ended comments about the CAREAssist program. Most comments expressed gratitude and appreciation for the program, while a few others described customer service concerns, resource limitations, and recommendations for program improvement, including providing a handbook of services, recertifying online, and offering additional help accessing dental and vision care.

Purpose

The CAREAssist Program is responsible for the administration of Oregon's AIDS Drug Assistance Program (ADAP). CAREAssist provides access to life-saving medications used to treat HIV and improve the overall health of people living with HIV who have limited resources or no health insurance coverage. The CAREAssist Program surveys clients every few years, most recently in 2013, 2009 and 2006. The program uses survey data to improve the quality of services CAREAssist provides, plan the types and amounts of services needed in the future, and inform the program's funding agency, the United States Health Resources & Services Administration (HRSA), of how CAREAssist is doing in Oregon.

In 2023, the Oregon Health Authority HIV/STD/TB (HST) Program contracted with Program Design & Evaluation Services to conduct a survey with people living with HIV (PLWH) enrolled in OHA's CAREAssist Program.

The purpose of this survey was to:

- Assess client satisfaction with the CAREAssist Program and the extent to which services are trauma informed.
- Consider clients' satisfaction with the social support they receive from friends and family.
- Describe clients' physical and emotional health and well-being, including types of chronic health conditions.
- Assess clients' mental health, vision, and dental health needs.
- Describe clients' confidence in understanding their health insurance benefits.
- Explore clients' health literacy and knowledge of undetectable = untransmittable (U=U).

Methods

Questionnaire

The 25-item questionnaire was designed using a combination of previously used CAREAssist survey items (i.e., satisfaction, health and well-being, chronic health conditions, and confidence in understanding health insurance) and new questions (i.e., trauma informed services; social support; mental health, vision, and dental health needs; and health literacy and undetectable = untransmittable [U=U]). Four open-ended demographic questions were included (i.e., gender, race/ethnicity, sexual orientation, and preferred language) as well as a new question on disability status (see Appendix A). The survey was available in English and Spanish.

Potential respondents were contacted by either email or U.S. mail. For clients with an email on file with the CAREAssist program, an email was sent that included an introduction to the project and link to an electronic survey. The link connected participants to a Smartsheet questionnaire that collected no personally identifiable information. After the respondent completed the questionnaire, a separate window popped up to solicit contact information for the sole purpose of sending them a \$5 gift card as a thank you for their time. Contact information could not be

linked back to survey data. Potential respondents were contacted three times, at bi-weekly intervals, to encourage participation. The survey can be accessed here:

<https://app.smartsheet.com/b/form/2e6b5e8026a84a98b217feac8e2620f1>.

Paper questionnaires were mailed to clients who had not provided the CAREAssist program with an email address. In addition to the questionnaire, the mailing included a cover letter explaining the purpose of the survey and elements of informed consent (i.e., participation was voluntary and all information would be kept confidential) and a form for respondents to provide contact information and their preference for either an electronic \$5 gift card or a mailed physical \$5 gift card. To increase the response rate, a second mailing was sent to nonrespondents about one month after the first mailing. See Appendix A for the questionnaire.

Sample

Stratified random sampling was used to draw the sample and account for the diversity of CAREAssist clients. A list of currently enrolled CAREAssist clients was generated that included the following data elements: gender, race, ethnicity, city, language, and case management affiliation. To create the needed strata, city was recoded into county, and case management affiliation was recoded into Part A and Part B. Part A includes the HRSA Ryan White Part A program service areas: Multnomah County, Washington County, Clackamas County, Columbia County, and Yamhill County. Part B includes clients residing outside of the Part A and whose case management affiliation is either HIV Alliance (HIVA) or Eastern Oregon Services for Independent Living (EOCIL).

Next, a sampling frame of 400 clients was developed using stratified random sampling for maximum variation within three defined strata (groups): gender, race/ethnicity, and region (Part A/Part B). Sample strata were determined based on the proportions of current CAREAssist client population strata. Using these strata to identify participants from each of these groups helped ensure the sample reflects the diversity of the CAREAssist client population. The race/ethnicity stratum contained 74% non-Hispanic White clients, 8% non-Hispanic Black clients, 10% Latinx clients, and 8% of all other race groups (Asian, Native American, Native Hawaiian and Pacific Islander, Multiracial, and Other/Unknown clients). The gender stratum included 86% male clients, 13% female clients, and 1% transgender clients. The region stratum contained 65% Part A and 35% Part B residents. The Part A stratum contained 73% Multnomah County, 15% Washington County, 10% Clackamas County, and 2% other Part A county residents. The Part B stratum contained 83% of clients with HIVA case management affiliation and 17% of clients with EOCIL case management affiliation.

Analysis

Data were analyzed using Stata SE 18. Three strata were examined for group differences (Male and Female, White and BIPOC, Part A and Part B). Tests of significance were performed to determine the presences of statistically significant variation between groups ($p < .05$) and are noted in the results when applicable. Analyses were conducted on non-missing and valid responses. If a respondent checked “not applicable” for a particular survey item or left it blank,

their response was not included in the analyses using that item. Survey items were mostly complete; data were missing for less than 5% of all items except county of residence (14% missing), self-reported sexual orientation (8% missing), and self-reported race/ethnicity (5% missing).

