LOUISIANA DEPARTMENT OF HEALTH

OFFICE OF PUBLIC HEALTH STD/HIV/HEPATITIS PROGRAM

2023 LOUISIANA NEEDS ASSESSMENT FOR PEOPLE LIVING WITH HIV

STATEWIDE NARRATIVE REPORT

OCTOBER 2024

Submitted by:
The Policy & Research Group
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List of Partners

New Orleans Eligible Metropolitan Area

Access Health Louisiana
Concerned Citizens for a Better Algiers
CrescentCare
DePaul Community Health Center
Frontline Legal Services
New Orleans Regional AIDS Planning Council
Priority Health Care
Project Lazarus of New Orleans
St. Thomas Community Health Center
Southeast Louisiana Area Health Education Center
Tulane Total Health Clinic
University Medical Center HIV Outpatient Program

Baton Rouge Transitional Grant Area

CareSouth
CrescentCare, Legal Services
Family Service of Greater Baton Rouge
HIV AIDS Alliance for Region Two
Our Lady of the Lake Mid City Clinic – Early Intervention Clinic
Volunteers of America South Central Louisiana

Region 3

CrescentCare, Houma Exchange Support Services

Region 4

AcadianaCares

Region 5

Comprehensive Care Clinic of Southwest Louisiana

Region 6

Central Louisiana AIDS Support Services

Region 7

The Philadelphia Center

Region 8

Pinnacle Family Health

Region 9

Volunteers of America Southeast Louisiana

LIST OF ACRONYMS

ART	Antiretroviral Therapy
BRTGA	Baton Rouge Transitional Grant Area
COBRA	Consolidated Omnibus Budget Reconciliation Act
DOC	Department of Corrections
EHE	Ending the HIV Epidemic
HOPWA	Housing Opportunities for Persons with AIDS
LCCH	Louisiana Coalition on Criminalization and Health
LDH	Louisiana Department of Health
MAT	Medication-Assisted Treatment
NOEMA	New Orleans Eligible Metropolitan Area
OPH SHHP	Louisiana Department of Health's Office of Public Health STD, HIV, and Hepatitis Program
PLWH	People Living With HIV
PrEP	Pre-Exposure Prophylaxis
PRG	The Policy & Research Group
RWSR	New Orleans Health Department's Ryan White Services and Resources
SNAP	Supplemental Nutrition Assistance Program
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
U = U	Undetectable = Untransmittable

Table of Contents

INTRODUCTION

PURPOSE OF THE LOUISIANA STATEWIDE NEEDS ASSESSMENT

This report was prepared by The Policy & Research Group (PRG) for the Louisiana Department of Health Office of Public Health STD/HIV/Hepatitis Program (OPH SHHP). The purpose of the *2023 Louisiana 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 *2023 Louisiana Needs Assessment* aims to provide an estimate of the extent of PLWH's unmet primary care and HIV-related support service needs, experiences in accessing those services, perceived barriers to those services, and insight into their reported knowledge of those services.

LAYOUT OF THE REPORT

This report presents the characteristics of survey respondents in the New Orleans Eligible Metropolitan Area (NOEMA), the Baton Rouge Transitional Grant Area (BRTGA), and Louisiana Public Health Regions 3 through 9, and provides aggregate results of responses to survey questions. Rounding accounts for slight discrepancies in calculations between the figures and table notes in the report.

In Appendix A, we include two tables that rank services needed and gaps in service provision, as identified by survey respondents. Appendix B provides requested sub-analyses of select items.[1] A description of the methods used to conduct the *2023 Louisiana Needs Assessment* and analyze the data can be found in Appendix C; specifically, we provide a detailed explanation of data sources, data management procedures, and variable constructions. Appendix D provides an overview of results and discussion of findings. A copy of the survey instrument can be found in Appendix E.

SURVEY RESPONDENTS

A convenience sample of 2,210 questionnaires was submitted to PRG during the data collection period (September 11, 2023 to March 29, 2024). This exceeds OPH SHHP's goal of 2,125 responses. See Table 1 for the target number of questionnaire and number returned, by region.

Table 1. Statewide Needs Assessment Targets

Location	Target Number of Questionnaires	Number Returned	Percentage of Target
NOEMA	750	789	105.2%
BRTGA	500	502	100.4%
Region 3	50	50	100.0%
Region 4	200	192	96.0%
Region 5	100	95	95.0%
Region 6	100	103	103.0%
Region 7	200	247	123.5%
Region 8	150	156	104.0%
Region 9	75	76	101.3%
Total	*2,125*	*2,210*	*104.0%*

[1] PRG submitted the Statewide report to OPH SHHP in June 2024. OPH SHHP requested additional sub-analyses related to Undetectable = Untransmittable (U = U) and the need and receipt of medical, supportive, and housing services. This updated report includes the requested sub-analyses as a separate appendix.

It is important to emphasize that the data presented in this report may not be representative of or generalizable to all PLWH across the state. There are two reasons for this. First, the data are derived from a convenience sample. The PLWH who were surveyed are those who happened to be available during the survey administration. Additionally, survey respondents are also those who selected themselves into the sample (i.e., they were not randomly selected), which means that they may be systematically different from those who did not. As a result, we cannot say that those in the sample are representative of any broader population (i.e., one that includes those who select out). Instead, the PLWH included in the sample represent only those who responded or who would have responded if they had been similarly available. This limitation applies to the full statewide sample, as well as any regional subsample.

In addition, the statewide sample may not be generalizable to the broader population of PLWH in Louisiana because the regional subsamples differ from the estimated distribution of PLWH across the state. Prior to data collection, the sampling area (Louisiana) was divided based on the Louisiana Department of Health's nine administrative regions. OPH SHHP chose a target number of respondents for each region; however, the targets (and ultimately the regional samples) were not in direct proportion to the distribution of PLWH across the state. This is demonstrated in Table 2, which presents the estimated number and percentage of PLWH in each region for the state compared to the number and percentage of PLWH in each region for the sample. For example, as shown in Table 2, NOEMA is overrepresented in the sample. NOEMA accounts for 35.7% of PLWH in the sample but only 32.8% of PLWH in the state. By contrast, Region 9 is underrepresented in the statewide sample; it comprises 7.3% of PLWH in the state, but only 3.4% of PLWH in the sample.

As a result, generalizations and inferences about the needs of PLWH across the state should be made with caution.

Table 2. Number of PLWH in Each Region

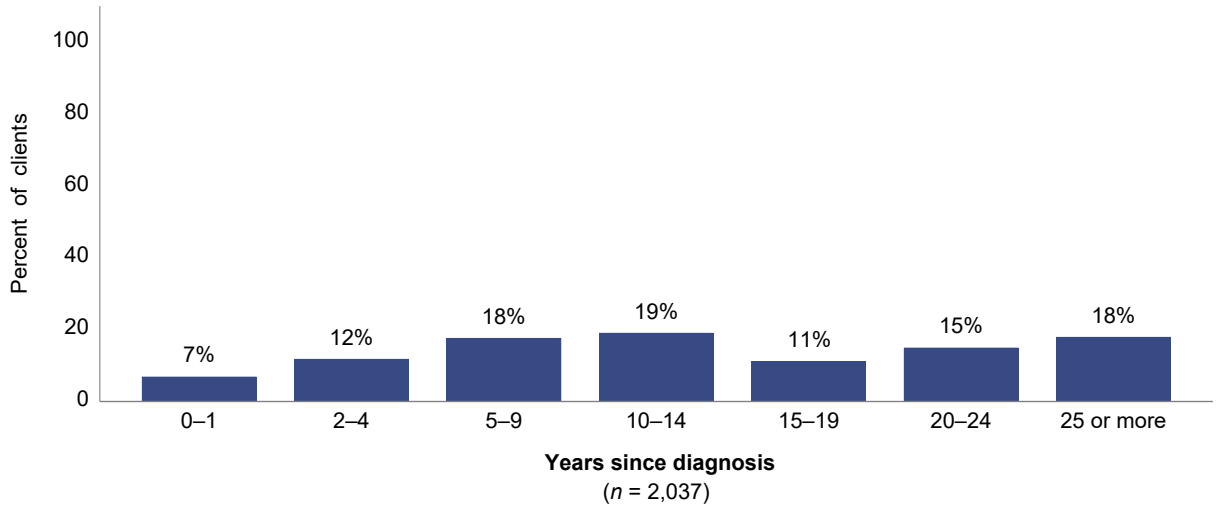
	2023 State Surveillance Data		2023 Needs Assessment Sample	
Region	**Number of PLWH**	**Percentage of PLWH**	**Number in Sample**	**Percentage in Sample**
NOEMA	7,526	32.8%	789	35.7%
BRTGA	5,179	22.5%	502	22.7%
Region 3	969	4.2%	50	2.3%
Region 4	2,034	8.9%	192	8.7%
Region 5	1,069	4.7%	95	4.3%
Region 6	1,077	4.7%	103	4.7%
Region 7	2,187	9.5%	247	11.2%
Region 8	1,255	5.5%	156	7.1%
Region 9	1,682	7.3%	76	3.4%
Total	*22,978*	*100.1%*	*2,210*	*100.1%*

Note: Number of PLWH are as reported by state surveillance data in the December 31, 2023, *Louisiana HIV, AIDS, Early Syphilis, & Congenital Syphilis Surveillance Quarterly Report.* NOEMA and BRTGA include some parishes in Region 3 and Region 9. Rounding accounts for the total percentages exceeding 100%.

SECTION A. BACKGROUND CHARACTERISTICS

HIV DIAGNOSIS

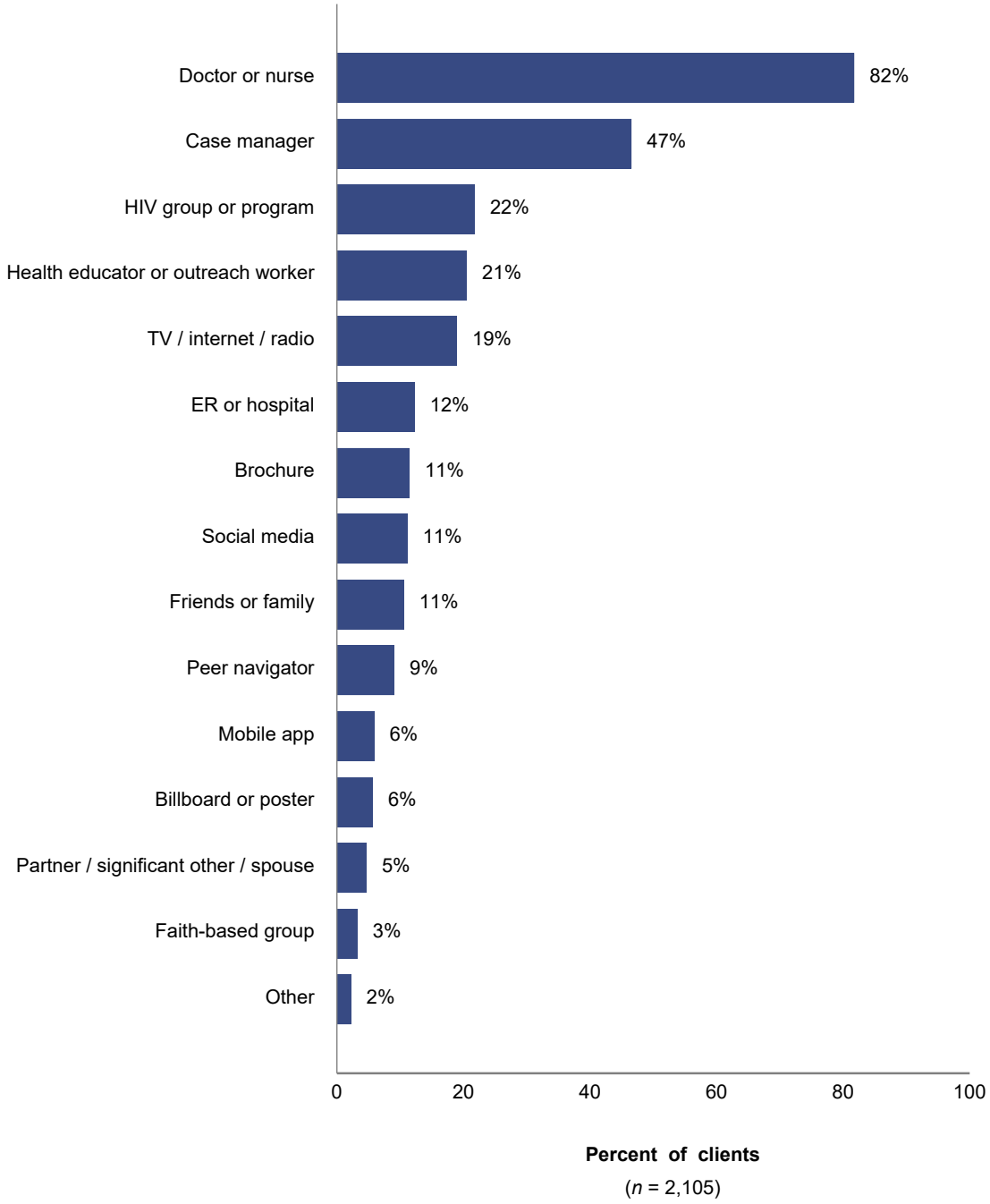
Figure A1. Length of Time Living With HIV



Note: Included in the *25 or more* column are 12 respondents who reported being diagnosed with HIV more than 41 years ago (diagnosis began in 1982). The reported years since HIV diagnosis were 43 years (*n* = 3), 44 years (*n* = 1), 45 years (*n* = 1), 46 years (*n* = 1), 49 years (*n* = 1), 50 years (*n* = 1), 54 years (*n* = 1), 60 years (*n* = 2), and 64 years (*n* = 1).

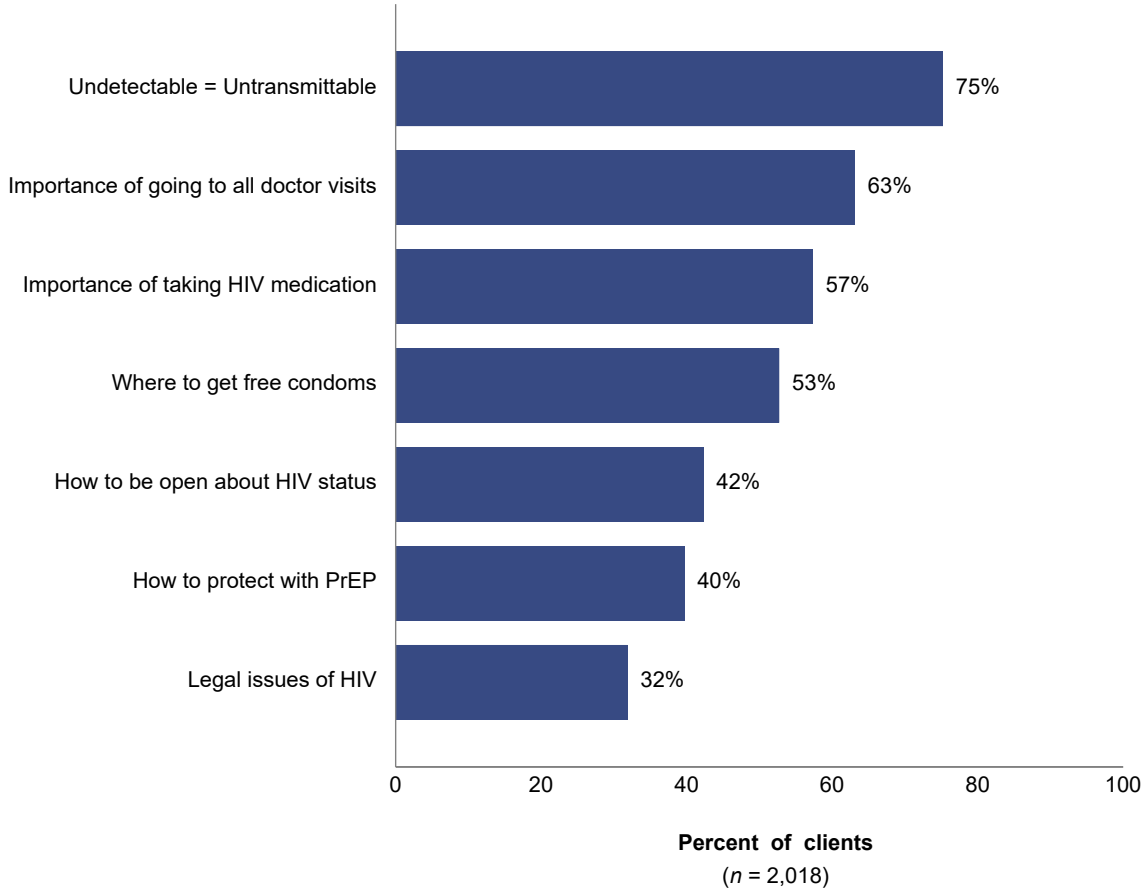
HIV-RELATED KNOWLEDGE

Figure A2. Sources of HIV Information



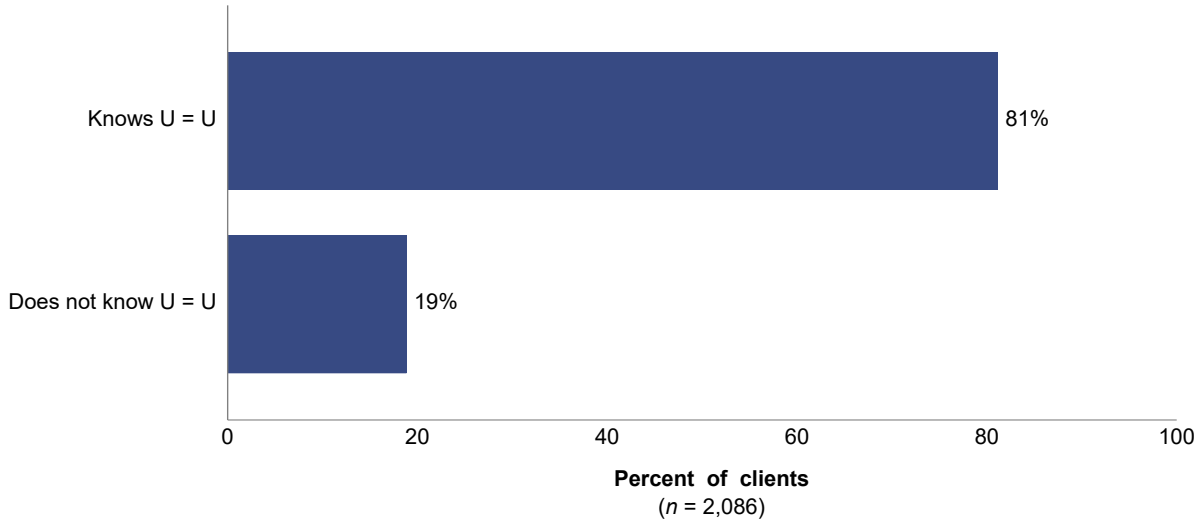
Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,105 individuals who responded to this question, 1,296 (61.6%) reported two or more sources of HIV information.

Figure A3. Information Received on HIV Transmission and Related Issues in the Past 12 Months



Note: Included in calculations but not presented in this figure are 169 individuals (8.4%) who selected *no, no one has explained any of these things to me in the past year.* Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,018 individuals who responded to this question, 1,428 (70.8%) reported having knowledge of two or more issues related to HIV.

Figure A4. Knows That HIV Undetectable = Untransmittable (U = U)



PLACE OF RESIDENCE

Figure A5. Map of Regions Represented

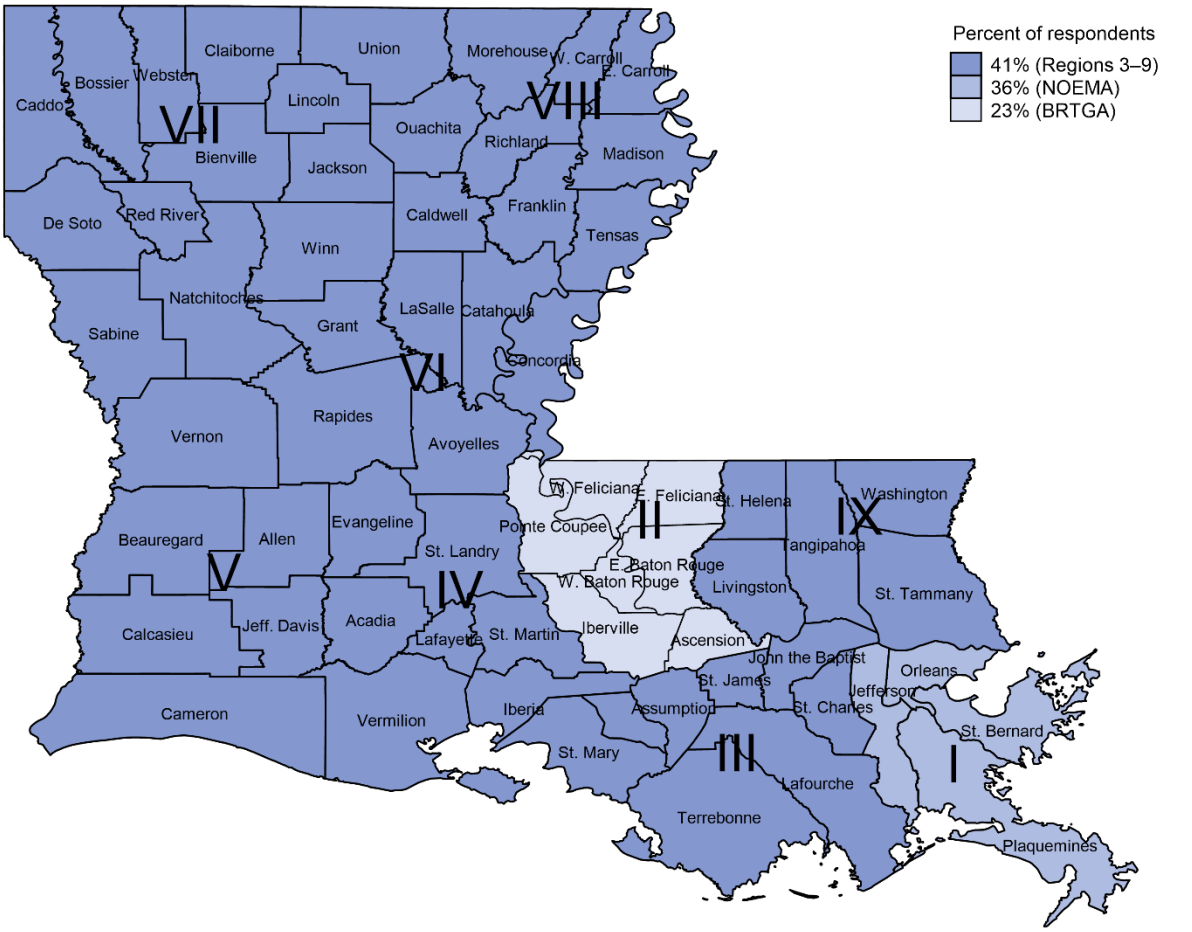


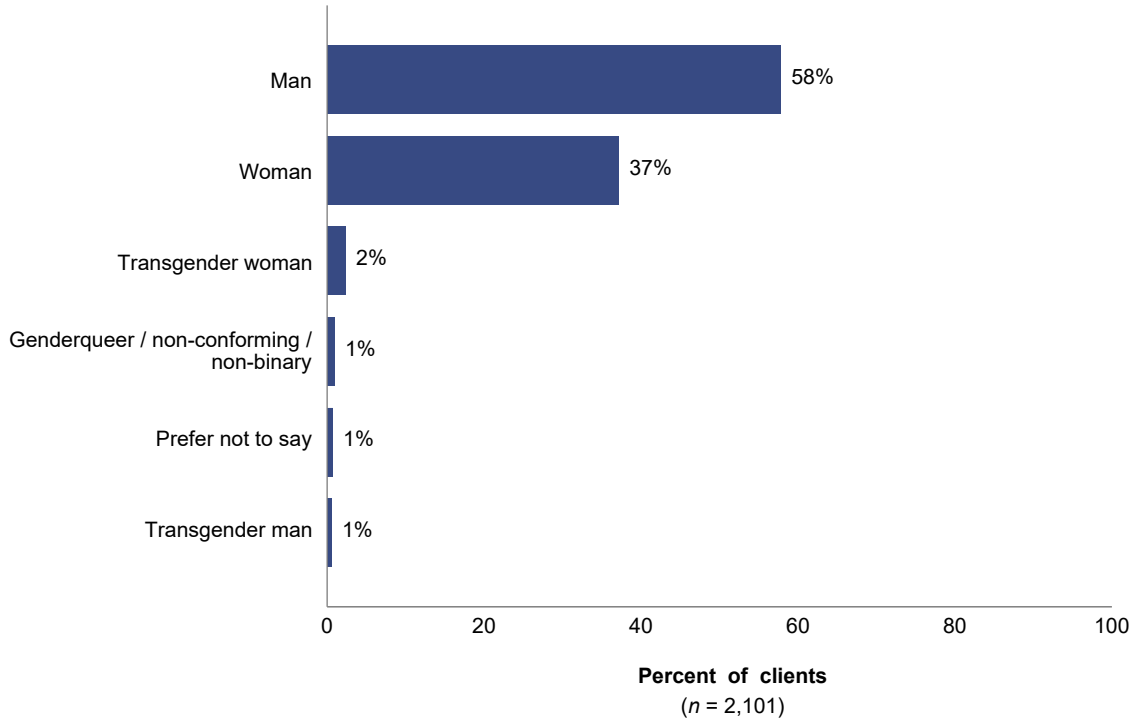
Table A1. Current Parish of Residence

Parish	Number Reporting (*n* = 2,041)	Percent Reporting
Orleans	503	24.6%
East Baton Rouge	431	21.1%
Caddo	185	9.1%
Jefferson	123	6.0%
Ouachita	122	6.0%
Lafayette	102	5.0%
Rapides	81	4.0%
Calcasieu	80	3.9%
Tangipahoa	55	2.7%
Bossier	32	1.6%
St. Tammany	30	1.5%
Terrebonne	30	1.5%
St. Landry	25	1.2%

Note: Included in calculations but not presented in the table are individuals who indicated they reside in parishes where less than 1% of the respondents reported. See Appendix C, Table C.3 for more information. Excluded from calculations are the less than 1% of individuals who indicated a ZIP code that did not correspond to any Louisiana parishes as listed in the U.S. Department of Housing and Urban Development-United States Postal Service ZIP Code Crosswalk Files.

