

People Living with HIV Needs Assessment

Baton Rouge Transitional Grant Area

Louisiana Department of Health and Hospitals
Office of Public Health

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Introduction

Purpose of the Louisiana Statewide Needs Assessment

This report was prepared by The Policy & Research Group (PRG) for the Louisiana Office of Public Health STD/HIV Program (OPH SHP) within the *Department of Health and Hospitals*. The purpose of the *2017 Needs Assessment* is to gain an understanding of the current care service needs of People Living with HIV (PLWH) in the nine administrative regions of Louisiana. In particular, the *2017 Needs Assessment* aims to provide an estimate of the extent of PLWH's unmet primary care and HIV-related support service needs, their experiences in accessing those services, their perceived barriers to those services, and some insight into their reported knowledge of those services.

Layout of the Report

This report presents the characteristics of survey respondents in the Baton Rouge Transitional Grant Area (BR TGA) and provides basic aggregate results of responses provided to survey questions. A description of the methods used to conduct the *2017 Needs Assessment* and analyze the data, as well as a copy of the survey instrument, are included as appendices to this report.

Survey Respondents

A convenience sample of 468 questionnaires was submitted to PRG after the conclusion of the data collection period (June 5 to July 15, 2017). This represents 117% of the goal of 400 responses as set by OPH SHP.

A. Background

HIV/AIDS Status

Figure A1. HIV/AIDS Status of Respondents (n=431)

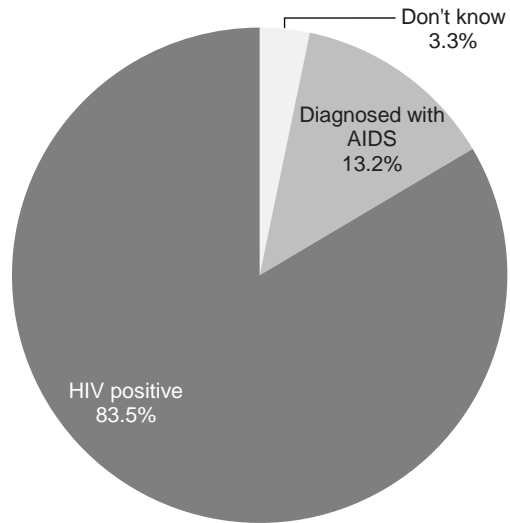
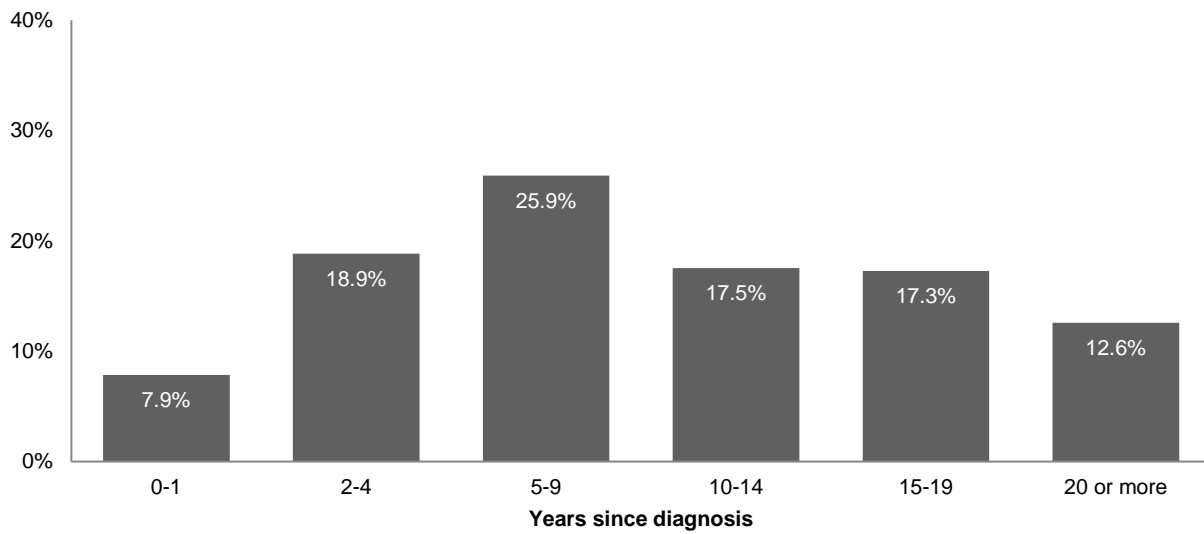
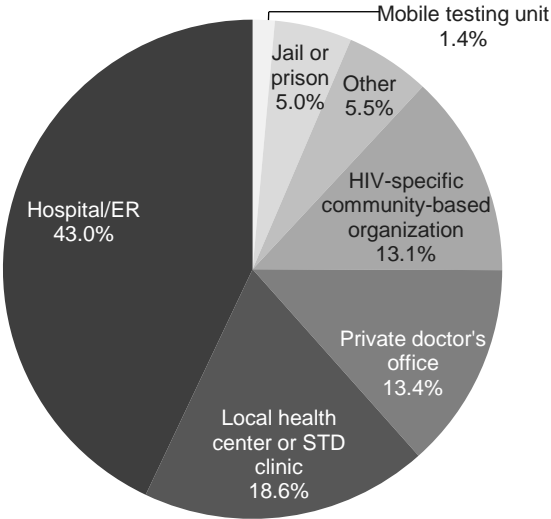


Figure A2. Length of Time Since HIV Diagnosis (n=382)



- Included in the *20 or more* column are five respondents who reported HIV diagnosis before 1982 (when diagnosis began); years reported were 1979, 1980 (entered twice), and 1982 (entered twice).

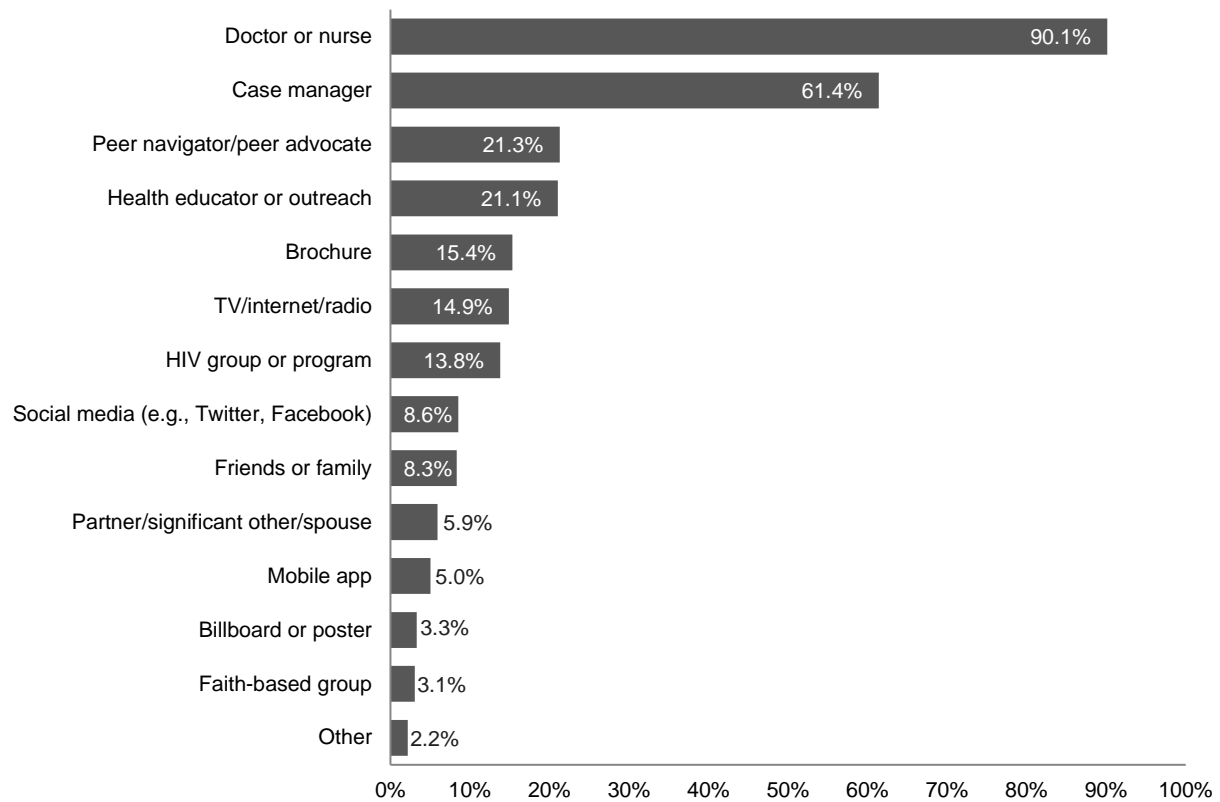
Figure A3. Place Where Respondents Were Told of HIV Diagnosis (n=419)



- The category *other* includes individuals who specifically chose the response option *other* (3.6%) as well as those who selected *organizations providing other services* (1.9%).

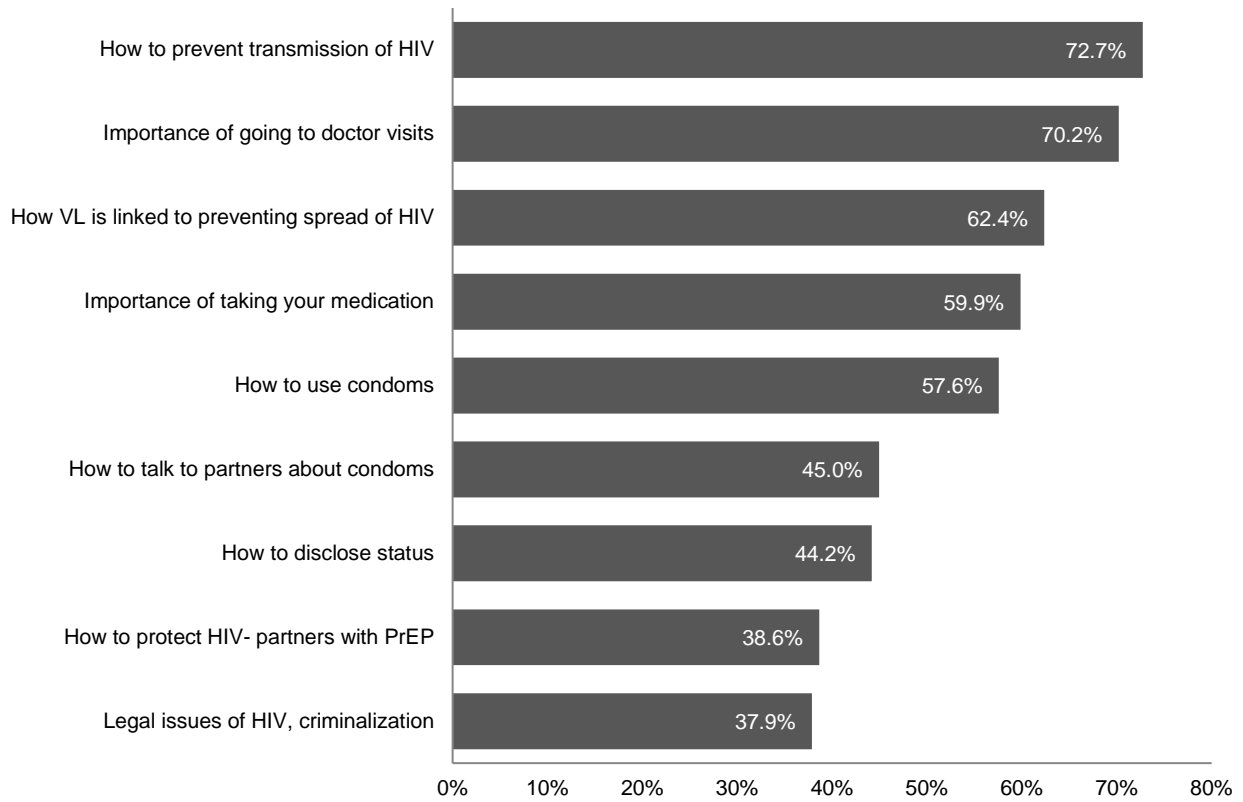
HIV-Related Knowledge

Figure A4. Sources of HIV Information (n=456)



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 456 individuals who responded to this question, 318 (69.7%) reported two or more sources of HIV information.

Figure A5. Knowledge of Issues Related to HIV (n=396)



- Included in calculations but not presented in this figure are 23 individuals (5.8%) who selected *No one has explained any of these things to me in the last year*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 396 individuals who responded to this question, 311 (78.5%) reported having knowledge of two or more issues related to HIV.
- Excluded from calculations are 47 individuals who selected *No one has explained any of these things to me in the last year* as well as one or more topics.

Background Characteristics

Table A1. Current Parish of Residence (n=423)

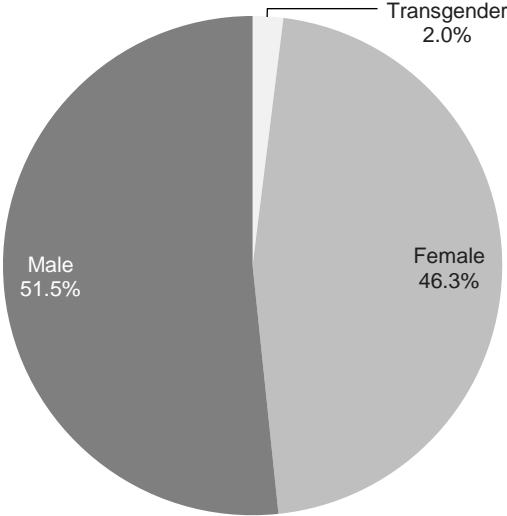
Parish	Number Reporting	Percent Reporting
East Baton Rouge	378	89.4%
Livingston	9	2.1%
Pointe Coupee	7	1.7%
West Baton Rouge	6	1.4%
Ascension	5	1.2%
Iberville	4	1.0%

- All respondents were asked to indicate their ZIP code; a total of 423 respondents provided a response. *The U.S. Department of Housing and Urban Development United States Postal Services (HUD USPS) 1st quarter 2017 ZIP Code Crosswalk File* (Retrieved May 19, 2017 from http://www.huduser.org/portal/datasets/usps_crosswalk.html) was used to determine the parish corresponding to each ZIP code. ZIP codes reported by five respondents (20002, 70120, 70226, 70702, and 70813) are not valid Louisiana zip codes; therefore, the parish could not be reported. In addition, in some instances, ZIP codes cross county or parish lines (i.e., the same ZIP code is found in multiple counties). To address this problem, we assigned a county/parish to a ZIP code if that county accounted for the majority of the population residing in that ZIP code. Out of the 423 respondents for whom we designated a parish of residence, 21 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.
- Not included in the table are the less than 1% of individuals who indicated they reside in Orleans Parish, East Feliciana Parish, Assumption Parish, West Feliciana Parish, Terrebonne Parish, Tangipahoa Parish, St. Landry Parish, St. James Parish, or St. Charles Parish.

Figure A6. Map of Current Parish of Residence (n=423)



Figure A7. Gender of Respondents (n=456)



- Included in calculations but not presented in this figure is one individual (0.2%) who selected *other*.
- The category *transgender* includes individuals who selected *transgender: male to female*; no individuals selected *transgender: female to male*.

Figure A8. Sexual Orientation (n=453)

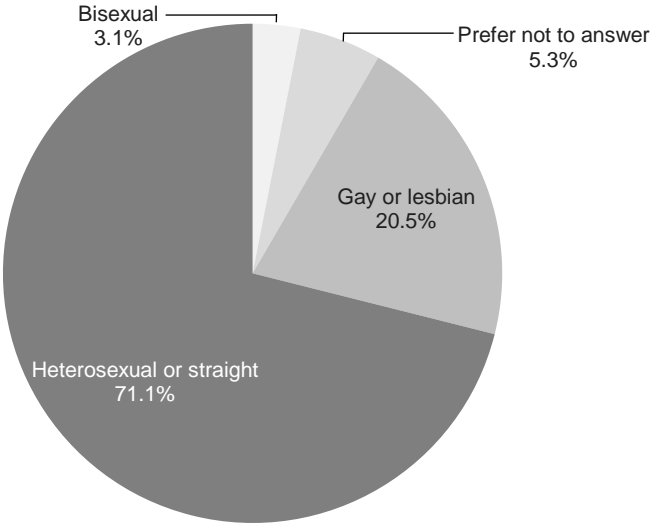
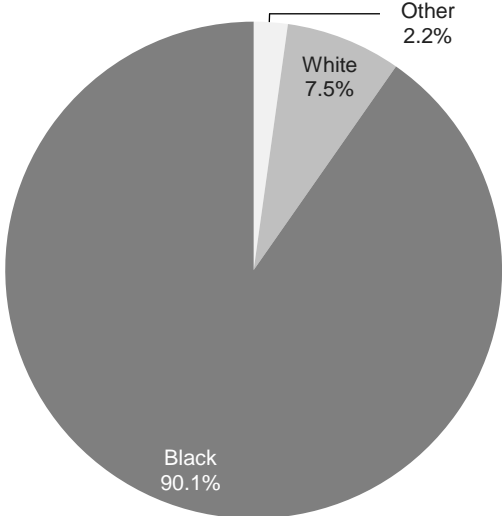


Figure A9. Race of Respondents (n=454)



- The category *other* includes individuals who specifically chose *other* (0.4%), along with those who identified as *Native American* (0.7%) and *Asian or Pacific Islander* (1.1%).
- Included in calculations but not represented in the figure is one individual (0.2%) who identified as multiracial.

Figure A10. Respondent Ethnicity: Latino/Hispanic (n=448)

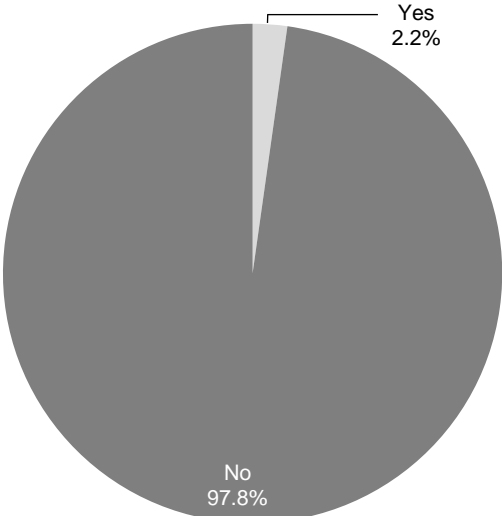
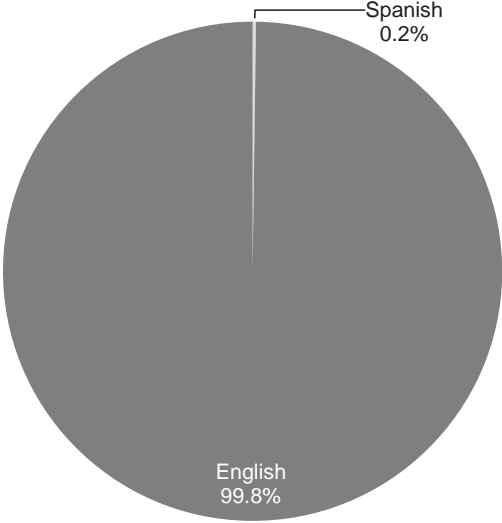
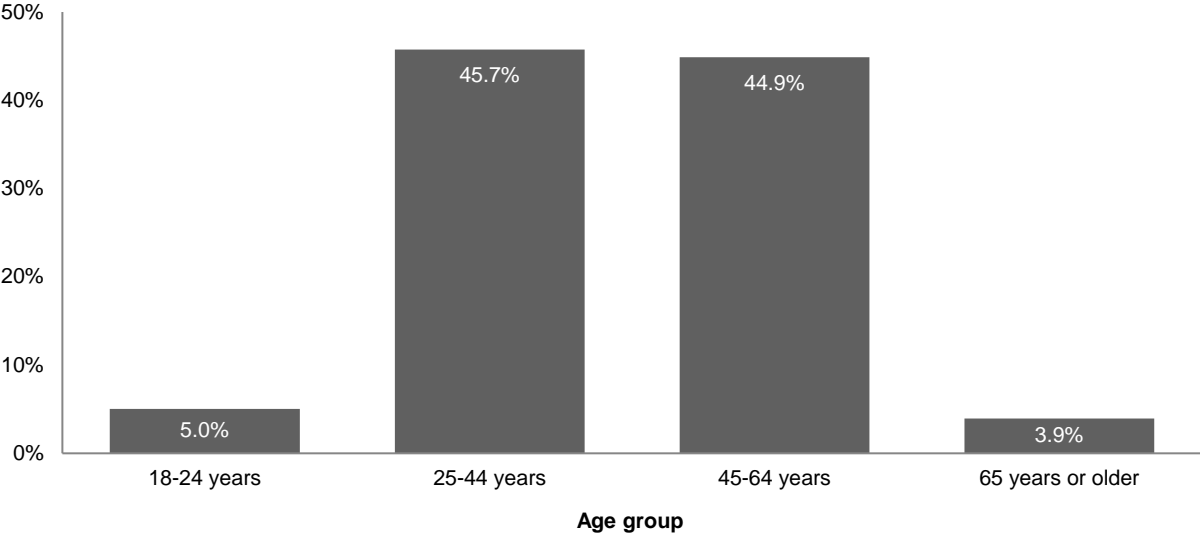


Figure A11. Primary Language of Respondents (n=452)



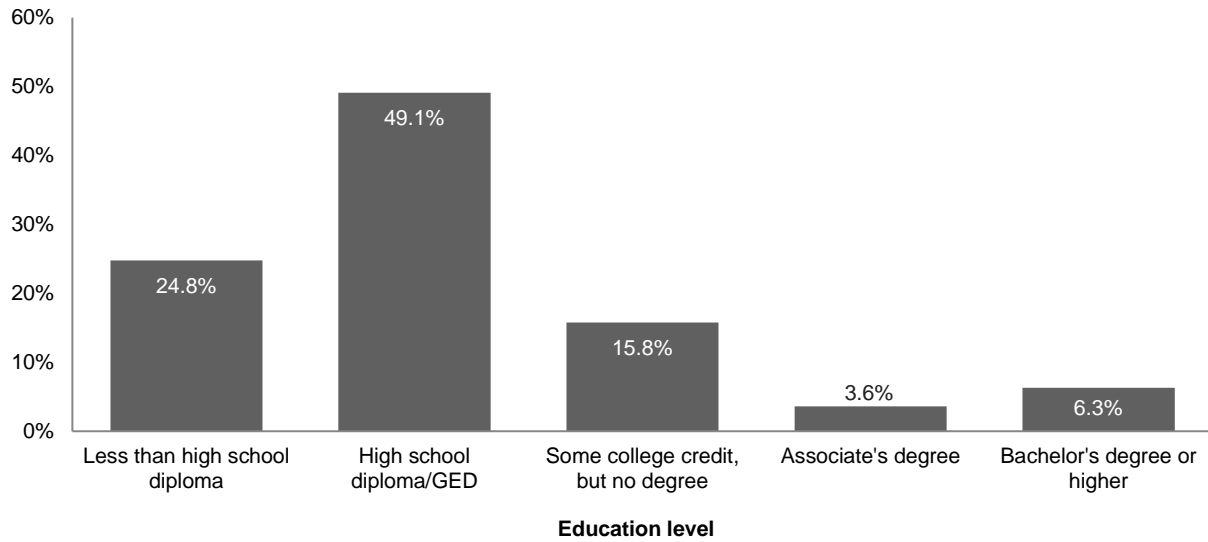
- No individuals selected the response option *other*.