Results

Response Rate

The response rate was 31%. Of the 400 people contacted, 124 completed the survey, with 98 responding to the electronic survey and 26 completing the paper version. The response rate for the paper version was slightly higher than the response rate for the electronic version (34% vs. 30%), but the difference was not statistically significant. Two people answered the electronic survey twice; and the duplicate responses were omitted. The response rate for Spanish language clients was significantly lower than English language clients (17% vs. 33%), but this pattern varied by mode. Spanish language clients were more likely than English language clients to respond using the paper version (38% vs. 33%), but less likely to respond electronically (4% vs. 32%).

Respondents were offered a \$5 gift card as a token of appreciation for completing the survey. Thirty-one participants (25%) declined the incentive, 40 (32%) accepted an electronic gift card and 53 (43%) preferred a physical gift card to be mailed to them.

The overall response rate of 31% is similar to the response rate of the most recent survey conducted among Part B case management clients, in 2017 (27%), but that survey did not offer an incentive to complete the survey. Potential respondents were contacted twice for mailed surveys and three times for emailed surveys and it is unclear whether response fatigue, incentive amount, or something else contributed to the low response.

Participant Characteristics

There were few differences between respondents and the CAREAssist client population regarding the three specified strata used to draw the sample (Table 1). The gender distribution of respondents equaled the gender distribution of current CAREAssist clients. The distribution of respondents by race/ethnicity closely matched the CAREAssist client population: White (71% vs. 74%), Latinx (11% vs. 8%), Black (6% vs. 10%), and all other race groups (7% vs. 8%).

There was a little more variation between respondents and the CAREAssist client population for the region strata, but that may be due to the 14% missing on the item.¹ The proportion of respondents in Part B closely matches the population of Part B CAREAssist clients (31% vs. 35%), but the proportion in Part A is smaller (55% vs. 65%). When missing responses are

¹ It is likely that respondents misread the question asking about county of residence as country of residents since 12 reported "United States" or "USA."

excluded, however, the proportion of Part A and Part B respondents (64% vs. 36%) matches the CAREAssist client population.

Table 1. Sample and Respondent Characteristics by Strata

Strata	Sample characteristics		Respondent characteristics	
	N	%	N	%
Gender				
Male	345	86	107	86
Female	52	13	13	10
Gender Diverse/Transgender	3	1	4	3
Race/Ethnicity				
White	296	74	88	71
Latinx	32	8	14	11
Black or African American	40	10	8	6
All other race groups	30	8	8	7
Asian	9	2	4	3
American Indian or Alaska Native	8	2	1	1
Native Hawaiian or Pacific Islander	7	2	1	1
Multiracial	6	2	1	1
Middle Eastern or North African	-	-	1	1
Missing/Other	2	1	6	5
Region				
Part B	140	35	38	31
Part A*	260	65	38	55
Multnomah*	190	48	46	37
Washington	39	10	13	11
Clackamas	24	6	6	5
All other Part A counties	7	2	3	2
Missing*	-	-	18	14

Note: Sample strata proportions reflect current CAREAssist client population strata proportions.

*Proportional difference between sample and respondents ≥ 10 percentage points.

Participants were asked four open-ended demographic questions: gender identity, sexual orientation, race/ethnicity, and preferred language(s) spoken at home. Of the 107 (86%) respondents who reported their gender identity as male, three specified “cis male” and two specified “gay male” in their response. Four respondents (3%) reported a gender diverse identity: two as “gay,” one as “X” and one as “non-bi.”

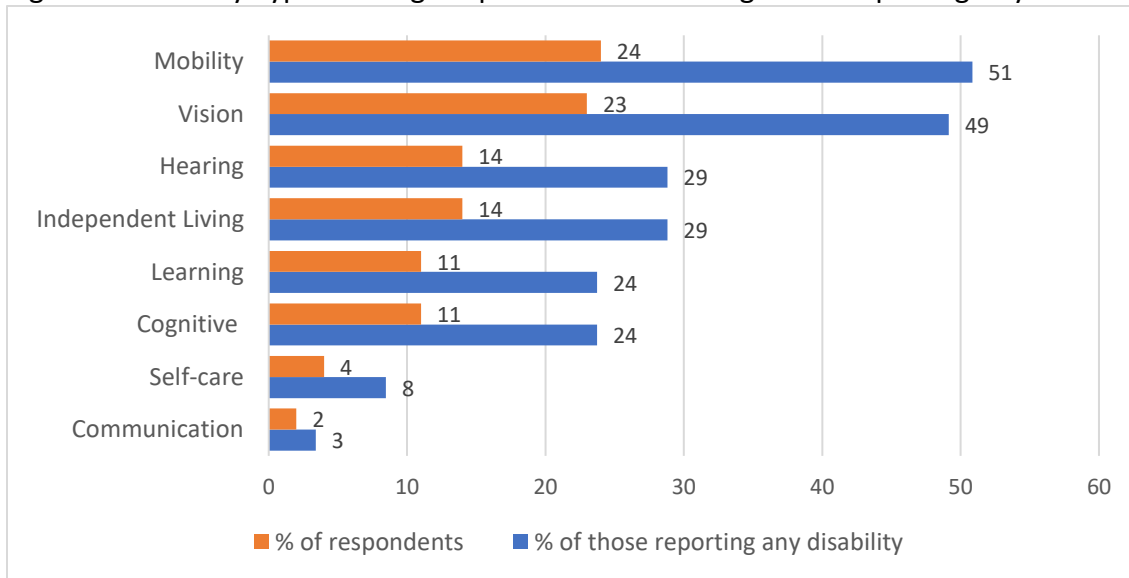
Responses to the open-ended sexual orientation question included responses that covered sexual orientation categories as well as sexual identity categories. Most participants identified as gay (n=89, 72%), six identified as straight or heterosexual (5%), five identified as bisexual (4%), and one as pansexual (1%). Thirteen respondents (10%) listed responses that could not be collapsed into the previous sexual orientation categories (i.e., no sex/not applicable, female/woman, neutral, typical). Ten respondents did not answer the sexual orientation question (8%).