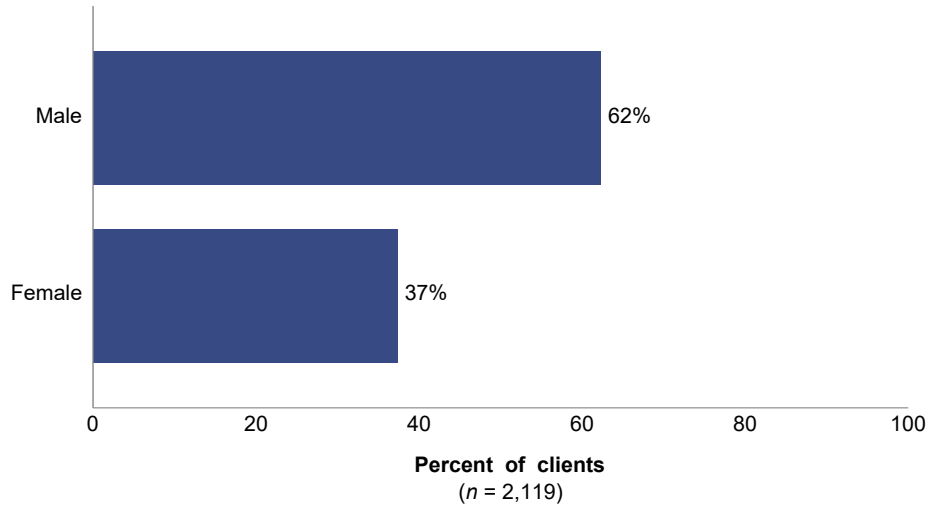
DEMOGRAPHIC CHARACTERISTICS

Figure A6. Gender Identity of Respondents



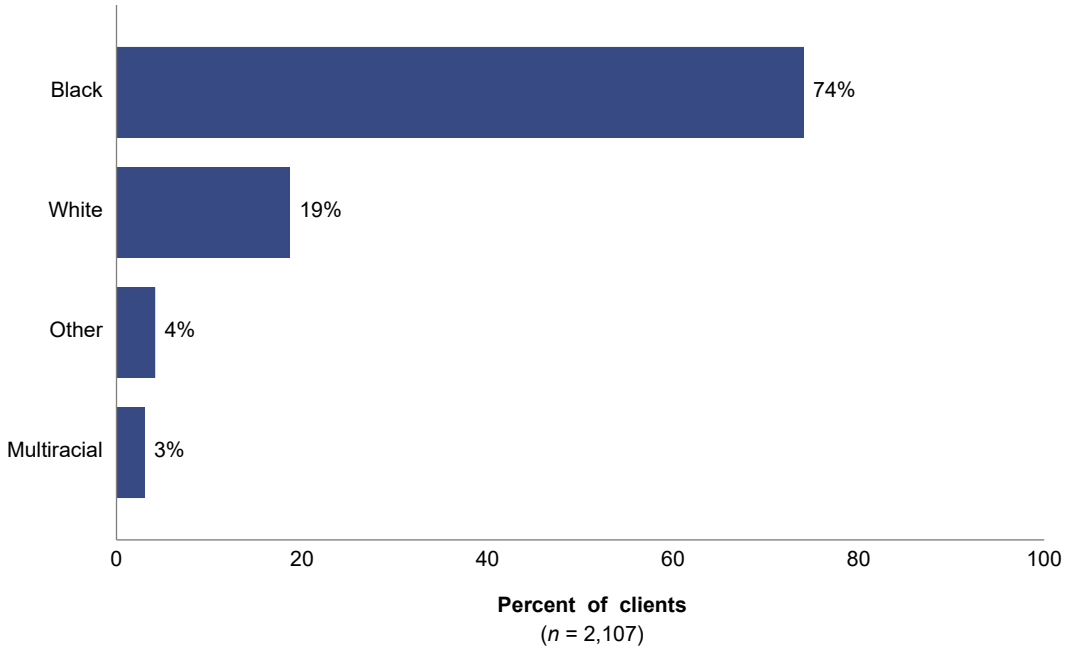
Note: Included in calculations but not presented in the figure are eight individuals who selected *something else* (0.4%).

Figure A7. Sex at Birth of Respondents



Note: Included in calculations but not presented in the figure are eight individuals who selected *prefer not to say* (0.4%).

Figure A8. Race of Respondents



Note: The category Other includes individuals who chose the response *other* (*n* = 44), along with those who identified as *Native American* (*n* = 28) and *Asian or Pacific Islander* (*n* = 16).

Figure A9. Identification of Respondents as Latino/Latina/Latinx/Hispanic

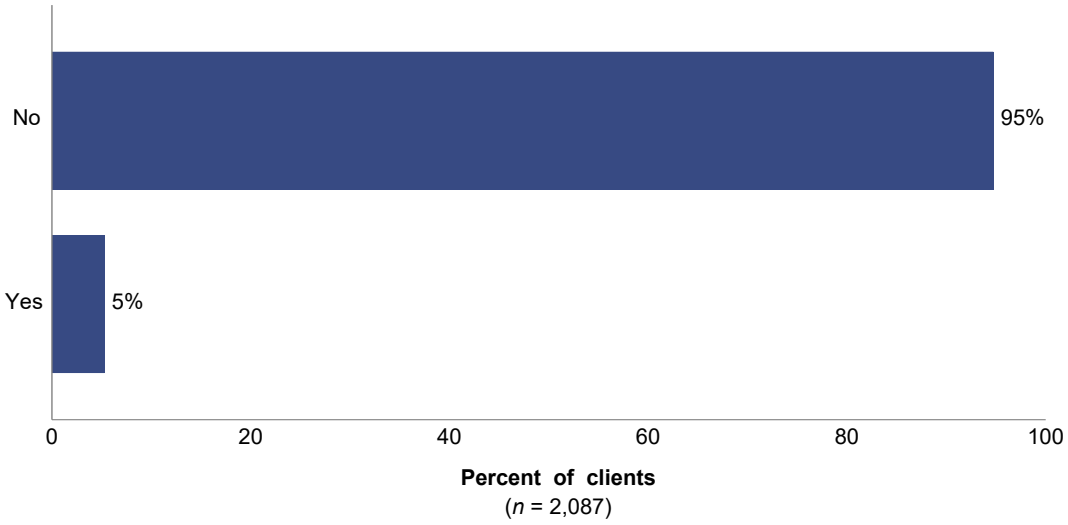


Figure A10. *Age of Respondents*

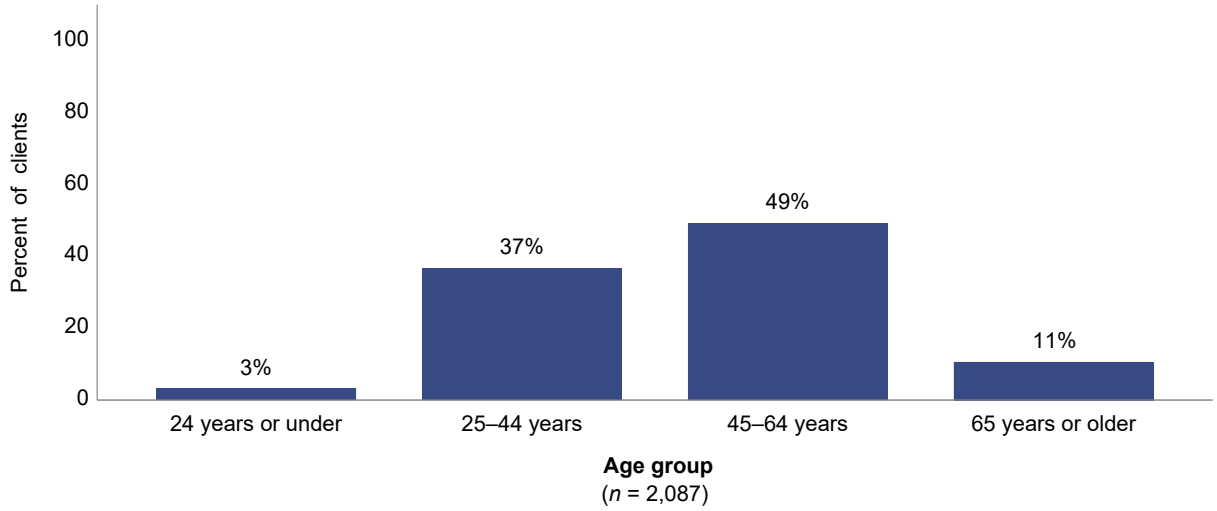
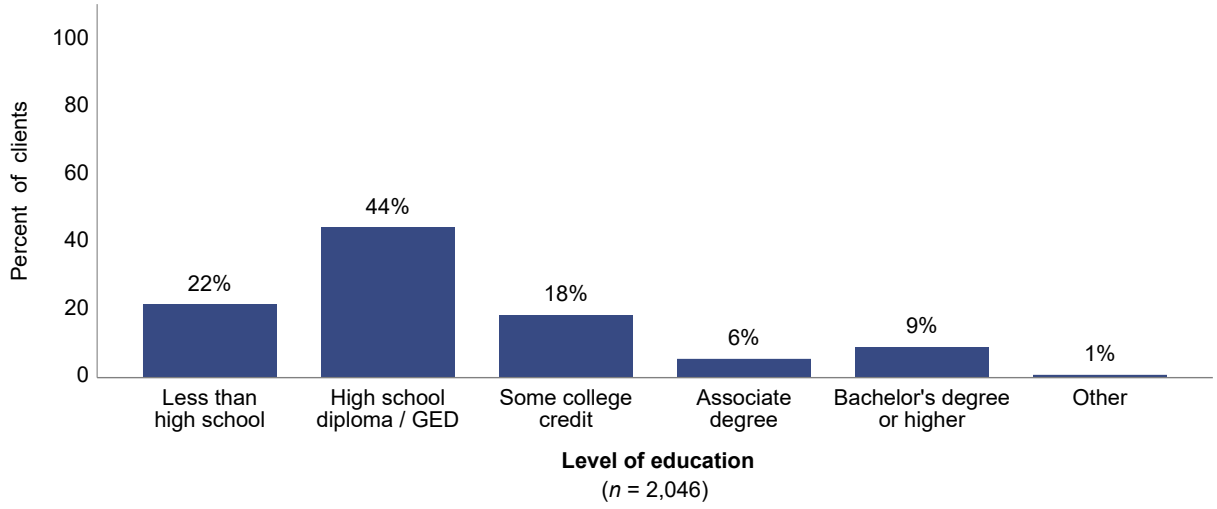
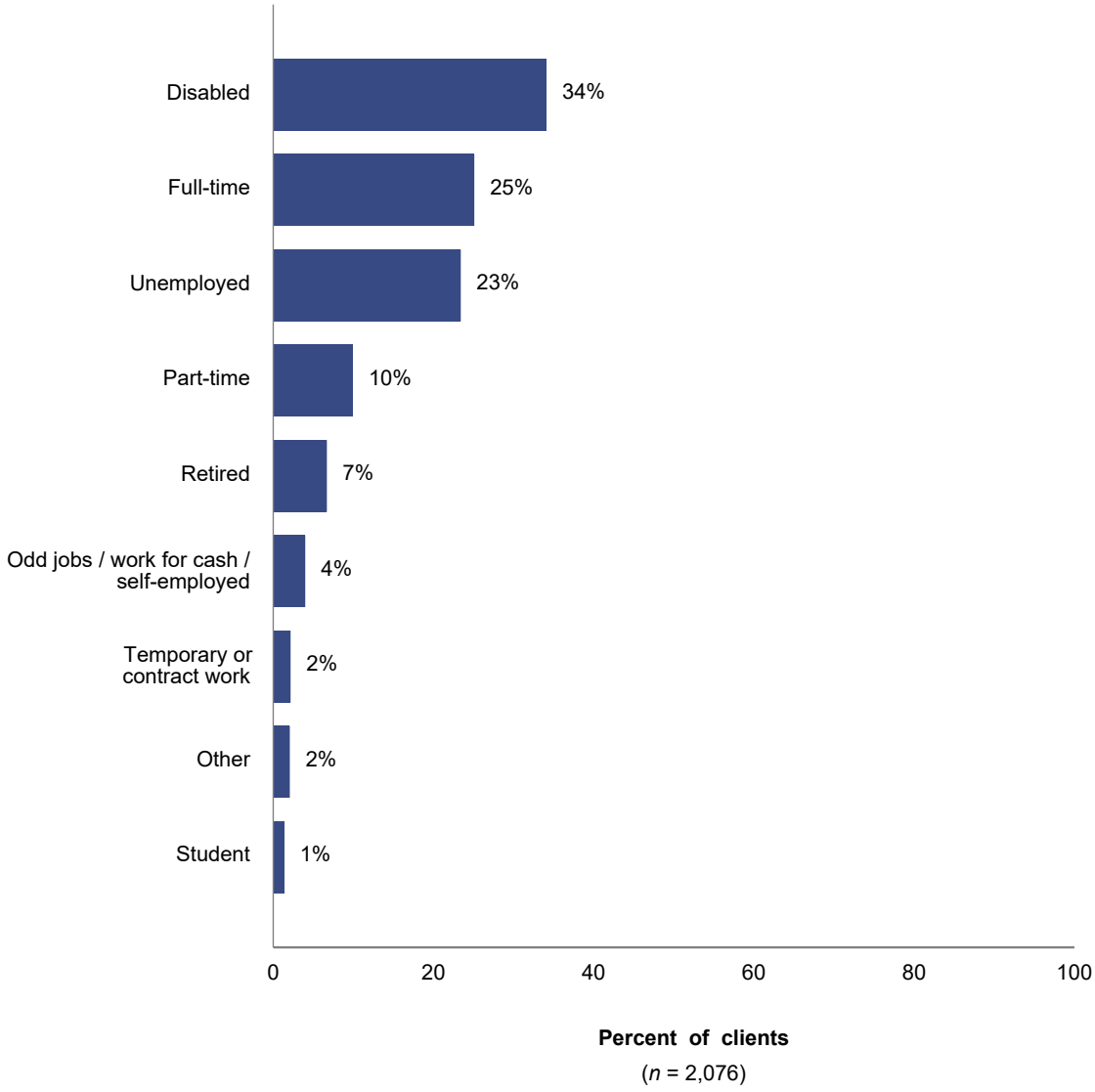


Figure A11. *Highest Level of Education Completed*



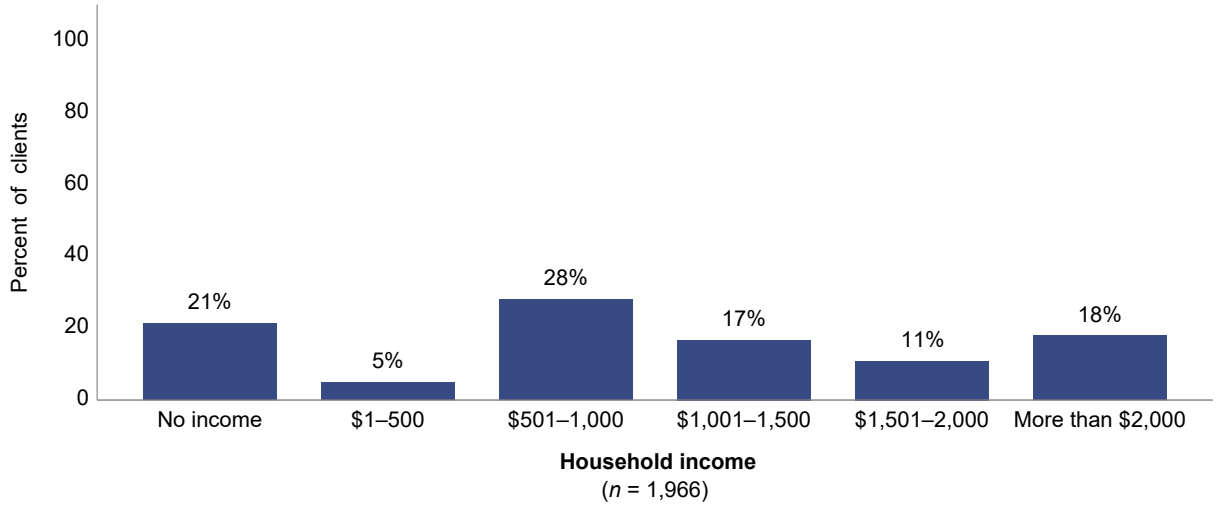
EMPLOYMENT AND INCOME CHARACTERISTICS

Figure A12. Employment Status



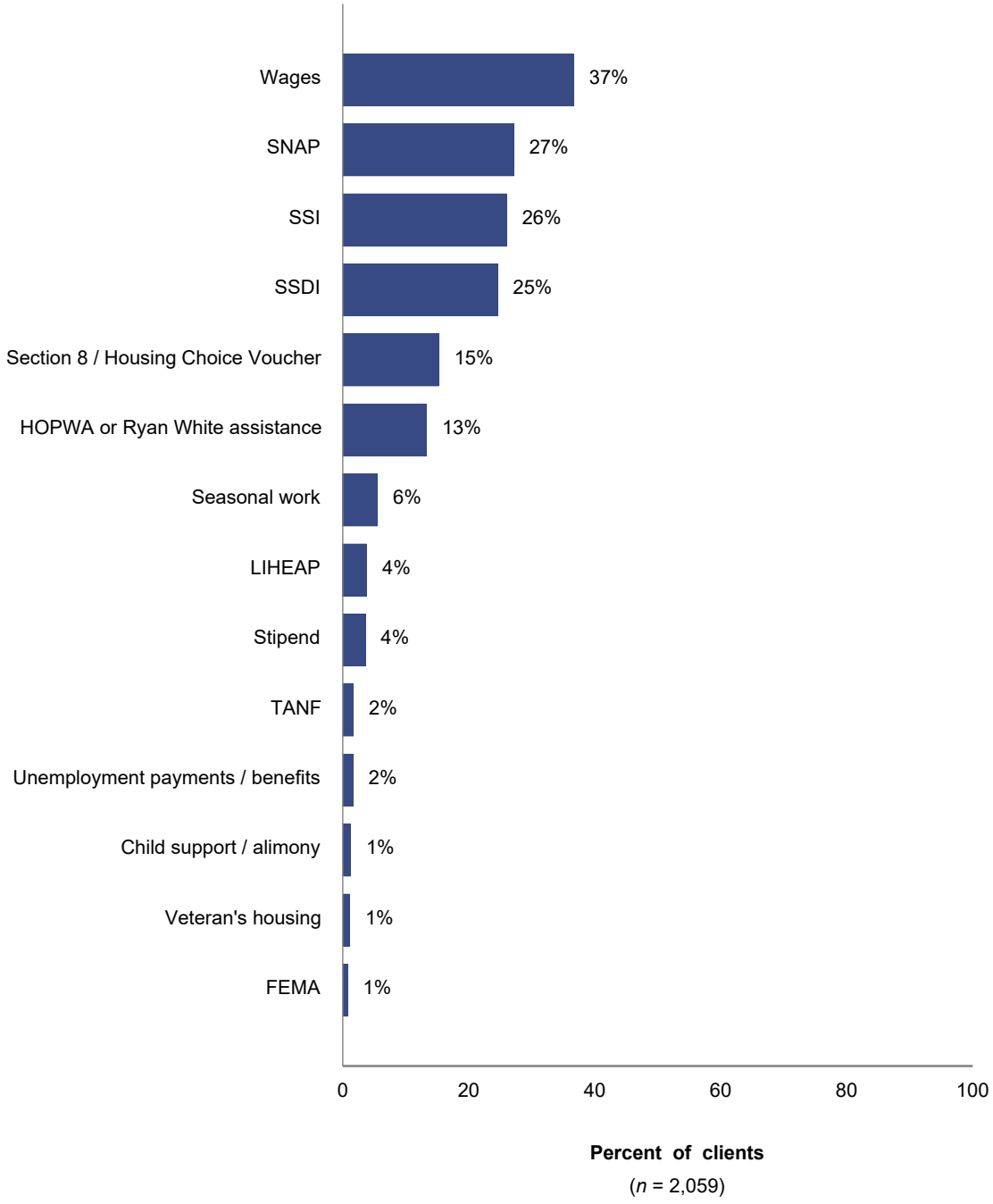
Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,076 individuals who responded to this question, 172 (8.3%) reported having two or more employment statuses.

Figure A13. Household Income in Month Prior to Survey



Note: Included in calculations and presented in this figure are 54 outliers reported by 87 respondents in the *More than $2,000* category. The reported monthly incomes for these 87 respondents range from $6,000 to $2,421,412.

Figure A14. Sources of Income and Assistance



Note: Included in calculations but not presented in this figure are 152 individuals (7.4%) who only selected *I didn't receive any wages, financial assistance, or housing assistance in the past 6 months*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,059 individuals who responded to this question, 354 (17.2%) reported receiving two or more forms of income and/or assistance.

HOUSING CHARACTERISTICS

Figure A15. Housing Status at the Time of Survey

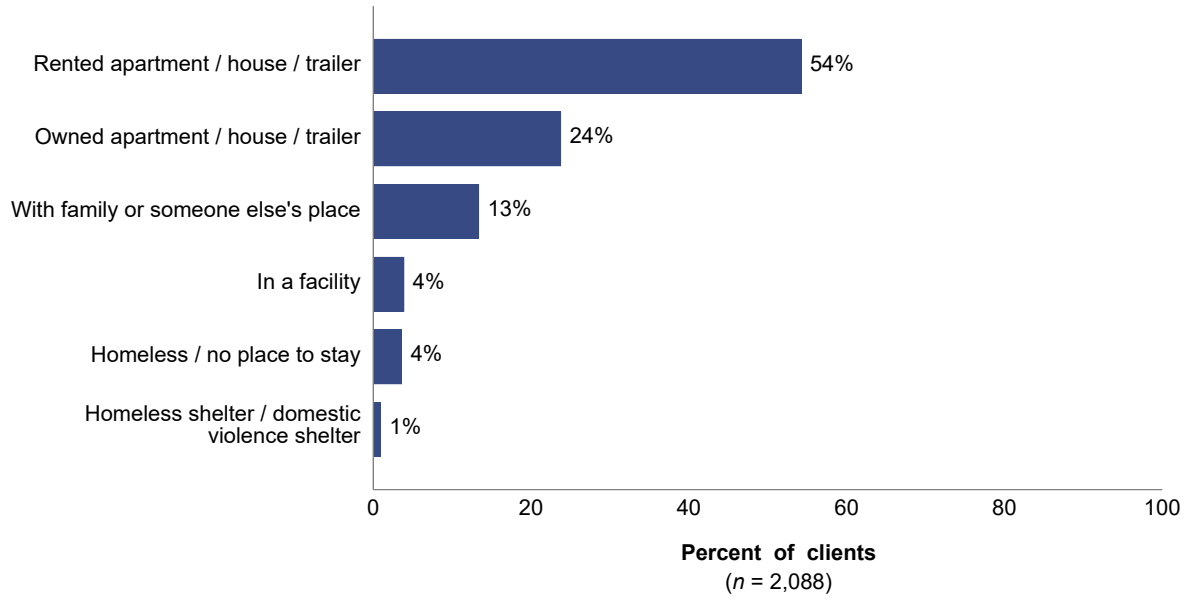
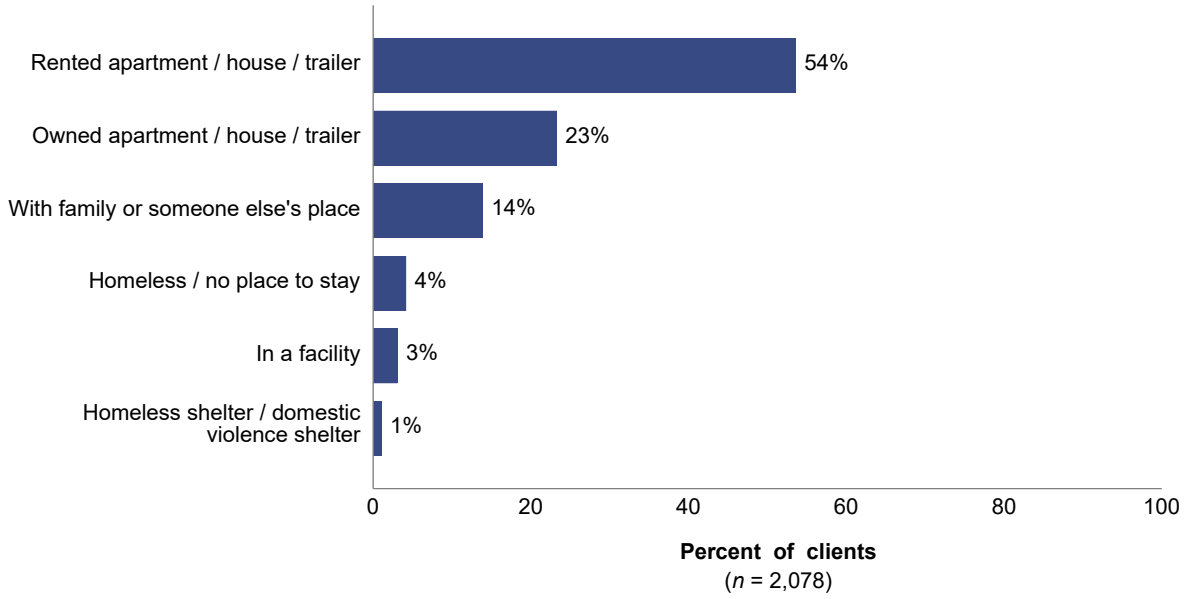
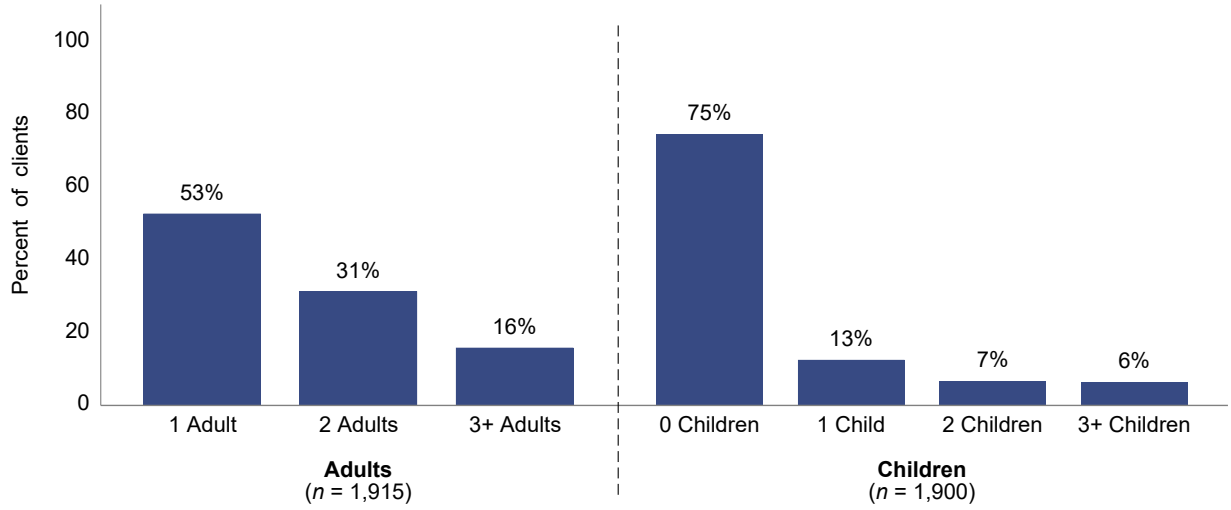


Figure A16. Housing Status 6 Months Prior to Survey



Note: Included in calculations but not presented in this figure are 8 individuals (0.4%) who selected *in custody of parish at a jail*, 6 individuals (0.3%) who selected *in custody of DOC [Department of Corrections], housed at a parish jail*, and 4 individuals (0.2%) who selected *in a DOC facility*.