Figure A12. Age of Respondents (n=457)



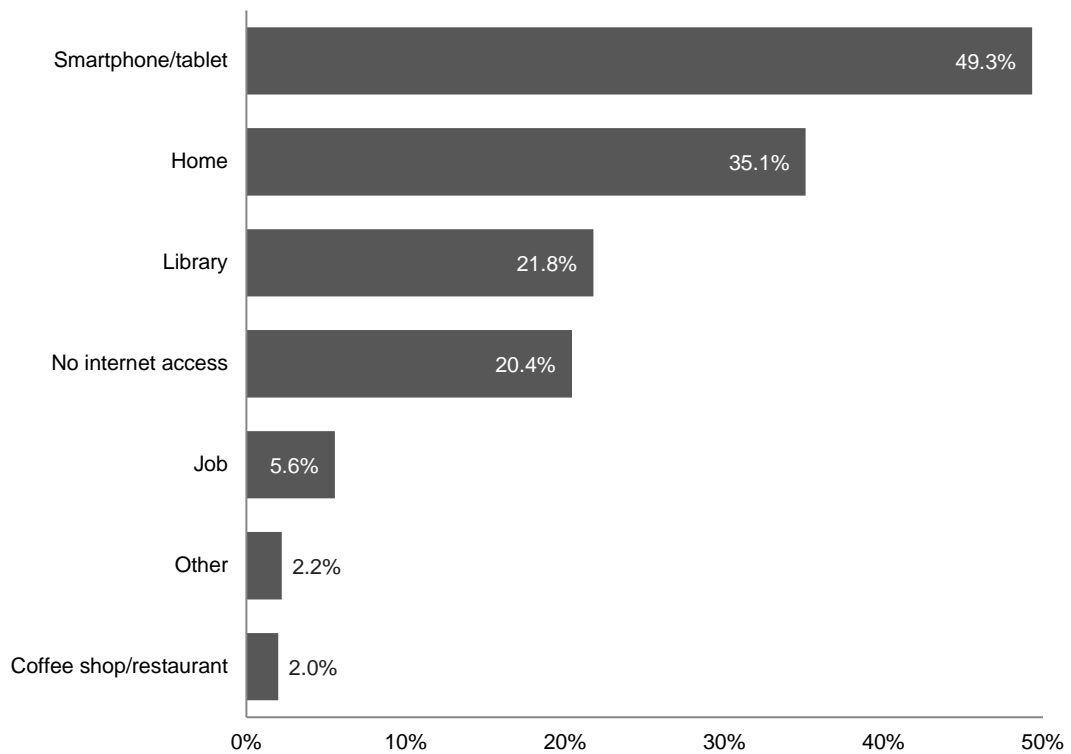
- Included in calculations but not presented in this figure are two individuals (0.4%) who reported being under 18 years of age.

Figure A13. Highest Level of Education Completed by Respondents (n=444)



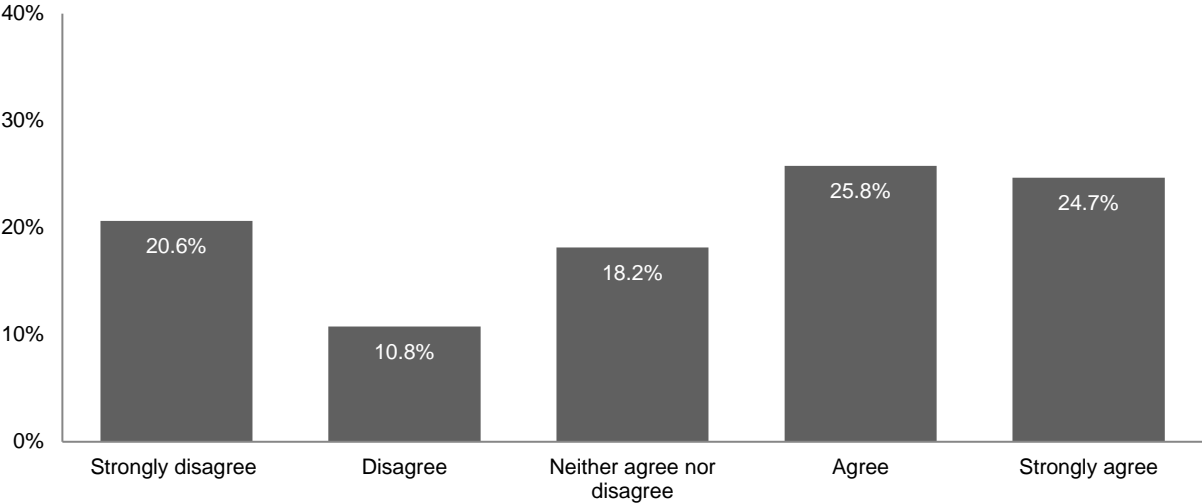
- Included in calculations but not presented in this figure are two individuals (0.5%) who selected *other*.

Figure A14. Access to Internet (n=450)



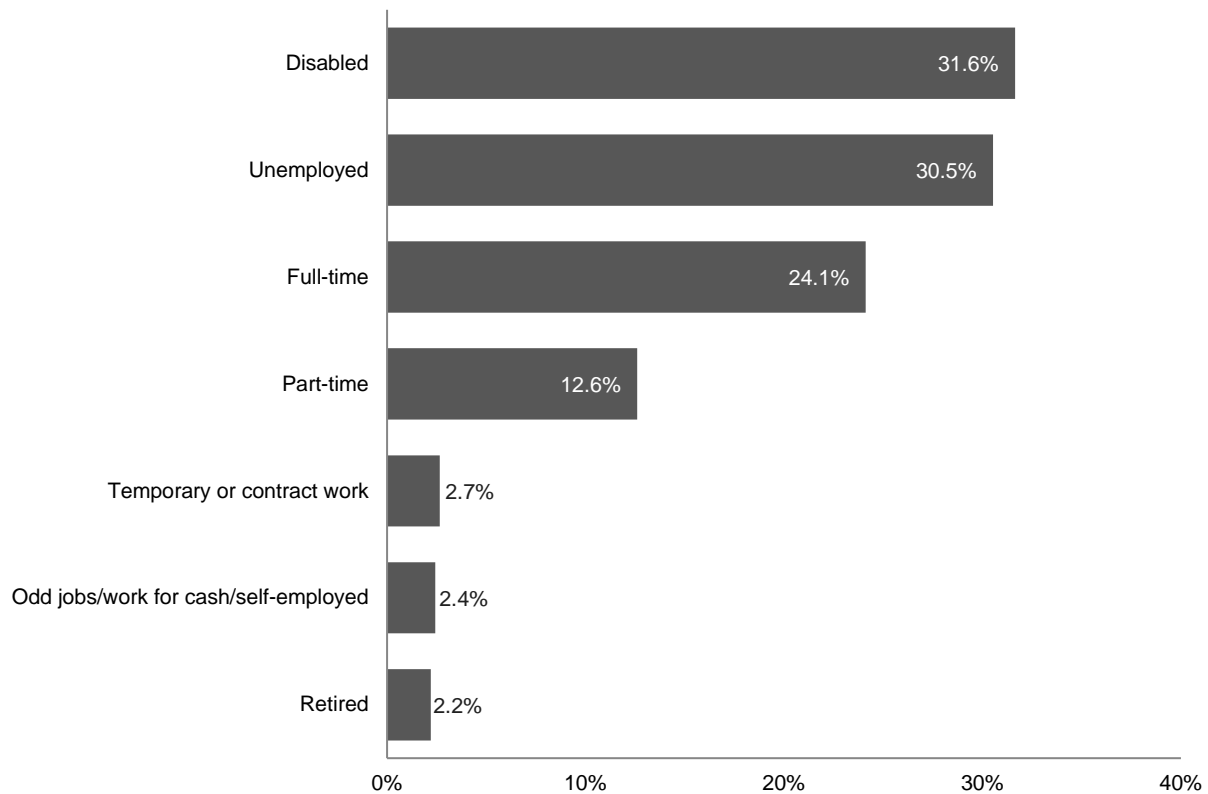
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 450 individuals who responded to this question, 121 (26.9%) reported two or more internet access types.

Figure A15. Agree or Disagree: *I feel comfortable using a computer.* (n=446)



Employment

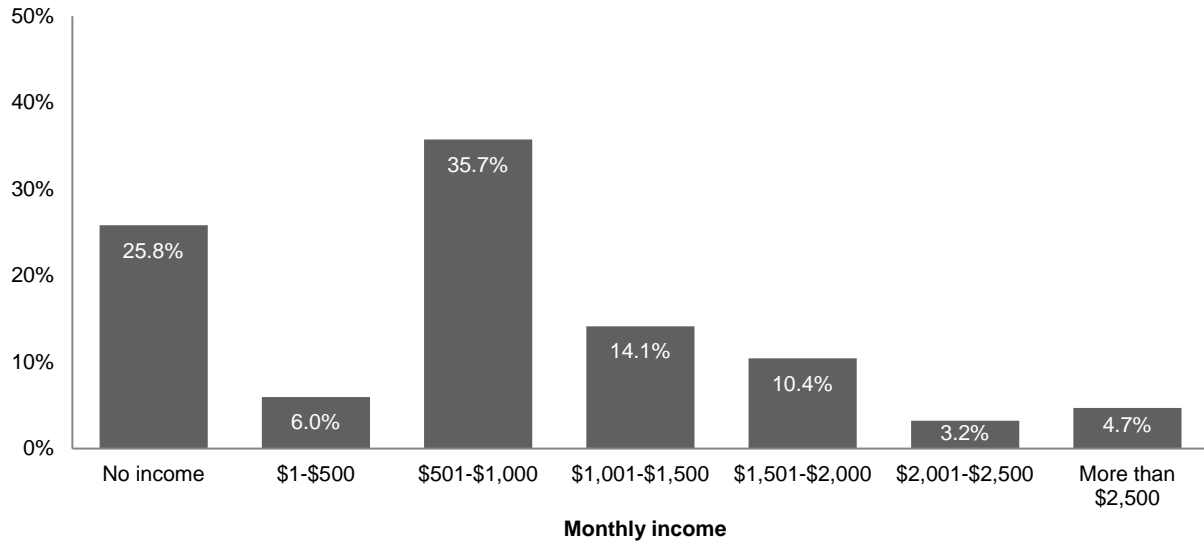
Figure A16. Current Employment Status (n=452)



- Included in calculations but not presented in this figure are two individuals (0.4%) who selected *student* and four individuals (0.9%) who selected *other*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 452 individuals who responded to this question, 30 (6.6%) reported having two or more employment situations in the last six months.

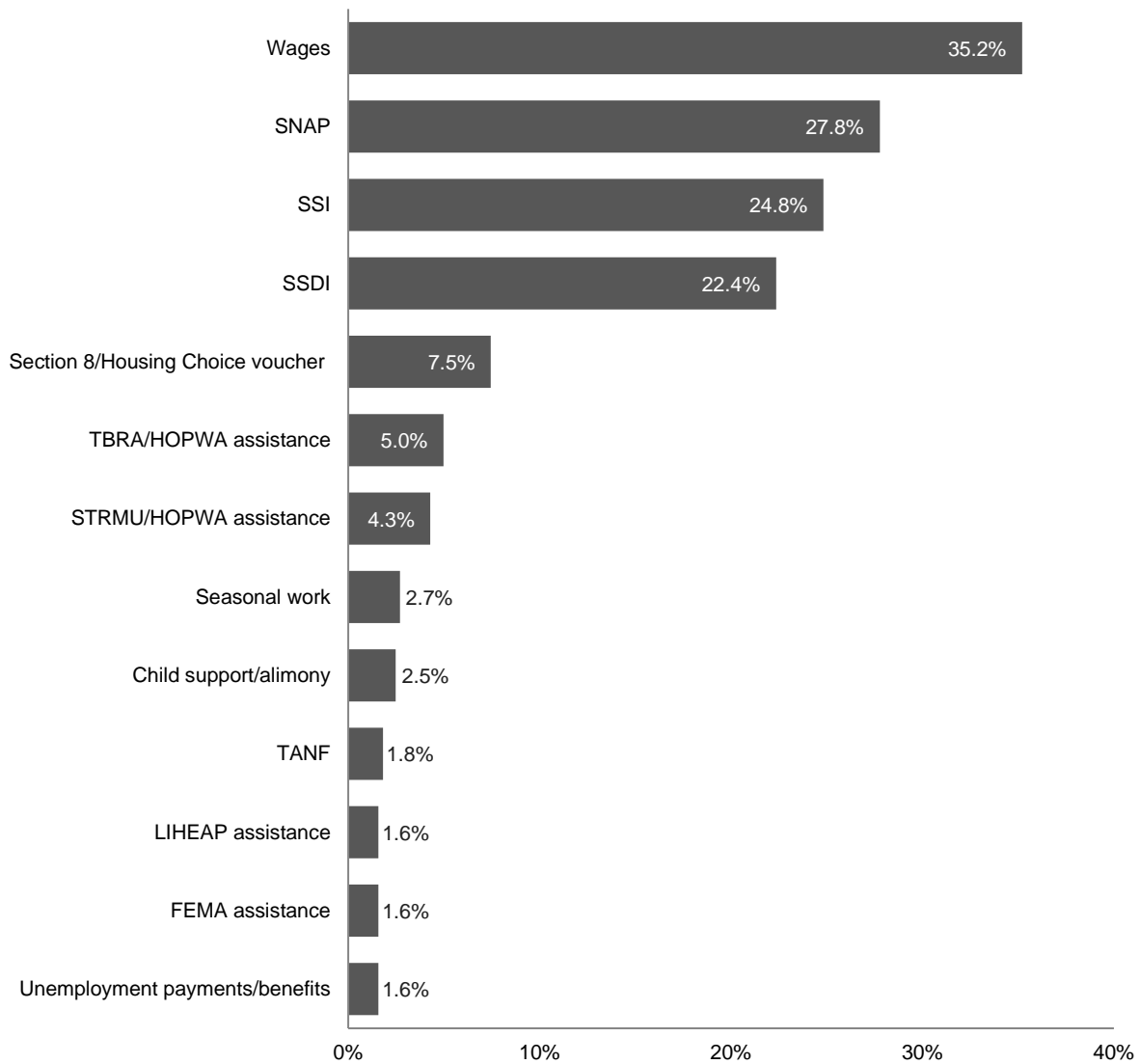
Income

Figure A17. Household Income in Month Prior to Survey (n=403)



- Included in calculations and presented in this figure are 10 outliers reported by 12 respondents in the *more than \$2,500* category. The reported monthly income for these 12 respondents are: \$5,000; \$5,500; \$6,150; \$11,400; \$14,000; \$18,000; \$22,000 (entered twice); \$24,000 (entered twice); \$25,000; and \$31,000.

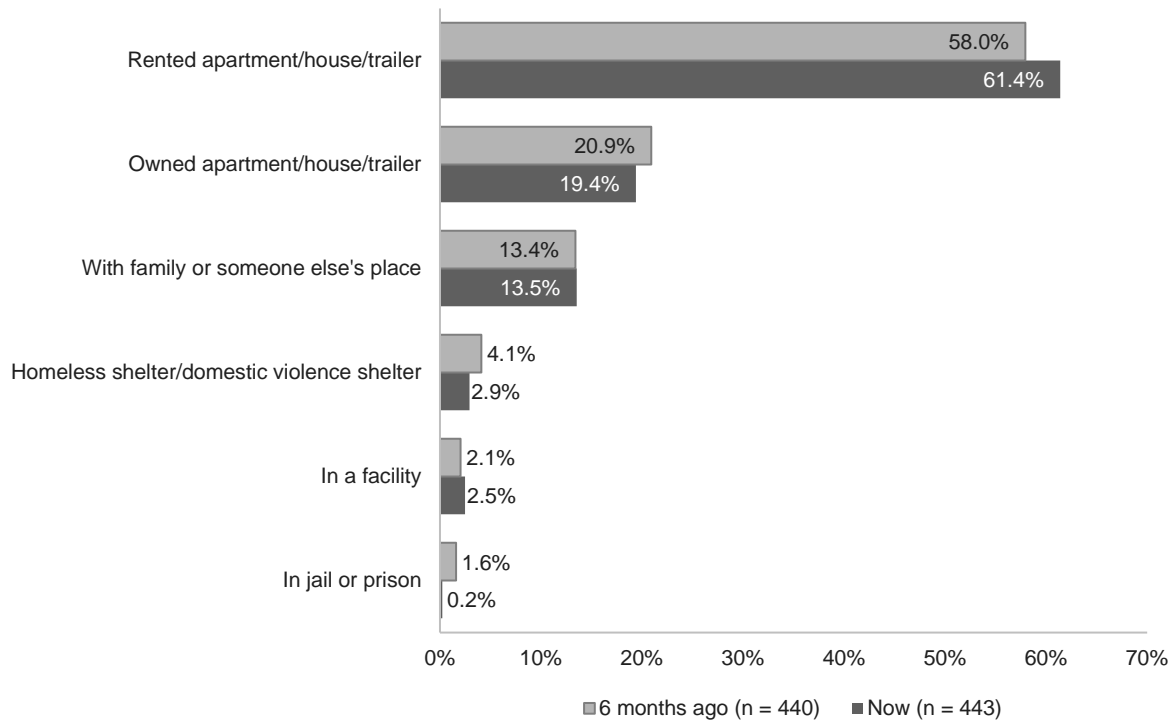
Figure A18. Sources of Income and Assistance (n=443)



- Abbreviations: SNAP = Supplemental Nutrition Assistance Program, SSI = Supplemental Security Income, SSDI = Social Security Disability Income, TBRA = Tenant-Based Rental Assistance, HOPWA = Housing Opportunities for Persons with AIDS, STRMU = Short-term Rent, Mortgage, and Utility, TANF = Temporary Assistance for Needy Families, LIHEAP = Low Income Home Energy Assistance Program.
- Included in calculations but not presented in this figure are 170 individuals (38.4%) who selected *none of these*, 4 individuals (0.9%) who reported receiving *project-based/HOPWA assistance*, 4 individuals (0.9%) who reported receiving a *stipend*, and 2 individuals (0.5%) who reported receiving *veteran's housing*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 443 individuals who responded to this question, 162 (36.6%) reported receiving two or more forms of income and assistance.

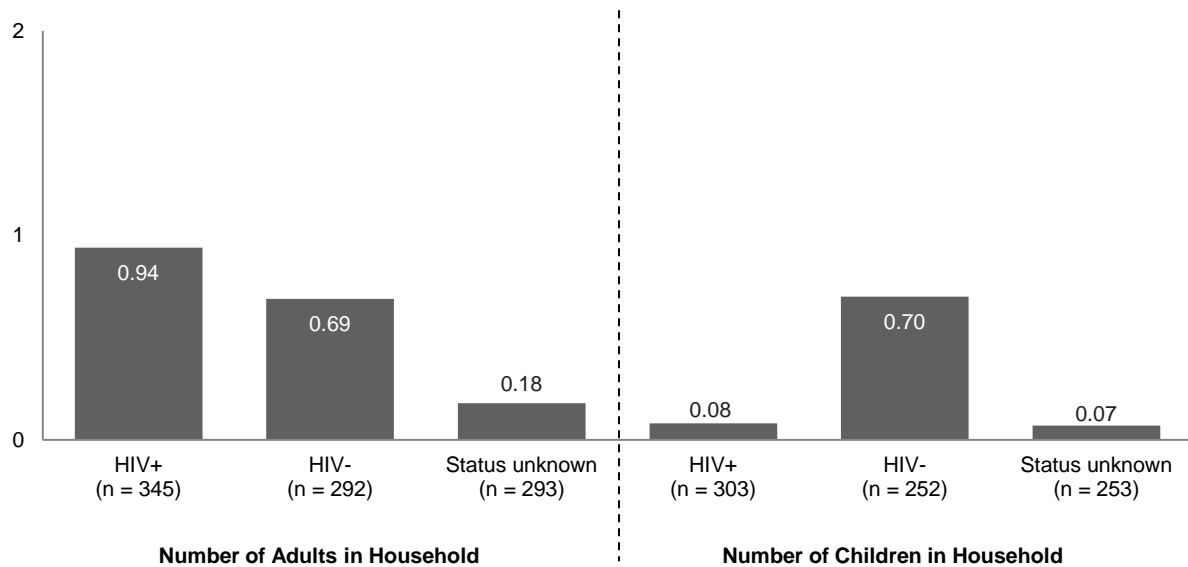
Housing

Figure A19. Places Where Respondents Live Now and Six Months Ago



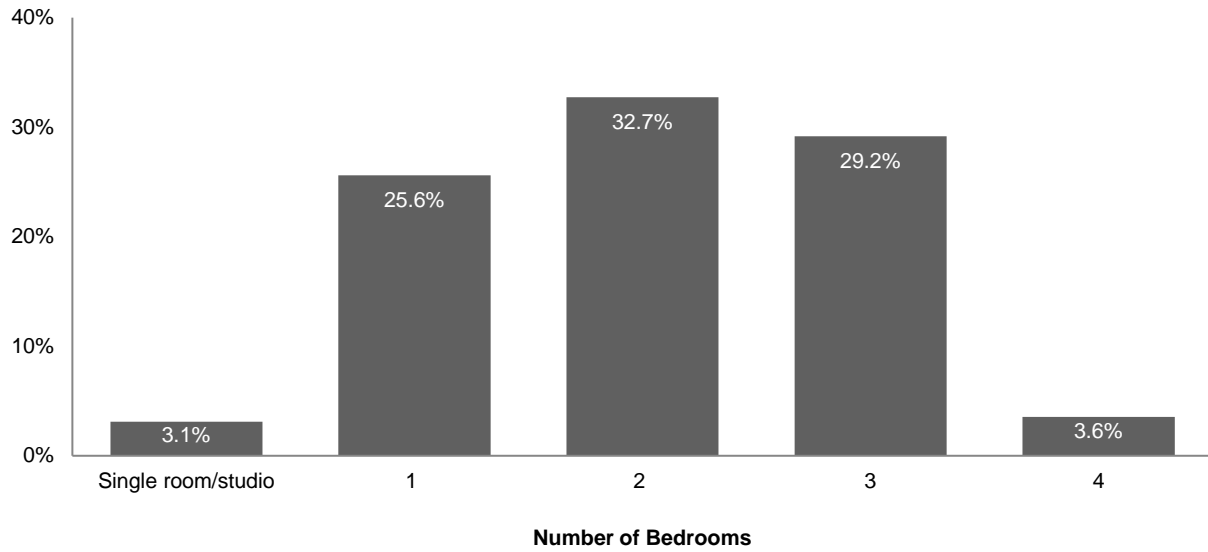
- The questionnaire asked respondents to only select one housing option for each time point. If respondents lived in more than one place during these time periods, they were instructed to select the housing type where they lived most often.