Participant responses to the open-ended race/ethnicity question were coded into race/ethnicity categories to compare with the data used to draw the sample. Nearly three-quarters (71%) of respondents identified as White, with 9% of those reporting a detailed identity in addition to White (i.e., Prussian, Norwegian, French, etc.). Eleven percent reported identities that were coded as Latinx including Hispanic, Latin, Latino, Mestizo, Puerto Rican, Spanish, and Latin American. Six percent reported Black, African, or Black African. Three percent reported either Asian, West Asian, or Vietnamese. Each of the following identities were reported once: Native indigenous, Pacific Islander, Mixed, and Middle East. Five percent of the race/ethnicity data are considered missing, due to either a blank response or because the response could not be collapsed into a racial/ethnic category (i.e., American, US citizen).

The majority of respondents spoke English at home (88%), with 8% of them speaking another language in addition to English. Six percent spoke only Spanish. Two percent reported speaking other languages such as Farsi, Mixtec, and Vietnamese.

Disability status was included for the first time in this year’s CAREAssist client survey. Just under half of respondents (48%) self-reported a disability. Figure 1 displays 8 types of disabilities as both a percent of total respondents and a percent of respondents who self-identified as having one or more disabilities. The most commonly cited disability was mobility (24%), including difficulty walking or climbing stairs. Among those reporting any disability, half reported a mobility disability and/or a vision disability. Nearly one-third of those with a disability cited hearing (29%) and/or independent living (i.e., difficulty with dressing or bathing) (29%).

Figure 1. Disability Types among Respondents and among those Reporting Any Disability

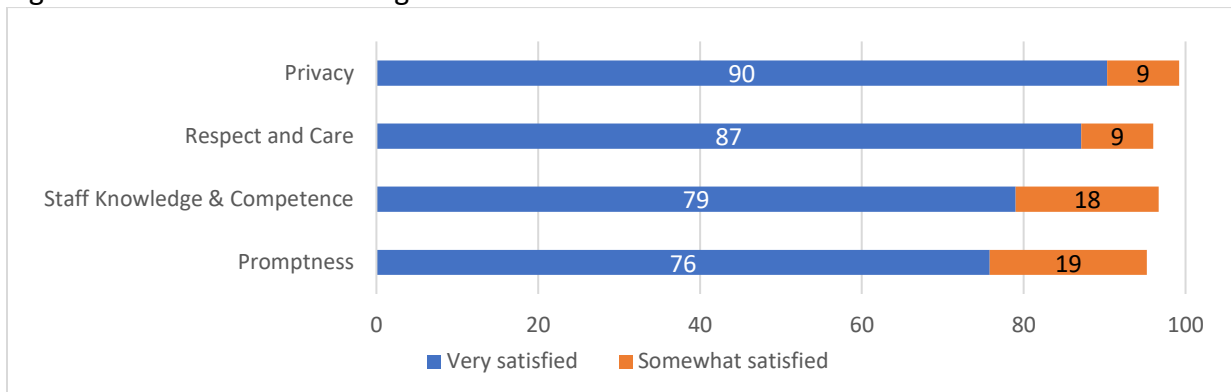


Experiences as a CAREAssist Client

Historical data indicates very high satisfaction levels with the CAREAssist program¹⁻⁴ and that pattern continues to hold in the current survey. The majority of respondents rated the overall quality of the CAREAssist program as “excellent” (68%) or “good” (26%). The proportion rating the quality as “excellent” nearly doubled since the last client satisfaction survey in 2013 when 24% rated program quality as “excellent” and 72% rated it as “good.”³ White respondents were significantly more likely to rate overall program quality as “excellent” or “good” compared to BIPOC respondents (97% vs. 86%).

Nearly every respondent was either very satisfied (90%) or somewhat satisfied (9%) with program privacy. Satisfaction with staff knowledge and competence (97%), respect and care (96%), and promptness (95%) were also very high (Figure 2). There were no statistically significant differences in these topics by gender, race/ethnicity, or region.

Figure 2. Satisfaction with Program Elements



Contact with Caseworker

Most participants had contact with their caseworker once a year (38%) or twice a year (36%). Seventeen percent had contact quarterly. Contact with a caseworker varied by region. Respondents living in the Part B region were less likely to have contact twice a year than those living in Part A (24% vs 45%).

Program Forms and Processes

The majority of respondents reported the written instructions on CAREAssist program forms were “very clear” (84%), while 15% thought they were “a little confusing.” All of the respondents who reported written instructions were “a little confusing” (n=18) or “not clear at all” (n=1) spoke English at home. Half of respondents thought the recertification process was “very easy” (51%) and 38% thought it was “somewhat easy.” Only 3% reported it being “difficult.”