Figure A17. *Number of Adults and Children in Household*



Note: The average response for number of adults living in the household was 2. The average response for number of children living in the household was 0.

Figure A18. *Number of Bedrooms in Respondents' Residences*

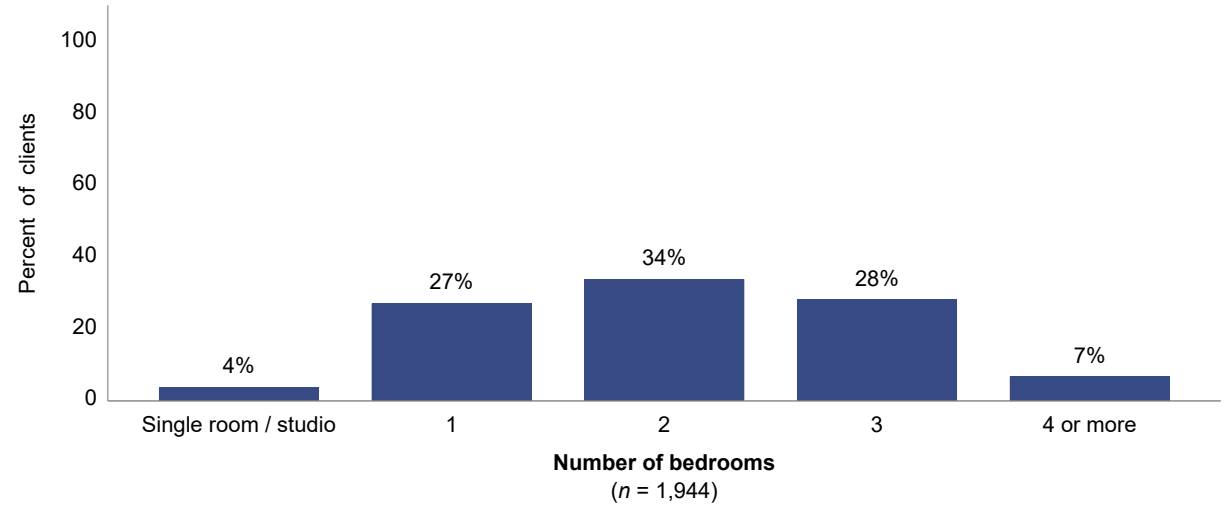


Figure A19. Number of Places Lived in Past 12 Months

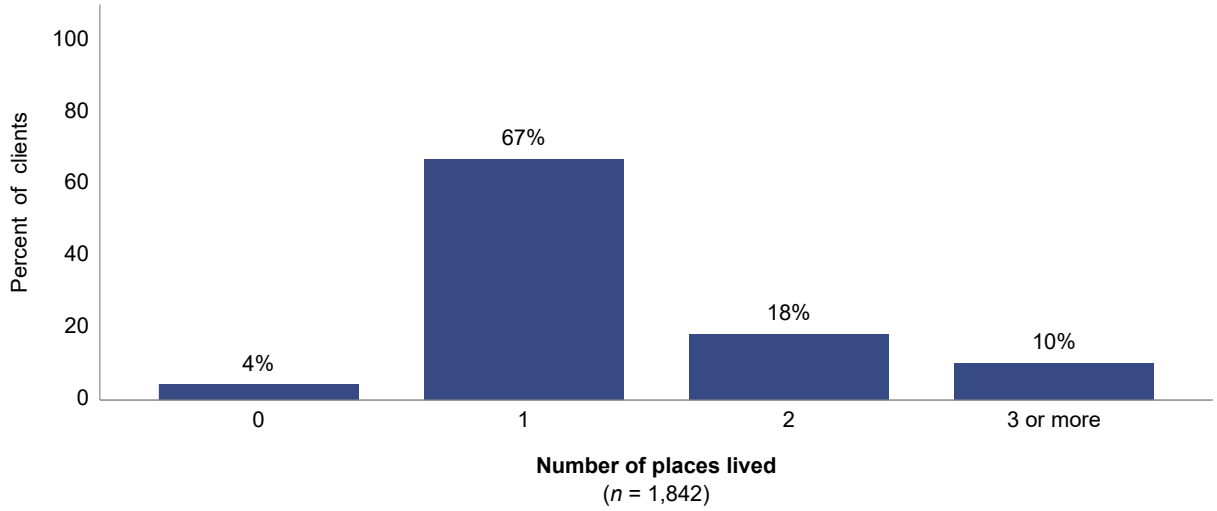


Figure A20. Length of Time at Current Residence

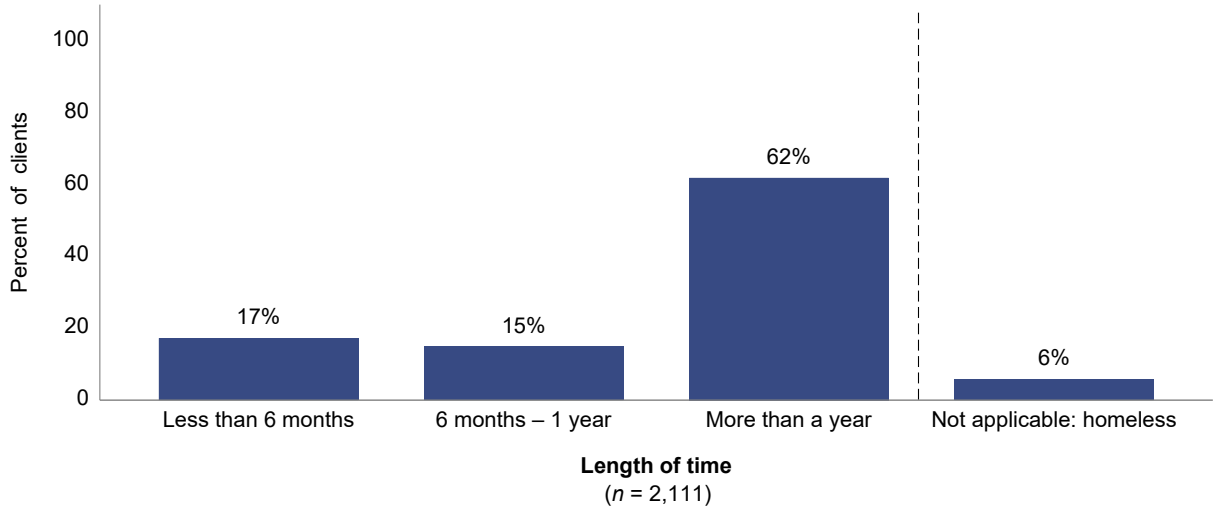


Figure A21. Nights Spent Homeless or Without a Place to Sleep in the Past 12 Months

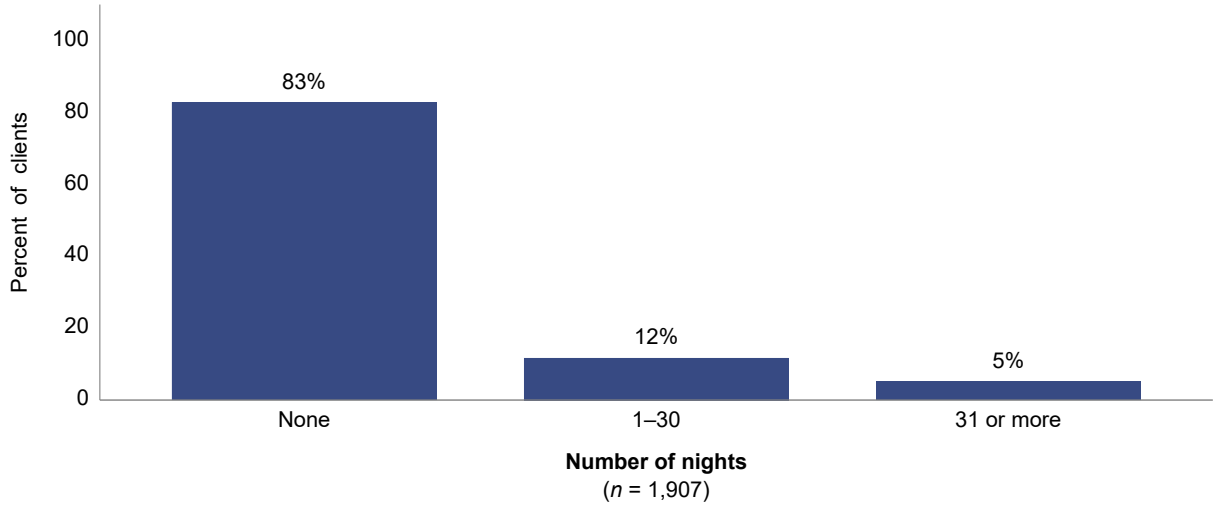


Figure A22. Had to Move Because Could No Longer Afford Home in the Past Three Years

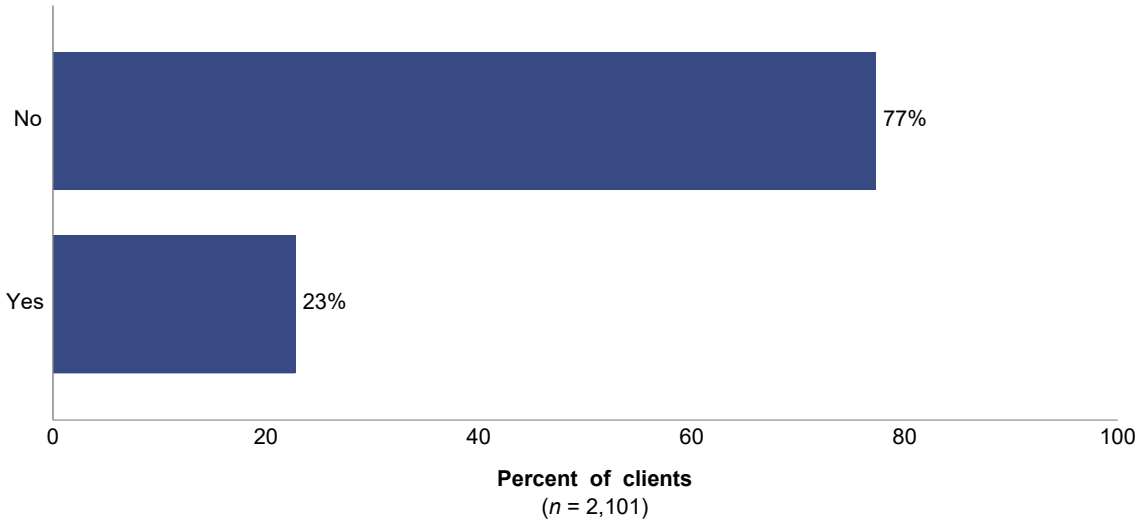


Figure A23. Had Trouble Obtaining Housing in the Past 12 Months

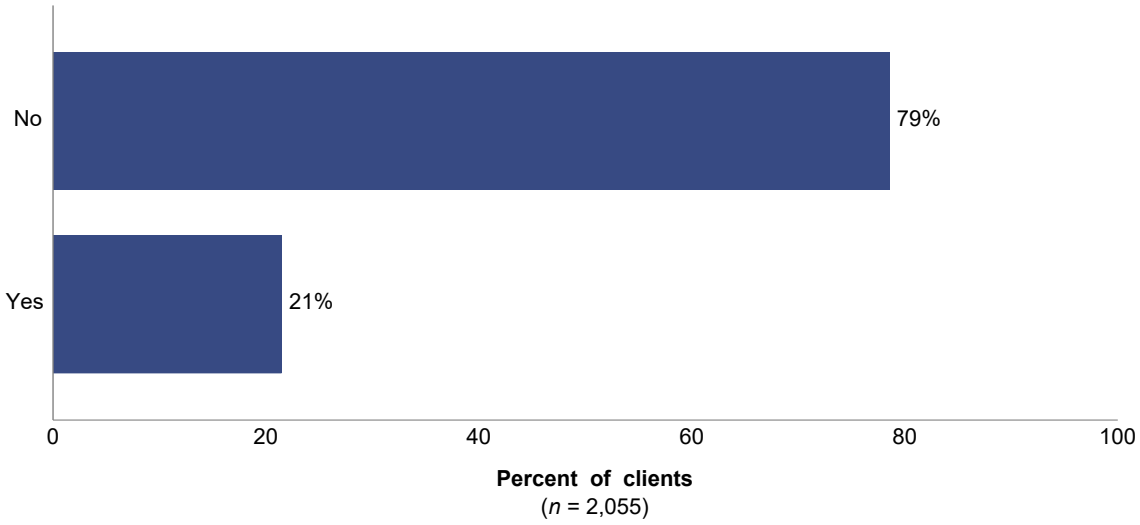
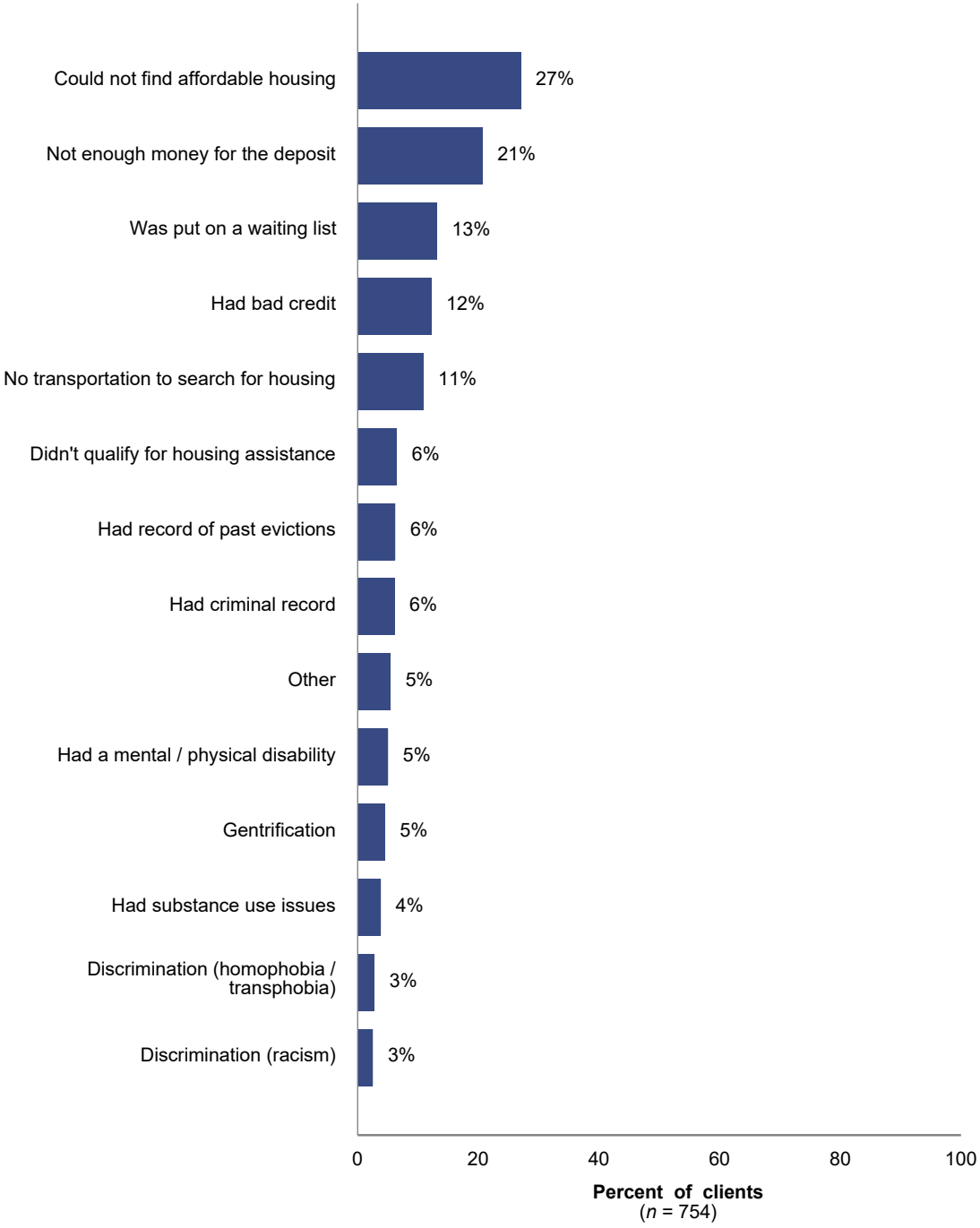
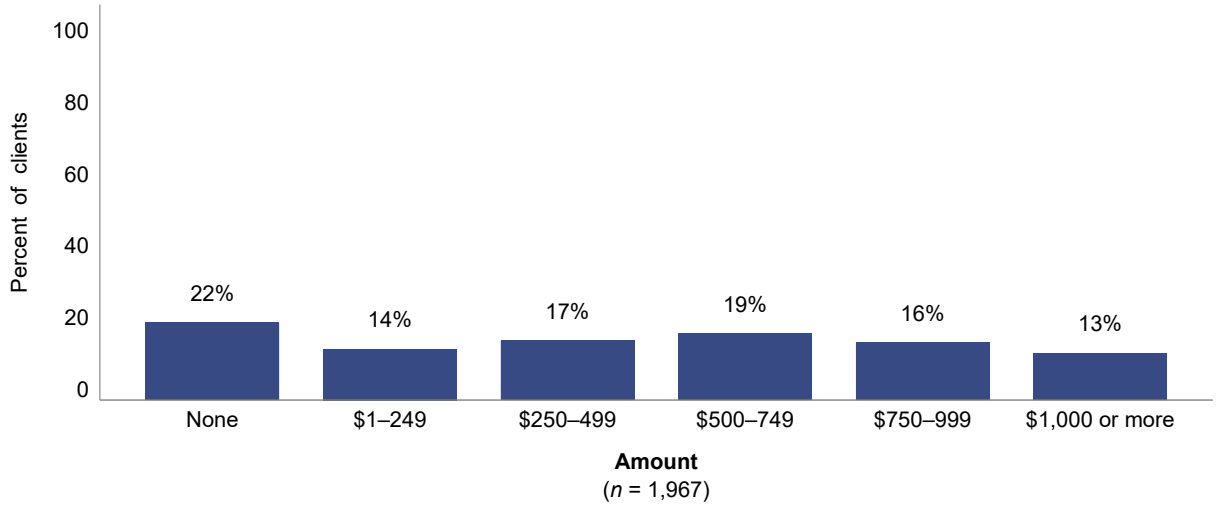


Figure A24. Barriers to Obtaining or Remaining in Housing



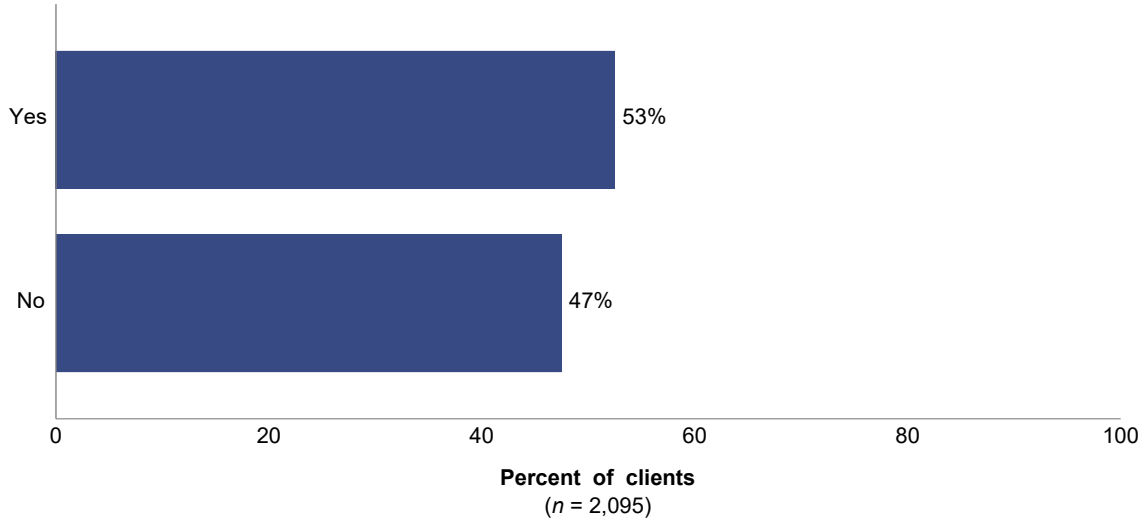
Note: Included in calculations but not presented in this figure are 353 individuals (46.8%) who selected *I didn't have any problems*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 754 individuals who responded to this question, 206 (27.3%) reported experiencing two or more barriers to obtaining housing.

Figure A25. *Rent/Mortgage Contribution Paid Out of Pocket*



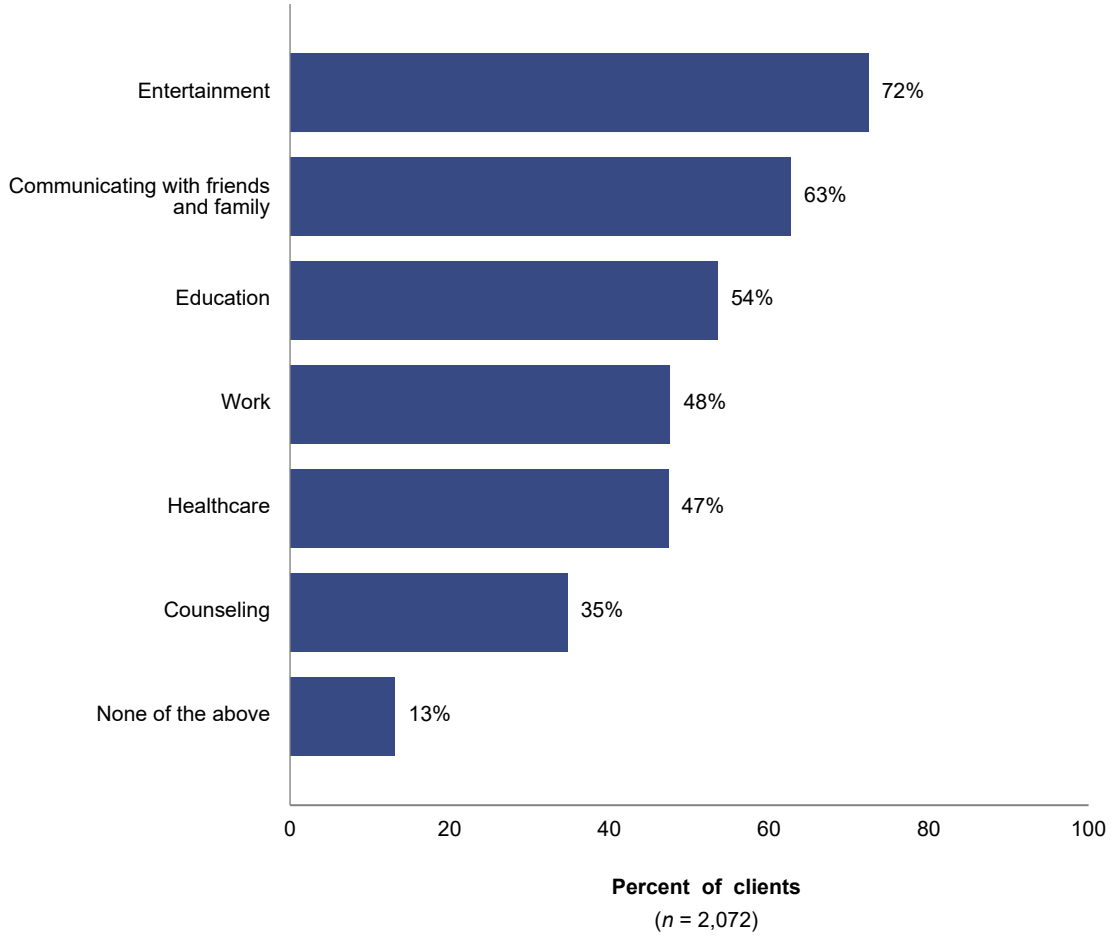
Note: Of the 1,543 individuals who reported that they do contribute to their rent/mortgage, 1,520 responded to a question about utilities. Of these 1,520 individuals, out-of-pocket rent/mortgage payments included the following utilities: *water* (40.9%), *electric* (39.4%), *garbage* (24.0%), *gas* (19.9%), or *no utilities* (45.7%). An additional 109 individuals responded to a question about utilities but did not identify their out-of-pocket rent/mortgage contribution. Of these 109 individuals, out-of-pocket rent/mortgage payments included the following utilities: *electric* (53.2%), *water* (48.6%), *gas* (27.5%), *garbage* (26.6%), or *no utilities* (31.2%).