Figure A20. Average Number of Adults and Children in Household by HIV Status



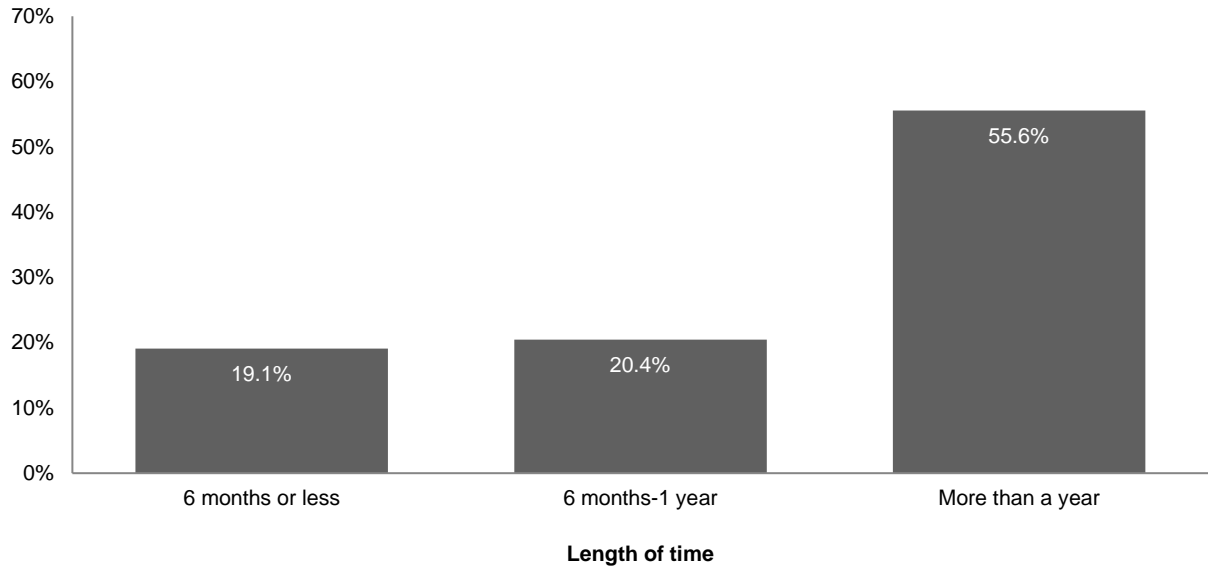
- Excluded from calculations are 68 *adult* responses and 48 *children* responses because the number of adults and/or children who are HIV+ or HIV- did not match the total number of adults and/or children in the household.

Figure A21. Number of Bedrooms in Respondents' Residences (n=449)



- Included in calculations but not presented in this figure are 23 individuals (5.1%) who selected *Not applicable, I don't live in an apartment, house, or trailer* and 3 individuals (0.7%) who selected *5+ bedrooms*.

Figure A22. Length of Time at Current Residence (n=450)



- Included in calculations but not presented in this figure are 22 individuals (4.9%) who selected *Not applicable, I'm homeless*.

Figure A23. Nights Spent Homeless or Without a Place to Sleep in Last Year (n=382)

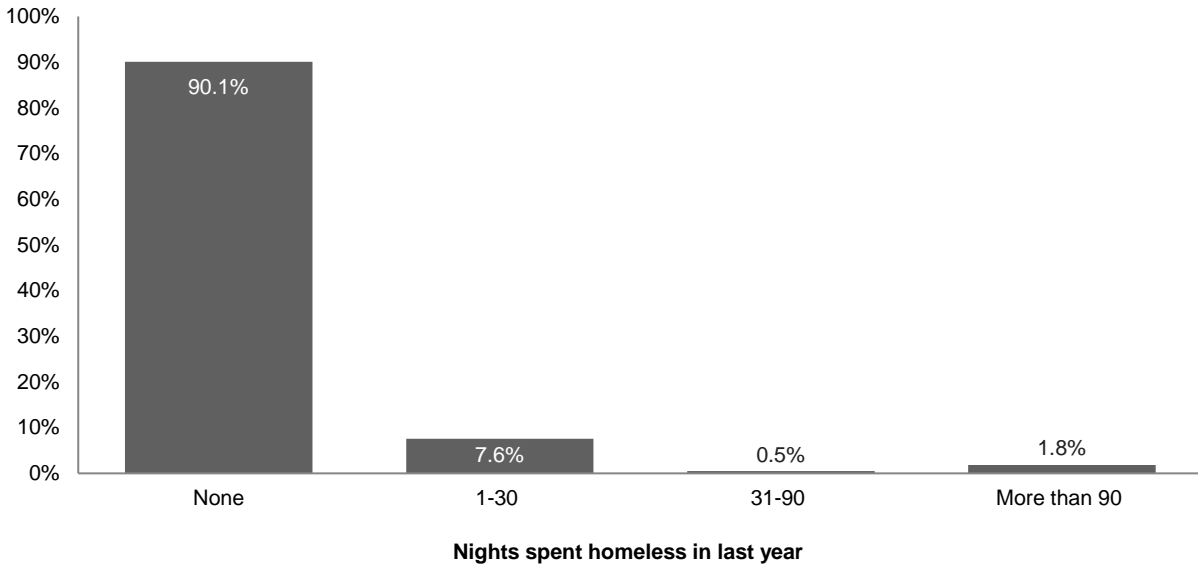


Figure A24. Had Trouble Obtaining Housing in the Last 6 months (n=403)

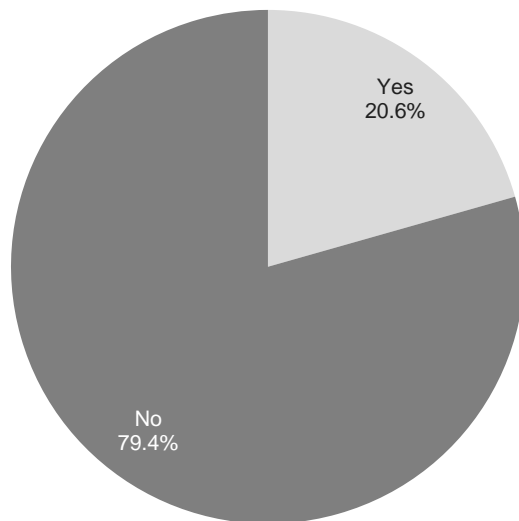
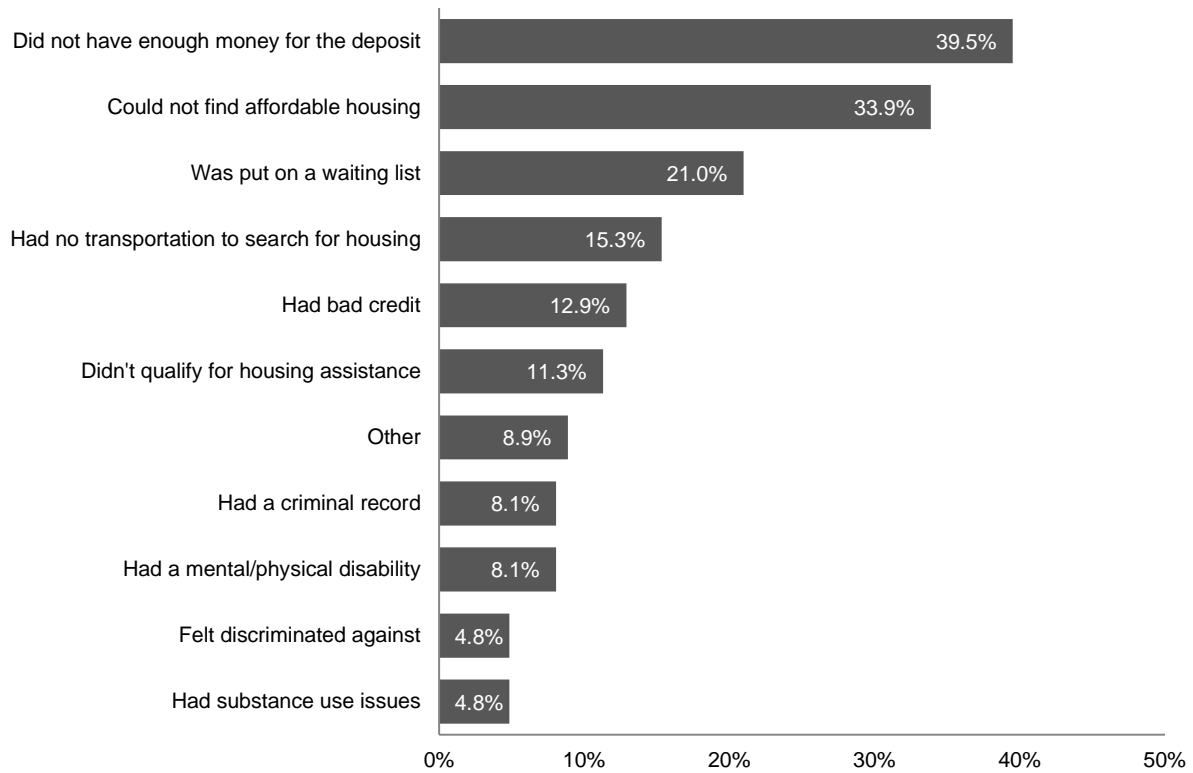
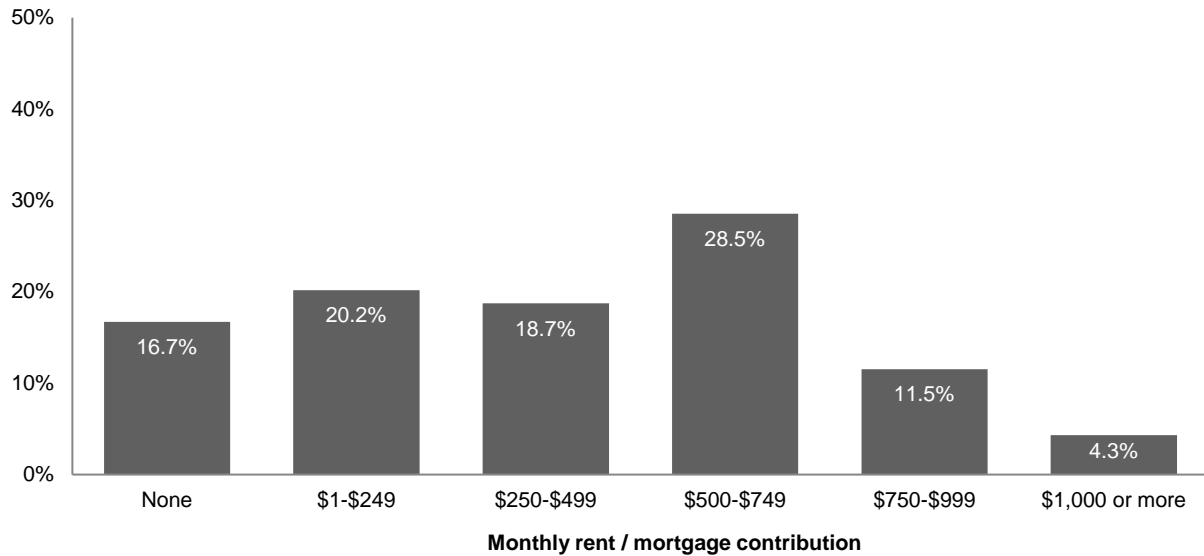


Figure A25. Barriers to Obtaining Housing (n=124)



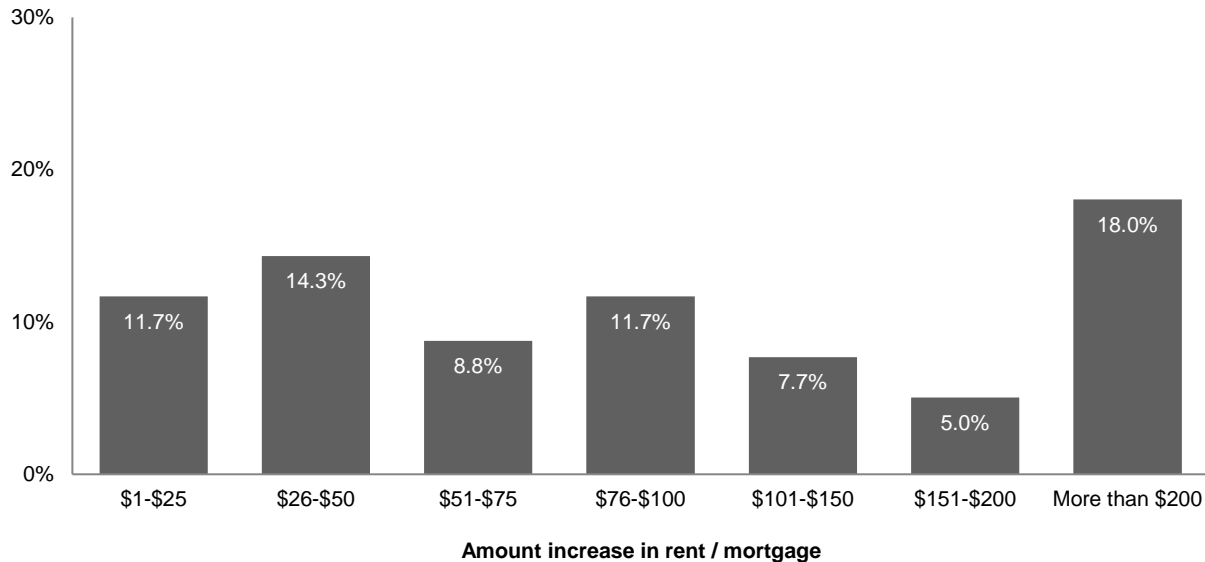
- Included in calculations but not presented in this figure are 36 individuals (29.0%) who selected *I did not have any problems*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 124 individuals who responded to this question, 50 (40.3%) reported experiencing two or more barriers to obtaining housing.
- Excluded from calculations are 10 individuals who indicated they had not experienced any barriers to finding housing as well as at least one barrier.

Figure A26. Rent/Mortgage Contribution Paid Out-of-Pocket (n=347)



- Of the 347 individuals who reported that they do contribute to their rent/mortgage, 312 responded to a question about utilities. Out of these 312 individuals, out-of-pocket rent/mortgage payments included *water* (37.8%), *garbage* (27.6%), *electric* (33.7%), *gas* (19.9%), or *no utilities* (51.6%). An additional 80 individuals responded to a question about utilities, but did not identify their out-of-pocket rent/mortgage contribution. Out of these 80 individuals, out-of-pocket rent/mortgage payments included *water* (40.0%), *garbage* (35.0%), *electric* (48.8%), *gas* (30.0%), or *no utilities* (40.0%).
- Included in calculations and presented in this figure is one outlier reported by a respondent in the *\$1,000 or more* category. The reported monthly contribution for this respondent is \$10,000.

Figure A27. Increase per Month in Rent/Mortgage That Would Cause Respondents to Move (n=377)



- Included in calculations but not presented in this figure are 86 individuals (22.8%) who selected *none*.

Figure A28. Had to Move Due to Inability to Afford Home (n=448)

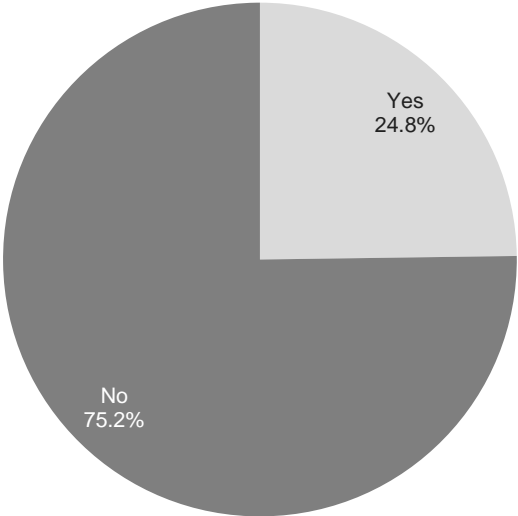


Figure A29. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past Year (n=448)

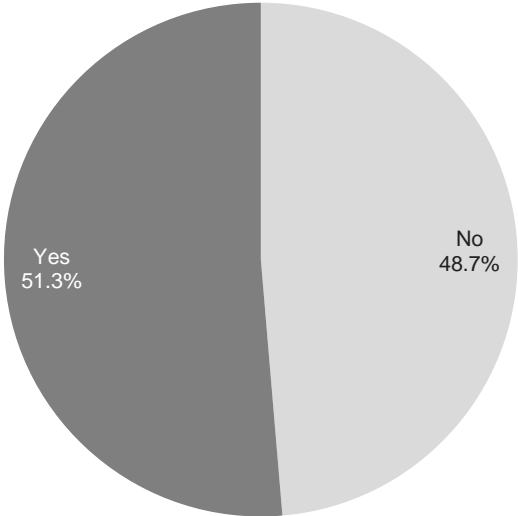
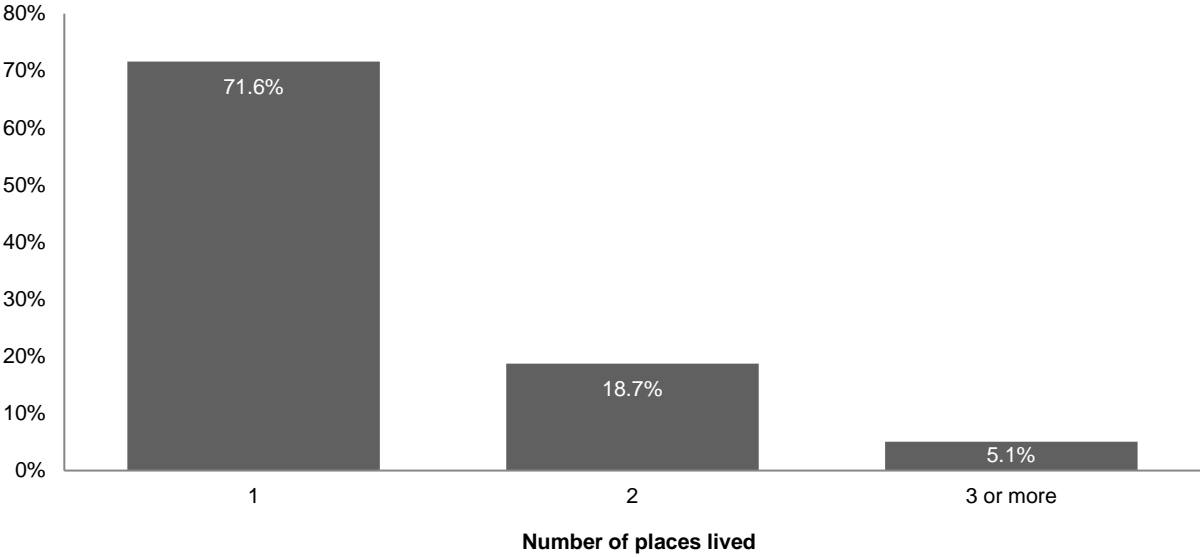


Figure A30. Number of Places Lived in Past Six Months (n=433)

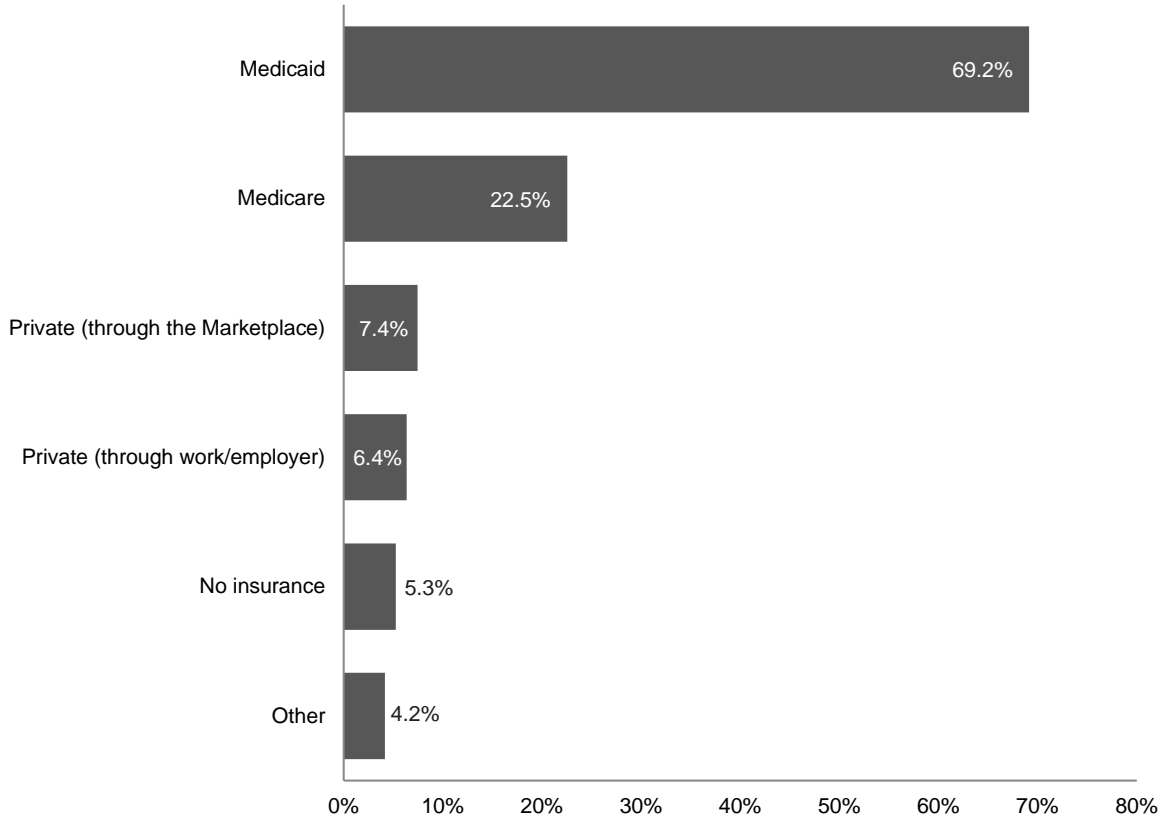


- Included in calculations but not presented in this figure are 20 individuals (4.6%) who provided a response of zero places of residence in the past six months.