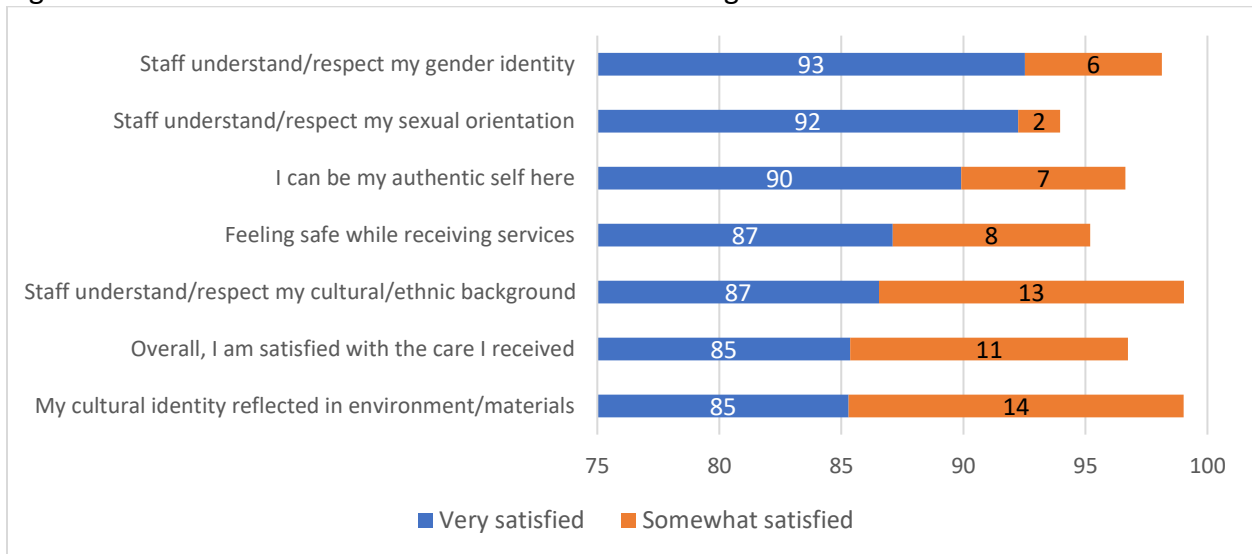
Trauma Informed Care

Questions measuring the principles of Trauma Informed Care (TIC) during service provision were included in the survey for the first time. Examples of TIC principles included feeling safe during service provision and staff understanding/respecting a client’s gender identity, sexual orientation, and racial/ethnic background.

Overall satisfaction with the degree to which clients were satisfied with principles of TIC during service provision was very high (Figure 3). Staff understanding/respecting gender identity (93%) and sexual orientation (92%) were the most likely to be ranked as “very satisfied,” followed by “I can be my authentic self here” (90%).

Variation in the type of satisfaction was observed by race/ethnicity; there was a statistically significant difference in being “somewhat satisfied” (rather than “very satisfied”). BIPOC respondents were more likely to report being “somewhat satisfied” than White respondents with staff understanding of their cultural/ethnic background (23% vs. 8%) and seeing their cultural identity reflected in the environment/materials (23% vs. 10%, data not shown).

Figure 3. Satisfaction with Trauma Informed Care During Service Provision



Social Support

Most respondents (82%) were satisfied with the overall support they receive from friends and family, and this did not vary by gender, race/ethnicity, or region. Of the respondents who reported satisfaction, 58% reported being “very satisfied” with their social support.

No significant associations with being dissatisfied with social support (18%) and self-reported overall health, physical health, or mental health were observed. Respondents reporting dissatisfaction with social support were more likely to rate the quality of CAREAssist services as “fair” or “poor” than those who were satisfied with social support (19% vs. 4%), but these counts are very small (n=8).

Health & Well-Being

Most respondents (84%) reported their health as good (35%), very good (35%), or excellent (14%). Forty percent reported no change in their physical health in the last year, while 34% reported improved physical health. One-in-four (26%) reported their physical health had worsened in the last year. A similar pattern was observed for emotional health; 36% reported no change, 42% reported improved mental health, and 22% reported worse emotional health in the last year. There were no significant differences in health status by gender, race/ethnicity, or region.