Figure A26. *Had Difficulty Paying Rent, Mortgage, or Utility Bills in Past 12 Months*



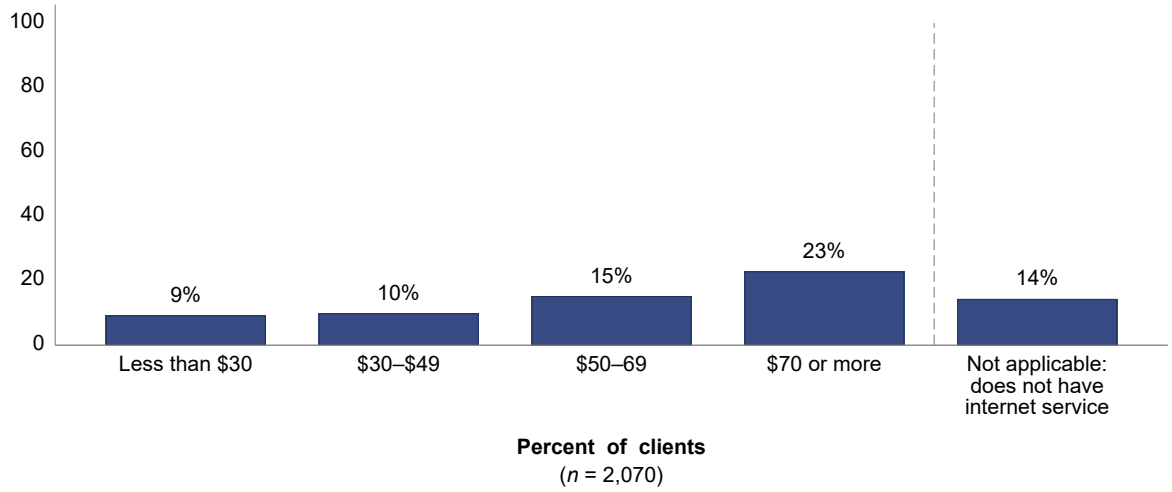
INTERNET USAGE

Figure A27. Ways of Using the Internet



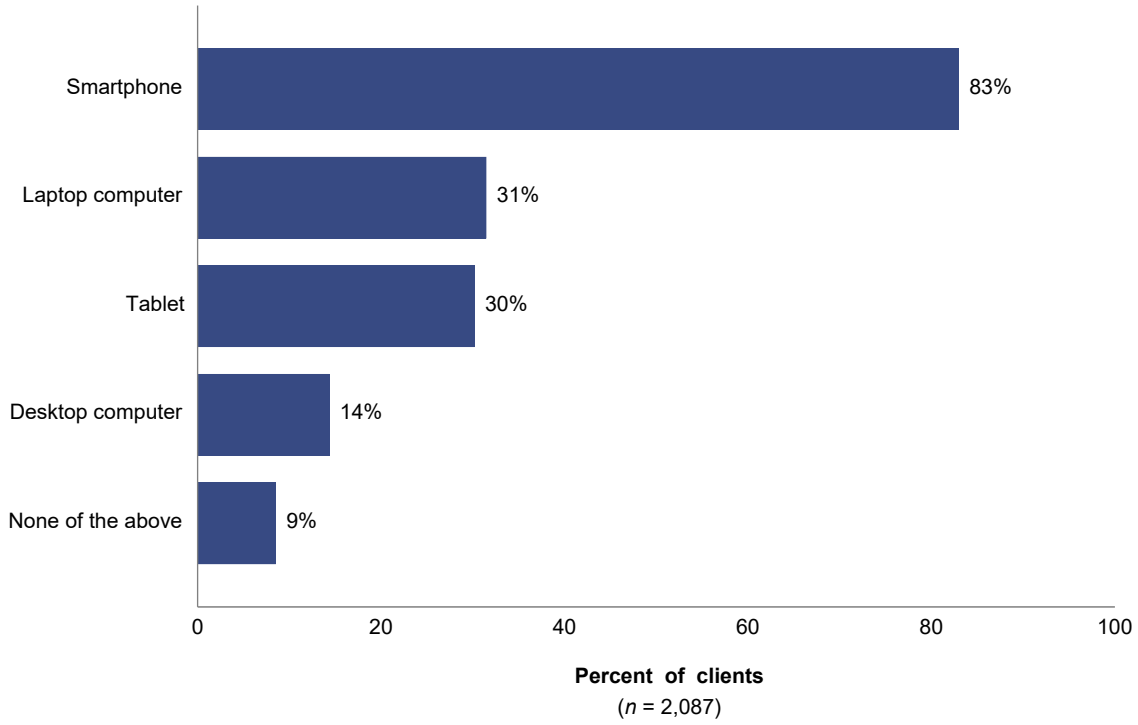
Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,072 individuals who responded to this question, 1,449 (69.9%) reported two or more ways of using the internet.

Figure A28. *Monthly Household Internet Cost*



Note: Included in calculations but not presented in this figure are 489 individuals (23.6%) who selected *I don't pay for internet services, but I do have internet services at my home or on my phone*, and 95 individuals (4.6%) who selected *I pay for internet services, but I'm not sure how much*.

Figure A29. *Devices Used by Respondents*



Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,087 individuals who responded to this question, 905 (43.4%) reported using two or more devices.

HIV CRIMINALIZATION IN LOUISIANA

Figure A30. Familiarity With Louisiana Laws Related to HIV

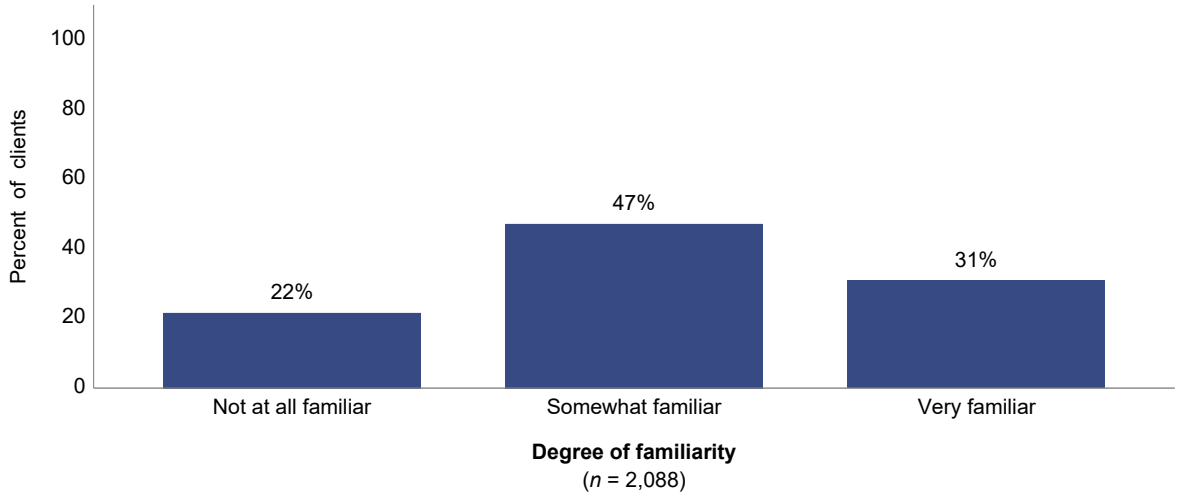
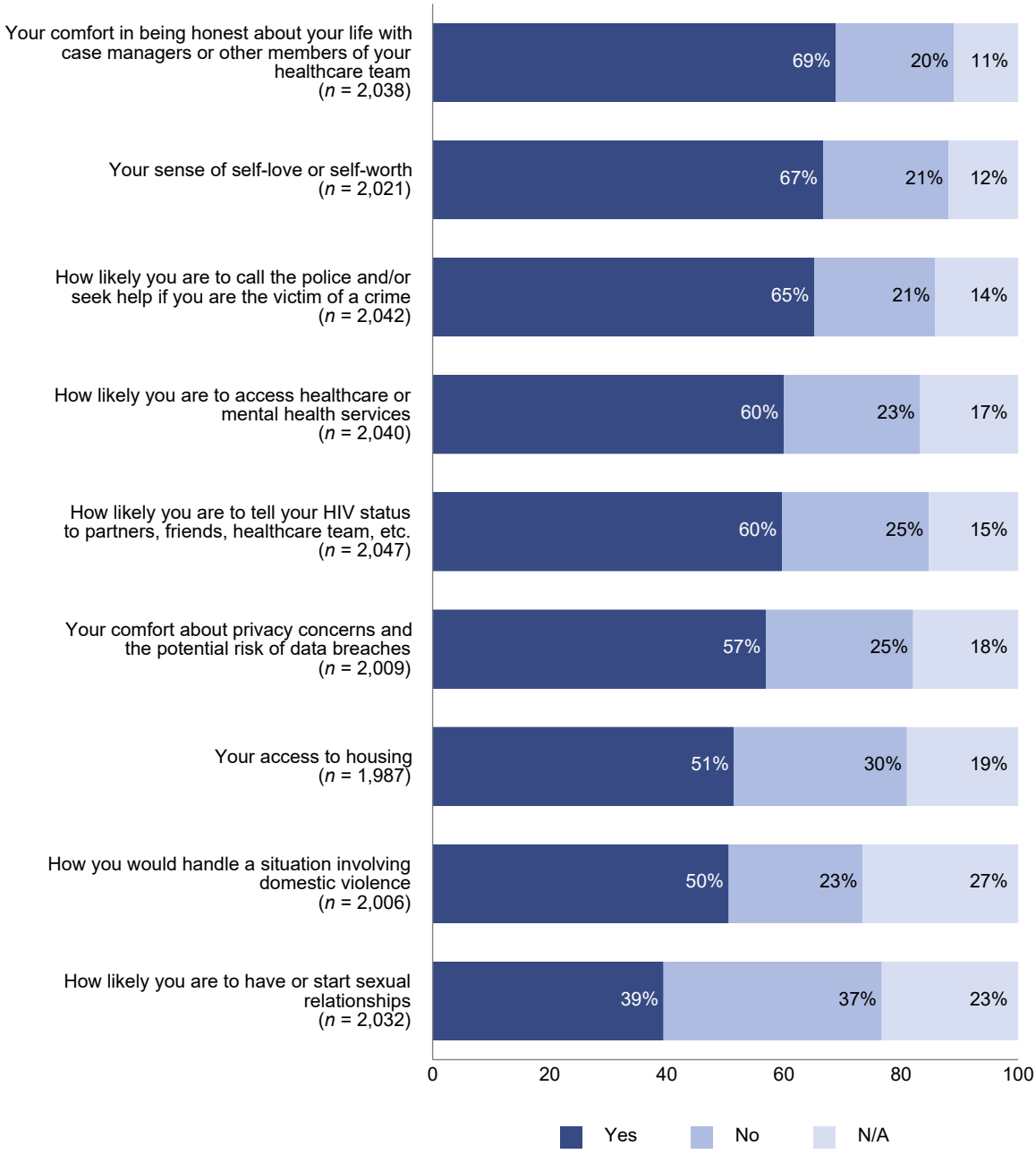


Figure A31. Have HIV Laws or Threats of HIV Criminalization Changed …



SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

Figure B1. Health Insurance Status

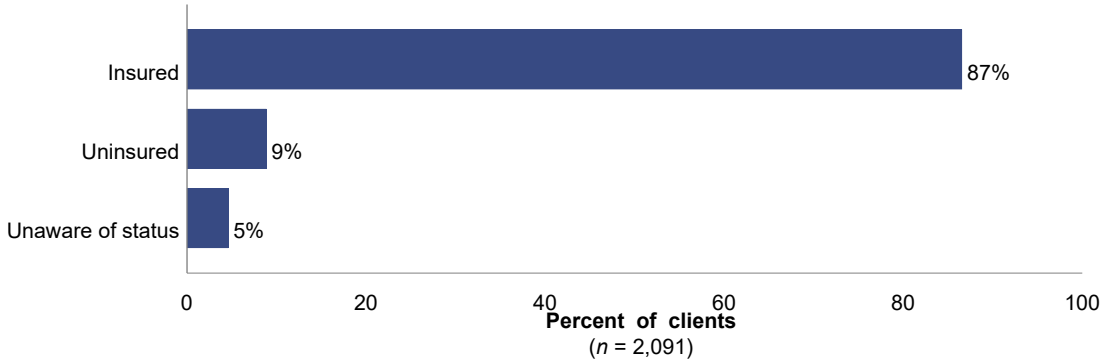
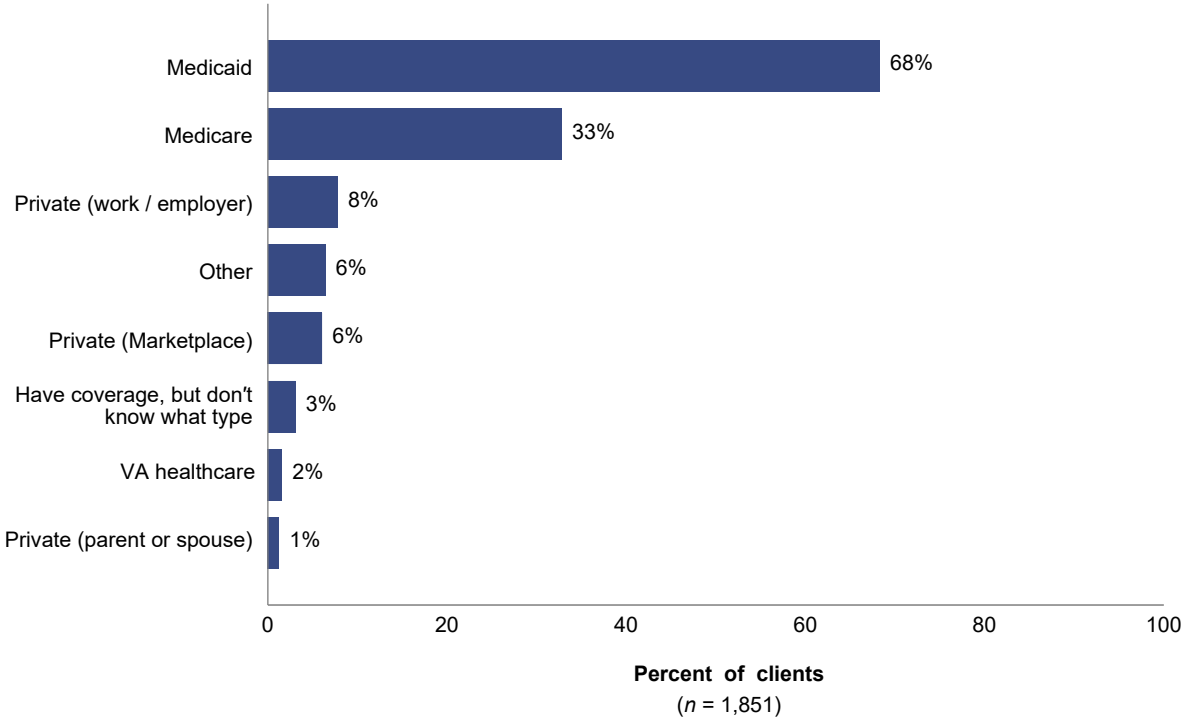
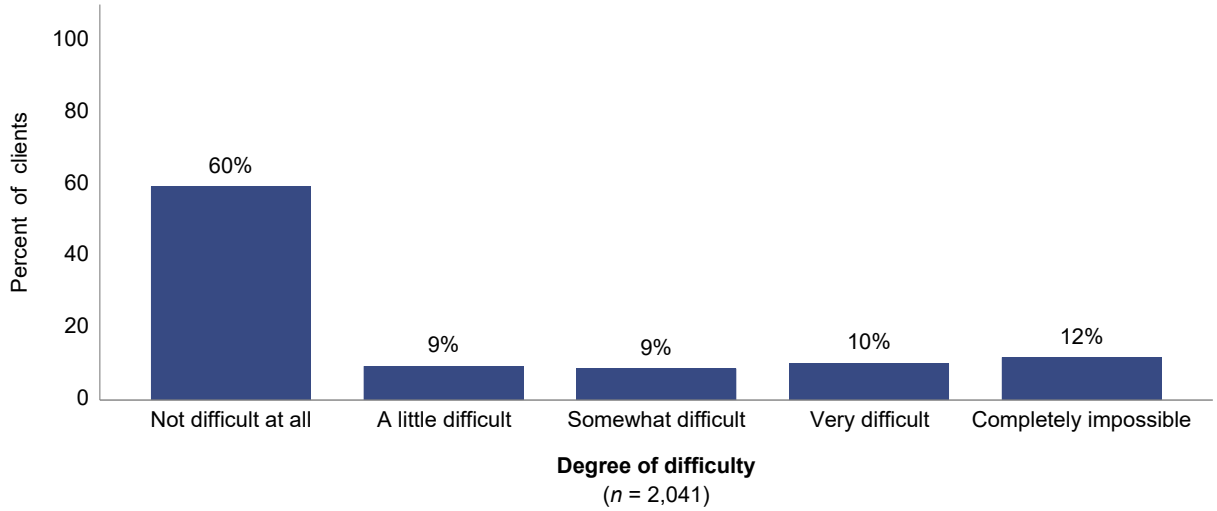


Figure B2. Sources of Health Insurance



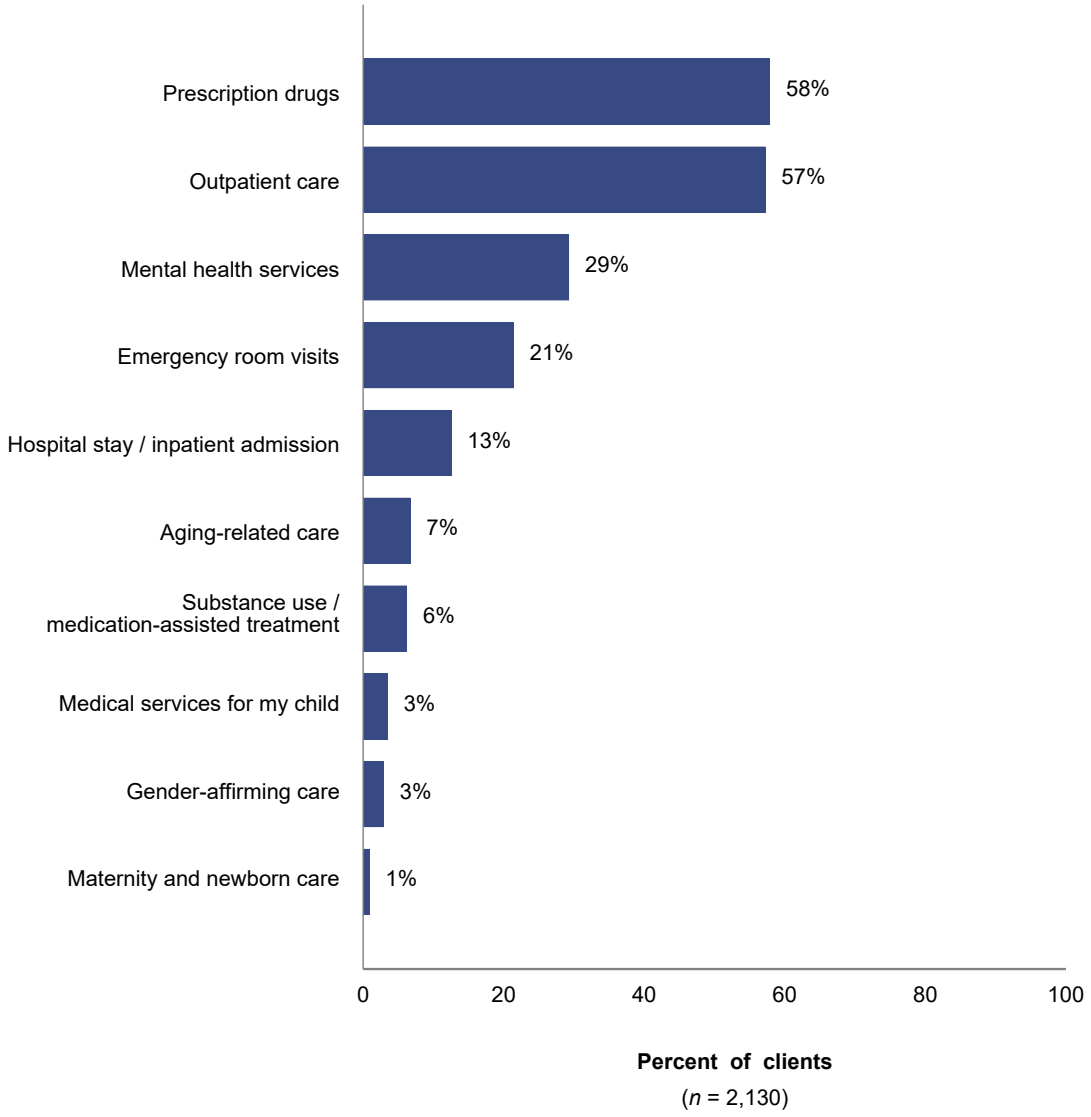
Note: Included in calculations but not presented in this figure are eight individuals (0.4%) who selected *TRICARE or other military health care*, and five individuals (0.3%) who selected *COBRA*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 1,851 individuals who responded to this question, 452 (24.4%) reported having two or more sources of health insurance.