B. Medical Care

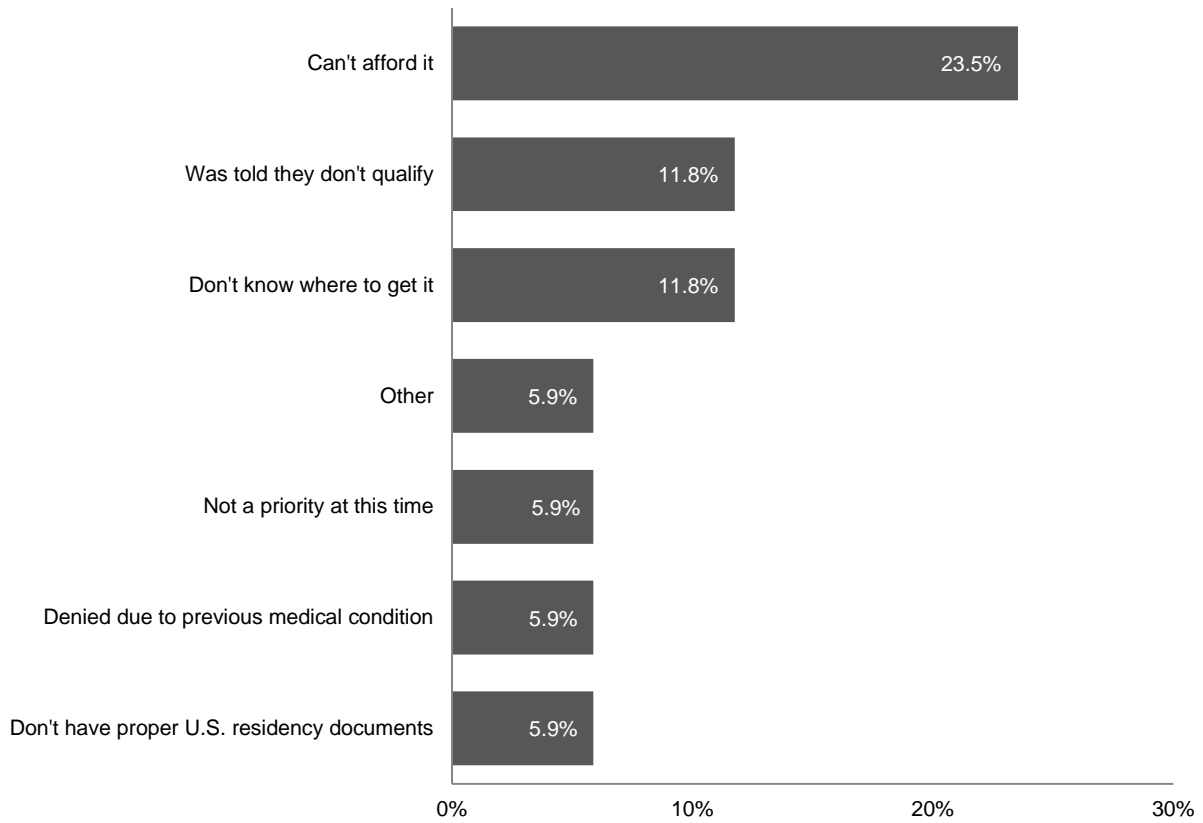
Health Insurance and Medical Coverage

Figure B1. Sources of Health Insurance for HIV/AIDS Medical Care (n=457)



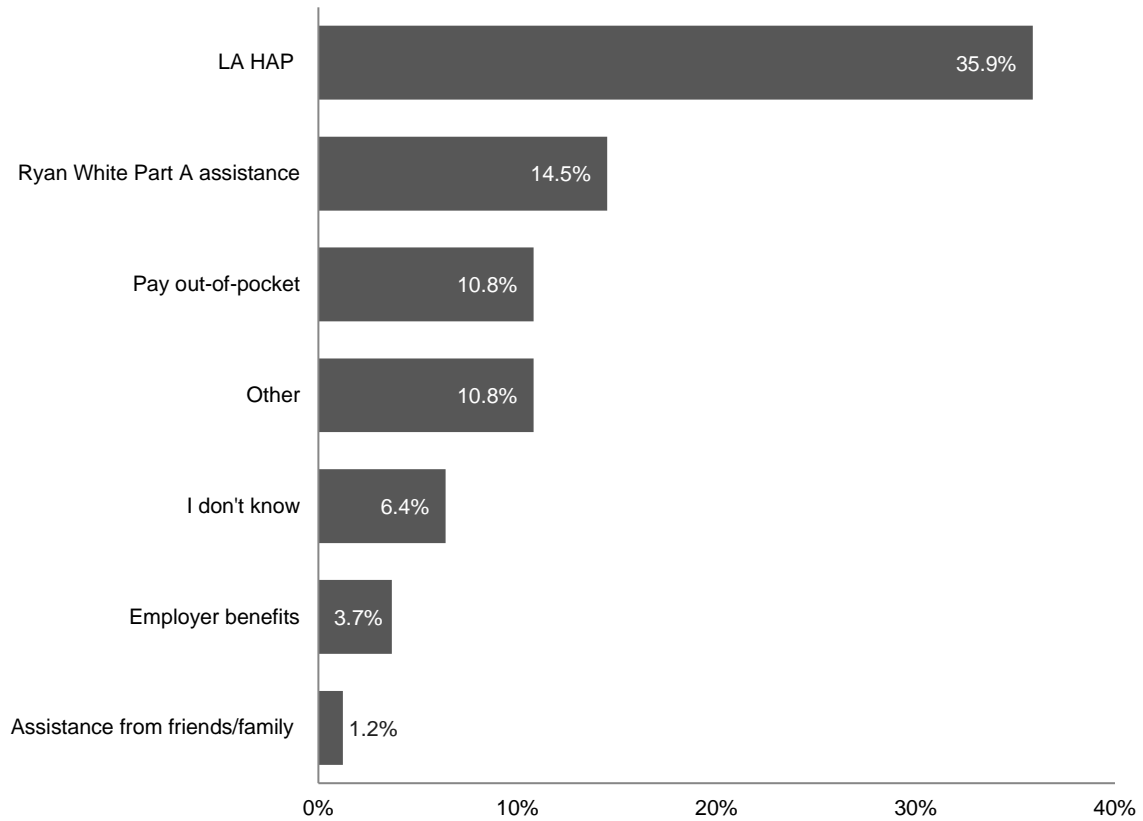
- Included in calculations but not presented in this figure are four individuals (0.9%) who selected *private insurance through parent or spouse* and one individual (0.2%) who selected *Veteran's Administration (VA)*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 457 individuals who responded to this question, 70 (15.3%) reported having two or more sources of health insurance for their HIV/AIDS medical care.
- No individuals selected *COBRA (continuation of insurance paid through your last employer)*.
- Excluded from calculations is one respondent who indicated having no insurance as well as at least one source of health insurance.

Figure B2. Barriers to Obtaining Health Insurance Coverage (n=17)



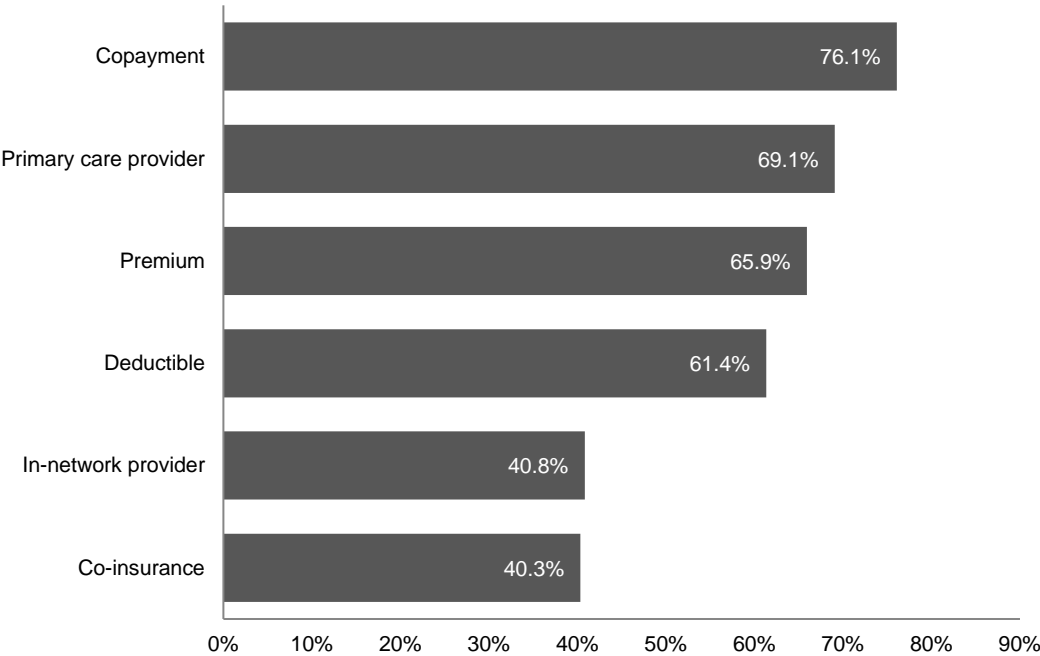
- Included in calculations but not presented in this figure are nine individuals (52.9%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 17 individuals who responded to this question, 2 (11.8%) reported two or more barriers.
- No individuals selected *don't have computer or internet access, it's confusing/don't understand, or couldn't pay premium on time*.
- The sample for this figure is limited to individuals who responded that they do not have health insurance coverage. Excluded from calculations are three respondents who indicated having health insurance coverage as well as at least one barrier to obtaining health insurance coverage.

Figure B3. Method of Payment for Monthly Insurance Premium (n=407)



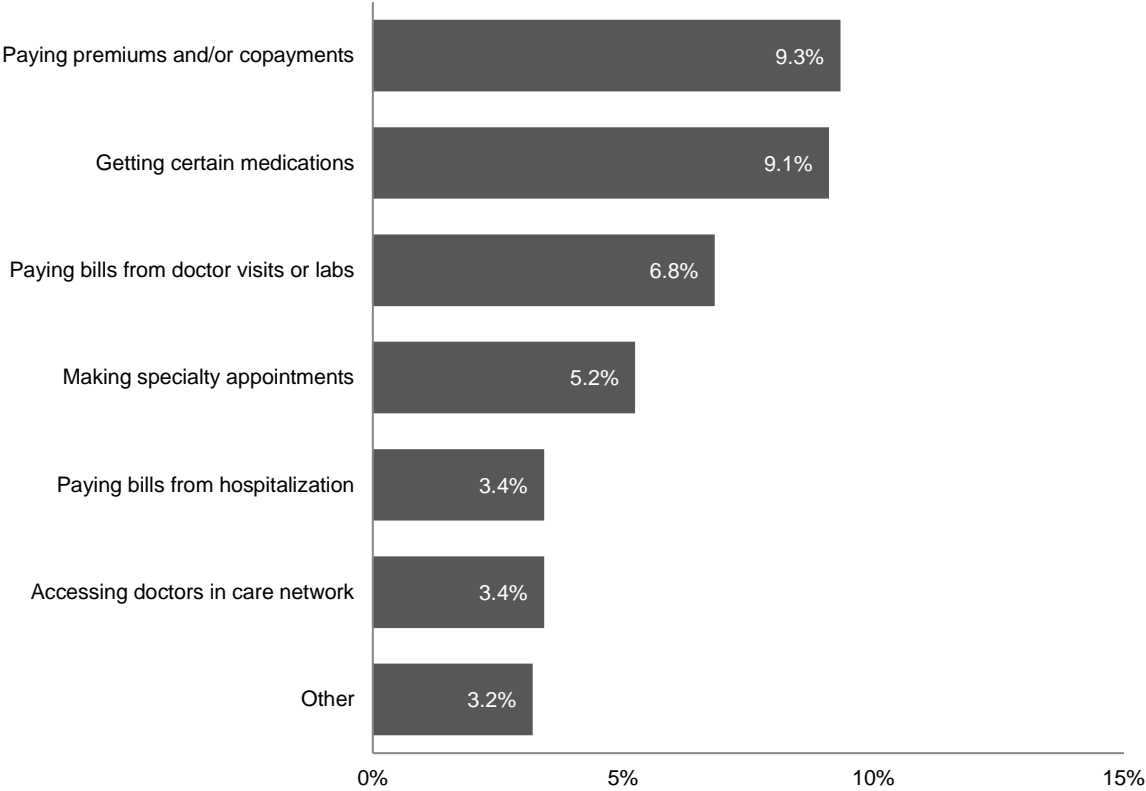
- Abbreviation: LA HAP = Louisiana Health Access Program
- Included in calculations but not presented in this figure are 2 individuals (0.5%) who selected *tax subsidies* and 103 individuals (25.3%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 407 individuals who responded to this question, 34 (8.4%) reported two or more methods of payment for premiums.
- The sample for this figure is limited to individuals who responded that they have health insurance coverage. Excluded from calculations are four respondents who selected at least one method of payment as well as no health insurance coverage.

Figure B4. Percent of Respondents Who Report Understanding Common Insurance Terms (n=414)



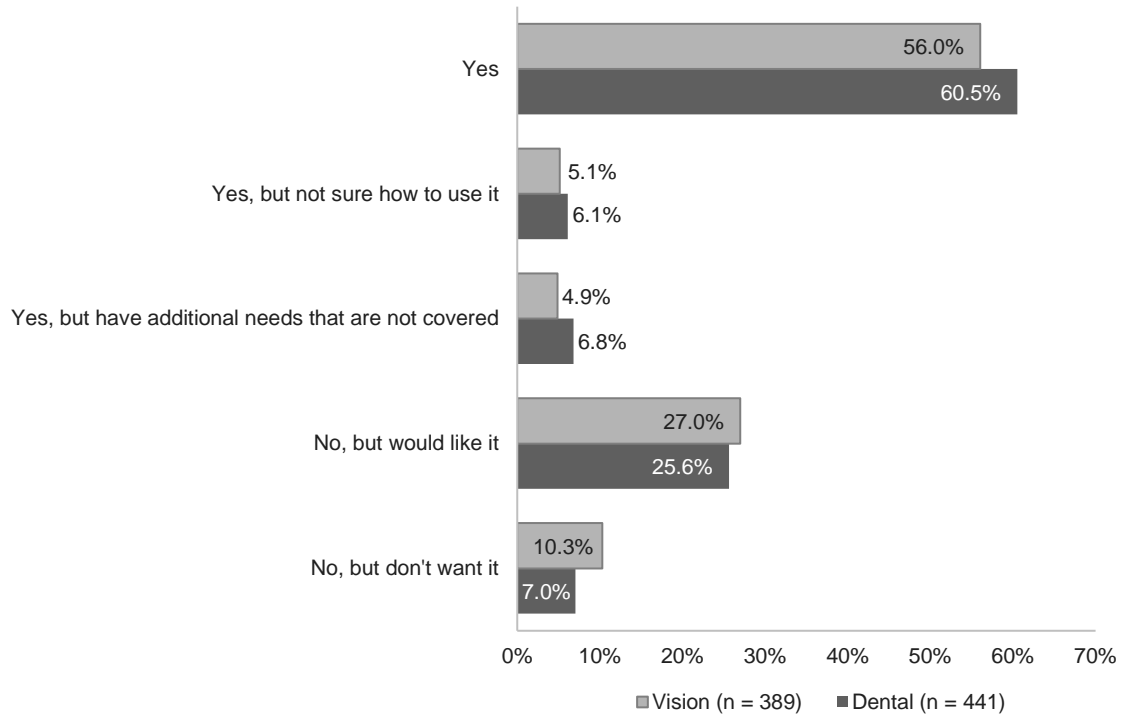
- Included in calculations but not presented in this figure are 34 individuals (8.2%) who selected *none of these*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 414 individuals who responded to this question, 309 (74.6%) reported knowledge of two or more terms.
- Excluded from calculations are 16 respondents who indicated no knowledge of terms listed as well as knowledge of at least one term listed.

Figure B5. Problems Encountered with Health Insurance (n=439)



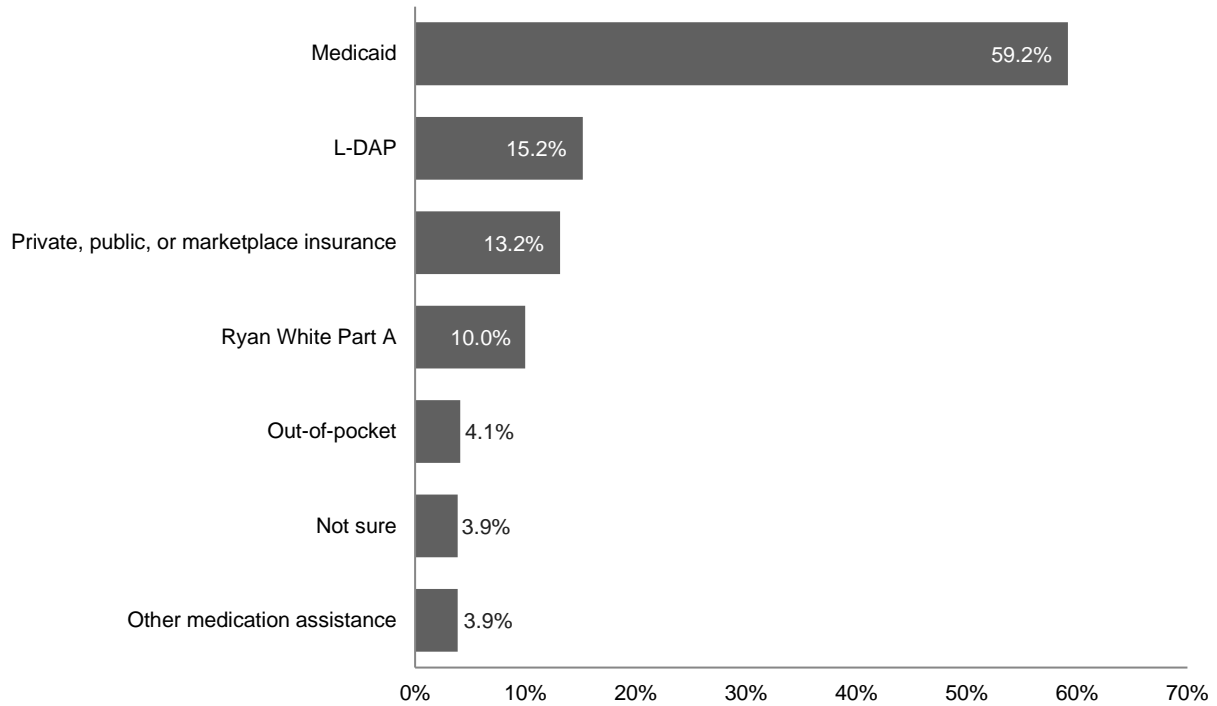
- Included in calculations but not presented in this figure are 328 individuals (74.7%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 439 individuals who responded to this question, 41 (9.3%) reported two or more problems.
- Excluded from calculations are two respondents who selected *not applicable* as well as at least one problem.

Figure B6. Dental and Vision Insurance Coverage Needs Met



- Respondents were instructed to select only one response option on the questionnaire. However, since the responses are not mutually exclusive we have allowed multiple responses into our calculations.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 389 individuals who responded to the *Vision* category, 13 (3.3%) selected two or more responses. Out of the 441 individuals who responded to the *Dental* category, 25 (5.7%) selected two or more responses.
- Excluded from calculations are individuals who selected at least one *yes* and at least one *no* response option (seven and nine individuals for *Dental* and *Vision* categories, respectively).

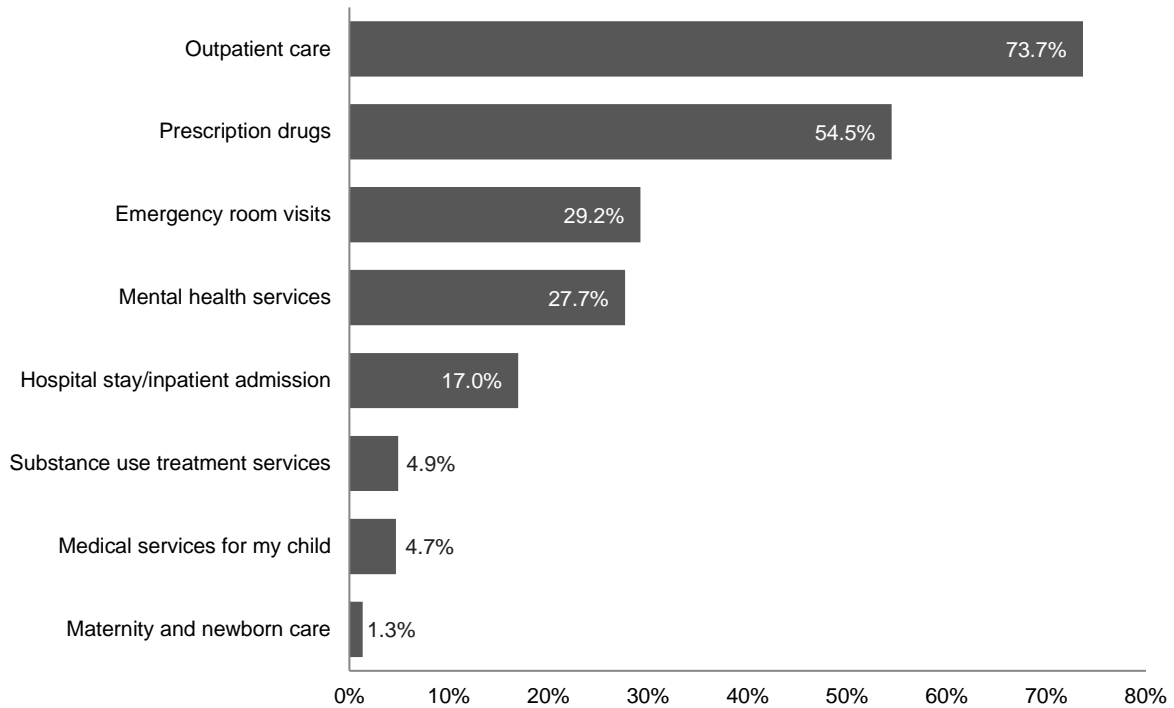
Figure B7. Method of Payment for Medications (n=441)



- Abbreviation: L-DAP = Louisiana Drug Assistance Program
- Included in calculations but not presented in this figure are 3 individuals (0.7%) who selected *other* and 17 individuals (3.9%) who selected *not applicable*.
- Respondents were instructed to select only one response option on the questionnaire. However, since the responses are not mutually exclusive we have allowed multiple responses into our calculations.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of 441 individuals who responded to this question, 53 (12.0%) reported two or more methods of payment.
- Excluded from calculations is one individual who selected *not applicable* as well as at least one method of payment.