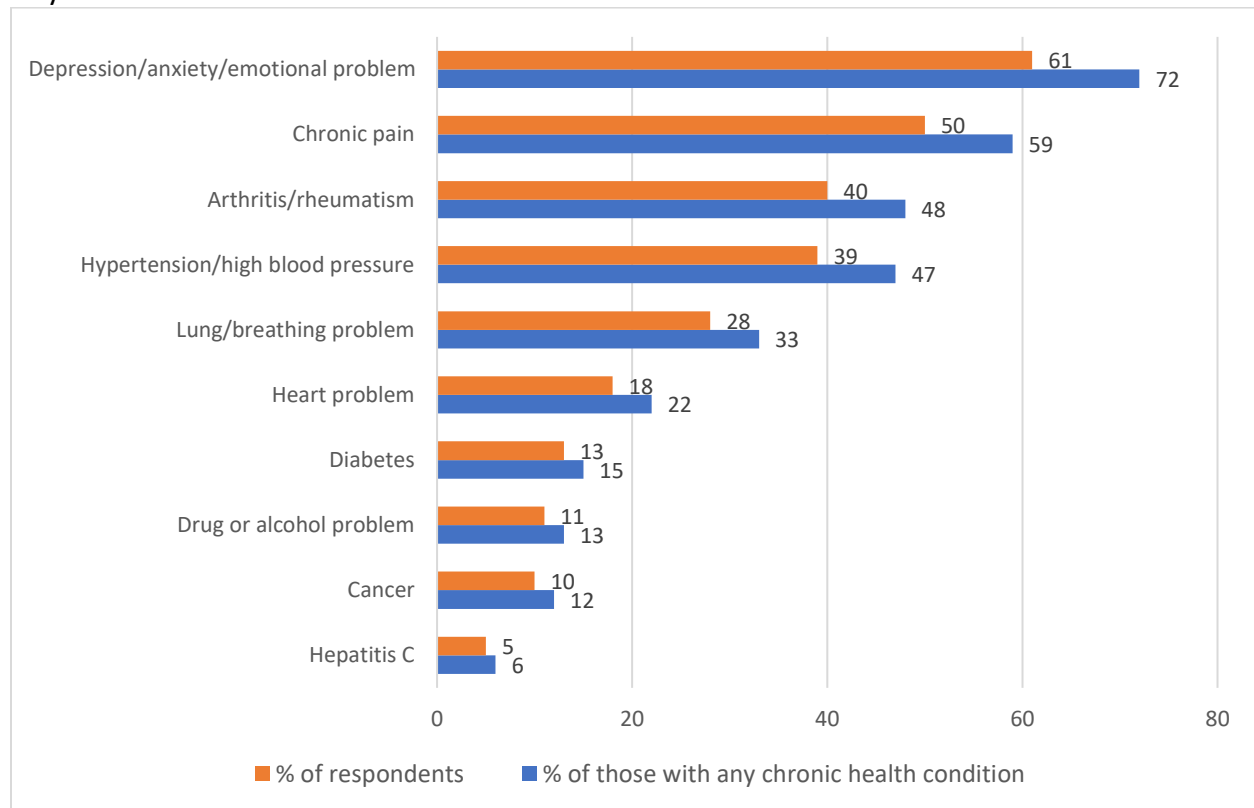
Fifteen respondents (12%) said they had been referred by a healthcare professional for mental health services in the past year. Of those, 12 (80%) said they received those services within 60 days of the referral, 2 (13%) did not, and one (7%) did not answer the question. Surprisingly, there was no association between self-reporting a decline in past year emotional health and referral for mental health services.

Chronic Health Conditions

Because HIV is only one component of a CAREAssist client’s medical profile, we also asked about ten other chronic health conditions that may impact health and well-being. Most respondents reported another health condition in addition to HIV (84%). Over half (51%) reported 3 or more health conditions. Male respondents (88% vs. 62%) and White respondents (92% vs. 64%) were more likely than their counterparts to report a chronic health condition.

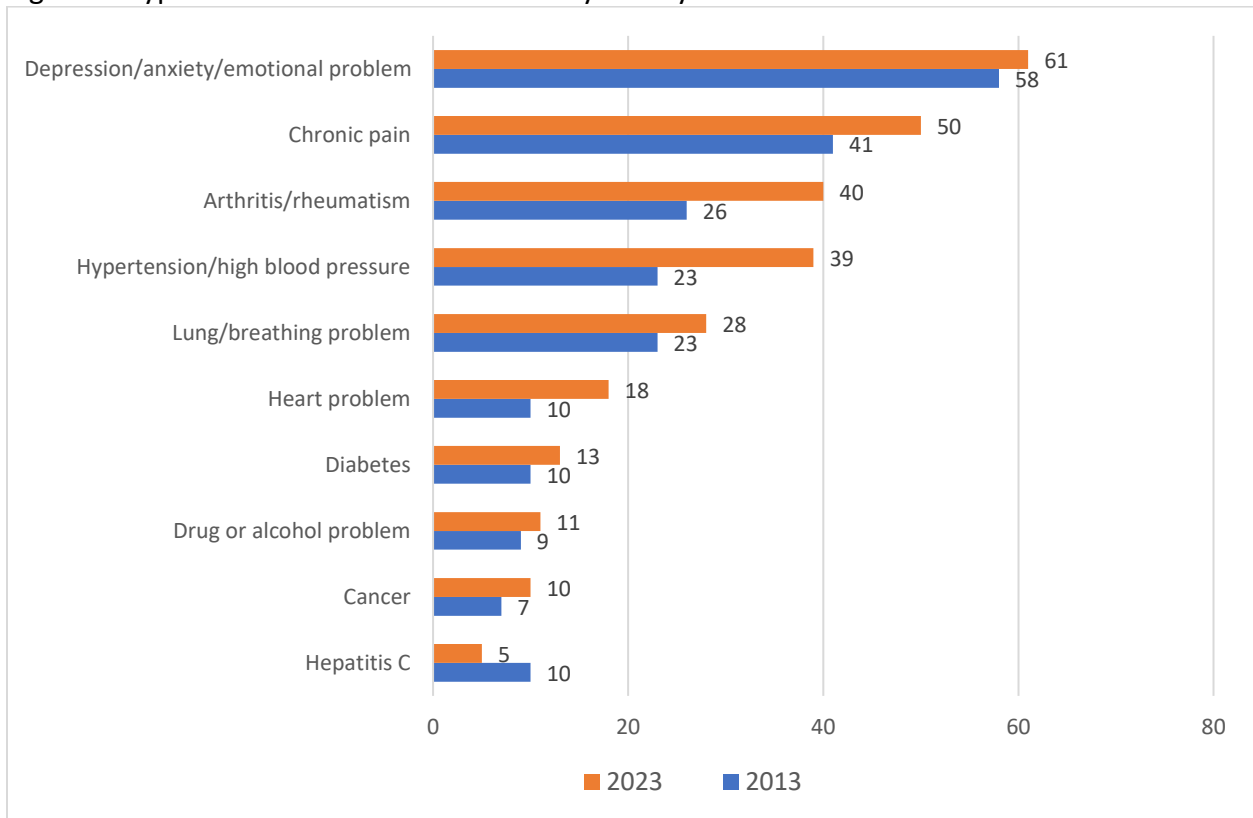
The most commonly cited chronic health condition was depression/anxiety/emotional problems (61%), representing 72% of respondents reporting any chronic health condition in addition to HIV (Figure 4). Males were more likely than females to report depression/anxiety (64% vs. 33%). Half of respondents reported chronic pain; and White respondents were more likely to report chronic pain than BIPOC respondents (57% vs. 32%).