Figure B3. Difficulties in Paying for HIV-Related Health Care Costs



MEDICAL SERVICES

Figure B4. Medical Services Needed in the Past 12 Months



Note: Included in calculations but not presented in this figure are 422 individuals (19.8%) who selected *I didn't need any of these services*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,130 individuals who responded to this question, 1,229 (57.7%) reported a need for two or more services.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

Figure C1. Overall Health

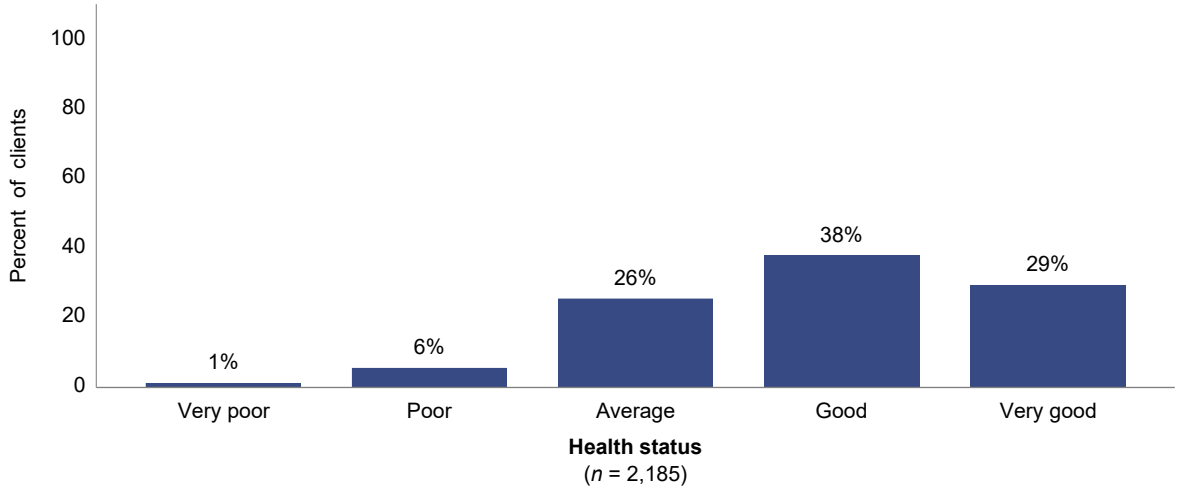


Figure C2. Current Viral Load

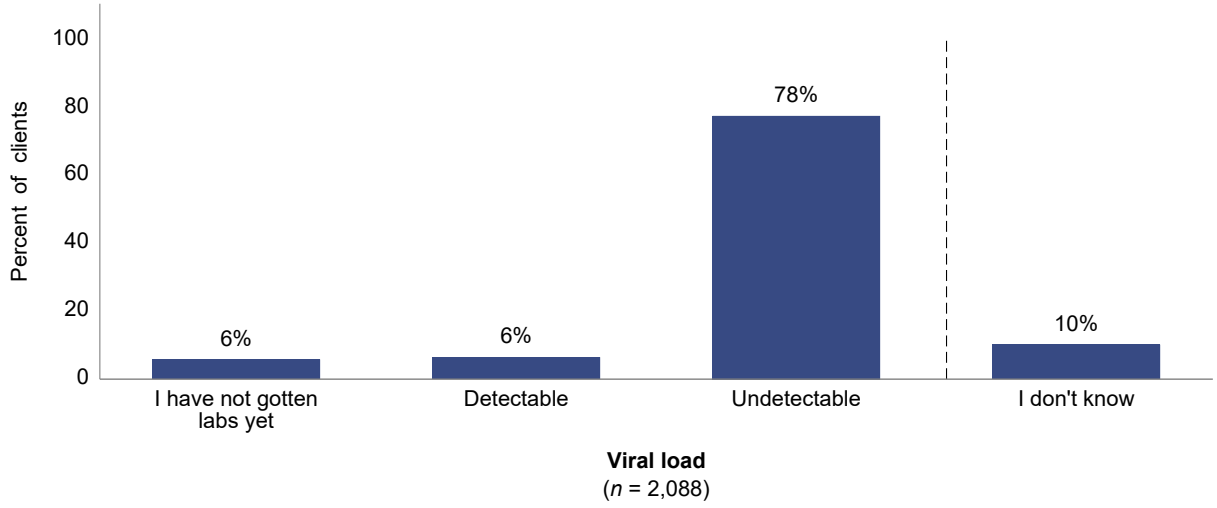


Figure C3. Self-Reported Depressive Symptoms Over the Past Two Weeks

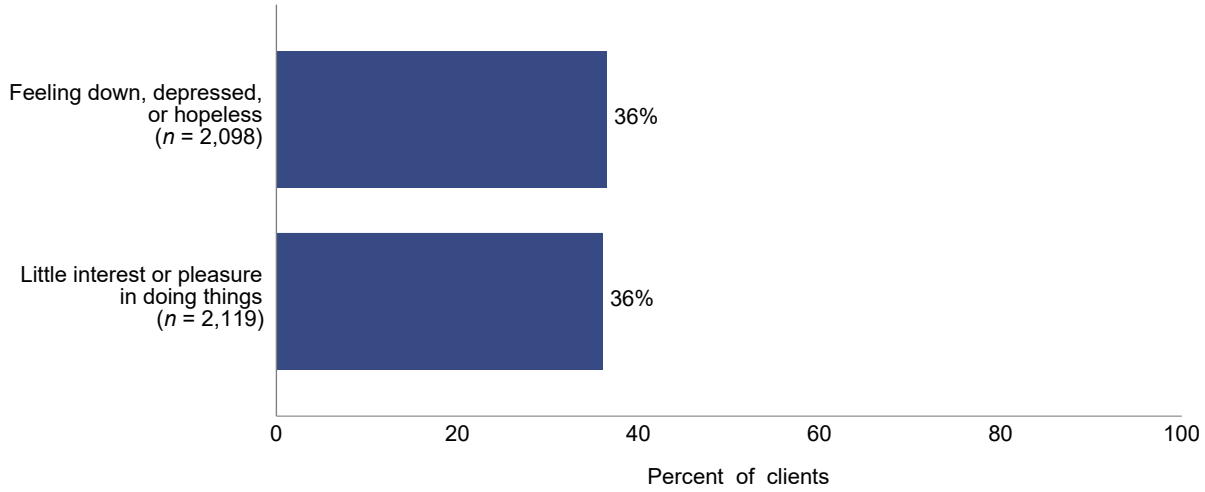
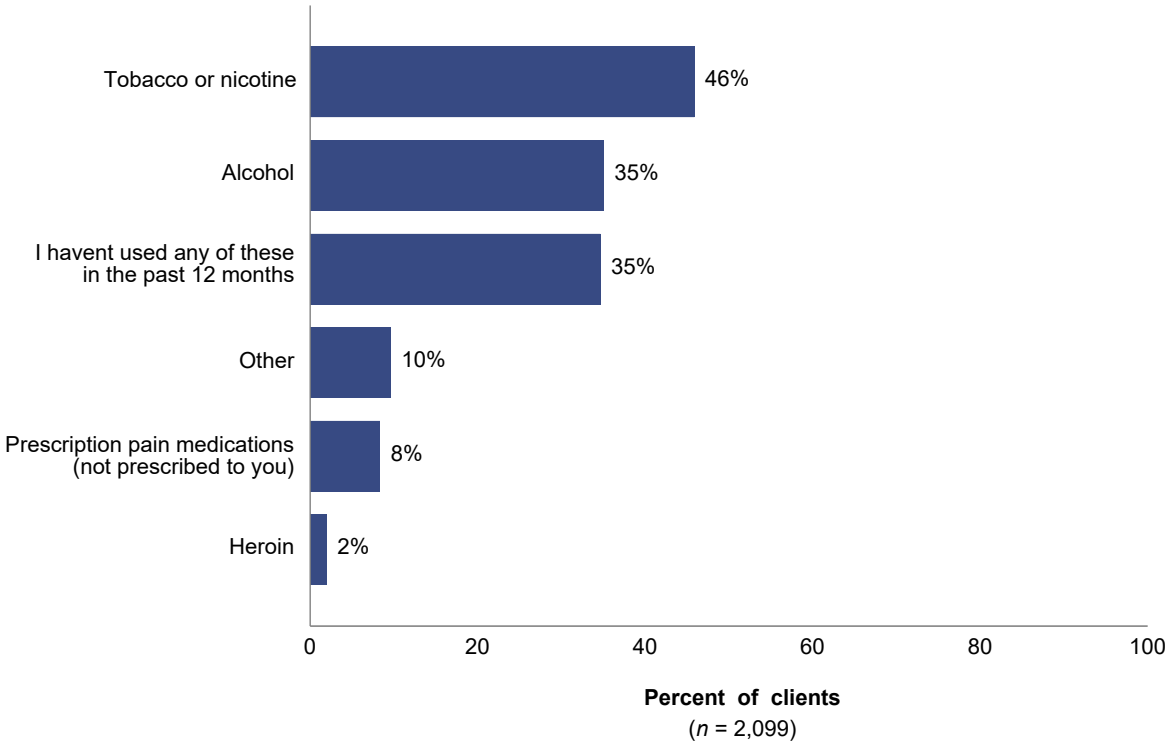


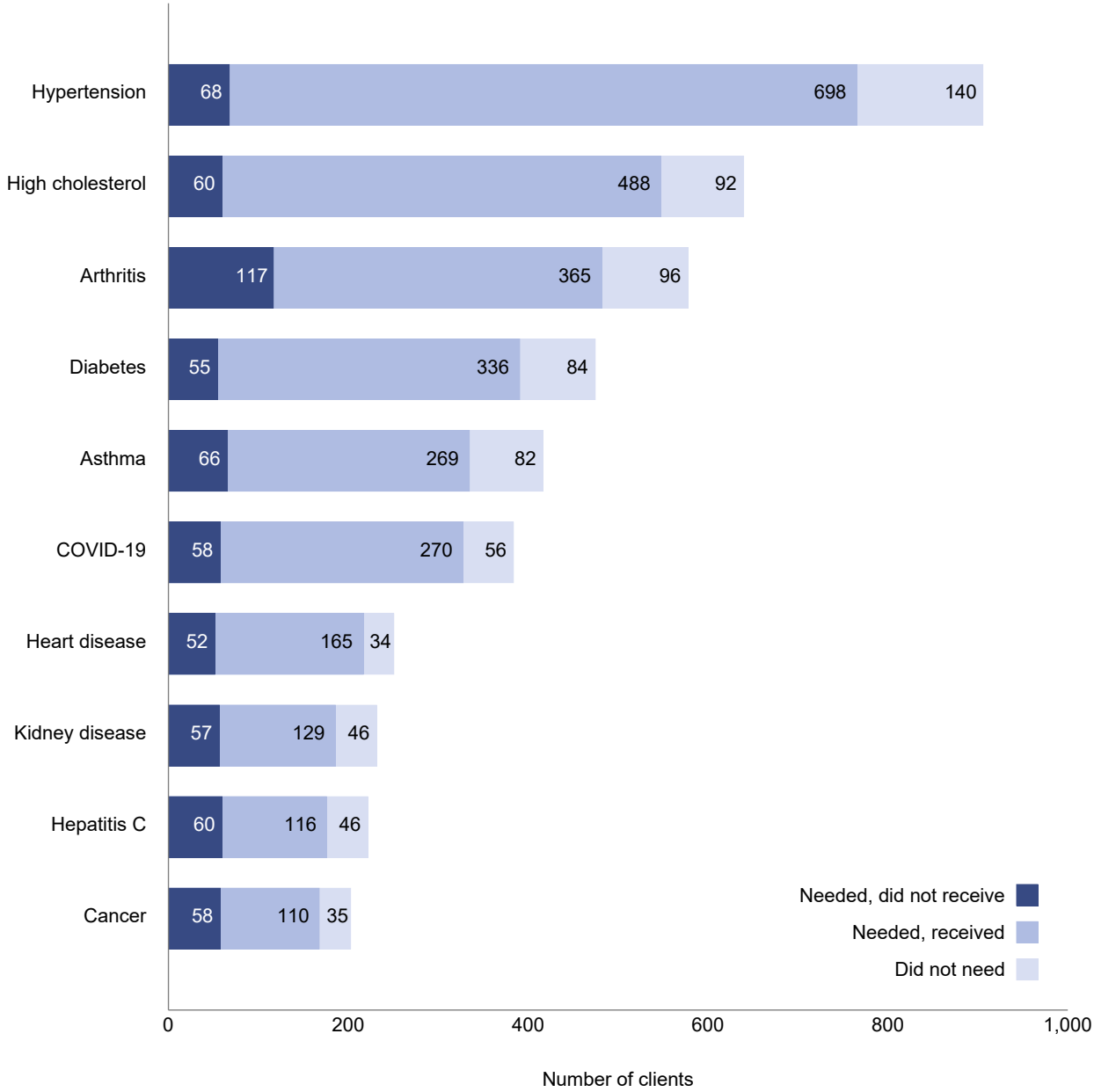
Figure C4. Self-Reported Substance Use in the Past 12 Months



Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,099 individuals who responded to this question, 596 (28.4%) reported using two or more substances.

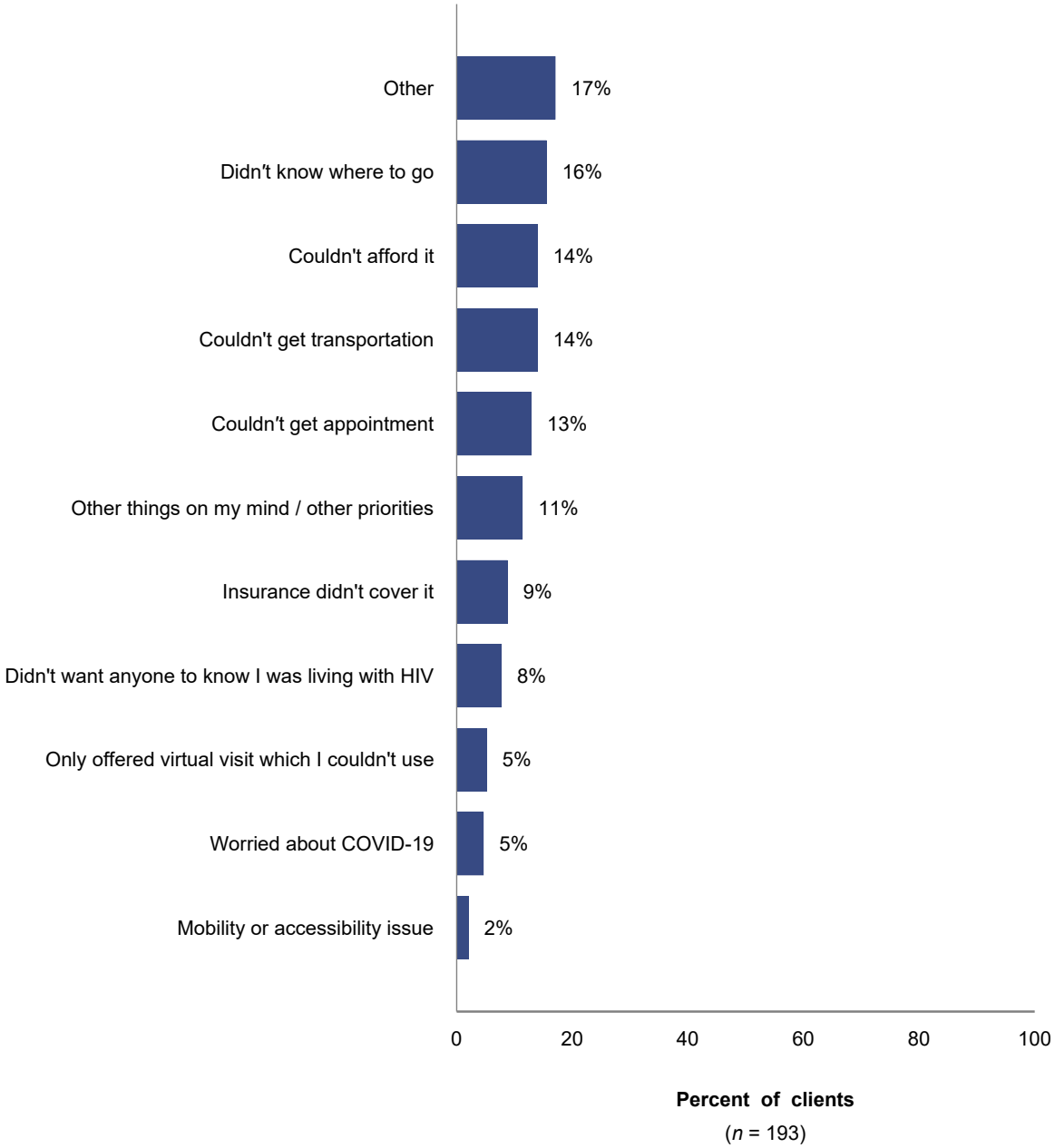
HEALTH DIAGNOSES AND CARE

Figure C5. Medical Diagnoses



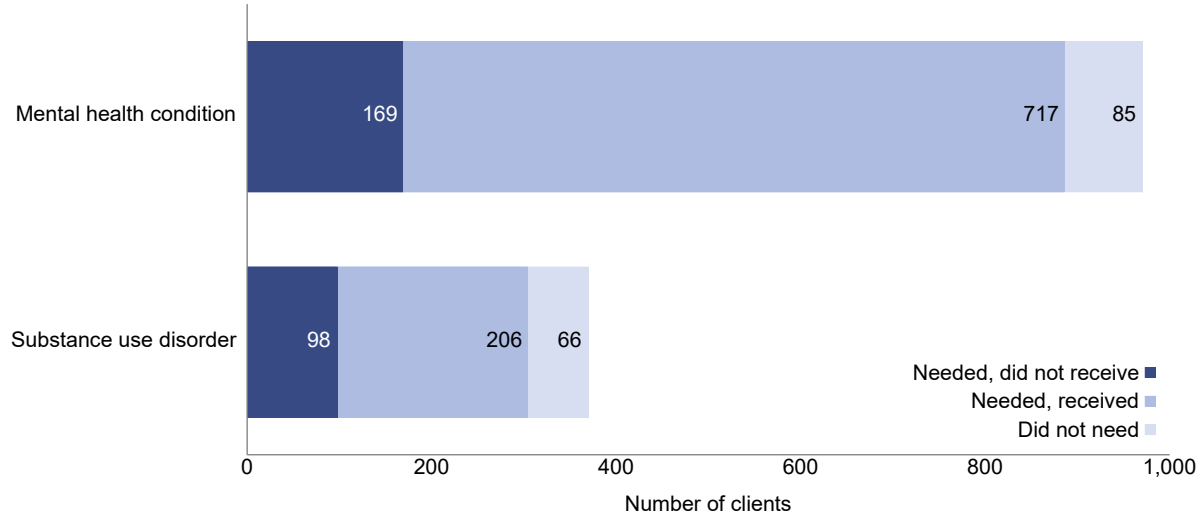
Note: One thousand and ninety-two respondents reported two or more medical diagnoses. One hundred and eight respondents reported their HIV diagnosis as an *other* medical condition. Included in calculations but not presented in this figure are 190 individuals who indicated that they were diagnosed with some *other* medical condition, of which 33 did not need treatment, 144 needed and received treatment, and 13 needed and did not receive treatment. Seventy-nine individuals indicated a second *other* medical condition, of which 20 did not need treatment, 20 needed and received treatment, and 39 needed and did not receive treatment. Thirty-one individuals indicated a third *other* medical condition, of which 12 did not need treatment, 15 needed and received treatment, and 4 needed and did not receive treatment.

Figure C6. Reasons Did Not Receive Needed Medical Care



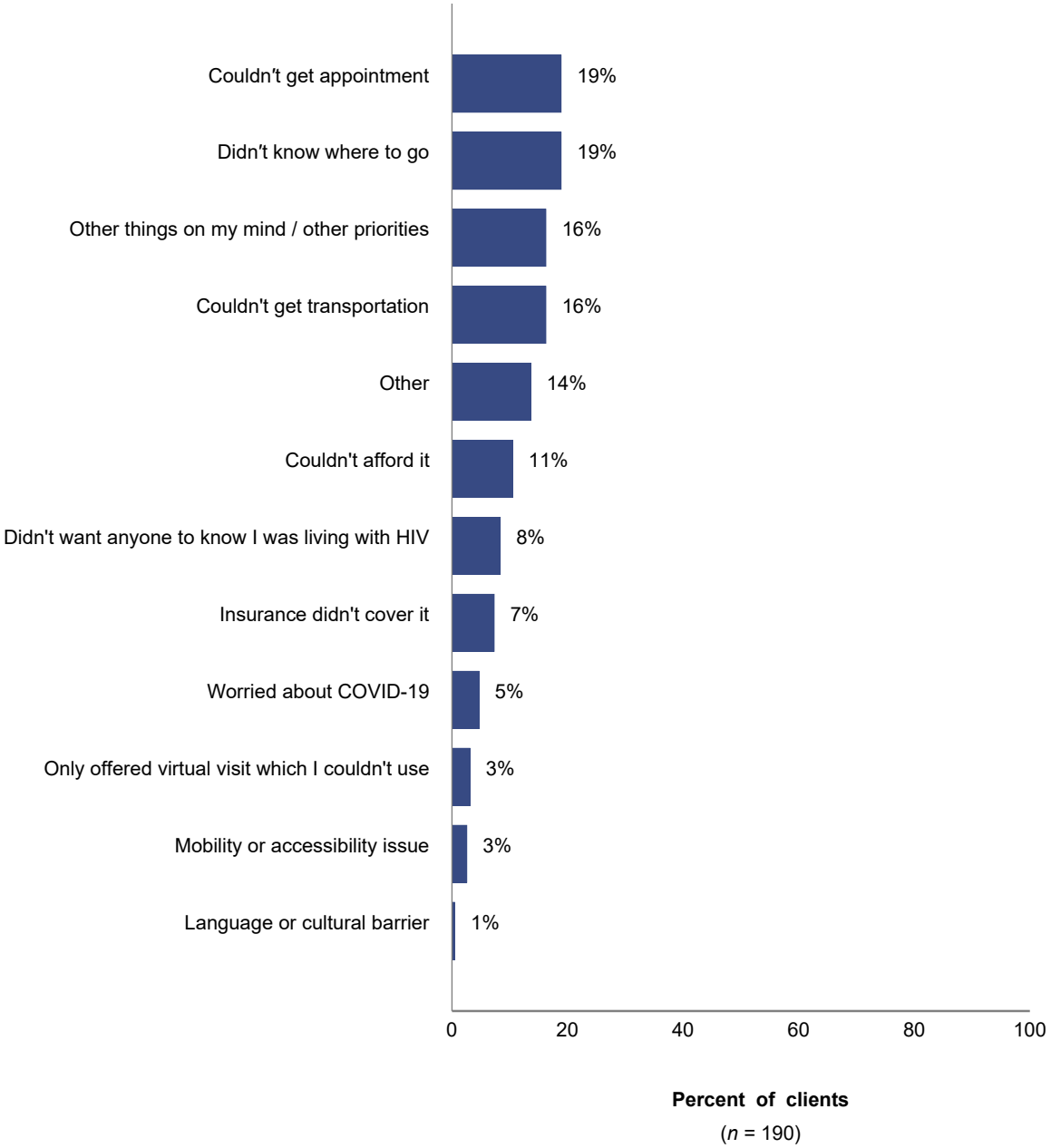
Note: Included in calculations but not presented in this figure are 55 individuals (28.5%) who selected *not applicable, I did receive the needed medical care*. No individuals selected *I had a language or cultural barrier*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 193 individuals who responded to this question, 46 (23.8%) selected two or more reasons.

Figure C7. Behavioral Health Diagnoses



Note: Two hundred and ninety-five respondents reported two or more behavioral health diagnoses. Included in calculations but not presented in this figure are 32 individuals who indicated that they were diagnosed with some *other* behavioral health condition, of which 12 did not need treatment, 14 needed and received treatment, and 6 needed and did not receive treatment. Twelve individuals indicated a second *other* behavioral health condition, of which 7 did not need treatment and 5 needed and received treatment. Ten individuals indicated a third *other* behavioral health condition, of which 9 did not need treatment and 1 needed and did not receive treatment.

Figure C8. Reasons Did Not Receive Needed Behavioral Health Care



Note: Included in calculations but not presented in this figure are 49 individuals (25.8%) who selected *not applicable, I did receive the care I needed*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 190 individuals who responded to this question, 52 (27.4%) selected two or more reasons.