Medical Services

Figure B8. Medical Services Needed in Last Year (n=448)



- Included in calculations but not presented in this figure are 45 individuals (10.0%) who selected *I did not need any of these services*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 448 individuals who responded to this question, 268 (59.8%) reported a need for two or more services.
- Excluded from calculations are two individuals who selected *I did not need any of these services* as well as at least one medical service.

C. Health and Health Behaviors

Overall Health

Figure C1. Self-Reported Overall Health Status (n=466)

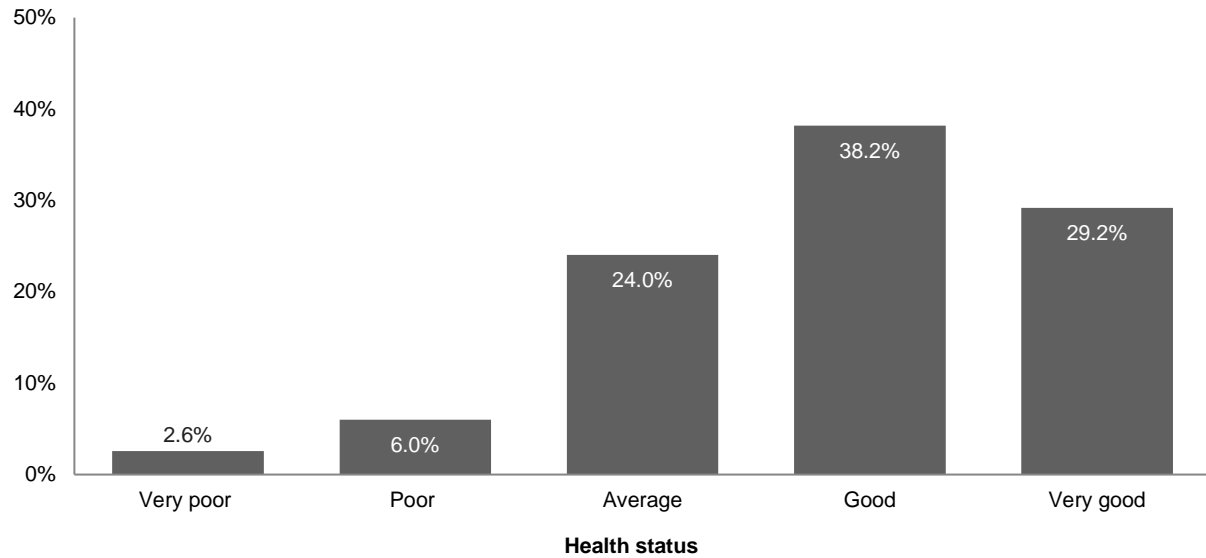


Figure C2. Current Viral Load (n=455)

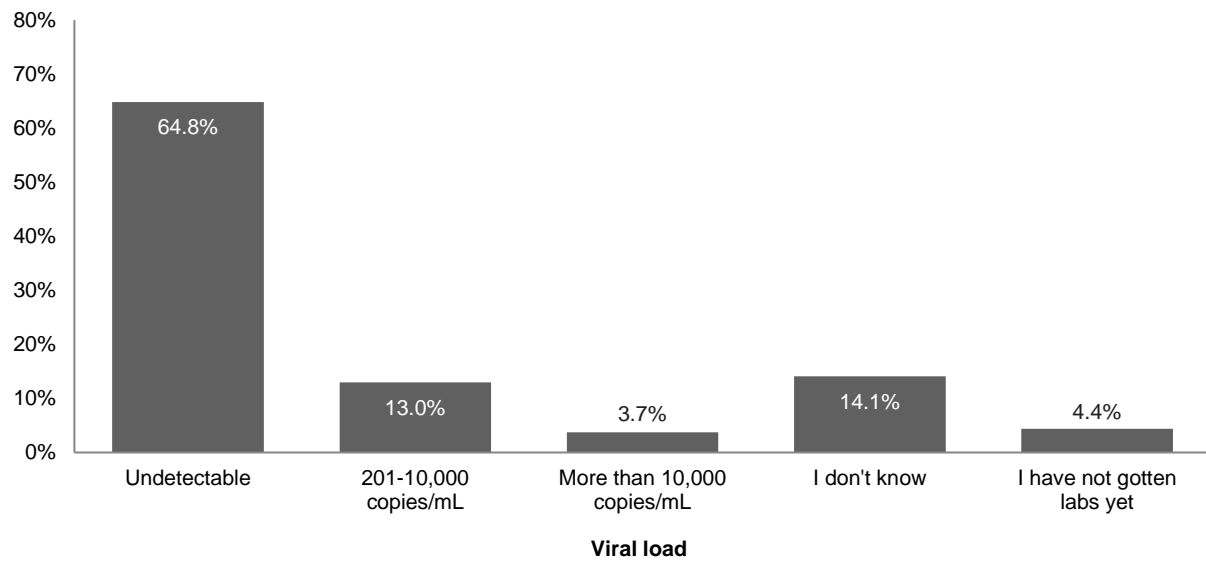
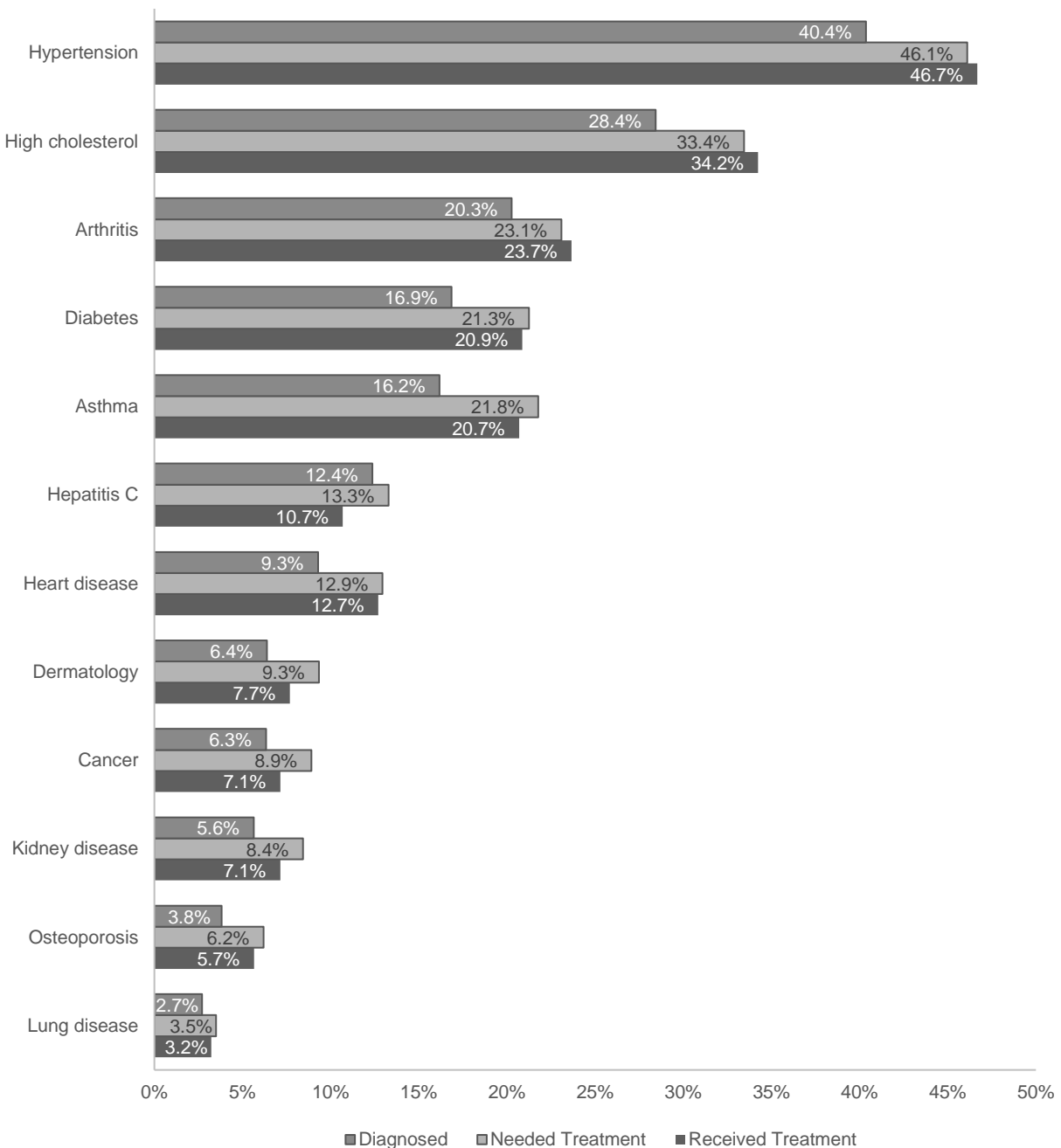
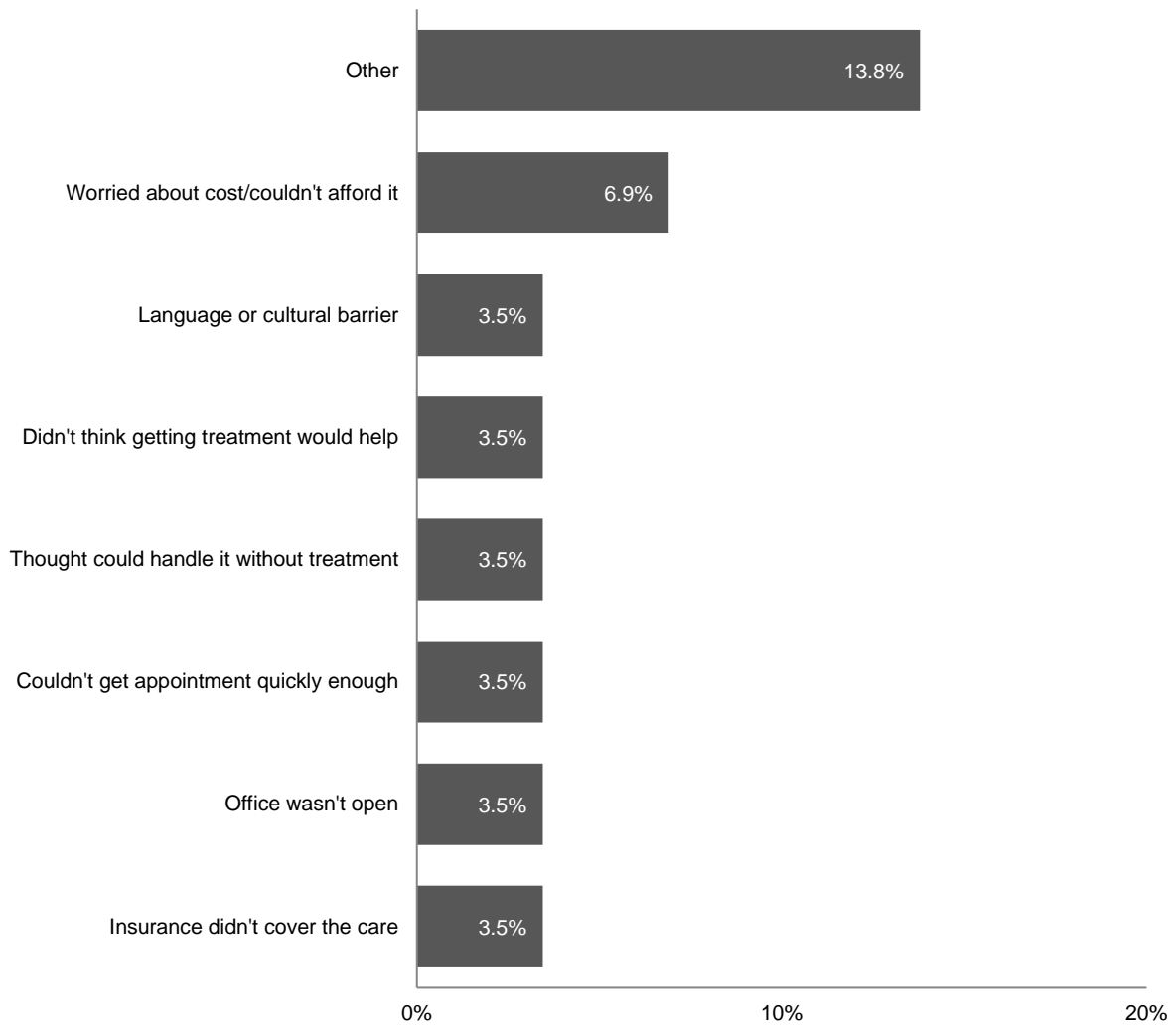


Figure C3. Medical Diagnoses and Treatment



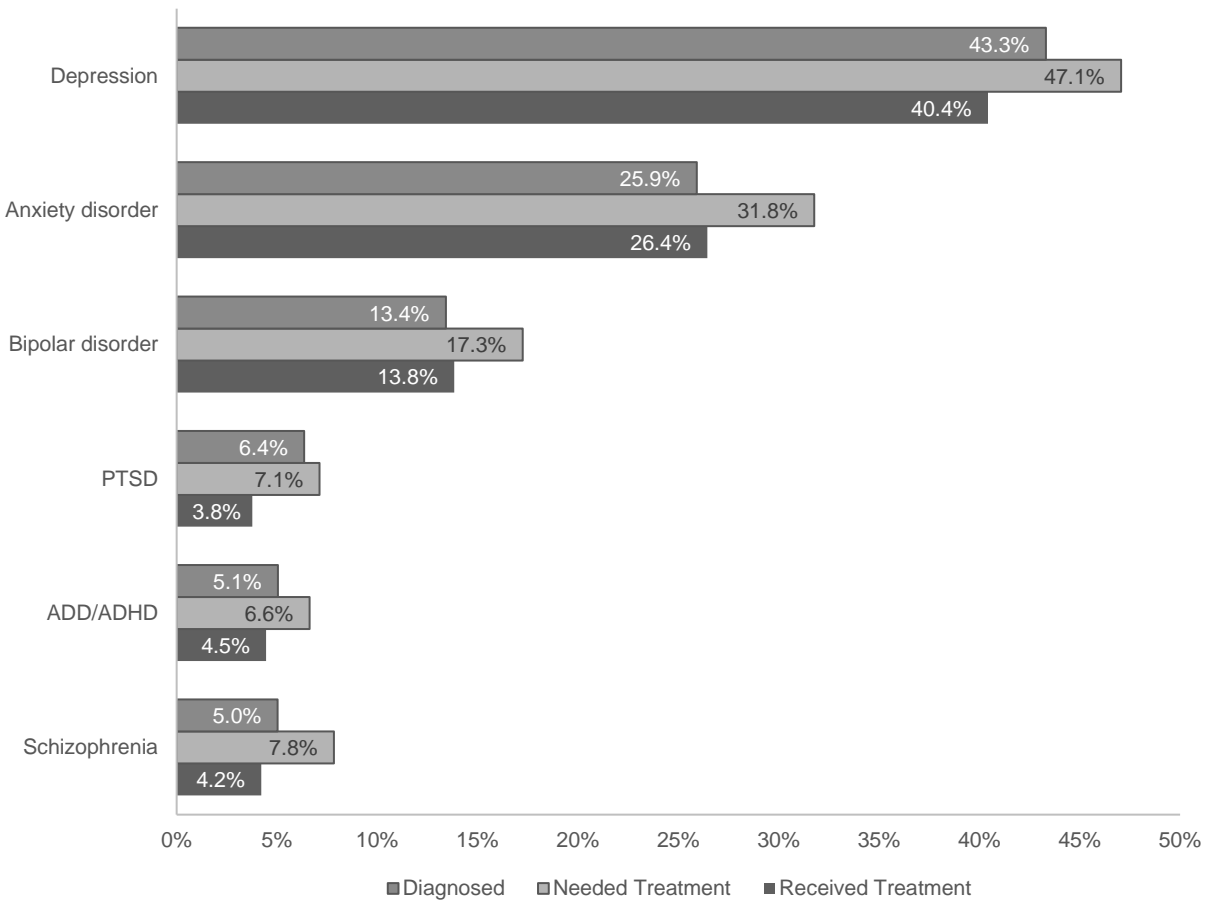
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- The following are the sample sizes for *diagnosed*, *needed treatment*, and *received treatment*, respectively, by condition: *Hypertension* (441, 321, 315), *High cholesterol* (443, 302, 295), *Arthritis* (439, 286, 279), *Diabetes* (439, 287, 278), *Asthma* (439, 271, 261), *Cancer* (442, 258, 252), *Hepatitis C* (445, 271, 262), *Dermatology* (438, 257, 247), *Heart disease* (442, 263, 252), *Kidney disease* (443, 261, 252), *Osteoporosis* (445, 258, 248), and *Lung disease* (443, 257, 248).
- Included in calculations but not presented in this figure are 19 individuals (4.1%) who indicated that they had none of the listed medical diagnoses. In addition, 19 individuals indicated that they were diagnosed with some other medical condition, 17 individuals indicated that they needed treatment for some other medical condition, and 19 individuals indicated that they received treatment for some other medical condition.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. One hundred ninety-five respondents reported two or more medical diagnoses.

Figure C4. Reasons Didn't Receive Needed Medical Care (n=29)



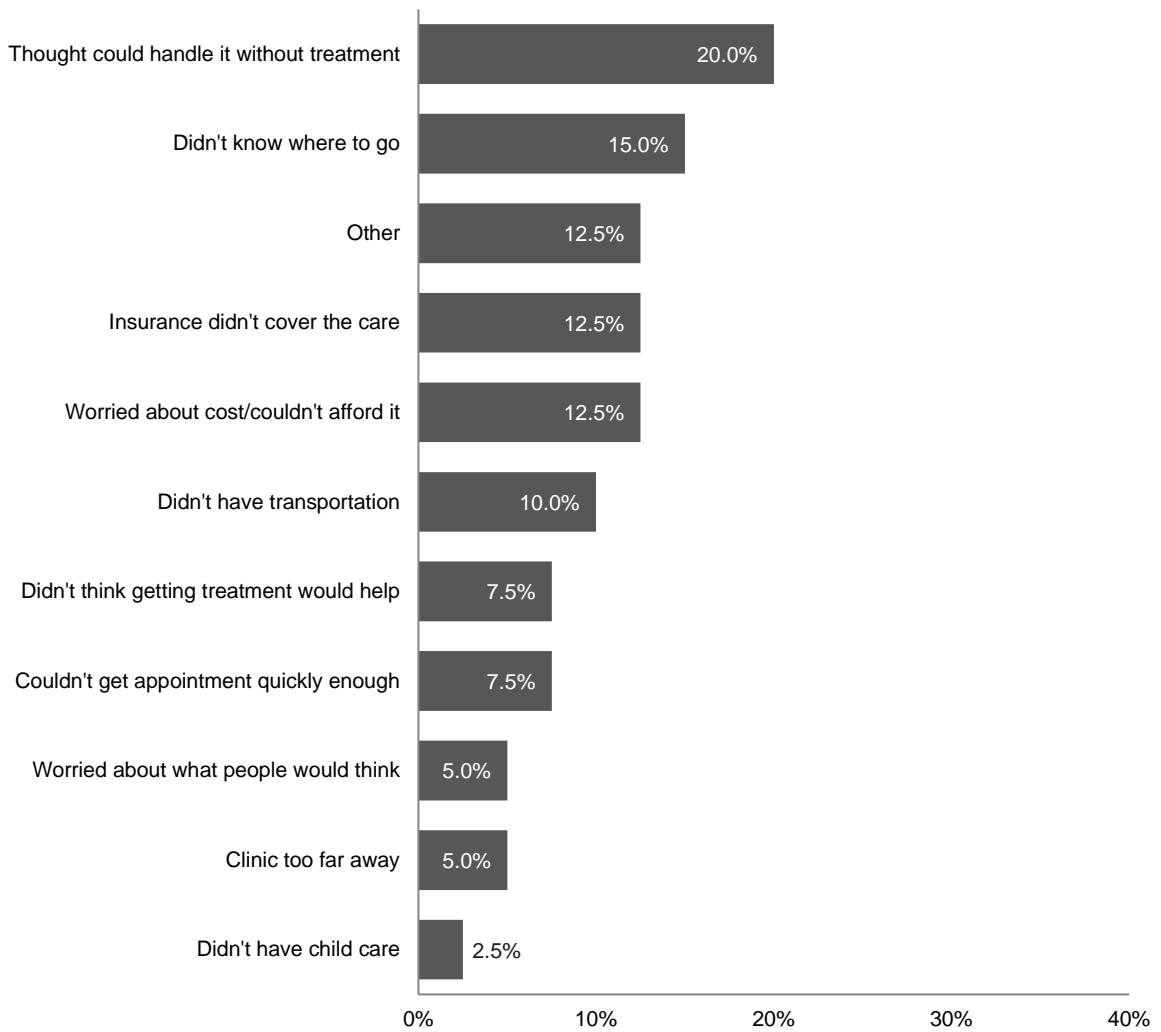
- Included in calculations but not presented in this figure are 19 individuals (65.5%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 29 individuals who responded to this question, 2 (6.9%) selected two or more reasons.
- No individuals selected *didn't know where to go*, *didn't have transportation*, *clinic is too far away*, *didn't have child care*, or *worried about what people would think*.
- Excluded from calculations is one individual who selected *not applicable* as well as at least one reason.