Figure 4. Type of Chronic Health Condition among Respondents and among those Reporting Any Chronic Health Condition



The last time CAREAssist clients were surveyed about chronic health conditions was in 2013,³ when 81% reported one or more chronic health conditions and 38% reported three or more conditions (data not shown). Results from this year’s survey show a 34% increase in the proportion reporting 3 or more chronic health conditions since 2013 (51% vs. 38%). There have also been increases in the proportions reporting specific types of chronic health conditions since 2013 (Figure 5). The greatest increases over the ten-year period were hypertension (16 percentage points) and arthritis (14 percentage points).

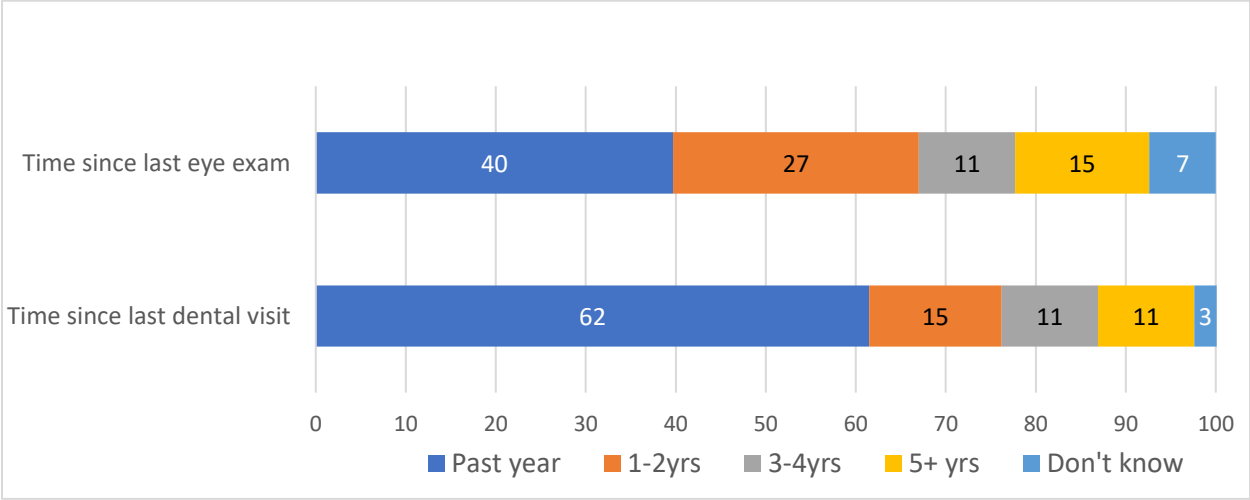
Figure 5. Type of Chronic Health Condition by Survey Year



Oral/Dental Health & Vision

As part of their comprehensive health profile, we asked respondents about the last time they had visited a dentist or had an eye exam. A higher proportion of respondents had a dental visit (62%) in the past year than an eye exam (40%) (Figure 6). About one-in-five (22%) respondents had not had an eye exam in 5 or more years or could not recall if they did, whereas about one-in-ten (13%) respondents had not seen a dentist in 5 or more years/didn't know. The likelihood of having a dental or eye exam did not vary by gender, race/ethnicity, or region.

Figure 6. Time Since Last Eye Exam or Dental Visit



Health Insurance

CAREAssist now allows clients eligible for a Qualified Health Plan to transition to an equivalent Silver Level off-exchange plan that auto-enrolls each year. In addition to not needing to participate in open enrollment activities annually, off-exchange plans do not require income updates or reconciling of taxes. We asked respondents how beneficial this change was to them. Forty one percent found it very beneficial and 19% found it somewhat beneficial, while 25% said it did not apply to them since they were not on a Qualified Health Plan. Fifteen (13%) respondents left the question blank or reported they did not understand. There were no significant associations with those who left it blank/did not understand by gender, race/ethnicity, or region.