HEALTH SEEKING BEHAVIOR

Figure C9. In-person HIV-Related Medical Care Visits in the Past 12 Months

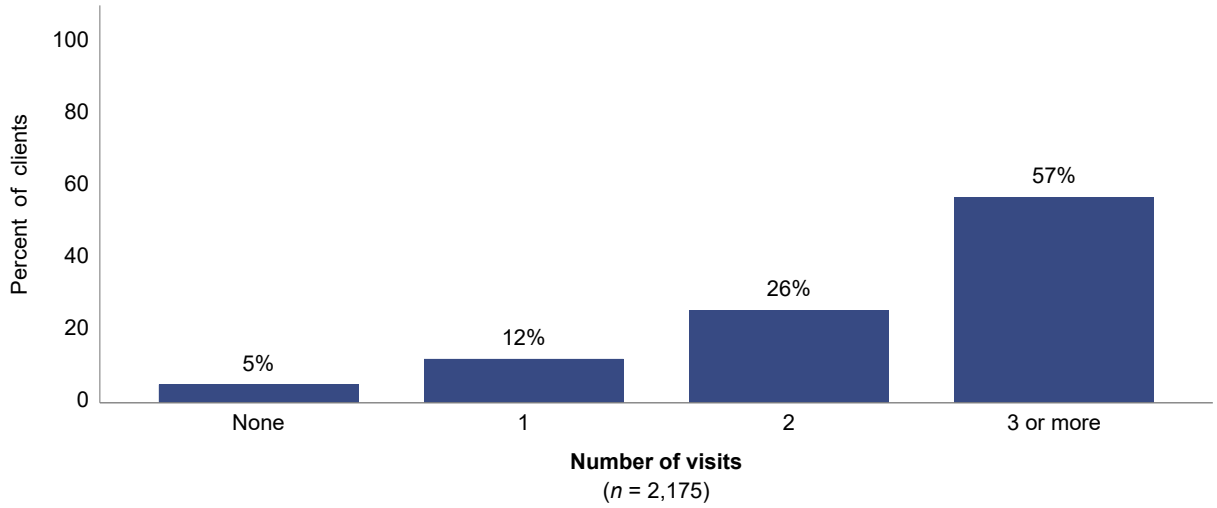


Figure C10. HIV-Related Medical Care Visits via Telehealth in the Past 12 Months

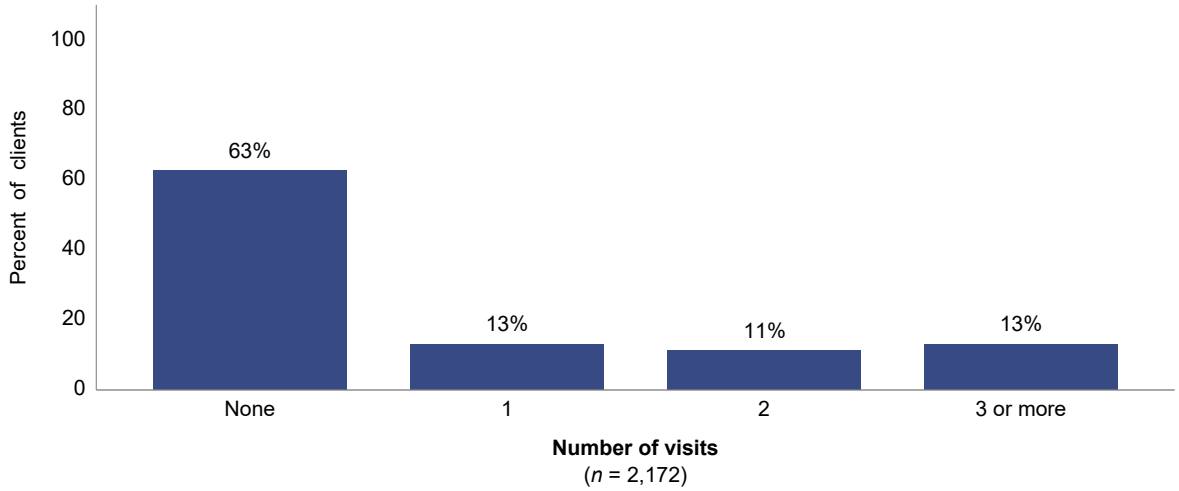


Figure C11. Place Where Respondent Regularly Receives Medical Care, Including HIV-Related Care

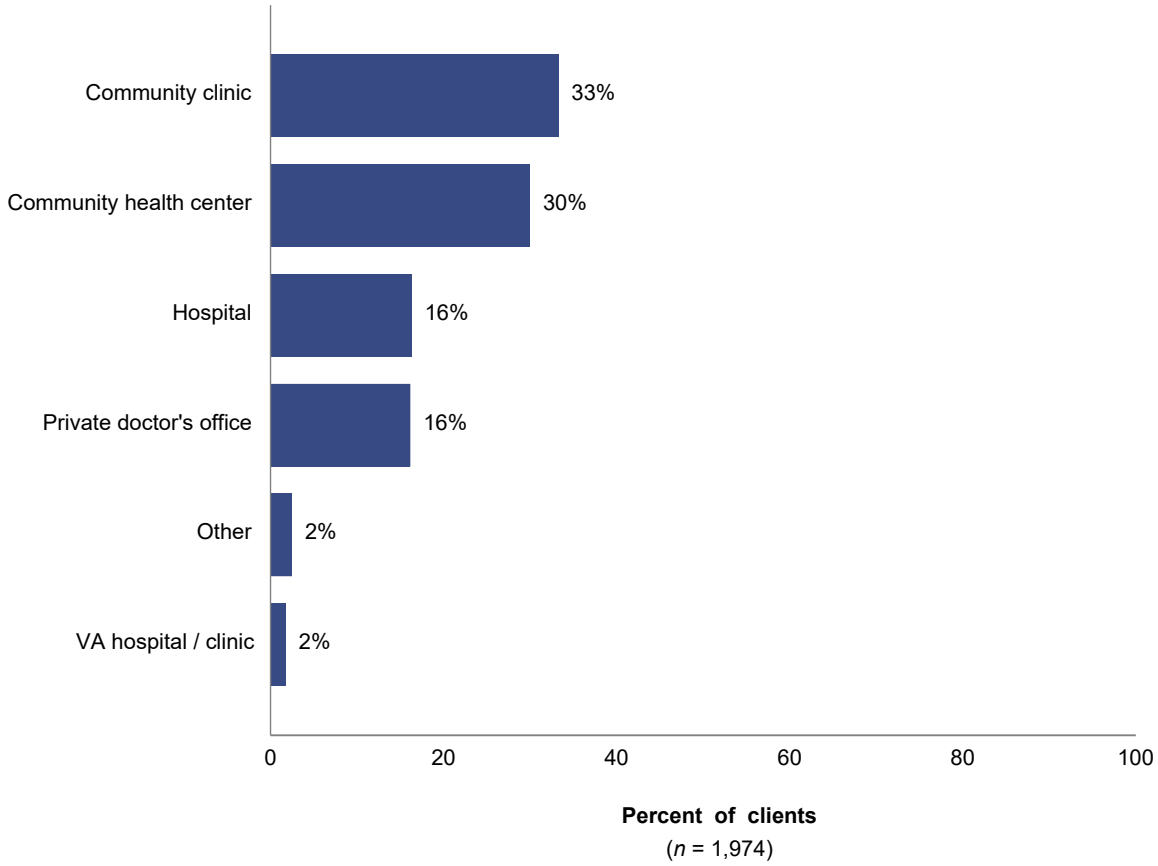
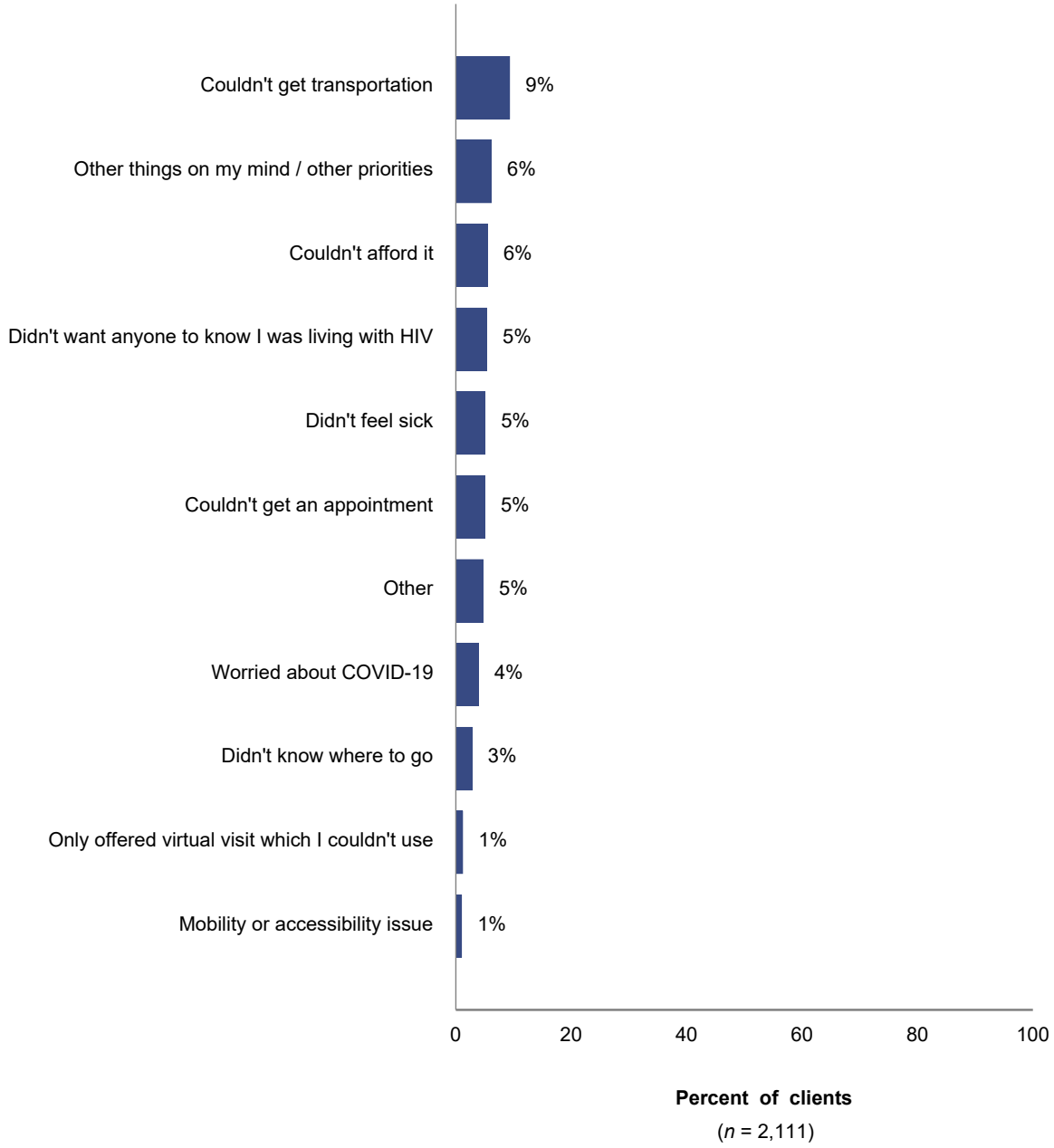
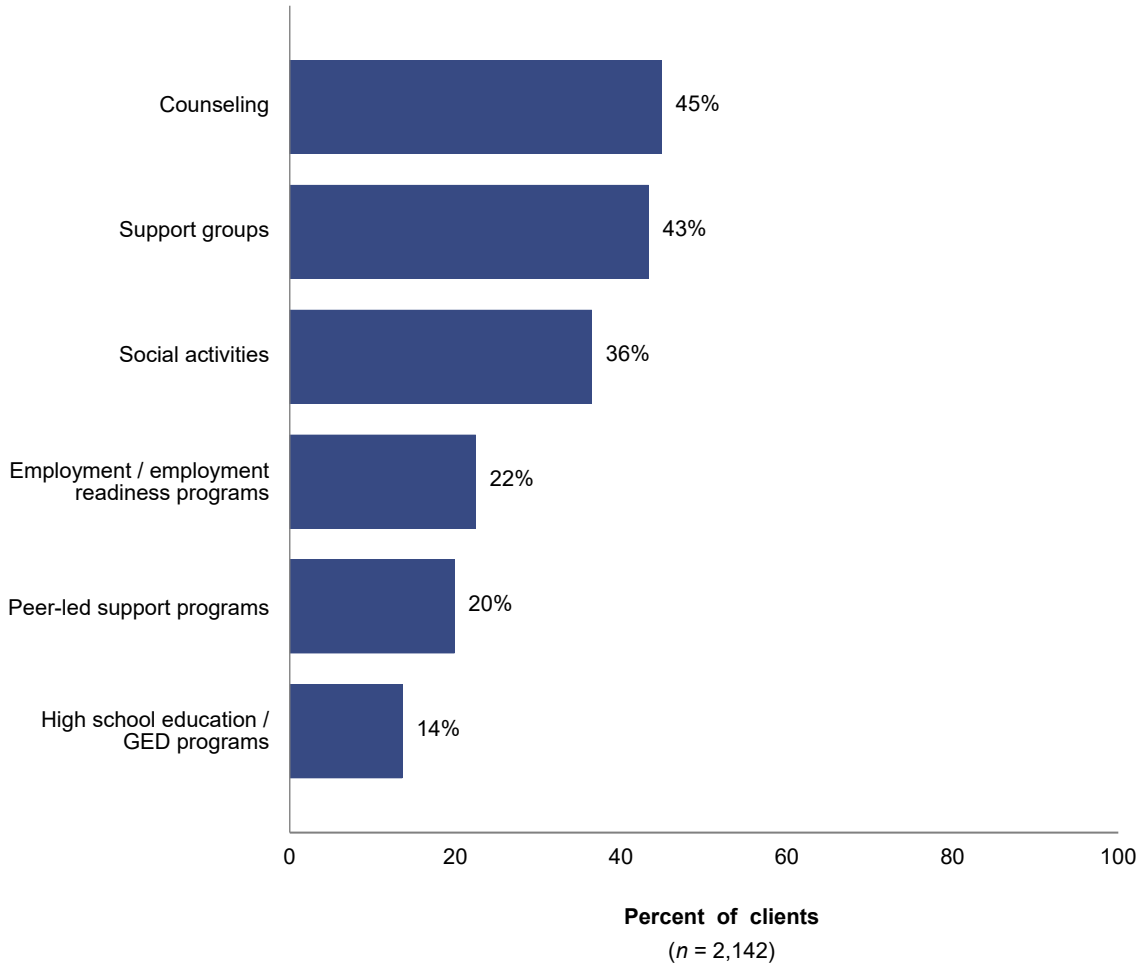


Figure C12. Barriers to Receiving Needed Medical Care



Note: Included in calculations but not presented in this figure are 1,381 individuals (65.4%) who selected *not applicable, I did receive the medical care I needed* and 10 individuals (0.5%) who selected *I had a language or cultural barrier*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,111 individuals who responded to this question, 225 (10.7%) selected two or more barriers.

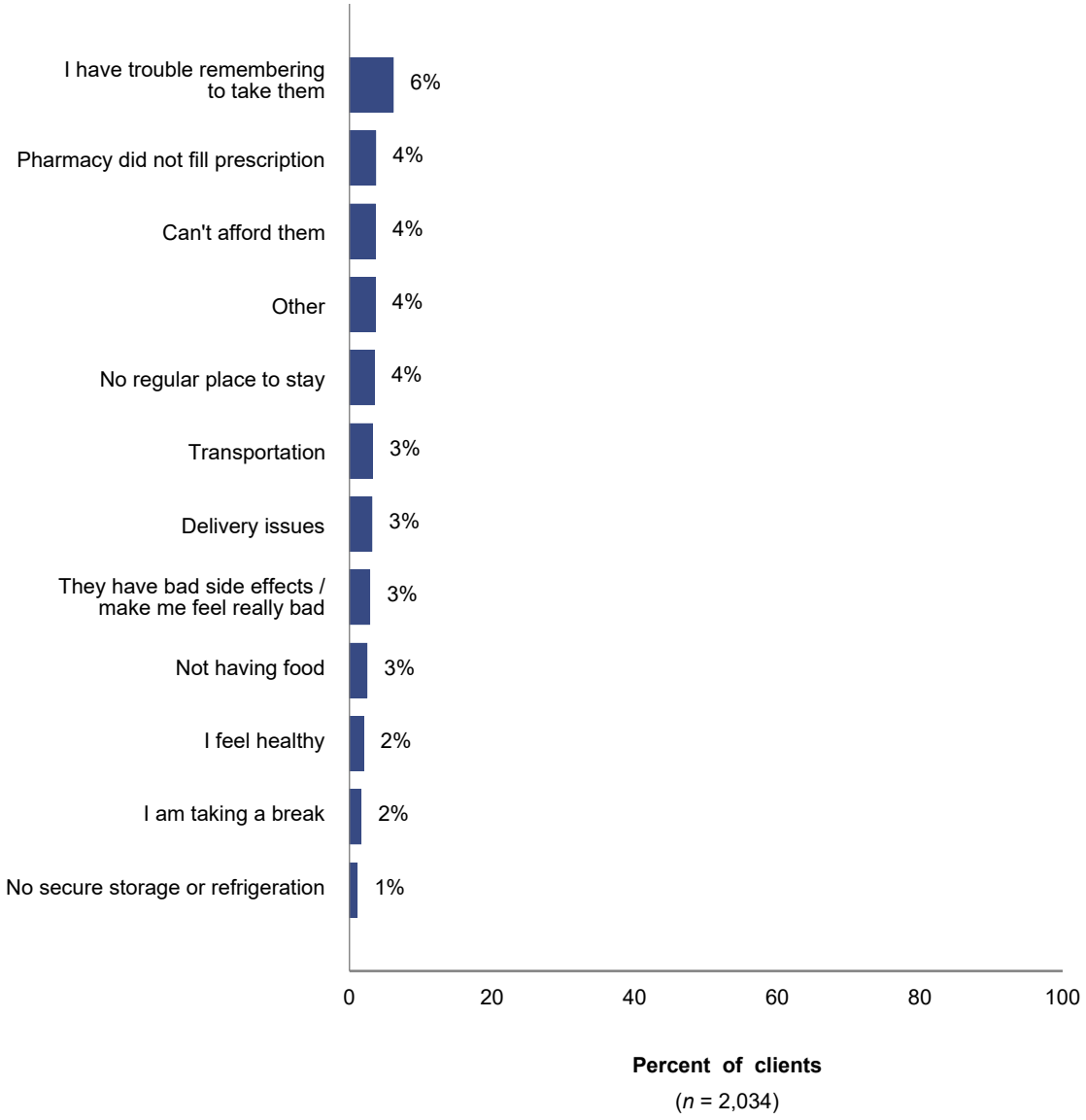
Figure C13. Interest in Psychosocial Support



Note: Included in calculations but not presented in this figure are 474 individuals (22.1%) who selected *I would not use any of these programs*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,142 individuals who responded to this question, 1,009 (47.1%) selected two or more types of support.

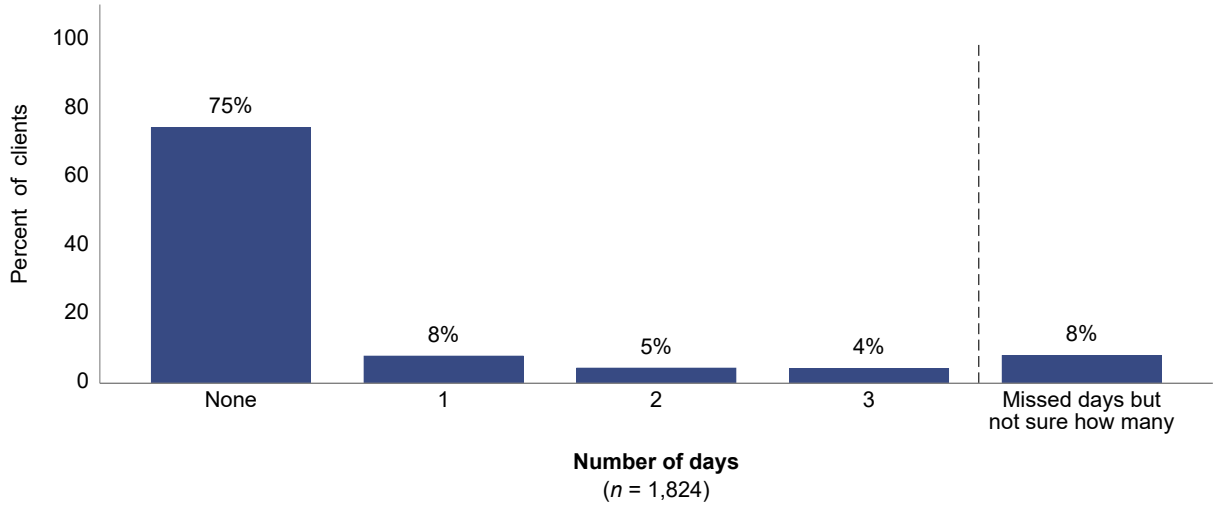
HIV MEDICATION AND MEDICAL ADHERENCE

Figure C14. Reasons for Not Taking HIV Medication in the Past 12 Months



Note: Included in calculations but not presented in this figure are 444 individuals (21.8%) who selected *not applicable: I haven't been prescribed any HIV medications* and 1,112 individuals (54.7%) who selected *none of these. I have taken my HIV medications as prescribed for the past 12 months*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 2,034 individuals who responded to this question, 168 (8.3%) selected two or more reasons.

Figure C15. Number of Days Respondent Did Not Take Full HIV-Medication Regimen in the Past Three Days



Note: Respondents were subsequently asked to estimate their current viral load. Of the 149 respondents who indicated that they missed days but were not sure how many, 72 individuals indicated *undetectable/virally suppressed,* 32 individuals reported *detectable (more than 200 copies/mL),* 16 individuals reported *I haven't gotten my labs yet,* and 29 individuals reported *I don't know*.