Figure C5. Mental Health Diagnoses and Treatment



- Abbreviations: PTSD = Post-Traumatic Stress Disorder, ADD/ADHD= Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder.
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- The following are the sample sizes for *diagnosed*, *needed treatment*, and *received treatment*, respectively, by condition: *Depression* (441, 340, 329), *Anxiety disorder* (440, 299, 295), *Bipolar disorder* (440, 284, 282), *PTSD* (441, 267, 265), *ADD/ADHD* (436, 272, 269), and *Schizophrenia* (437, 268, 261).
- Included in calculations but not presented in this figure are 23 individuals (4.9%) who indicated that they had none of the listed mental health diagnoses. In addition, three individuals indicated that they were diagnosed with some other mental health condition, of which two needed treatment and one received treatment.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. One hundred twenty-nine respondents reported two or more mental health diagnoses.

Figure C6. Reasons Didn't Receive Needed Mental Health Care (n=40)



- Included in calculations but not presented in this figure are 14 individuals (35.0%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 40 individuals who responded to this question, 8 (20.0%) selected two or more reasons.
- No individuals selected *office wasn't open when I could get there or language or cultural barrier*.

Figure C7. Self-Reported Depressive Symptoms Over the Last Two Weeks

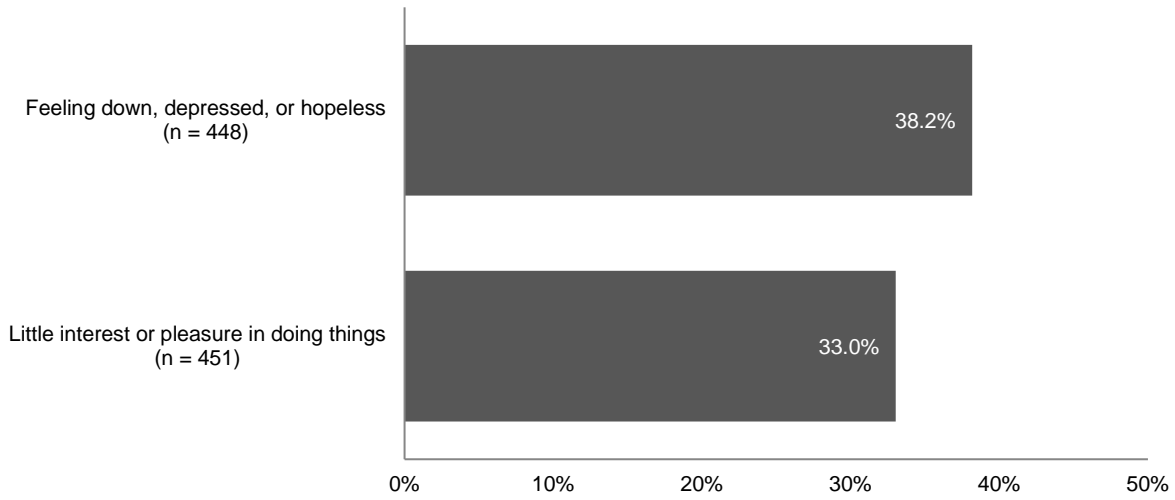
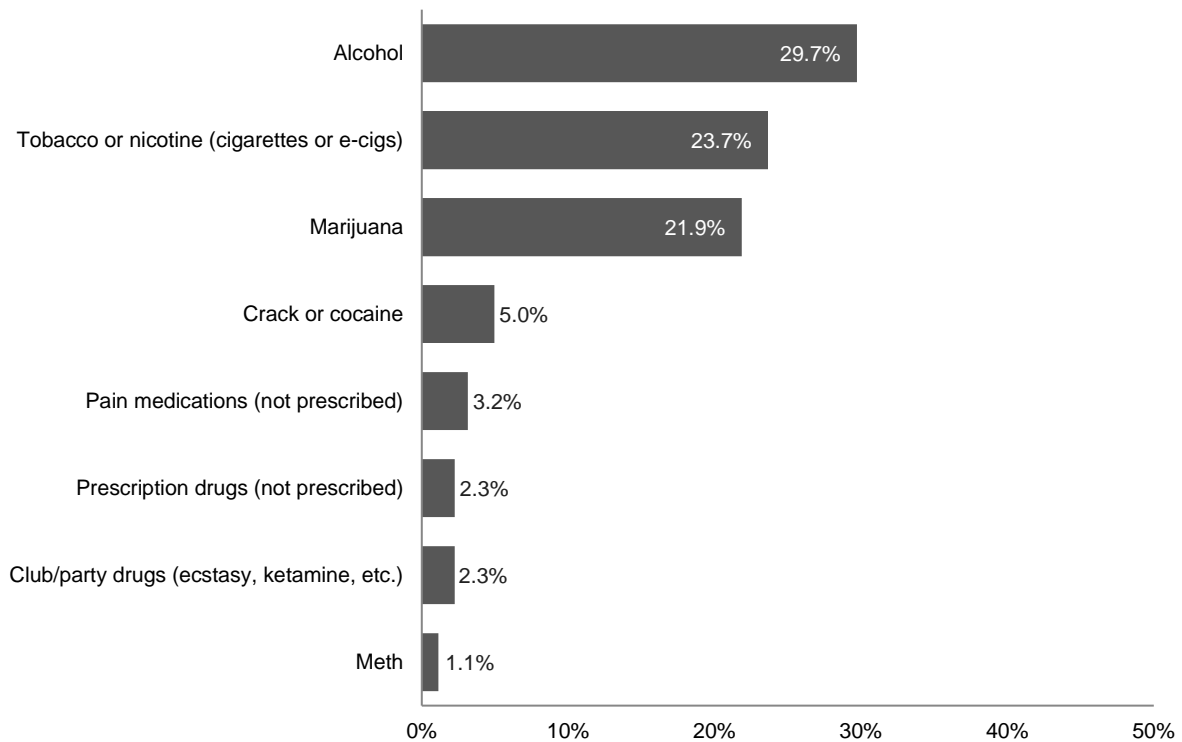


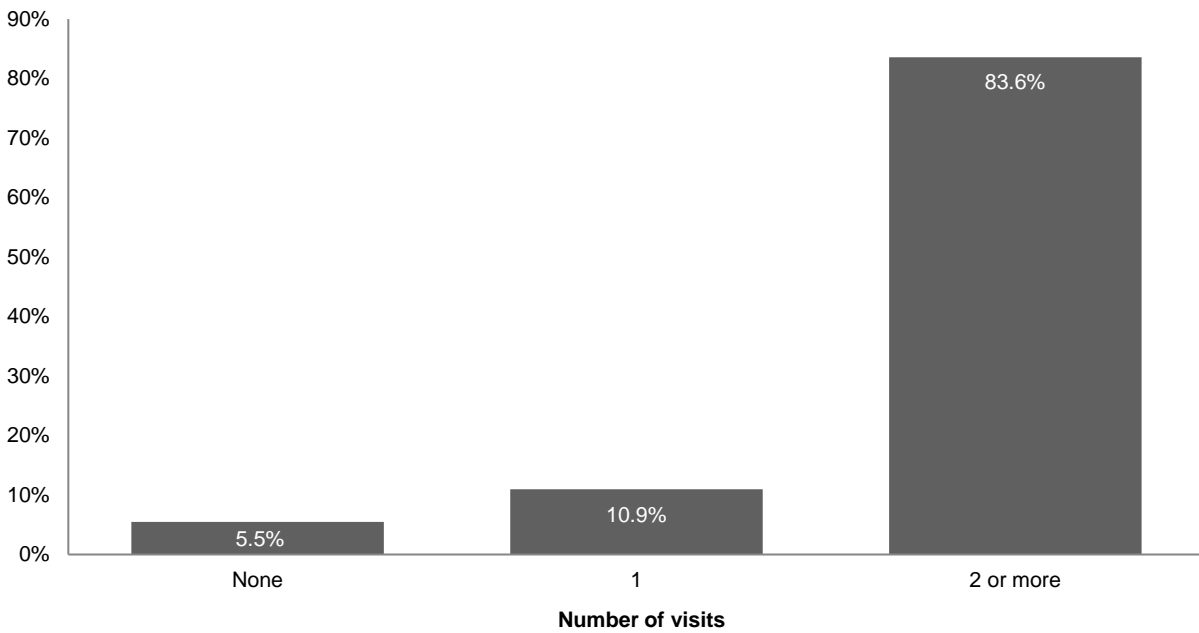
Figure C8. Self-Reported Substance Use in the Past 12 Months (n=444)



- Included in calculations but not presented in this figure are 214 individuals (48.2%) who selected *none*, 2 individuals (0.5%) who selected *inhalants, hallucinogens, etc.*, 1 individual (0.2%) who selected *heroin*, and 1 individual (0.2%) who selected *other*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 444 individuals who responded to this question, 108 (24.3%) reported using two or more substances.
- Excluded from calculations is one individual who reported using at least one of the listed substances as well none of the listed substances.

Health Seeking Behavior

Figure C9. HIV-Specific Primary Medical Care Visits in Past Year (n=457)



- Excluded from calculations are six individuals who selected *Not applicable, I don't have an HIV care provider.*

Figure C10. Discussed HIV-Related Medical Care with Medical Professional in the Last Year (n=464)

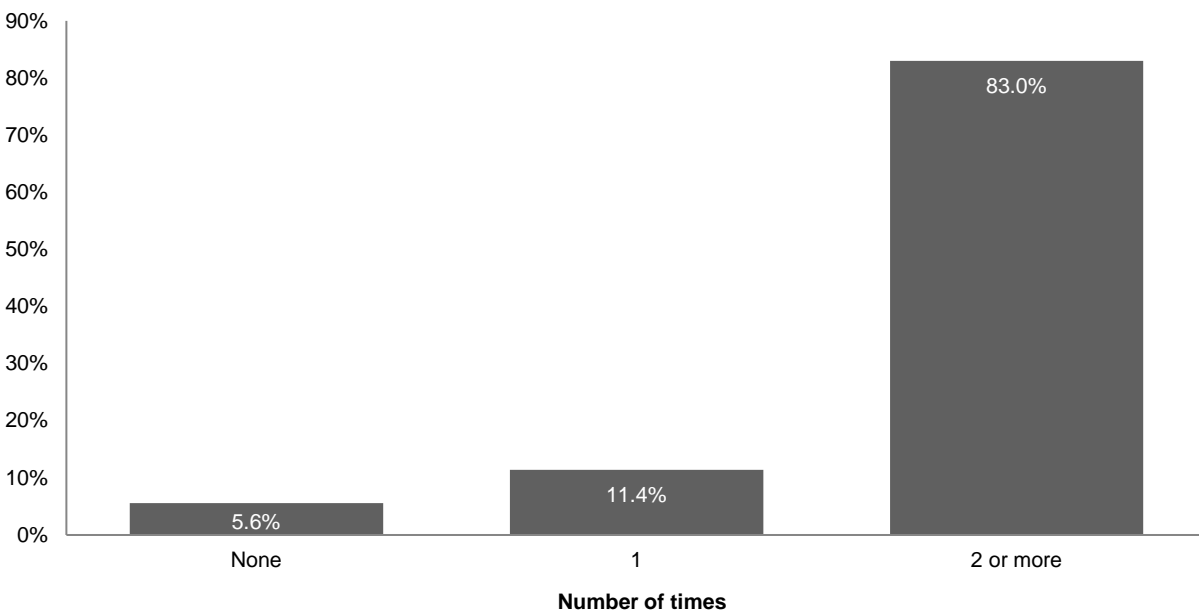
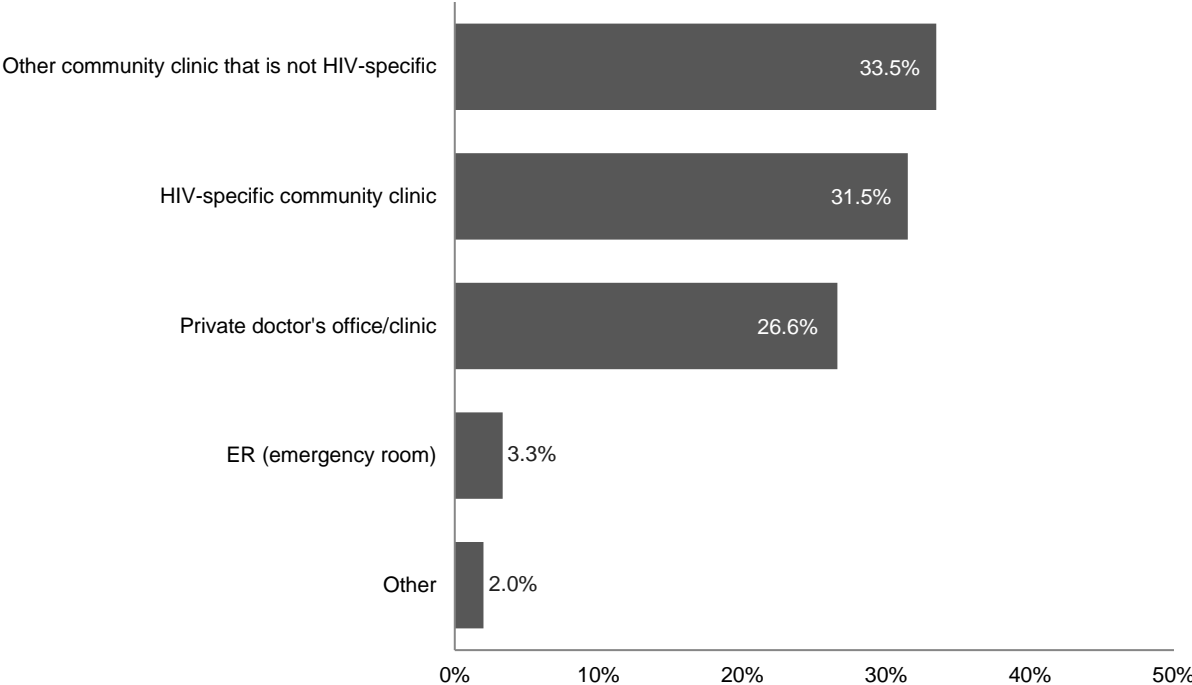
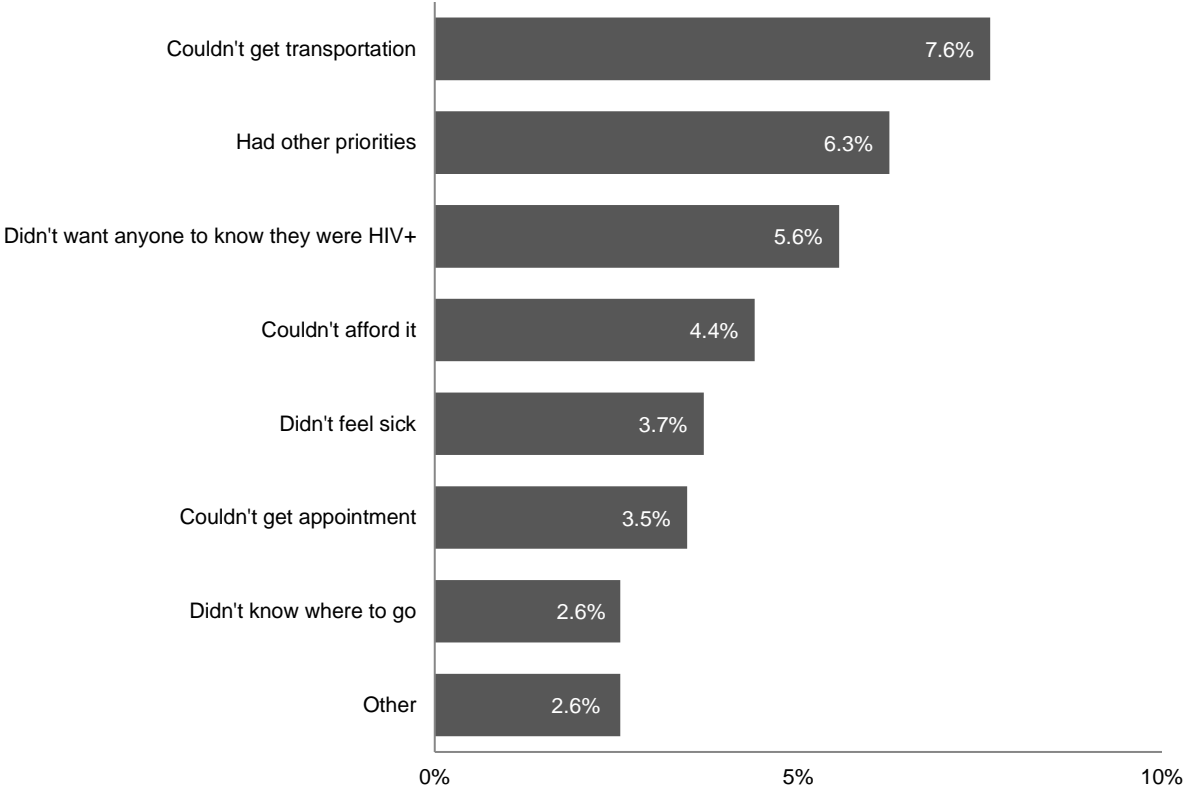


Figure C11. Places Where Respondent Regularly Receives HIV-Related Medical Care (n=451)



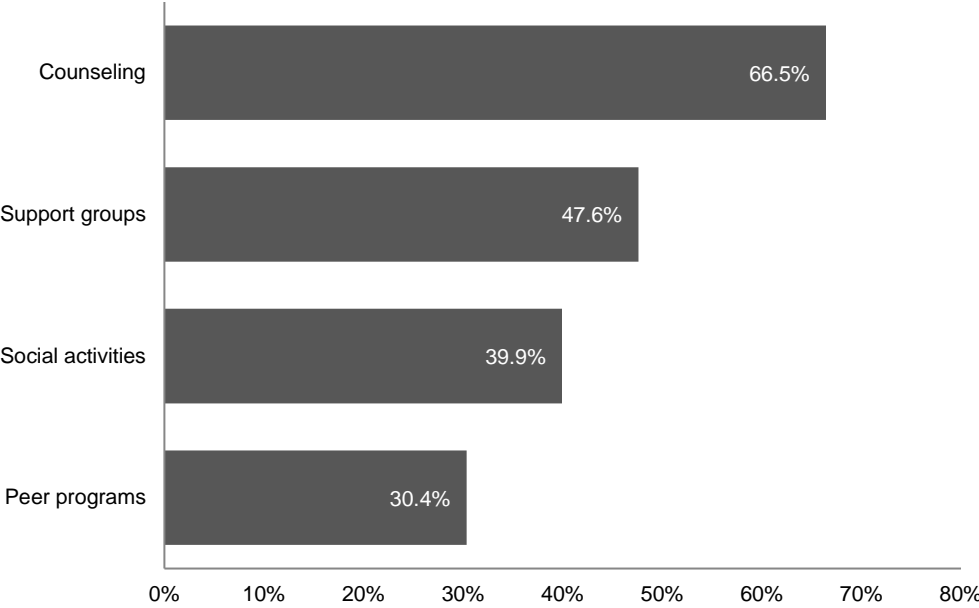
- Included in calculations but not presented in this figure are 10 individuals (2.2%) who selected *not applicable* and 4 individuals (0.9%) who selected *VA hospital/clinic*.

Figure C12. Barriers to Receiving Needed Medical Care (n=432)



- Included in calculations but not presented in this figure are 321 individuals (74.3%) who selected *not applicable*, 3 individuals (0.7%) who selected *couldn't get child care*, and 2 individuals (0.5%) who selected *language or cultural barrier*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 432 individuals who responded to this question, 28 (6.5%) selected two or more barriers.
- Excluded from calculations are three individuals who selected *not applicable* and at least one barrier.

Figure C13. Interest in Psychosocial Support (n=313)



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 313 individuals who responded to this question, 130 (41.5%) expressed interest in two or more types of support.