Most respondents (77%) were either very confident (35%) or somewhat confident (42%) that they understood their health insurance benefits. A smaller proportion (23%) were “not at all confident” (22%) or left the question blank (1%). Interestingly, most respondents who reported no confidence in understanding their health insurance benefits, said the recertification process was “very easy” (44%) or “somewhat easy” (48%) and 67% thought the written instructions on CAREAssist forms were “very clear.”

Two-thirds (67%) of respondents reported having dental insurance coverage, while one-fifth (20%) reported no coverage. Sixteen (13%) respondents were not sure about their dental insurance coverage.

There were no statistically significant differences on any of the insurance items and gender, race/ethnicity, or region.

Health Literacy & U=U

Since health literacy is a predictor of ART adherence and viral suppression,⁵ we asked respondents questions about their approach for tracking viral loads and what an undetectable viral load means. Table 2 shows the distribution of responses to the question: “Which of the following best describes your approach for tracking your viral load tests?” The majority said they “track it very carefully” (63%), whereas only 12% said they trust their doctor to track it and are not aware of the details.

Next, we asked respondents, “If you had an undetectable viral load, what would that mean to you?” Nearly all respondents (90%) said that having an undetectable viral load meant that their HIV medications are working well (Table 2); with more males reporting this way than females (93% vs. 85%) (data not shown). About half (56%) said that an undetectable viral load meant there is so little HIV virus in their blood that it can’t be seen on a lab test, and one-third (32%) said it meant they can have unprotected sex and not worry about infecting someone. Only two respondents reported having an undetectable viral load test meant that they were HIV negative (2%).

Table 2. Health Literacy and Knowledge of U=U	%
I track it very carefully and am aware of my numbers	63
I make sure I get recommended lab work, but I don’t track the specific numbers	25
I trust my doctor to track that. I’m not very aware of the details	12
I don’t know anything about it	1
My HIV medications are working well	90
I have so little HIV virus in my blood that it can’t be seen on a lab test	56
I can have unprotected sex and not worry about infecting someone	32
I am HIV negative	2
Yes, I’ve heard of U=U before	81

During summer 2022, we conducted interviews with ten PLWH to explore knowledge and attitudes about U=U (undetectable equals untransmittable).⁶ We introduced the U=U section of the interviews with, “As you may know, people living with HIV who take antiretroviral therapy and maintain viral suppression cannot transmit HIV to sex partners. This concept is referred to as U=U: undetectable = untransmittable.” Then we asked if they had heard about U=U. All participants knew that being undetectable means that you cannot transmit HIV to sex partners, but most (n=7) had not heard of the term U=U.

For this survey, we used similar language to ascertain whether participants had heard of U=U before. Most participants said they had heard of U=U (81%) (Table 2), 15% said “no” and 4% did not answer the question. White respondents were more likely than BIPOC respondents to have heard about U=U (88% vs. 73%)

Other Comments

About half (47%) of respondents offered responses to the open-ended question: *“Anything else you want to tell us about CAREAssist?”* We analyzed answers to this broad open-ended question using an open coding methodology, grouping responses into four major categories: gratitude, customer service concerns, resource limitations, and recommendations. In general, comments from this survey echo previous feedback from the 2013 survey.³

Most responses were positive (72%), with 45% explicitly expressing their gratitude and appreciation. Common sentiments include, *“you do a wonderful job”* and *“thank you for the help and support you have given me.”*

Customer service concerns primarily focused on slow follow-up from CAREAssist staff or case workers (7% of comments). One response was, *“my case worker has repeatedly ghosted me.”* Additional customer service concerns were issues with billing (i.e., third-party billing, *“Kaiser’s refusal of direct billing”*) (4%) and pharmacy-related concerns (i.e., lack of pharmacy choice, *“prescriptions need to be able to be filled when having a service done at a facility”*) (7%).

Some respondents commented on the lack of resources in the medical care system (7%). These concerns were not specific to CAREAssist, but rather highlight the continuing impact of the COVID-19 pandemic. Provider turnover and availability, specifically on the coast, was mentioned by two respondents (4%).

“Healthcare professionals and mental health professionals on the coast are lacking, nearly nonexistent and turnover is atrocious.”

A concern about needing additional dental care coverage was another noted resource limitation.

“Older CAREAssist clients need more assistance in paying for dental work. The small amount of insurance provided doesn’t cover crowns, root canals or other major problems.”

Three program improvements respondents recommended included, having a handbook of services, recertifying online, and providing additional help accessing dental and vision care (6%).

References

¹ HIV/STD/TB Program. 2009 CAREAssist Client Survey: A Report on Clients' Health and Well-Being and their Experiences with the Program. Portland, OR: HIV/STD/TB Program, Oregon Department of Human Services, Public Health Division; January 2010.

² CAREAssist Program. 2013 CAREAssist Client Survey: A Report on Clients' Health and Well-Being and their Experiences with the Program. Portland, OR: Oregon Health Authority; November 2013.

³ HIV/STD/TB Program. Oregon Part B HIV Case Management Services 2017 Survey Results. Portland, OR: HIV/STD/TB Program, Oregon Health Authority, Public Health Division; March 2018.

⁴ HIV/STD/TB Program. CAREAssist Client Experiences with the CAREAssist Pharmacy Program: An Evaluation of Preferred and Non-Preferred Pharmacy Experiences. Portland, OR: HIV/STD/TB Program, Oregon Health Authority, Public Health Division; September 2019.