SECTION D. NEED AND USE OF SERVICES

Figure D1. Need and Receipt of Core Medical Services

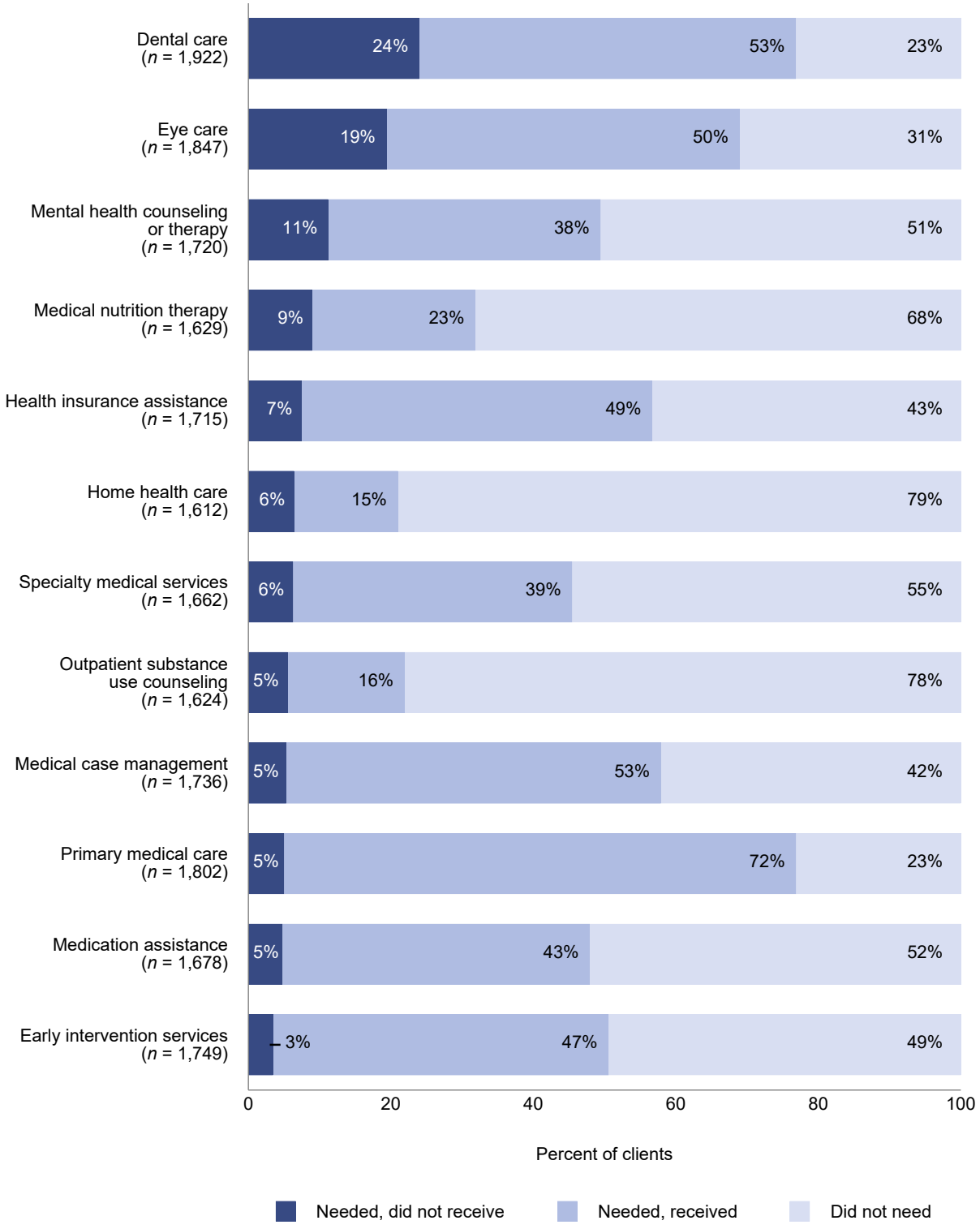


Figure D2. Need and Receipt of Supportive Services

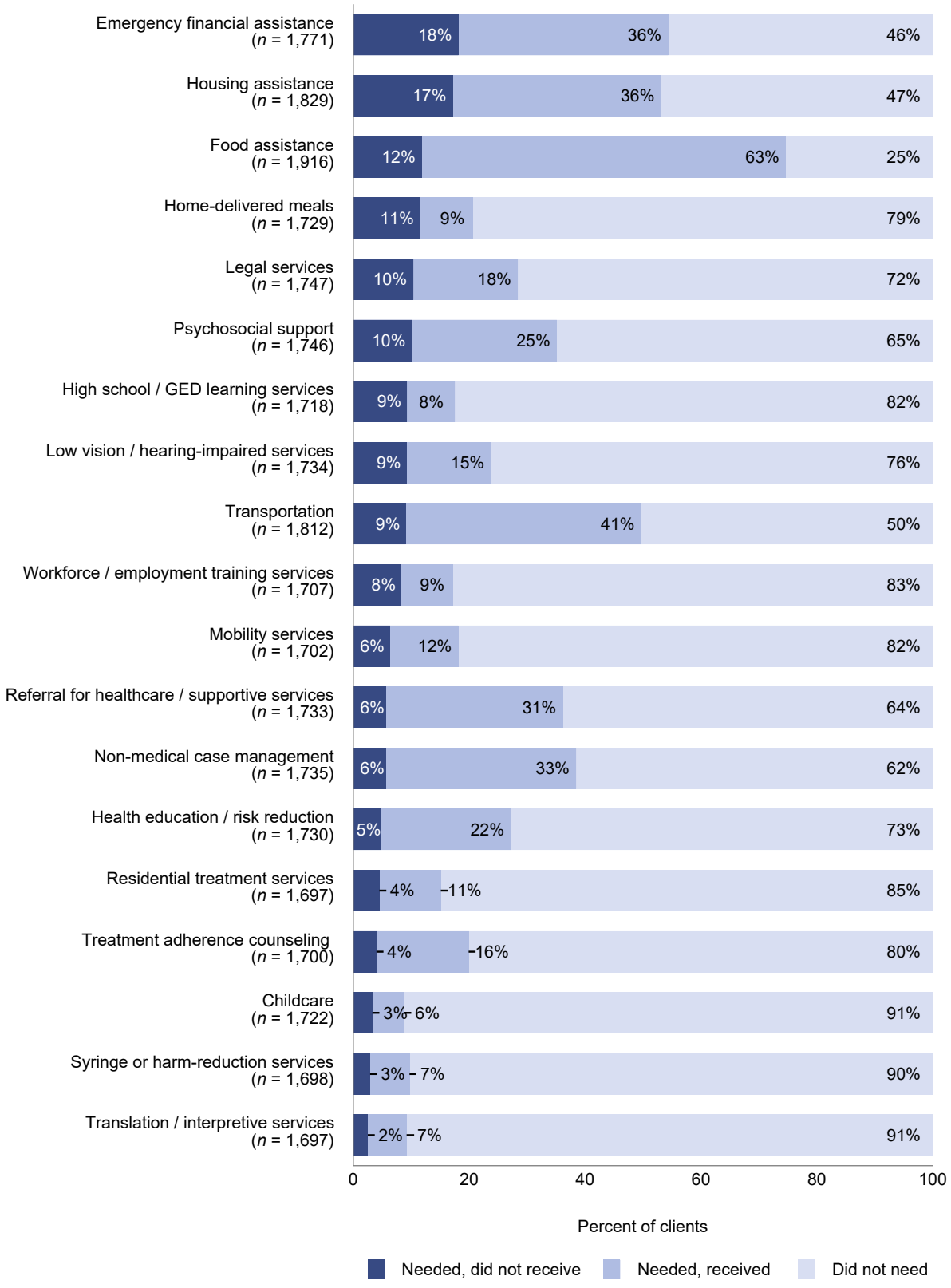
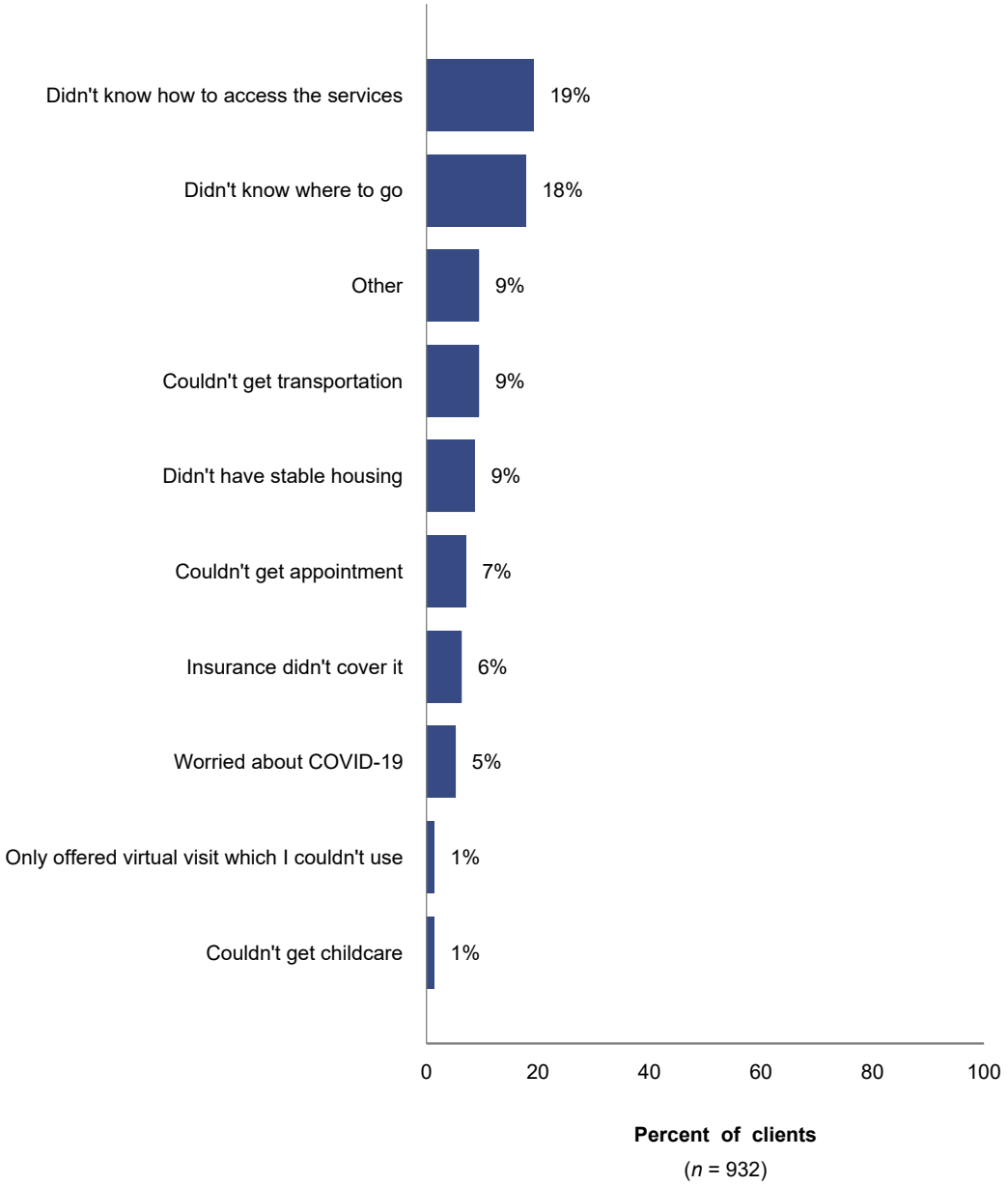


Figure D3. Reasons for Not Receiving Needed Core Medical and Supportive Services



Note: Included in calculations but not presented in this figure are 439 individuals (47.1%) who selected *not applicable, I did receive the services I needed.* Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 932 individuals who responded to this question, 171 (18.3%) selected two or more reasons.

Figure D4. Need and Receipt of Housing Services

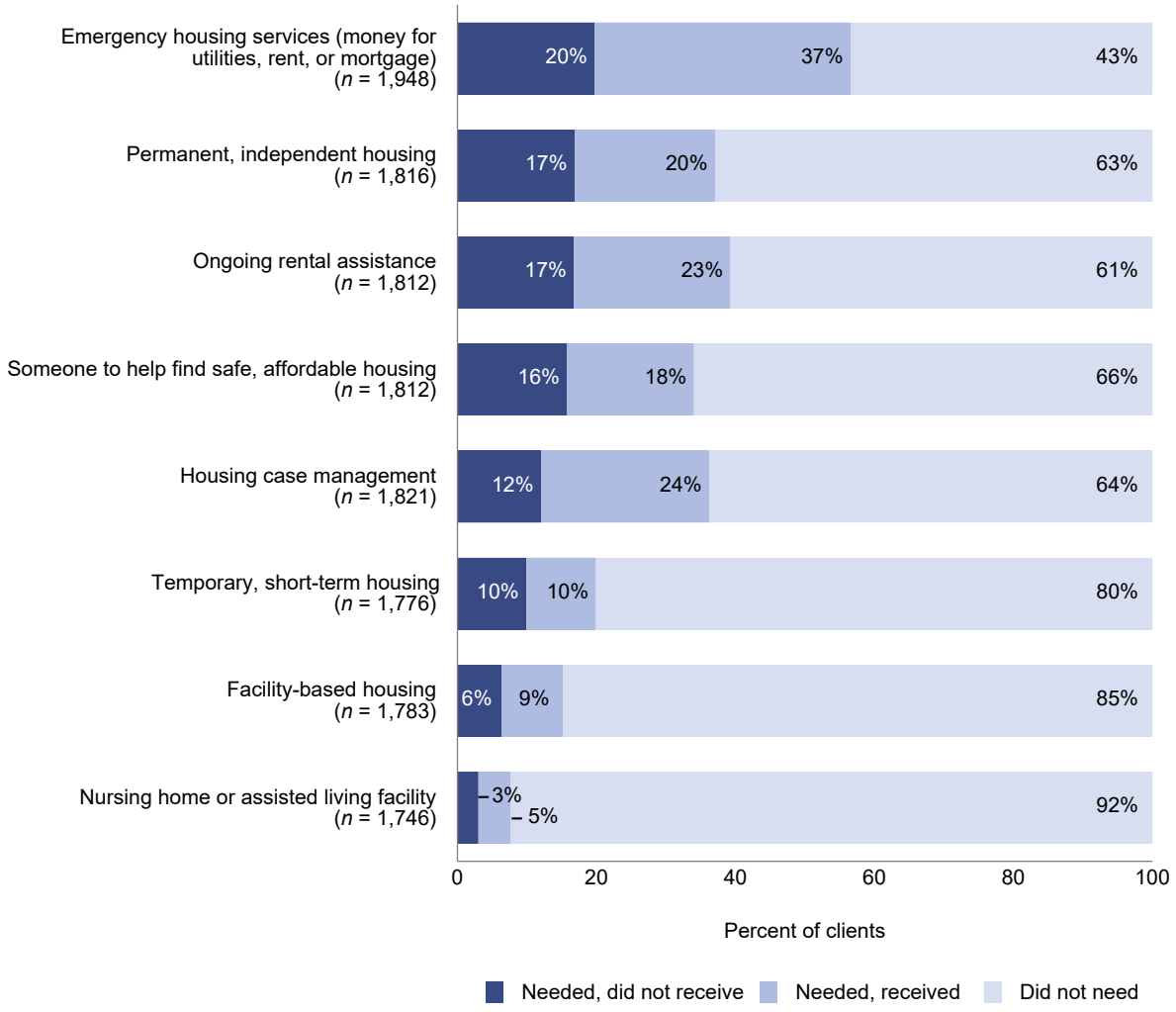
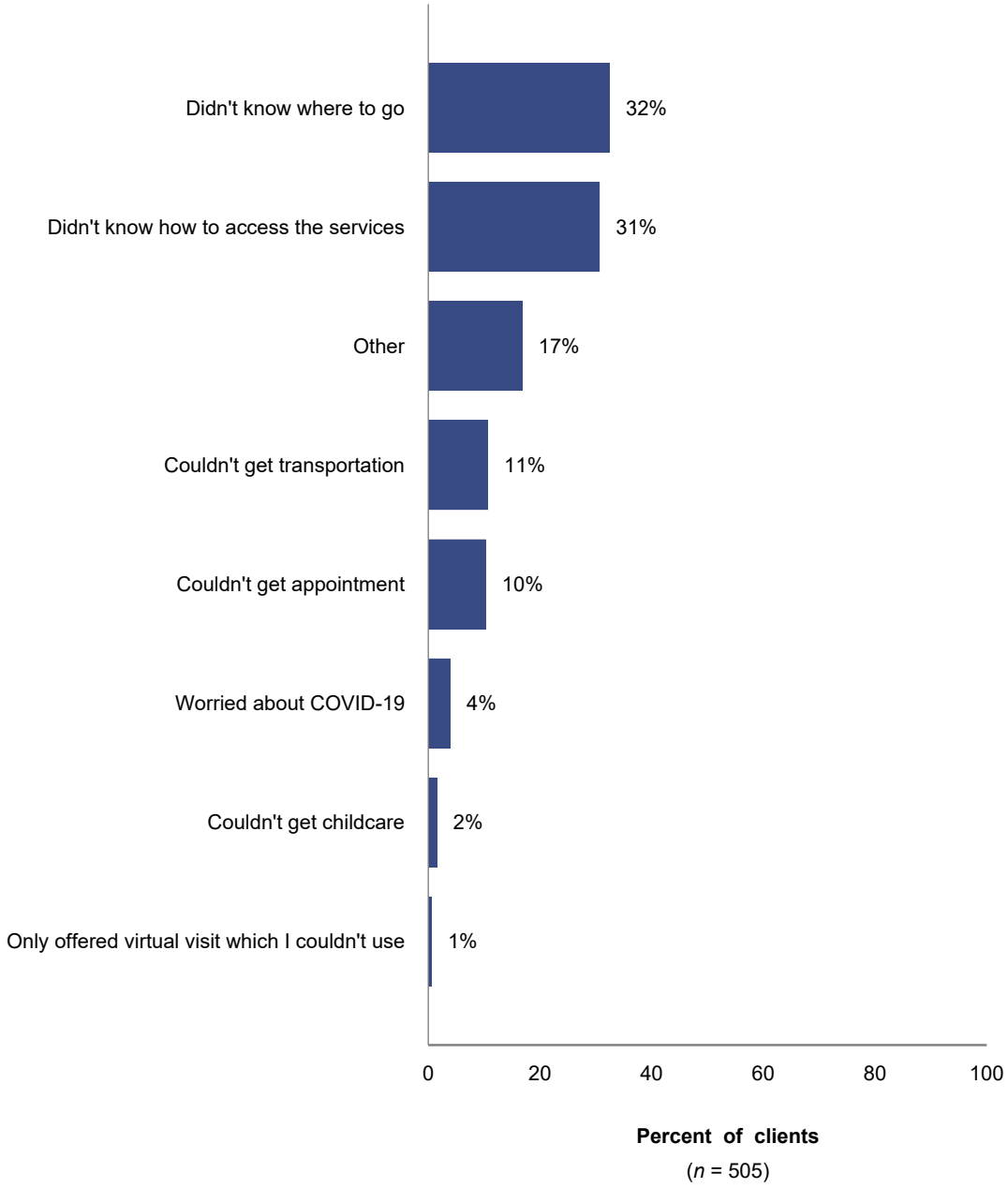


Figure D5. Reasons for Not Receiving Needed Housing Services



Note: Included in calculations but not presented in this figure are 140 individuals (27.7%) who selected *not applicable, I did receive the needed services*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 505 individuals who responded to this question, 129 (25.5%) selected two or more reasons.

APPENDIX A. RANKED NEEDS AND GAPS

Table A.1. Services Ranked by Need

Ranking	Service	Total Responses (*n*)	Number Who Needed Service	Percent Who Needed Service
1	Dental care	1,922	1,477	77%
2	Primary medical care	1,802	1,385	77%
3	Food assistance	1,916	1,430	75%
4	Eye care (vision services)	1,847	1,273	69%
5	Medical case management	1,736	1,005	58%
6	Health insurance assistance	1,715	972	57%
7	Emergency housing services	1,948	1,101	57%
8	Emergency financial assistance	1,771	962	54%
9	Housing assistance	1,829	971	53%
10	Early intervention services	1,749	884	51%
11	Transportation	1,812	900	50%
12	Mental health counseling or therapy	1,720	850	49%
13	Medication assistance	1,678	804	48%
14	Specialty medical services	1,662	755	45%
15	Ongoing rental assistance	1,812	711	39%
16	Nonmedical case management	1,735	667	38%
17	Permanent, independent housing	1,816	672	37%
18	Referral for health care/supportive services	1,733	626	36%
19	Housing case management	1,821	659	36%
20	Psychosocial support	1,746	613	35%
21	Someone to help find affordable housing	1,812	616	34%
22	Medical nutrition therapy	1,629	519	32%
23	Legal services	1,747	496	28%
24	Health education risk reduction	1,730	470	27%
25	Low vision hearing-impaired services	1,734	412	24%
26	Outpatient SA counseling	1,624	356	22%
27	Home delivered meals	1,729	357	21%
28	Home health care	1,612	338	21%
29	Temporary or short-term housing	1,776	353	20%
30	Treatment adherence counseling	1,700	339	20%
31	Mobility services	1,702	308	18%
32	High school/GED learning services	1,718	301	18%
33	Workforce/employment training services	1,707	293	17%
34	Facility based housing/group home	1,783	269	15%
35	Residential treatment services	1,697	257	15%
36	Syringe or harm-reduction services	1,698	165	10%
37	Translation/interpretive services	1,697	156	9%
38	Childcare	1,722	152	9%
39	Nursing home or assisted living facility	1,746	133	8%

Note: This table presents core medical, supportive, and housing services ranked by need in the past 12 months. Total responses *(n)* represent the number of respondents who answered each question about service needs.

Table A.2. Services Ranked by Gap

Ranking	Service	Total Responses (*n*)	Number Who Needed Service, but Did Not Receive it	Percent Who Needed Service, but Did Not Receive It
1	Dental care	1,922	461	24%
2	Emergency housing services	1,948	384	20%
3	Eye care (vision services)	1,847	358	19%
4	Emergency financial assistance	1,771	321	18%
5	Housing assistance	1,829	314	17%
6	Permanent, independent housing	1,816	305	17%
7	Ongoing rental assistance	1,812	303	17%
8	Someone to help find affordable housing	1,812	285	16%
9	Food assistance	1,916	227	12%
10	Housing case management	1,821	218	12%
11	Home delivered meals	1,729	198	11%
12	Mental health counseling or therapy	1,720	192	11%
13	Legal services	1,747	181	10%
14	Psychosocial support	1,746	177	10%
15	Temporary or short-term housing	1,776	175	10%
16	Transportation	1,812	163	9%
17	Low vision hearing-impaired services	1,734	159	9%
18	High school/GED learning services	1,718	159	9%
19	Medical nutrition therapy	1,629	146	9%
20	Workforce/employment training services	1,707	141	8%
21	Health insurance assistance	1,715	127	7%
22	Facility based housing/group home	1,783	113	6%
23	Mobility services	1,702	108	6%
24	Specialty medical services	1,662	104	6%
25	Home health care	1,612	103	6%
26	Referral for health care/supportive services	1,733	97	6%
27	Nonmedical case management	1,735	97	6%
28	Medical case management	1,736	92	5%
29	Primary medical care	1,802	90	5%
30	Outpatient SA counseling	1,624	89	5%
31	Health education risk reduction	1,730	81	5%
32	Medication assistance	1,678	80	5%
33	Residential treatment services	1,697	76	4%
34	Treatment adherence counseling	1,700	68	4%
35	Early intervention services	1,749	60	3%
36	Childcare	1,722	57	3%
37	Nursing home or assisted living facility	1,746	52	3%
38	Syringe or harm-reduction services	1,698	49	3%
39	Translation/interpretive services	1,697	42	2%

Note: This table presents core medical, supportive, and housing services ranked by gaps experienced in the past 12 months. Total responses (*n*) represent the number of respondents who answered each question about service needs; the subsequent columns represent individuals who responded *needed but did not receive* services, indicating a gap.

APPENDIX B. SELECT FINDINGS BY RACE/ETHNICITY

Table B.1. Knows That HIV Undetectable = Untransmissible (U = U)

Result	Overall	White	Black	Latinx/Hispanic	Other
	(*n* = 2,086)	(*n* = 382)	(*n* = 1,520)	(*n* = 103)	(*n* = 86)
Knows U = U	81.2%	83.2%	80.9%	81.6%	83.7%
Does not know U = U	18.8%	16.8%	19.1%	18.4%	16.3%

Table B.2. Need and Receipt of Core Medical Services by Race

Medical Service	Overall	White	Black	Latinx/Hispanic	Other
Dental care	(*n* = 1,922)	(*n* = 368)	(*n* = 1,367)	(*n* = 98)	(*n* = 73)
Needed, did not receive	24.0%	22.8%	23.8%	20.4%	20.5%
Needed, received	52.9%	51.4%	54.0%	50.0%	54.8%
Did not need	23.2%	25.8%	22.2%	29.6%	24.7%
Eye care	(*n* = 1,847)	(*n* = 355)	(*n* = 1,314)	(*n* = 95)	(*n* = 65)
Needed, did not receive	19.4%	18.9%	18.6%	17.9%	23.1%
Needed, received	49.5%	45.9%	51.1%	44.2%	55.4%
Did not need	31.1%	35.2%	30.3%	37.9%	21.5%
Mental health counseling or therapy	(*n* = 1,720)	(*n* = 328)	(*n* = 1,224)	(*n* = 83)	(*n* = 63)
Needed, did not receive	11.2%	11.3%	10.1%	18.1%	11.1%
Needed, received	38.3%	46.6%	35.5%	42.2%	55.6%
Did not need	50.6%	42.1%	54.4%	39.8%	33.3%
Medical nutrition therapy	(*n* = 1,629)	(*n* = 317)	(*n* = 1,157)	(*n* = 80)	(*n* = 56)
Needed, did not receive	9.0%	5.7%	8.3%	15.0%	14.3%
Needed, received	22.9%	20.2%	23.7%	36.3%	41.1%
Did not need	68.1%	74.1%	68.0%	48.8%	44.6%
Health insurance assistance	(*n* = 1,715)	(*n* = 335)	(*n* = 1,221)	(*n* = 83)	(*n* = 56)
Needed, did not receive	7.4%	8.4%	6.3%	16.9%	12.5%
Needed, received	49.3%	47.5%	50.7%	42.2%	48.2%
Did not need	43.3%	44.2%	43.0%	41.0%	39.3%
Home health care	(*n* = 1,612)	(*n* = 314)	(*n* = 1,146)	(*n* = 77)	(*n* = 52)
Needed, did not receive	6.4%	5.4%	5.8%	13.0%	13.5%
Needed, received	14.6%	8.6%	15.7%	22.1%	25.0%
Did not need	79.0%	86.0%	78.5%	64.9%	61.5%

Table B.2. Need and Receipt of Core Medical Services by Race (Continued)

Medical Service	Overall	White	Black	Latinx/Hispanic	Other
Specialty medical services	(*n* = 1,662)	(*n* = 318)	(*n* = 1,183)	(*n* = 80)	(*n* = 58)
Needed, did not receive	6.3%	5.0%	5.7%	13.8%	6.9%
Needed, received	39.2%	41.8%	38.3%	42.5%	46.6%
Did not need	54.6%	53.1%	56.0%	43.8%	46.6%
Outpatient substance use counseling	(*n* = 1,624)	(*n* = 315)	(*n* = 1,154)	(*n* = 82)	(*n* = 55)
Needed, did not receive	5.5%	5.1%	5.0%	12.2%	7.3%
Needed, received	16.4%	19.0%	14.6%	29.3%	36.4%
Did not need	78.1%	75.9%	80.3%	58.5%	56.4%
Medical case management	(*n* = 1,736)	(*n* = 333)	(*n* = 1,236)	(*n* = 84)	(*n* = 63)
Needed, did not receive	5.3%	5.4%	4.6%	8.3%	6.3%
Needed, received	52.6%	47.7%	54.4%	53.6%	57.1%
Did not need	42.1%	46.8%	40.9%	38.1%	36.5%
Primary medical care	(*n* = 1,802)	(*n* = 350)	(*n* = 1,270)	(*n* = 94)	(*n* = 72)
Needed, did not receive	5.0%	5.1%	4.2%	9.6%	9.7%
Needed, received	71.9%	75.7%	71.2%	71.3%	72.2%
Did not need	23.1%	19.1%	24.6%	19.1%	18.1%
Medication assistance	(*n* = 1,678)	(*n* = 321)	(*n* = 1,193)	(*n* = 85)	(*n* = 63)
Needed, did not receive	4.8%	4.0%	4.0%	17.6%	7.9%
Needed, received	43.1%	46.7%	41.6%	50.6%	55.6%
Did not need	52.1%	49.2%	54.4%	31.8%	36.5%
Early intervention services	(*n* = 1,749)	(*n* = 325)	(*n* = 1,252)	(*n* = 90)	(*n* = 63)
Needed, did not receive	3.4%	1.8%	3.6%	8.9%	3.2%
Needed, received	47.1%	41.5%	47.7%	53.3%	60.3%
Did not need	49.5%	56.6%	48.7%	37.8%	36.5%

Note: The category *Other* includes individuals who chose the response *other*, along with those who identified as *Native American* and *Asian or Pacific Islander*.