HIV Medication and Medical Adherence

Figure C14. Currently Taking HIV Medications Prescribed by a Doctor (n=439)

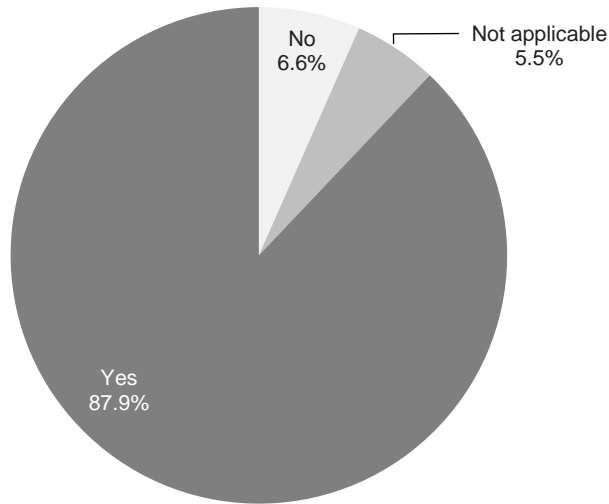
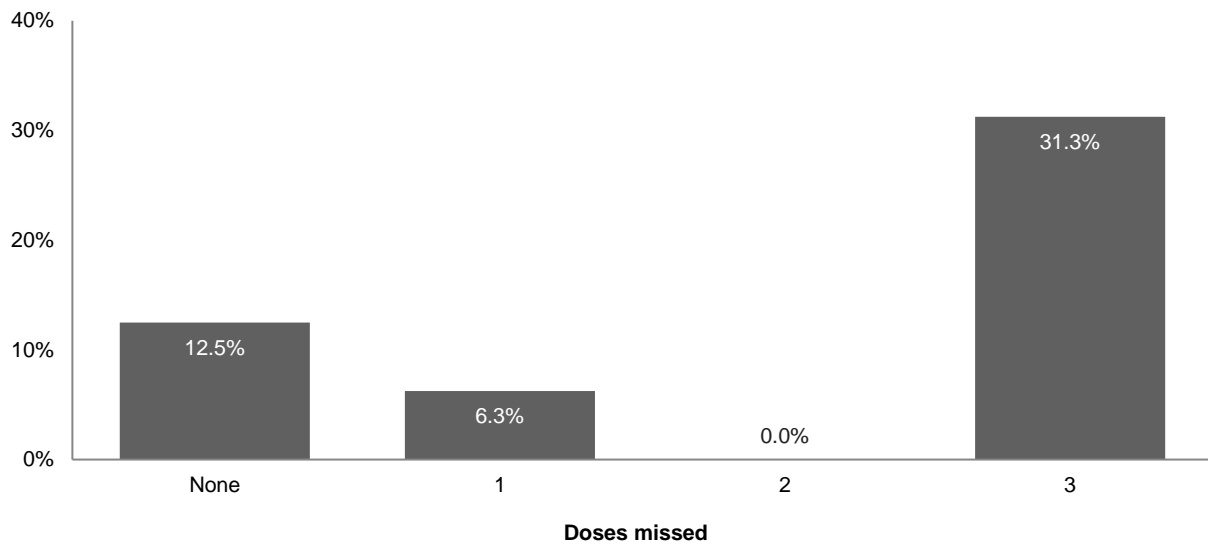
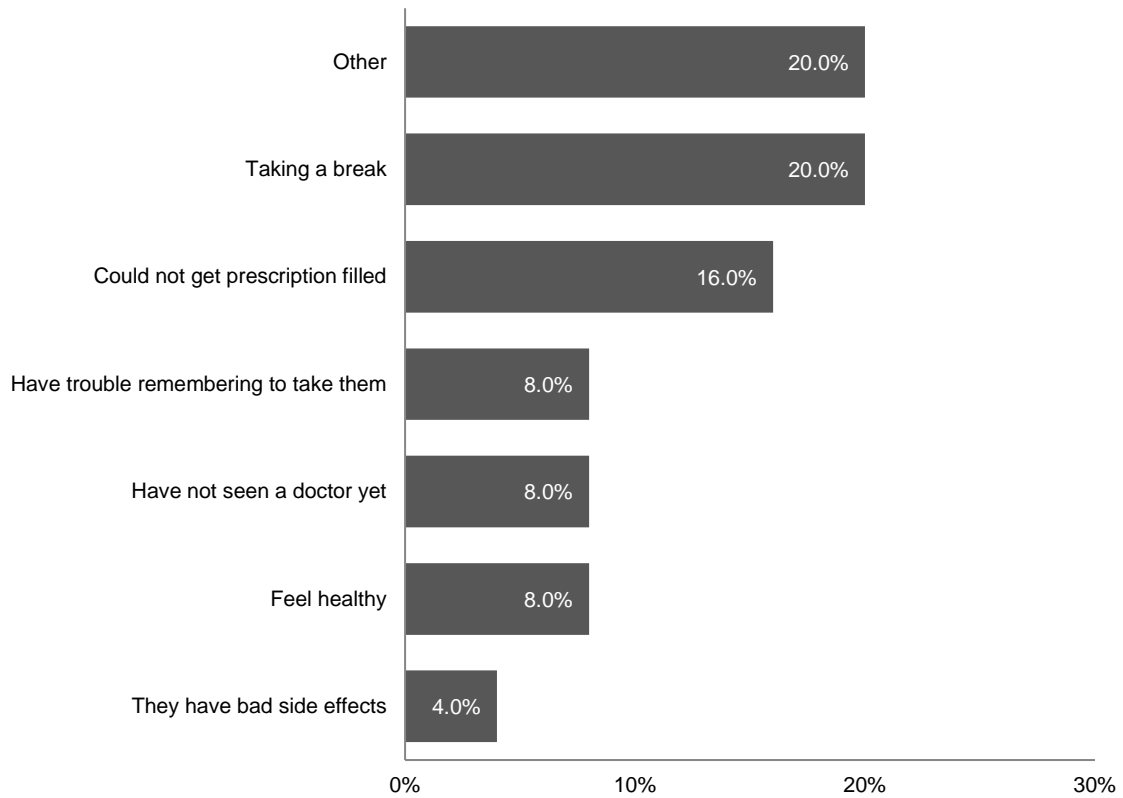


Figure C15. Number of Doses Missed in Last Three Days (n=16)



- Included in calculations but not presented in this figure are eight individuals (50.0%) who selected *don't know* and were subsequently asked to estimate the percentage of doses missed in the last three days. Two individuals reported 0-25% of doses missed, one individual reported 26-50% of doses missed, one individual reported 51-75% of doses missed, and one individual reported 76-100% of doses missed.

Figure C16. Reasons for Not Taking HIV/AIDS Medication (n=25)



- Included in calculations but not presented in this figure are eight individuals (32.0%) who selected *N/A: I have not been prescribed any medications*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 25 individuals who responded to this question, 3 (12.0%) selected two or more reasons.
- No respondents selected *can't afford them*.
- Excluded from calculations are two individuals who selected a reason for not taking medications as well as *I haven't been prescribed any medication*.
- Of the five individuals who selected the response option *other*, two individuals specified that they were not taking their medications because they were currently using an illegal substance.

D. Need and Use of Services

Figure D1. Need and Receipt of Core Medical Services

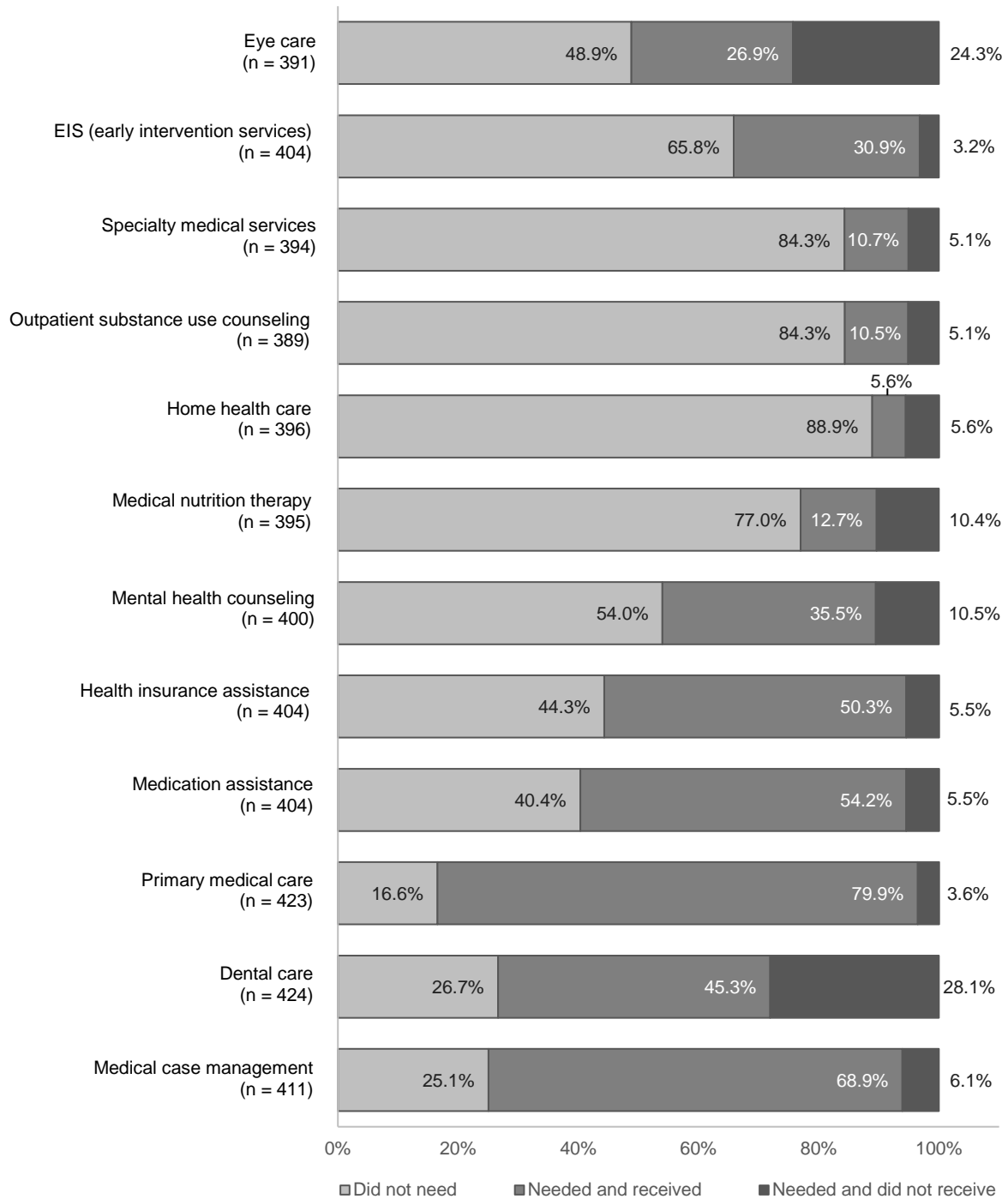


Figure D2. Need and Receipt of Support Services

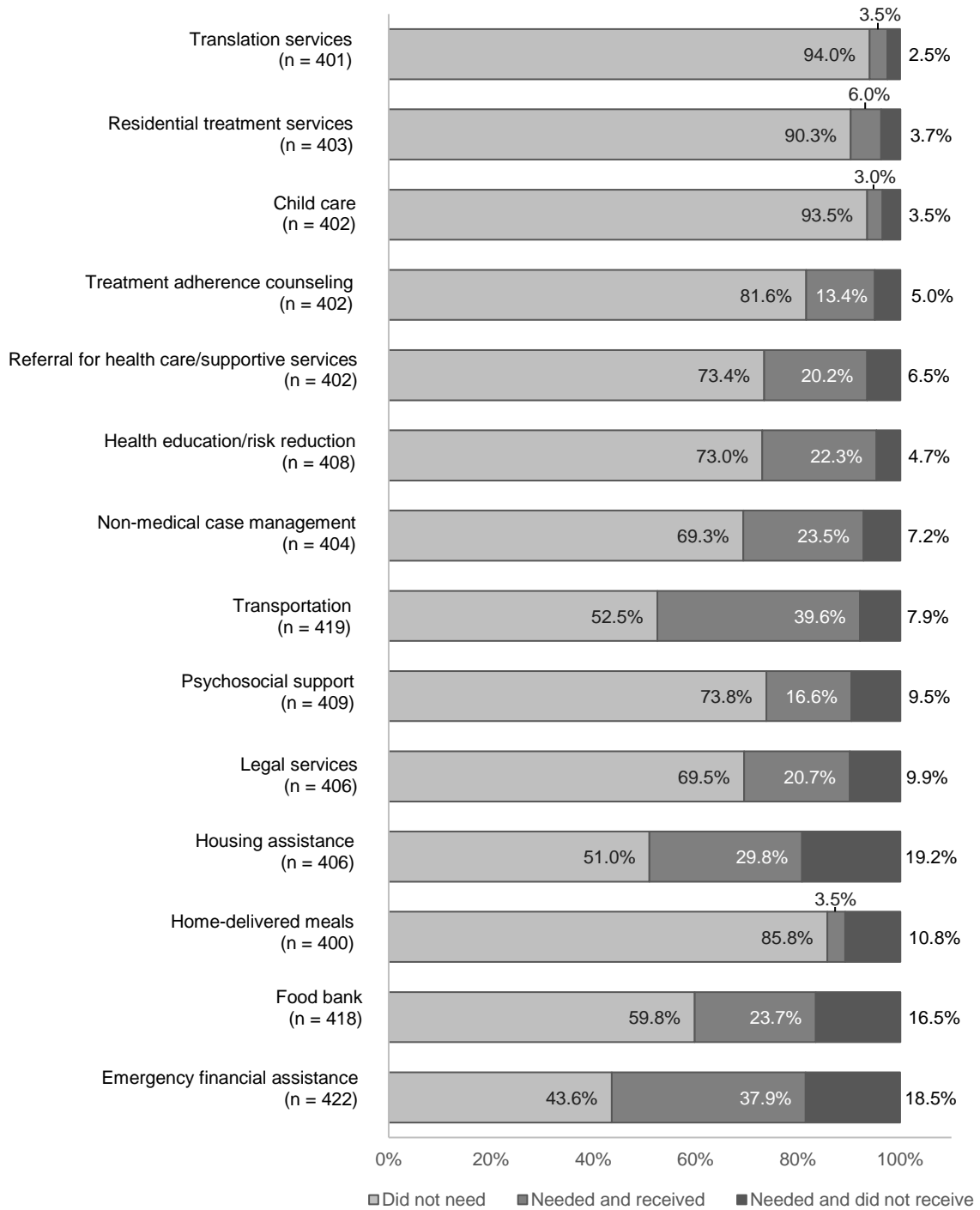
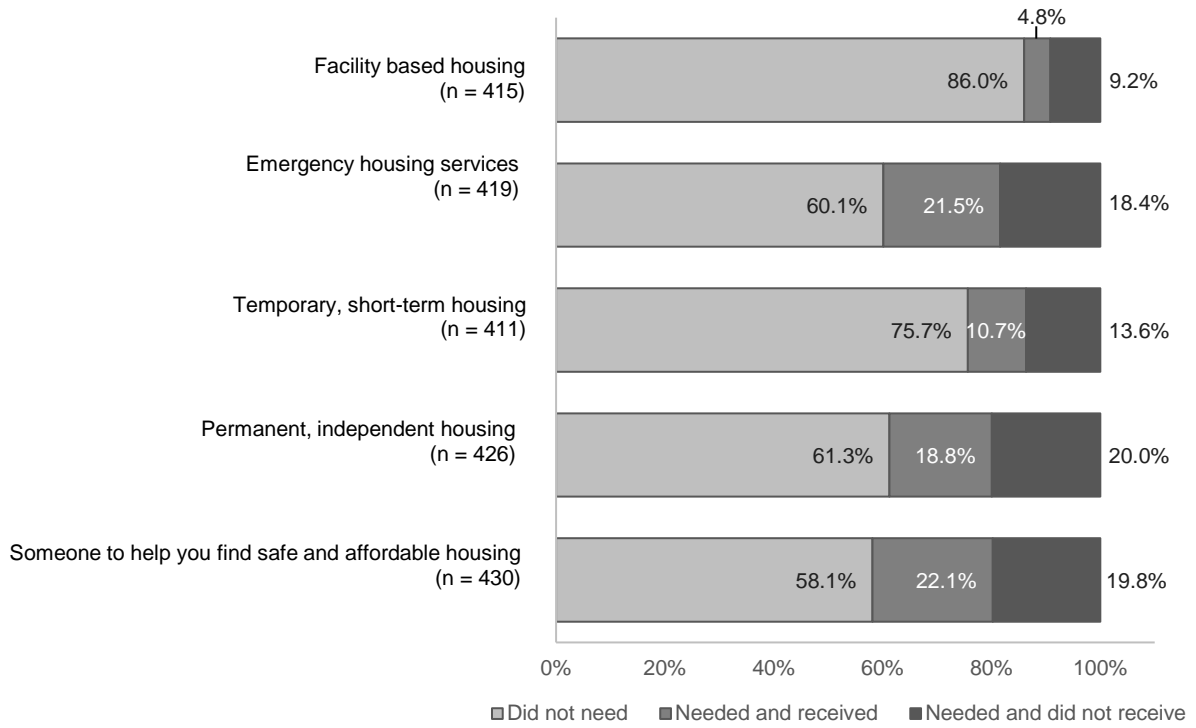


Figure D3. Need and Receipt of Housing Services



Appendix A. Ranked Needs and Gaps

Table A.1. Services Ranked by Need

Ranking	Service	Total responses (<i>n</i>)	Number who needed service	Percent who needed service
1	Primary medical care	423	353	83%
2	Medical case management	411	308	75%
3	Dental care	424	311	73%
4	Medication assistance	404	241	60%
5	Emergency financial assistance	422	238	56%
6	Health insurance assistance	404	225	56%
7	Eye care	391	200	51%
8	Housing assistance	406	199	49%
9	Transportation	419	199	47%
10	Mental health counseling or therapy	400	184	46%
11	Help finding safe and affordable housing	430	180	42%
12	Food bank	418	168	40%
13	Emergency housing services	419	167	40%
14	Permanent, independent housing	426	165	39%
15	Early intervention services (EIS)	404	138	34%
16	Non-medical case management	404	124	31%
17	Legal services	406	124	31%
18	Health education/risk reduction	408	110	27%
19	Referral for health care/support services	402	107	27%
20	Psychosocial support	409	107	26%
21	Temporary, short-term housing	411	100	24%
22	Medical nutrition therapy	395	91	23%
23	Treatment adherence counseling	402	74	18%
24	Specialty medical services	394	62	16%
25	Substance use counseling or therapy (outpatient)	389	61	16%
26	Facility-based housing	415	58	14%
27	Home delivered meals	400	57	14%
28	Home health care	396	44	11%
29	Residential treatment services	403	39	10%
30	Child care	402	26	6%
31	Translation services	401	24	6%

- This table presents core medical, supportive, and housing services ranked by need in the last six months.
- *Total responses (n)* represents the number of respondents who answered each question about service needs. Those who responded *needed and received* or *needed but did not receive* are included in the *Number who needed service* column.

Table A.2. Services Ranked by Gap

Ranking	Service	Total responses (n)	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
1	Dental care	424	119	28%
2	Eye care	391	95	24%
3	Help finding safe and affordable housing	430	85	20%
4	Permanent, independent housing	426	85	20%
5	Housing assistance	406	78	19%
6	Emergency financial assistance	422	78	18%
7	Emergency housing services	419	77	18%
8	Food bank	418	69	17%
9	Temporary, short-term housing	411	56	14%
10	Mental health counseling or therapy	400	42	11%
11	Home delivered meals	400	43	11%
12	Medical nutrition therapy	395	41	10%
13	Legal services	406	40	10%
14	Psychosocial support	409	39	10%
15	Facility-based housing	415	38	9%
16	Transportation	419	33	8%
17	Non-medical case management	404	29	7%
18	Medical case management	411	25	6%
19	Home health care	396	22	6%
20	Referral for health care/support services	402	26	6%
21	Medication assistance	404	22	5%
22	Health insurance assistance	404	22	5%
23	Substance use counseling or therapy (outpatient)	389	20	5%
24	Specialty medical services	394	20	5%
25	Health education/risk reduction	408	19	5%
26	Treatment adherence counseling	402	20	5%
27	Primary medical care	423	15	4%
28	Residential treatment services	403	15	4%
29	Early intervention services (EIS)	404	13	3%
30	Child care	402	14	3%
31	Translation services	401	10	2%

- This table presents core medical, supportive, and housing services ranked by gaps experienced in the last six months.
- *Total responses (n)* represents the number of respondents who answered each question about service needs. Included in the table are those who responded to the question about whether they *needed, received, or needed but did not receive*. The second and third column represent individuals who responded *needed but did not receive*.
- Because there is variation in *n*, the percentages do not accurately reflect how gaps in services compare (i.e., the percentages do not capture which services have the largest gaps). Therefore, gaps are ranked by frequency of gaps, or the number of respondents reporting they needed a service but did not receive it.

Appendix B. Methods

To collect data for the *2017 Needs Assessment*, a convenience sample survey on the current care service needs of PLWH was conducted with clients of HIV/AIDS services in BR TGA. The survey was conducted at agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire. Clients were eligible to take the survey over a five-week period, from June 5 to July 15, 2017. Survey administration was managed by the *Baton Rouge Ryan White Program* (Ryan White). As incentives for their participation, clients who participated in the survey were offered a raffle ticket for a chance to win one of five Walmart gift cards. Peer advocates promoted the *2017 Needs Assessment* at their local agencies and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets. This section describes the instrument, sample, and procedures used in this needs assessment.

Instrument

The *2017 Needs Assessment Survey* was created as an adaptation from the *2015 Needs Assessment Surveys* that were used in NOEMA, BR TGA, and Regions 3-9 in 2015, with feedback from OPH SHP, NORAPC, and the Office of Health Planning and AIDS Funding.

The questionnaire comprises the following six sections: Health Insurance, Medical Care, HIV Medication, Needed Services, Housing, General Information, and Income. The instrument has a total of 49 primary questions within 10 pages. Questions are mostly closed-ended, including multiple-selection, dichotomous, and select-all-that-apply response options. Some questions include an “other” category so that clients can write in a unique response if the available categorical response options are not comprehensive enough. Based on field-testing of the instrument, the questionnaire is expected to take 30 to 45 minutes to complete. The instrument used in the BR TGA *Needs Assessment* can be found in Appendix D.

Sample

Ryan White funding structures were used to organize the administration of the *2017 Needs Assessment Survey*. OPH specified a convenience sampling method in the initial Request for Proposal. In BR TGA, OPH determined that the desired sample size would be 400 people. BR TGA includes all parishes in Region II (East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, and Iberville), one parish from Region III (Ascension), and two parishes from Region IX (Livingston and St. Helena). These parishes are highlighted in Figure B.1 below.

Figure B.1. Map of Louisiana with Baton Rouge Transitional Grant Area in Gray



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the BR TGA, but rather a subset of that population who were asked and responded to the questionnaire. Any PLWH who walked into any one of the participating agencies and was at least 18 years old during the administration period was eligible to complete the *2017 Needs Assessment Survey*. Ryan White staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

Partners

The BR TGA *2017 Needs Assessment* was conducted with the cooperation of agencies across Baton Rouge. Partner agencies were responsible for distributing questionnaires and raffle tickets to clients and tracking the distribution of raffle tickets. A partner list is provided in Appendix C.

Peer advocates were assigned to work in each partner agency; their role was to manage administration of questionnaires and distribution of raffle tickets, as well as serve as the point of contact during data collection for Ryan White. Peer advocates were employees of each agency who routinely conduct Peer-Based Early Intervention Services. The peer advocates' responsibilities included promoting the *2017 Needs Assessment* at their local agency and in the community, helping consumers complete the survey, collecting all surveys, and distributing and documenting raffle tickets.

Administration

All of the materials necessary to begin collecting data, including questionnaires, raffle tickets, and writing utensils, were provided by Ryan White to partner agencies. Data were collected in BR TGA from June 5 to July 15, 2017. OPH SHP had a target of 400 questionnaires it aimed to administer to clients in the BR TGA region.

During the data collection period, each client who visited a participating agency was offered the chance to take the *2017 Louisiana Needs Assessment* questionnaire. Participation was completely voluntary, and clients could decide whether they wanted to participate in the raffle. Peer advocates asked each client whether they would be willing to take an anonymous survey about the services they need. Each client who agreed to participate was given survey materials, including the paper version of the questionnaire, instructions, a clipboard, and a pen. The instruction sheet explained the purpose of the *2017 Louisiana Needs Assessment*, how long it would take to complete the questionnaire, that participation was completely voluntary, details about the raffle, and a reminder that clients could only complete one questionnaire.

The questionnaire was completed by the client at the designated agencies. Clients were assured that the survey was completely anonymous, that their responses would not be used to identify them, and that the information collected would be used only for planning purposes. For clients requiring assistance with the survey, the peer advocate would read each question and mark the corresponding response.

Once the client completed his/her questionnaire, the peer advocates performed quality checks on a specific set of questions. Clients were then given the opportunity to fill out a raffle ticket for a chance to win one of five Walmart gift cards as a gesture of appreciation for their time and participation. Completed raffle tickets were placed in secure envelopes and mailed to Ryan White weekly. Completed surveys were placed in secure envelopes and mailed to PRG weekly.