⁵ Kalichman, S. C., & Rompa, D. (2000). Functional health literacy is associated with health status and health-related knowledge in people living with HIV-AIDS. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 25(4), 337-344.

⁶ HIV/STD/TB Program. CAREAssist Client Experiences Interviews. Portland, OR: HIV/STD/TB Program, Oregon Health Authority, Public Health Division; October 2022.

Appendix A: CAREAssist Client Questionnaire

Experiences as a CAREAssist Client

- 1. About how often do you have contact with your CAREAssist case worker?**
Every week, About once a month, About every 3 months, About every 6 months, About once a year
- 2. How would you rate the overall quality of CAREAssist services?**
Excellent, Good, Fair, Poor
- 3. How clear are the written instructions on CAREAssist program forms?**
Very clear, A little confusing, Not clear at all
- 4. How easy is the CAREAssist recertification process?**
Very easy, Somewhat easy, Difficult, Does not apply (I don't know/haven't done it)
- 5. How satisfied are you with the following CAREAssist services?**
Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied
 - a. Promptness of staff in responding to phone calls or written requests
 - b. Extent to which services are provided with appropriate privacy
 - c. Level of professional knowledge and competence of CAREAssist staff
 - d. Respect and care CAREAssist staff give you
- 6. How satisfied are you with the following services from CARE Assist staff?**
Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied
 - 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.

Health and Well-Being

- 7. In general, would you say your health is:**
Excellent, Very good, Good, Fair, Poor
- 8. Compared to one year ago, how would you rate your overall physical health now?**
Much Better, Slightly Better, About the Same, Slightly Worse, Much Worse
- 9. Compared to one year ago, how would you rate your overall emotional health now (like feeling anxious, depressed, or irritable)?**
Much Better, Slightly Better, About the Same, Slightly Worse, Much Worse

10. Do you have any of the following chronic health problems? Yes, No
- Arthritis/rheumatism
 - Cancer
 - Chronic pain
 - Depression/anxiety/emotional problem
 - Diabetes
 - Drug or alcohol problem
 - Heart problem
 - Hepatitis C
 - Hypertension/high blood pressure
 - Lung/breathing problem, including asthma
 - Other (please specify):

Social Support

11. In general, how satisfied are you with the overall support you get from friends and family members?

Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied

Mental Health

12. In the past year, have you been referred by a healthcare professional for mental health services?

Yes, No

(If yes, then respondent will be asked 12a)

- a. Did you receive those services within 60 days of the referral?

Yes, No

Health Literacy

13. Which of the following best describes your approach to tracking your viral load tests?

I track it very carefully and am aware of my numbers.

I make sure I get recommended lab work, but I don't track the specific numbers.

I trust my doctor to track that. I'm not very aware of the details.

I don't know anything about it.

14. If you had an undetectable viral load test, what would that mean to you?

(Check all that apply)

- My HIV medications are working well.
- I have so little HIV virus in my blood that it can't be seen on a lab test.
- I can have unprotected sex and not worry about infecting someone.
- I am HIV negative.

U=U

15. People living with HIV who take antiretroviral therapy and maintain viral suppression cannot transmit HIV to sex partners. This concept is referred to as U=U: undetectable = untransmittable. Have you heard of U=U before?

Yes, No

Oral/Dental Health

- 16. How long has it been since you last visited a dentist or a dental clinic for any reason, including visits to dental specialists such as orthodontists?**
Within the past year, Within the past 1-2 years, Within the past 3-4 years, 5 or more years, Don't Know/Not Sure
- 17. In the past year, have you had any kind of dental insurance coverage?**
Yes, No, Don't Know/Not Sure

Vision

- 18. When was the last time you had an eye exam in which the pupils dilated, making you temporarily sensitive to bright light?**
Within the past year, Within the past 1-2 years, Within the past 3-4 years, 5 or more years, Don't Know/Not Sure

Health Insurance

- 19. CAREAssist now allows clients eligible for a Qualified Health Plan to transition to an equivalent Silver Level off-exchange plan that auto-enrolls annually. Off-exchange plans do not require income updates, reconciling of taxes, or annual participation in open enrollment activities. How beneficial is this change for you?**
Very beneficial, Somewhat beneficial, Not beneficial, Does not apply (not on a Qualified Health Plan)
- 20. How confident are you that you understand your current health insurance benefits?**
Very Confident, Somewhat Confident, Not at all Confident

Demographics

- 21. What is your gender identity?**
- 22. How do you identify your race, ethnicity, tribal affiliation, or ancestry?**
- 23. How do you describe your sexual orientation or sexual identity?**
- 24. What language or languages do you use at home?**
- 25. Do you have serious difficulties with any of the following? (Check all that apply)**
- a. Hearing, even with a hearing aid
 - b. Seeing, even with glasses
 - c. Walking or climbing stairs
 - d. Dressing or bathing
 - e. Learning how to do things that most people your age can do
 - f. Communicating in your usual (customary) language
 - g. Doing errands alone (due to a physical, mental or emotional condition)
 - h. Controlling your mood, intense feelings, behavior, or experiencing delusions or hallucinations
 - i. None of the above
- 26. What county do you reside in?**
- 27. Anything else you want to tell us about CAREAssist?**