Data Entry and Cleaning

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped into stacks by agency. Each questionnaire in a stack was entered into an online *Remark Web Survey* data form that was created by PRG.¹ Once a stack of questionnaires was entered, 10% of the questionnaires from the stack were randomly chosen, and responses on the paper instruments were compared with the corresponding data in the data set. If any

¹ Printing issues impacted visibility of some response options on questions 1, 11, 16a, 20, 33, and 42. Therefore, some respondents may not have been able to read and select from the comprehensive list of response options on these questions.

errors were found in the first 10% data check, a subsequent 10% data check was completed. This process continued until no errors were found in a 10% data check, or all questionnaires in a stack were checked. This was done to ensure data entry accuracy. Once all questionnaires were entered and cleaned, they were converted to Stata 13.1.

Data Preparation

Responses to all questions were tabulated and corresponding figures and tables were created to depict distribution of responses. The total number of people who responded to each question (n) was reported for each figure. However, the reported n varies throughout the report. Some respondents chose not to answer certain questions. Furthermore, respondents were excluded from analyses if (1) they did not provide an answer to a particular question, (2) they provided multiple responses to a particular question in which only one response was permitted, (3) they did not belong to the subpopulation of respondents to which the question pertained, or (4) they provided conflicting information (e.g., indicated they had not used drugs and also named drugs they had used).

As previously mentioned, some questions allowed individuals to respond *other* if they felt that their situation was not represented by the given answers. PRG reviewed responses to all questions with an *other* response. For each particular question, if over 20% of respondents in BR TGA selected *other*, we report any response written in by more than one respondent below the appropriate figure. The responses are presented from most common to least common. It should be noted that not all persons who responded *other* provided written-in responses. In addition, where applicable, if an individual responded *other* and provided a written-in response that fell into one of the existing response option categories, the response was recoded to the appropriate category and the individual was not represented in the *other* category.

For pie charts and bar charts, if the response percentage to a category was less than one percent, the category was still retained in the calculation, but it was either omitted from the figure or included in the *other* category percentage. In all of these cases, a note was included below the appropriate figure describing the distribution. For all questions, any category with zero responses was omitted from figures and was noted below the figure.

For this report, two tables were generated that ranked services needed and services in which respondents reported a gap (i.e., needed the service but did not receive it). For Table A.1, ranking was determined by the total number of respondents who provided a response that they either *needed and received* or *needed but did not receive* each service. For Table A.2, ranking was determined by the total number of respondents who provided a response that they *needed but did not receive* each service. In each table, the service with the highest number of respondents is ranked first, and the service with the lowest number of respondents is ranked last.

Appendix C. List of Partners

Crescent Care

HIV AIDS Alliance for Region Two, Inc.

Family Services of Greater Baton Rouge

Care South

Volunteers of America

Our Lady of the Lake Early Intervention Clinic

Appendix D. Survey Instrument



2017 Louisiana Needs Assessment

**Please STOP if you have already taken this survey.
Each individual is only allowed to take this survey ONE TIME.**

What is this survey for?

The survey asks people living with HIV (PLWH) in Louisiana what services are needed in order to maximize access to healthcare, what services are already available, and what healthcare challenges currently exist. The information that is gathered from these surveys will help improve access to healthcare services for PLWH for the next two years. Data are being collected from June 5 – July 15, 2017.

Why should you complete this survey?

Completing this survey gives YOU a voice and helps us understand your health care needs and what HIV services are the most important. We won't know the services you need most unless YOU tell us. Your input *does* matter.

How long will this survey take?

This survey takes 20-35 minutes to complete. Please take as long as you need to answer **each** question. If there is a question you do not understand, please ask for help from the person who gave you the survey.

Do I have to complete this survey in order to receive HIV services?

No. Please understand the completion of this survey is **strictly voluntary**. If you do not want to complete the survey, it will not affect the services you receive. You may stop the survey at any time or skip any questions that you do not want to answer.

Will this information be used to identify me as an individual?

No. All information collected through this survey is completely confidential and anonymous; personally identifying information will **NOT** be collected on this survey. **Please DO NOT put your name or any identifying information (like an address or phone number) on this survey.** The information on this survey is collected for planning purposes only.

Will I be compensated for completing this survey?

Yes. As a 'thank you' for completing this survey, you will be entered to win 1 of 5 \$100 Walmart gift cards. The raffle drawing will take place in mid-July at the Ryan White Part A office, once all surveys have been completed. Winners will then be contacted to receive their gift cards!

HEALTH INSURANCE

1. What kind of health insurance do you have that covers your HIV-related medical care and medications? *Mark all that apply.*

- I do not currently have health insurance that covers my HIV-related medical care and medications

→ Answer question 1a and skip question 1b

- Medicaid (a plan through Healthy Louisiana) → Answer question 1b and skip question 1a
- Medicare → Answer question 1b and skip question 1a
- Private insurance through work/employer → Answer question 1b and skip question 1a
- Private insurance through the Marketplace → Answer question 1b and skip question 1a
- Private insurance through parent or spouse → Answer question 1b and skip question 1a
- Veteran's Administration (VA) → Answer question 1b and skip question 1a
- COBRA (continuation of insurance paid through your last employer) → Answer question 1b and skip question 1a
- Other (tell us: _____) → Answer question 1b and skip question 1a

1a. If you **DO NOT** currently have health insurance that covers your HIV-related medical care and medications, what is preventing you from getting health insurance? *Mark all that apply.*

- | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Not applicable, I have insurance that covers my HIV-related medical care and medications | <input type="checkbox"/> I was told I don't qualify |
| <input type="checkbox"/> I can't afford it | <input type="checkbox"/> It's not a priority for me at this time |
| <input type="checkbox"/> I don't know where to get it | <input type="checkbox"/> I don't have a computer or internet access |
| <input type="checkbox"/> I was denied because of a previous medical condition | <input type="checkbox"/> It's confusing, I don't understand |
| <input type="checkbox"/> I don't have proper U.S. residency (immigration) documents | <input type="checkbox"/> I couldn't get the premium paid on time |
| | <input type="checkbox"/> Other (tell us: _____) |

1b. If you currently **HAVE** health insurance that covers your HIV-related medical care and medications, how do you pay your monthly insurance premium? *Mark all that apply.*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Not applicable, I don't have health insurance that covers my HIV-related medical care and medications | <input type="checkbox"/> Employer benefits |
| <input type="checkbox"/> Louisiana Health Access Program (LA HAP) | <input type="checkbox"/> Friends/Family help me make those decisions |
| <input type="checkbox"/> Tax subsidies | <input type="checkbox"/> I pay out of my own pocket |
| <input type="checkbox"/> Ryan White Part A Health Insurance Assistance | <input type="checkbox"/> Other (tell us: _____) |
| | <input type="checkbox"/> I don't know |

2. Select all the words that you understand. *Mark all that apply.*

- | | |
|---------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Premium | <input type="checkbox"/> In-network provider |
| <input type="checkbox"/> Copayment | <input type="checkbox"/> Primary care provider |
| <input type="checkbox"/> Deductible | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Co-insurance | |

3. If you have experienced any problems with your health insurance coverage in the last year, please tell us what you've had trouble with. *Mark all that apply.*

- | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Not applicable, I have not experienced any problems with health insurance | <input type="checkbox"/> Making specialty appointments |
| <input type="checkbox"/> Paying premiums and/or copayments | <input type="checkbox"/> Paying bills from doctor visits or labs |
| <input type="checkbox"/> Accessing doctors in my care network | <input type="checkbox"/> Paying bills from hospitalization |
| <input type="checkbox"/> Getting certain medications/filling prescriptions | <input type="checkbox"/> Other (tell us: _____) |

4. Did you need any of the following services in the last year? *Mark all that apply.*

- | | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Outpatient care: local clinic, doctor visit, urgent care, annual check-up, vaccines, etc. | <input type="checkbox"/> Medical services for my child |
| <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> Emergency room visits |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Substance use treatment services |
| <input type="checkbox"/> Maternity and newborn care | <input type="checkbox"/> Hospital stay/surgeries/in-patient admission |
| | <input type="checkbox"/> I did not need any of these services |

5. Do you currently have dental insurance and/or insurance for vision services? *Mark only one answer per insurance type.*

	Dental	Vision
Yes	<input type="radio"/>	<input type="radio"/>
Yes, but I am not sure how to use it	<input type="radio"/>	<input type="radio"/>
Yes, but I have additional needs that are not covered	<input type="radio"/>	<input type="radio"/>
No, but I would like it	<input type="radio"/>	<input type="radio"/>
No, but I don't want/need it	<input type="radio"/>	<input type="radio"/>

MEDICAL CARE

6. In general, how would you describe your overall health today? *Select one answer.*

- Very good
- Good
- Average
- Poor
- Very Poor

7. How many HIV-related medical care visits did you have with your primary provider in the last year? *Select one answer.*

- Not applicable, I don't have a HIV care provider
- None
- One
- Two or more

8. How many times did you discuss your HIV-related medical care with a doctor or medical professional in the last year? *Select one answer.*

- None
- One
- Two or more

9. Where do you **REGULARLY** receive your HIV-related medical care? *Select one answer.*

- Not applicable, I don't regularly receive medical care
- Emergency Room (ER)
- Community clinic serving only clients with HIV
- Private Doctor's office/clinic
- Other community clinic that is not HIV-specific
- VA Hospital/Clinic
- Other (tell us: _____)

10. The most recent time you had a medical problem, but did not get the care you needed, what were the main reasons? *Mark all that apply.*

- Not applicable, I haven't had to go without any needed medical care
- I didn't know where to go
- I couldn't get an appointment
- I couldn't get transportation
- I couldn't get child care
- I couldn't afford it
- I had other things on my mind/other priorities
- I didn't want anyone to know I was living with HIV
- I didn't feel sick
- I had a language or cultural barrier
- Other (tell us: _____)

11. Have you used any of the following during the past 12 MONTHS? *Mark all that apply.*

- Tobacco or nicotine (cigarettes or e-cigs)
- Alcohol
- Marijuana
- Crack or cocaine
- Heroin
- Meth
- Inhalants, hallucinogens, etc.
- Club/party drugs (ecstasy, ketamine, etc.)
- Prescription drugs (not prescribed to you)
- Pain medications (not prescribed to you)
- Other (tell us: _____)
- None

12. Over the last 2 WEEKS, have you experienced either of the following problems?

Little interest or pleasure in doing things

- Yes
- No

Feeling down, depressed, or hopeless

- Yes
- No

13. If there was a program available to you, would you use it? *Mark all that apply.*

- Support groups
- Counseling
- Social activities
- Peer programs

14. Have you ever been told by a doctor or health professional that you have any of the following? *Please respond to all three questions for each medical condition listed below.*

Medical condition:	1. Have you ever been <u>diagnosed</u> with this condition by a doctor or health professional?		2. Have you <u>needed</u> <u>treatment</u> for this condition in the past year?		3. Have you <u>received</u> <u>treatment</u> for this condition in the past year?	
	Yes	No	Yes	No	Yes	No
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14a. If you did not get needed medical care for at least one of the above conditions, what were the main reasons? *Mark all that apply.*

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Not applicable, I did receive the needed medical care | <input type="checkbox"/> I didn't have childcare |
| <input type="checkbox"/> I was worried about the cost/ I couldn't afford it | <input type="checkbox"/> The office wasn't open when I could get there |
| <input type="checkbox"/> My insurance didn't cover the care | <input type="checkbox"/> I couldn't get an appointment quickly enough |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I thought I could handle it without treatment |
| <input type="checkbox"/> I didn't have transportation | <input type="checkbox"/> I didn't think getting treatment would help |
| <input type="checkbox"/> The clinic is too far away | <input type="checkbox"/> I was worried about what people would think |
| | <input type="checkbox"/> I had a language or cultural barrier |
| | <input type="checkbox"/> Other (tell us: _____) |

15. Have you ever been told by a doctor or health professional that you have any of the following? *Please respond to all three questions for each mental health condition listed below.*

Mental health condition:	1. Have you ever been <u>diagnosed</u> with this condition by a doctor or health professional?		2. Have you <u>needed</u> treatment for this condition in the past year?		3. Have you <u>received</u> treatment for this condition in the past year?	
	Yes	No	Yes	No	Yes	No
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety or Panic Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15a. If you did not get needed medical care for at least one of the above conditions, what were the main reasons? *Mark all that apply.*

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Not applicable, I did receive the needed medical care | <input type="checkbox"/> I didn't have childcare |
| <input type="checkbox"/> I was worried about the cost/ I couldn't afford it | <input type="checkbox"/> The office wasn't open when I could get there |
| <input type="checkbox"/> My insurance didn't cover the care | <input type="checkbox"/> I couldn't get an appointment quickly enough |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I thought I could handle it without treatment |
| <input type="checkbox"/> I didn't have transportation | <input type="checkbox"/> I didn't think getting treatment would help |
| <input type="checkbox"/> The clinic is too far away | <input type="checkbox"/> I was worried about what people would think |
| | <input type="checkbox"/> I had a language or cultural barrier |
| | <input type="checkbox"/> Other (tell us: _____) |

HIV MEDICATION

- 16.** Are you currently taking your HIV medication as prescribed by your doctor?
- Not applicable, I am not currently taking any HIV medication → Skip to question 17
 - Yes → Skip to question 17
 - No

16a. If you are NOT taking HIV medications as prescribed, why not? *Mark all that apply.*

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> I haven't been prescribed any medication | <input type="checkbox"/> I'm taking a break |
| <input type="checkbox"/> I could not get my prescription filled | <input type="checkbox"/> I feel healthy |
| <input type="checkbox"/> I can't afford them | <input type="checkbox"/> I have trouble remembering to take them |
| <input type="checkbox"/> They have bad side effects/make me feel really bad | <input type="checkbox"/> I have not seen a doctor yet |
| | <input type="checkbox"/> Other (tell us: _____) |

16b. How many doses of your HIV medications have you missed in the last three days? *Select one answer.*

- Not applicable, I am not currently taking any HIV medications → Skip to question 17
- None → Skip to question 17
- 1 → Skip to question 17
- 2 → Skip to question 17
- 3 → Skip to question 17
- 4 → Skip to question 17
- 5 or more → Skip to question 17
- Don't know

16c. If you're not sure how many doses you've missed, about what percentage of your doses do you think you have missed in the last three days? *Select one answer.*

- 0-25%
- 26-50%
- 51-75%
- 76-100%

17. How do you pay for your medication(s)? *Select one answer.*

- Not applicable, I have not been prescribed any medications
- Louisiana Drug Assistance Program (LDAP)
- Private, Public, or Marketplace Insurance
- Medicaid (a plan through Healthy Louisiana)
- Other medication assistance
- I pay for them by myself ("out of pocket")
- Ryan White Part A (e.g., LPAP, EFA, HIA)
- Not sure
- Other (tell us: _____)

18. What is your current viral load? *Select one answer.*

- Undetectable (less than 200 copies/mL)
- 201-10,000 copies/mL
- More than 10,000 copies/mL
- I have not gotten my labs yet
- I don't know

NEEDED SERVICES

- 19.** Please tell us about your Core Medical Services, Support Services, and Housing Services needs over the LAST 6 MONTHS. *Mark only one answer per service.*

Core Medical Service	IN THE LAST 6 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Medical case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counseling or therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical nutrition therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Outpatient) Substance use counseling or therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early intervention services (EIS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supportive Service	IN THE LAST 6 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Emergency financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivered meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-medical case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education/risk reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral for health care/supportive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment adherence counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Translation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Housing Service	IN THE LAST 6 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Someone to help you find safe and affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent, independent housing (house or apartment to rent, including a place you may share)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency housing services (money for utilities, rent, or mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility-based housing (nursing home, assisted living facility for HIV+ residents, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOUSING

20. How many people live in your household including yourself? *Write each number in the corresponding box.*

	Number of people
How many <u>adults</u> (18 years or older) live in your household?	
How many are living with HIV?	
For how many is their HIV status unknown?	
How many <u>children</u> (under age 18) live in your household?	
How many are living with HIV?	
For how many is their HIV status unknown?	

21. Where do you live **NOW**? *Select one answer. If you live in more than one place, select the housing type where you live most often.*

- Apartment/House/Trailer that I OWN
- Apartment/House/Trailer that I RENT
- With parents, relatives, or someone else's place (e.g., couch-surfing)
- In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other)
- In jail or prison
- Homeless/Homeless Shelter/Domestic Violence Shelter

22. Where did you live **6 MONTHS ago**? *Select one answer. If you lived in more than one place, select the housing type where you lived most often.*

- Apartment/House/Trailer that I OWN
- Apartment/House/Trailer that I RENT
- With parents, relatives, or someone else's place (e.g., couch-surfing)
- In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other)
- In jail or prison
- Homeless/Homeless Shelter/Domestic Violence Shelter

23. How much do you and/or your household pay "out of pocket" in rent/mortgage each month? \$ _____

23a. Does this "out of pocket" rent/mortgage amount include any of the following utilities? *Mark all that apply.*

- | | |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> No, my "out of pocket" rent/mortgage amount does not include water, garbage, electric, or gas. |
| <input type="checkbox"/> Electric | |

24. How long have you lived in your current residence? *Select one answer.*

- Not applicable, I'm homeless
- 6 months or less
- 6 months – 1 year
- More than a year

25. If you live in an apartment, house, or trailer, how many bedrooms do you have? *Select one answer.*

- Not applicable, I don't live in an apartment, house, or trailer
- Single room/Studio
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5+ bedrooms

26. How many places have you lived in the past 6 months? _____ place(s)

27. In the past 6 months, did you have any trouble getting housing?

- Yes
- No → Skip to question 28

27a. If you had trouble getting housing in the last 6 months, what kept you from getting housing? *Mark all that apply.*

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> I did not have any problems | <input type="checkbox"/> I had a mental/physical disability |
| <input type="checkbox"/> I didn't have enough money for the deposit | <input type="checkbox"/> I had a criminal record |
| <input type="checkbox"/> I could not find affordable housing | <input type="checkbox"/> I didn't qualify for housing assistance |
| <input type="checkbox"/> I had no transportation to search for housing | <input type="checkbox"/> I feel I was discriminated against |
| <input type="checkbox"/> I had bad credit | <input type="checkbox"/> I had substance use issues |
| <input type="checkbox"/> I was put on a waiting list | <input type="checkbox"/> Other (tell us: _____) |

28. In the last year, how many nights have you NOT had a place to sleep? _____ night(s)

29. How much of an increase **PER MONTH** in rent or mortgage would cause you to have to find a new place to live? *Select one answer.*

- Not applicable, I'm homeless/don't have to pay monthly rent/mortgage
- \$1-\$25
- \$26-\$50
- \$51-\$75
- \$76-\$100
- \$101-\$150
- \$151-\$200
- More than \$200
- None

30. In the past 3 years, have you moved because you could no longer afford the home you were living in?

- Yes
- No

31. Have you had difficulty in paying rent, mortgage, or utility bills in the past year?

- Yes
- No

GENERAL INFORMATION

32. Where do you get information about HIV? *Mark all that apply.*

- | | |
|-------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Doctor or nurse | <input type="checkbox"/> Partner/significant other/spouse |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> TV/internet/radio |
| <input type="checkbox"/> Health educator or outreach | <input type="checkbox"/> Billboard or poster |
| <input type="checkbox"/> Peer navigator/peer advocate | <input type="checkbox"/> Faith-based group |
| <input type="checkbox"/> HIV group or program | <input type="checkbox"/> Mobile app |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Social media (e.g., Twitter, Facebook) |
| <input type="checkbox"/> Friends or family | <input type="checkbox"/> Other (tell us: _____) |

33. Has anyone explained the following things to you in the last year? *Mark all that apply.*

- How to prevent transmission of HIV
- How to use condoms
- The importance of going to all of your doctor visits
- How viral load is linked to preventing the spread of HIV
- How to talk to partners about condoms
- How to disclose status
- Legal issues of HIV, criminalization
- How to protect HIV-negative partners with PrEP
- The importance of taking your medication
- No one has explained any of these things to me in the last year

34. What is your HIV Status? *Select one answer.*

- HIV positive
- Diagnosed with AIDS (Stage 3 HIV)
- Don't know

35. In what year did you find out your HIV diagnosis?

36. Where did you receive your HIV diagnosis?

Select one answer.

- Hospital/ER
- HIV-specific community-based organization
- Local health center or STD clinic
- Private doctor's office
- Organization providing other services (e.g., substance use treatment)
- Jail or prison
- Mobile testing unit
- Other (tell us: _____)

37. What is your zip code? _____

38. What is your gender? *Select one answer.*

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Other (tell us: _____)

39. How old are you? *Select one answer.*

- <18 years
- 18-24 years
- 25-44 years
- 45-64 years
- 65+ years

40. How do you describe your race? *Mark all that apply.*

- Black or African-American
- White or Caucasian
- Asian or Pacific Islander
- Native American
- Other (tell us: _____)

41. Do you consider yourself to be Latino or Hispanic?

- Yes
- No

42. What is your primary language? *Select one answer.*

- English
- Spanish
- Other (tell us: _____)

43. What is your highest level of education? *Select one answer.*

- Less than high school
- High school diploma/GED
- Some college credit, but no degree
- Associate's degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, BS) or higher
- Other (tell us: _____)

44. How do you access the internet? *Mark all that apply.*

- Library
- Home
- Smartphone/tablet
- Job
- Coffee shop/restaurant
- I don't have internet access
- Other (tell us: _____)

45. Please indicate how strongly you agree or disagree with the following statement:

I feel comfortable using a computer.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

46. Which of the following best describes you? *Select one answer.*

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer not to answer

INCOME

40. What is your employment status? *Mark all that apply.*

- | | |
|-----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Full-time (35 hours/week or more) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time (34 hours/week or less) | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Temporary or contract work | <input type="checkbox"/> Student |
| <input type="checkbox"/> "Odd jobs"/work for cash/self-employed | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Retired | |

41. What was your total household income LAST MONTH including money from those who live with you?

\$ _____ No income

42. Which of these did you receive in the last 6 months? *Mark all that apply.*

Wages

- Wages (salary or hourly)
- Seasonal Work
- Stipend

Financial Assistance

- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Income)
- TANF (Temporary Assistance to Needy Families)
- Child support/alimony
- Unemployment payments/benefits
- SNAP (Supplemental Nutrition Assistance Program)

Housing Assistance

- Section 8/Housing Choice Assistance Program Voucher
- Veteran's Housing
- Tenant Based Rental Assistance (TBRA)/HOPWA assistance
- Short Term rent mortgage utility assistance (STRMU)/ HOPWA assistance
- Project-based assistance/HOPWA assistance
- FEMA
- LIHEAP

- None of these

THE END!

Please tell us any final comments here or on the back of the page. Thank you for completing this survey!