Table B.3. Need and Receipt of Supportive Services by Race

Supportive Service	Overall	White	Black	Latinx/Hispanic	Other
Emergency financial assistance	(*n* = 1,771)	(*n* = 336)	(*n* = 1,256)	(*n* = 89)	(*n* = 64)
Needed, did not receive	18.1%	20.8%	15.9%	30.3%	20.3%
Needed, received	36.2%	32.1%	38.0%	36.0%	37.5%
Did not need	45.7%	47.0%	46.1%	33.7%	42.2%
Housing assistance	(*n* = 1,829)	(*n* = 348)	(*n* = 1,298)	(*n* = 94)	(*n* = 68)
Needed, did not receive	17.2%	15.2%	16.7%	23.4%	16.2%
Needed, received	35.9%	33.9%	37.2%	44.7%	41.2%
Did not need	46.9%	50.9%	46.1%	31.9%	42.6%
Food assistance	(*n* = 1,916)	(*n* = 361)	(*n* = 1,367)	(*n* = 93)	(*n* = 71)
Needed, did not receive	11.8%	9.7%	11.7%	16.1%	8.5%
Needed, received	62.8%	69.8%	61.2%	62.4%	70.4%
Did not need	25.4%	20.5%	27.1%	21.5%	21.1%
Home-delivered meals	(*n* = 1,729)	(*n* = 329)	(*n* = 1,229)	(*n* = 84)	(*n* = 61)
Needed, did not receive	11.5%	8.8%	11.2%	20.2%	9.8%
Needed, received	9.2%	6.1%	9.4%	19.0%	21.3%
Did not need	79.4%	85.1%	79.4%	60.7%	68.9%
Legal services	(*n* = 1,747)	(*n* = 336)	(*n* = 1,244)	(*n* = 85)	(*n* = 59)
Needed, did not receive	10.4%	9.5%	9.7%	10.6%	13.6%
Needed, received	18.0%	19.0%	16.6%	38.8%	37.3%
Did not need	71.6%	71.4%	73.7%	50.6%	49.2%
Psychosocial support	(*n* = 1,746)	(*n* = 333)	(*n* = 1,245)	(*n* = 89)	(*n* = 61)
Needed, did not receive	10.1%	12.6%	8.7%	16.9%	6.6%
Needed, received	25.0%	24.9%	24.3%	41.6%	49.2%
Did not need	64.9%	62.5%	67.0%	41.6%	44.3%
High school/GED learning services	(*n* = 1,718)	(*n* = 330)	(*n* = 1,222)	(*n* = 82)	(*n* = 57)
Needed, did not receive	9.3%	7.3%	9.1%	15.9%	12.3%
Needed, received	8.3%	4.2%	8.8%	18.3%	17.5%
Did not need	82.5%	88.5%	82.2%	65.9%	70.2%
Low vision/hearing-impaired services	(*n* = 1,734)	(*n* = 328)	(*n* = 1,232)	(*n* = 85)	(*n* = 59)
Needed, did not receive	9.2%	10.1%	8.0%	10.6%	11.9%
Needed, received	14.6%	13.7%	14.5%	22.4%	23.7%
Did not need	76.2%	76.2%	77.5%	67.1%	64.4%

Table B.3. Need and Receipt of Supportive Services by Race (Continued)

Supportive Service	Overall	White	Black	Latinx/Hispanic	Other
Transportation	(*n* = 1,812)	(*n* = 337)	(*n* = 1,296)	(*n* = 93)	(*n* = 66)
Needed, did not receive	9.0%	7.1%	8.4%	21.5%	13.6%
Needed, received	40.7%	33.2%	43.0%	43.0%	47.0%
Did not need	50.3%	59.6%	48.6%	35.5%	39.4%
Workforce/employment training services	(*n* = 1,707)	(*n* = 325)	(*n* = 1,214)	(*n* = 85)	(*n* = 60)
Needed, did not receive	8.3%	7.4%	7.9%	14.1%	5.0%
Needed, received	8.9%	7.7%	8.6%	18.8%	25.0%
Did not need	82.8%	84.9%	83.5%	67.1%	70.0%
Mobility services	(*n* = 1,702)	(*n* = 329)	(*n* = 1,206)	(*n* = 84)	(*n* = 57)
Needed, did not receive	6.3%	4.3%	5.6%	13.1%	8.8%
Needed, received	11.8%	10.9%	11.8%	21.4%	15.8%
Did not need	81.9%	84.8%	82.6%	65.5%	75.4%
Referral for health care/supportive services	(*n* = 1,733)	(*n* = 330)	(*n* = 1,232)	(*n* = 86)	(*n* = 62)
Needed, did not receive	5.6%	6.4%	4.6%	12.8%	11.3%
Needed, received	30.5%	32.1%	29.5%	43.0%	45.2%
Did not need	63.9%	61.5%	65.9%	44.2%	43.5%
Nonmedical case management	(*n* = 1,735)	(*n* = 333)	(*n* = 1,236)	(*n* = 86)	(*n* = 60)
Needed, did not receive	5.6%	5.4%	4.9%	14.1%	6.7%
Needed, received	32.9%	32.7%	33.2%	31.4%	41.7%
Did not need	61.6%	61.9%	61.9%	54.7%	51.7%
Health education/risk reduction	(*n* = 1,730)	(*n* = 333)	(*n* = 1,224)	(*n* = 85)	(*n* = 60)
Needed, did not receive	4.7%	3.6%	3.7%	15.3%	10.0%
Needed, received	22.5%	23.4%	22.2%	28.2%	40.0%
Did not need	72.8%	73.0%	74.1%	56.5%	50.0%
Residential treatment services	(*n* = 1,697)	(*n* = 330)	(*n* = 1,202)	(*n* = 84)	(*n* = 57)
Needed, did not receive	4.5%	2.1%	4.2%	8.3%	8.8%
Needed, received	10.7%	10.9%	10.4%	21.4%	19.3%
Did not need	84.9%	87.0%	85.4%	70.2%	71.9%
Treatment adherence counseling	(*n* = 1,700)	(*n* = 330)	(*n* = 1,203)	(*n* = 86)	(*n* = 58)
Needed, did not receive	4.0%	4.2%	3.4%	14.0%	6.9%
Needed, received	15.9%	16.7%	14.7%	29.1%	36.2%
Did not need	80.1%	79.1%	81.9%	57.0%	56.9%
Childcare	(*n* = 1,722)	(*n* = 330)	(*n* = 1,221)	(*n* = 82)	(*n* = 58)
Needed, did not receive	3.3%	1.8%	3.7%	4.9%	0.0%
Needed, received	5.5%	4.2%	5.4%	13.4%	13.8%
Did not need	91.2%	93.9%	90.9%	81.7%	86.2%

Table B.3. Need and Receipt of Supportive Services by Race (Continued)

Supportive Service	Overall	White	Black	Latinx/Hispanic	Other
Syringe or harm-reduction services	(*n* = 1,698)	(*n* = 327)	(*n* = 1,208)	(*n* = 82)	(*n* = 55)
Needed, did not receive	2.9%	2.8%	2.4%	11.0%	5.5%
Needed, received	6.8%	8.3%	5.5%	23.2%	18.2%
Did not need	90.3%	89.0%	92.1%	65.9%	76.4%
Translation/interpretive services	(*n* = 1,697)	(*n* = 326)	(*n* = 1,204)	(*n* = 82)	(*n* = 57)
Needed, did not receive	2.5%	1.8%	2.2%	8.5%	3.5%
Needed, received	6.7%	4.6%	6.0%	24.4%	24.6%
Did not need	90.8%	93.6%	91.9%	67.1%	71.9%

Table B.4. Reasons for Not Receiving Needed Core Medical and Supportive Services by Race

Reason	Overall (*n* = 932)	White (*n* = 182)	Black (*n* = 648)	Latinx/Hispanic (*n* = 45)	Other (*n* = 33)
Didn't know how to access the services	(*n* = 179) 19.2%	(*n* = 42) 23.1%	(*n* = 115) 17.7%	(*n* = 15) 33.3%	(*n* = 8) 24.2%
Didn't know where to go	(*n* = 166) 17.8%	(*n* = 40) 22.0%	(*n* = 108) 16.7%	(*n* = 13) 28.9%	(*n* = 4) 12.1%
Couldn't get transportation	(*n* = 88) 9.4%	(*n* = 23) 12.6%	(*n* = 46) 7.1%	(*n* = 8) 17.8%	(*n* = 8) 24.2%
Didn't have stable housing	(*n* = 81) 8.7%	(*n* = 17) 9.3%	(*n* = 49) 7.6%	(*n* = 5) 11.1%	(*n* = 2) 6.1%
Couldn't get appointment	(*n* = 66) 7.1%	(*n* = 17) 9.3%	(*n* = 35) 5.4%	(*n* = 9) 20.0%	(*n* = 6) 18.2%
Insurance didn't cover it	(*n* = 59) 6.3%	(*n* = 20) 11.0%	(*n* = 30) 4.6%	(*n* = 3) 6.7%	(*n* = 2) 6.1%
Worried about COVID-19	(*n* = 49) 5.3%	(*n* = 9) 4.9%	(*n* = 28) 4.3%	(*n* = 5) 11.1%	(*n* = 3) 9.1%
Only offered virtual visit which I couldn't use	(*n* = 13) 1.4%	(*n* = 4) 2.2%	(*n* = 7) 1.1%	(*n* = 0) 0.0%	(*n* = 1) 3.0%
Couldn't get childcare	(*n* = 13) 1.4%	(*n* = 1) 0.5%	(*n* = 8) 1.2%	(*n* = 4) 8.9%	(*n* = 0) 0.0%

Note: The category *Other* includes individuals who chose the response *other*, along with those who identified as *Native American* and *Asian or Pacific Islander*.

Table B.5. Need and Receipt of Housing Services by Race

Housing Service	Overall	White	Black	Latinx/Hispanic	Other
Emergency housing services (money for utilities, rent, or mortgage)	(*n* = 1,948)	(*n* = 360)	(*n* = 1,393)	(*n* = 98)	(*n* = 77)
Needed, did not receive	19.7%	18.3%	19.2%	24.5%	18.2%
Needed, received	36.8%	29.2%	39.5%	31.6%	35.1%
Did not need	43.5%	52.5%	41.3%	43.9%	46.8%
Permanent, independent housing	(*n* = 1,816)	(*n* = 351)	(*n* = 1,292)	(*n* = 89)	(*n* = 63)
Needed, did not receive	16.8%	15.4%	16.2%	28.1%	20.6%
Needed, received	20.2%	23.4%	18.9%	27.0%	25.4%
Did not need	63.0%	61.3%	64.9%	44.9%	54.0%
Ongoing rental assistance	(*n* = 1,812)	(*n* = 350)	(*n* = 1,285)	(*n* = 94)	(*n* = 68)
Needed, did not receive	16.7%	15.4%	16.1%	24.5%	20.6%
Needed, received	22.5%	22.9%	22.4%	26.6%	22.1%
Did not need	60.8%	61.7%	61.5%	48.9%	57.4%
Someone to help find safe, affordable housing	(*n* = 1,812)	(*n* = 345)	(*n* = 1,294)	(*n* = 93)	(*n* = 63)
Needed, did not receive	15.7%	11.9%	15.7%	24.7%	15.9%
Needed, received	18.3%	16.5%	18.6%	17.2%	17.5%
Did not need	66.0%	71.6%	65.7%	58.1%	66.7%
Housing case management	(*n* = 1,821)	(*n* = 347)	(*n* = 1,297)	(*n* = 91)	(*n* = 67)
Needed, did not receive	12.0%	10.4%	11.6%	18.7%	16.4%
Needed, received	24.2%	24.8%	23.8%	27.5%	31.3%
Did not need	63.8%	64.8%	64.6%	53.8%	52.2%
Temporary, short-term housing	(*n* = 1,776)	(*n* = 341)	(*n* = 1,264)	(*n* = 88)	(*n* = 62)
Needed, did not receive	9.9%	9.4%	9.0%	22.7%	14.5%
Needed, received	10.0%	8.8%	9.7%	15.95	16.1%
Did not need	80.1%	81.8%	81.3%	61.4%	69.4%
Facility-based housing	(*n* = 1,783)	(*n* = 344)	(*n* = 1,268)	(*n* = 87)	(*n* = 64)
Needed, did not receive	6.3%	6.1%	5.8%	12.6%	6.3%
Needed, received	8.7%	9.6%	8.0%	12.6%	9.4%
Did not need	84.9%	84.3%	86.1%	74.7%	84.4%
Nursing home or assisted living facility	(*n* = 1,746)	(*n* = 343)	(*n* = 1,237)	(*n* = 84)	(*n* = 59)
Needed, did not receive	3.0%	2.9%	2.6%	9.5%	5.1%
Needed, received	4.6%	4.4%	3.7%	13.1%	11.9%
Did not need	92.4%	92.7%	93.7%	77.4%	83.1%

Table B.6. Reasons for Not Receiving Needed Housing Services by Race

Reason	Overall (*n* = 505)	White (*n* = 89)	Black (*n* = 361)	Latinx/Hispanic (*n* = 30)	Other (*n* = 17)
Didn't know where to go	(*n* = 164)	(*n* = 32)	(*n* = 116)	(*n* = 9)	(*n* = 6)
	32.5%	36.0%	32.15	30.0%	35.3%
Didn't know how to access the services	(*n* = 155)	(*n* = 38)	(*n* = 102)	(*n* = 7)	(*n* = 3)
	30.7%	42.7%	28.3%	23.3%	17.6%
Couldn't get transportation	(*n* = 54)	(*n* = 10)	(*n* = 32)	(*n* = 8)	(*n* = 7)
	10.7%	11.2%	8.9%	26.7%	41.2%
Couldn't get appointment	(*n* = 52)	(*n* = 8)	(*n* = 27)	(*n* = 9)	(*n* = 7)
	10.3%	9.0%	7.5%	30.0%	41.2%
Worried about COVID-19	(*n* = 20)	(*n* = 4)	(*n* = 12)	(*n* = 4)	(*n* = 1)
	4.0%	4.5%	3.3%	13.3%	5.9%
Couldn't get childcare	(*n* = 8)	(*n* = 2)	(*n* = 4)	(*n* = 1)	(*n* = 1)
	1.6%	2.2%	1.1%	3.3%	5.9%
Only offered virtual visit which I couldn't use	(*n* = 3)	(*n* = 1)	(*n* = 1)	(*n* = 0)	(*n* = 0)
	0.6%	1.1%	0.3%	0.0%	0.0%

APPENDIX C. METHODS

To collect data for the *2023 Louisiana Needs Assessment*, a convenience sample survey on the current care service needs of PLWH was conducted with clients receiving HIV/AIDS services in NOEMA, BRTGA, and Regions 3 through 9. The survey was conducted at agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire, available in both English and Spanish. As an incentive for participation, survey respondents were offered $25 *Walmart* gift cards. Agency staff and peer survey assisters were responsible for promoting the *2023 Louisiana Needs Assessment* in the community, assisting clients in completing the questionnaire, and distributing and documenting gift cards.

Clients from NOEMA were eligible to complete the questionnaire from September 11, 2023 to November 30, 2023; survey administration in NOEMA was managed by the New Orleans Health Department's Ryan White Services and Resources (RWSR) office. Clients from the BRTGA were eligible to complete the questionnaire from November 6, 2023 to February 22, 2024; survey administration was managed by the Baton Rouge Ryan White Program (Ryan White). Clients from Regions 3 through 9 were eligible to take the survey from January 16, 2024 to March 29, 2024; survey administration was managed by the Louisiana Department of Health Office of Public Health STD, HIV, and Hepatitis Program (OPH SHHP). Below, we describe the questionnaire, sample, and procedures used in this assessment.

QUESTIONNAIRE

The *2023 Louisiana Needs Assessment* questionnaire is an adaptation of the statewide *2021 Louisiana Needs Assessment* questionnaire, developed based on feedback from OPH SHHP, New Orleans Regional AIDS Planning Council, RWSR, BRTGA Ryan White Advisory Council, BRTGA providers, and Part B subrecipients in Regions 3 through 9. In addition to providing paper versions of the questionnaire to partner agencies, PRG provided an online mode of administration for the *2023 Louisiana Needs Assessment.* Each agency that participated was given the choice to administer the survey on paper or through an electronic link. Table C.1 presents the total number of questionnaires collected and the percentage completed by each mode of administration in each region. OPH SHHP hired an individual contractor to translate the English questionnaire into Spanish; the Spanish questionnaire was only available on paper. Twenty-one clients (1.0%) opted to take the Spanish questionnaire.

Table C.1. Percentages of Questionnaires Completed on Paper and Electronically by Region

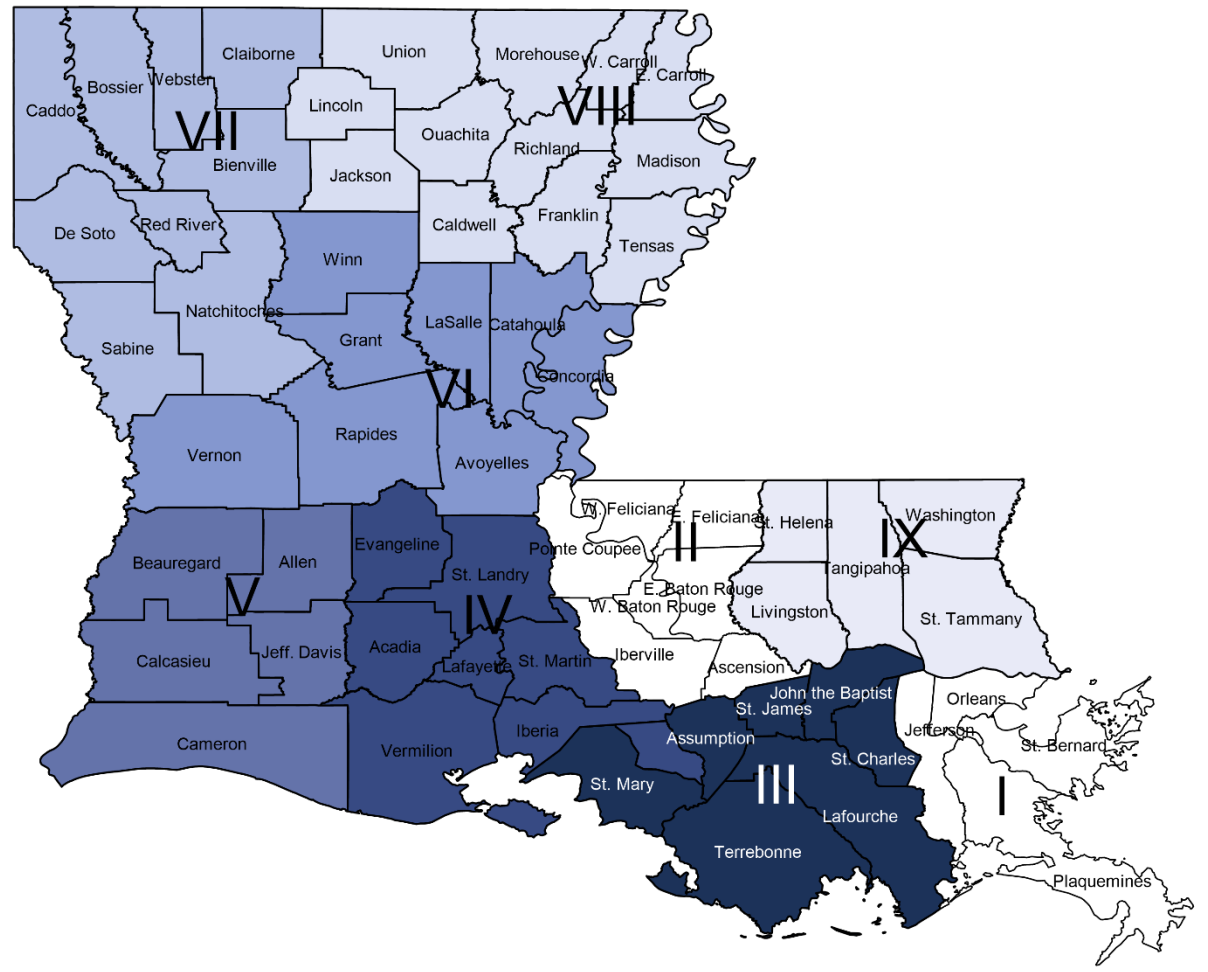
Region	Total Number of Questionnaires	Percentage Completed on Paper	Percentage Completed Electronically
NOEMA	789	71.7%	28.3%
BRTGA	502	68.9%	31.1%
Region 3	50	100.0%	0.0%
Region 4	192	0.0%	100.0%
Region 5	95	71.6%	28.4%
Region 6	103	90.3%	9.7%
Region 7	247	89.1%	10.9%
Region 8	156	85.9%	14.1%
Region 9	76	98.7%	1.3%
Total	*2,210*	*70.2%*	*29.8%*

The questionnaire is comprised of seven sections: Health and Medical Care; Needed Services; Medical Costs and Health Insurance Coverage; HIV Medication; Housing; General Information; and Income. The 18-page questionnaire includes a total of 53 primary questions. Most questions are closed-ended, including multiple-selection, dichotomous, and select-all-that-apply response options. Some questions include an *other* response option so that clients can write in a unique response if the available categorical response options are not sufficient. Based on field testing, the questionnaire is expected to take 20 to 35 minutes to complete.

SAMPLE

Ryan White funding structures were used to organize the administration of the *2023 Louisiana Needs Assessment*. The Office of Public Health specified a convenience sampling method in the initial Request for Proposal. In NOEMA, OPH SHHP determined that the desired sample size was 750 people, stratified by agency. NOEMA includes all parishes in Region 1 (Orleans, St. Bernard, Plaquemines, and Jefferson), and several additional parishes from Region 3 (St. Charles, St. John the Baptist, and St. James) and Region 9 (St. Tammany). For the BRTGA, OPH SHHP determined that the desired sample size would be 500 people, stratified by agency. The BRTGA includes all parishes in Region 2 (East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, Iberville, and Ascension) and two parishes from Region 9 (Livingston and St. Helena). In Regions 3 through 9, OPH SHHP determined that the desired sample size would be 875 people, stratified by region. These regions are indicated in Figure C.1.

Figure C.1. *Map of Louisiana Administrative Regions*



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the state, but rather a subset of that population who were asked and responded to the questionnaire. Any person living with HIV who was receiving services at a participating agency during the administration period was eligible to complete the *2023 Louisiana Needs Assessment*. RWSR, Ryan White, OPH SHHP, and PRG staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

PARTNERS

The *2023 Louisiana Needs Assessment* was conducted with the cooperation of 25 agencies across the state. Before data collection began, a staff member at each site was selected to serve as a point of contact between the agency, RWSR, Ryan White, OPH SHHP, and PRG. Partner agency staff were responsible for distributing questionnaires and gift cards to clients. A list of partners is provided on page i of this report.

Peer survey assisters were contracted on a temporary basis for agencies that requested assistance; their role was to manage the administration of questionnaires and distribution of gift cards. Peer survey

assisters were selected based on responses to applications submitted to each agency. Preference was given to those with previous experience administering questionnaires as well as their ability to reach clients. The peer survey assisters' responsibilities included promoting the *2023 Louisiana Needs Assessment* at their local agency, helping clients complete the questionnaires, collecting all questionnaires, and distributing and documenting gift cards. Peer survey assisters received hourly payment from OPH SHHP or the agencies for their time and effort.

TRAINING

PRG provided training for designated points of contact and peer survey assisters at each agency. Three separate trainings were conducted: a training for NOEMA agencies was held on August 31, 2023, followed by a training for BRTGA agencies on October 31, 2023, and a training for Regions 3 through 9 agencies on January 12, 2024. The training covered survey administration, data collection materials, an overview of the questionnaire, logistics and planning, and the project timeline.

ADMINISTRATION

PRG developed all materials necessary to begin data collection, including paper questionnaires, wallet- and poster-sized handouts with the QR code and short link to the electronic (online) survey, laminated definitions pages of health care terminology, and written administration guidance for agency staff. OPH SHHP printed and administered these materials to the partner agencies. In NOEMA, gift cards were provided by RWSR. In BRTGA, gift cards were provided by the Baton Rouge Division of Human Development & Services. In Regions 3 through 9, gift cards were provided by OPH SHHP.

During the data collection period, eligible clients at participating agencies were offered the chance to take the *2023 Louisiana Needs Assessment* questionnaire; participation was completely voluntary. For an in-person administration at the agency, partner agency staff asked the client whether they would be willing to take an anonymous questionnaire asking about their ideas and experience related to health care and government resources in exchange for a gift card. Each agency that participated was given the choice to administer the survey on paper or online. 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.

If administered on paper, survey materials, including the paper version of the questionnaire and a laminated definitions page, were provided to clients. If administered online, agency staff provided clients with a computer or tablet with the survey on the web browser or a QR code and short link to access the electronic survey on their personal electronic device. To supplement the questionnaire, definitions of health care terminology were built into the platform of the electronic survey. The electronic survey was created and maintained through an online platform called Qualtrics.

The first page of both the electronic and paper version of the questionnaire contained an instruction page. This page explained the purpose of the *2023 Louisiana Needs Assessment* and how long it would take to complete the questionnaire, outlined the incentive structure and that clients could only complete one questionnaire, and emphasized that participation was completely voluntary.

If the questionnaire was completed in person at the agency, clients were provided a $25 *Walmart* gift card immediately after as a gesture of appreciation for their time and participation. For clients requiring assistance with the questionnaire, partner agency staff read each question aloud and marked the client's corresponding response. Completed paper questionnaires were placed in secure envelopes and

mailed to PRG. Completed electronic questionnaires were automatically recorded in the secure Qualtrics database upon submission.

If a client was unable to complete a questionnaire at the agency, agency staff handed out a wallet-sized card with a QR code and short link, both of which could connect clients directly to the online survey. Clients were instructed to complete the questionnaire when convenient on their personal devices. In the event that a client did not come into the agency during the data collection period, emails with the link to the questionnaire were sent out through patient portals and during telehealth appointments, enabling clients to take the questionnaire on their own time. Clients who completed the questionnaire outside of the agency accessed it using the same link that was provided to those who took it at the agency; however, given the circumstances, no staff members were available to answer questions or troubleshoot issues for these respondents.

The final question of the electronic questionnaire asked respondents if the survey was taken *in an agency* or *somewhere other than an agency*. Respondents who indicated that they took the survey *in an agency* were then directed to a "Thank You" page that prompted agency staff to distribute a gift card. Clients who responded *somewhere other than an agency* were redirected to a separate online form that was not connected to the *2023 Louisiana Needs Assessment* questionnaire data. This form provided clients the opportunity to enter their contact information if they wanted a gift card to be mailed to their address or to arrange for the card to be picked up at the agency through which they received the assessment. OPH SHHP stored all contact information in a secure online database. After the *2023 Louisiana Needs Assessment* was completed, OPH SHHP deleted all contact information.

DATA ENTRY AND CLEANING

Data processing began as soon as paper questionnaires were received by PRG. Questionnaires were counted, grouped by agency, and marked with a batch number. Each questionnaire was entered into an online Qualtrics form created by PRG. To ensure data accuracy, once a stack was fully entered, 10% of questionnaires from the stack were randomly selected and responses on the paper instruments were compared with the corresponding data in the Qualtrics dataset. If any 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. Once all questionnaire data were entered and cleaned, they were converted to Stata 17 for analysis.

DATA PREPARATION

Responses to all questions were tabulated and corresponding figures and tables were created to depict the distribution of responses. The total number of people who responded to each question (*n*) is reported for each figure in this report. Some respondents chose not to answer certain questions and some were excluded from analyses if they: (1) did not provide an answer to a particular question; (2) provided multiple responses to a particular question in which only one response was permitted; (3) did not belong to the subpopulation of respondents to which the question pertained; (4) provided conflicting information (e.g., indicated they had not used drugs and also named drugs they had used); or (5) provided an invalid response to the question. Details on data preparation can be found in Tables C.2 and C.3 of this report.

PRG reviewed responses to all questions with an *other* response. For each question, if over 20% of respondents selected *other*, we report any response written in by more than one respondent below the figure to which the response corresponds. The responses are presented from most to least common. It

should be noted that not all persons who responded *other* provided write-in responses. In addition, where applicable, if an individual responded *other* and provided a write-in response consistent with an existing response option category, the response was re-coded to the appropriate category and removed from the *other* category.

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

DATA EDITING RULES

Table C.2 provides PRG's general rules for editing data, based upon responses given.

Table C.2. Data Editing Rules

Category	Data Editing Rule
No response given to an item (coded as .f)	If data from a related variable can be used to infer a value, data will be logically edited. Otherwise, the value will be left as missing.
Multiple responses to a particular question in which only one response was permitted (coded as .b)	PRG reviews multiple responses. If a single value can be inferred, data will be logically edited. Otherwise, the value will be left as missing.
Invalid items (coded as .k)	If invalid values are found, we attempt to ascertain whether they are a result of data entry error. For data that are hand-entered or scanned, this involves checking the paper questionnaire to see whether the recorded value is as reported by the respondent. If it is a result of a data entry error, the correct value is entered into the dataset. If the data cannot be corrected, all values that are out of range are flagged as invalid and these values are re-coded to missing.
Outlying items (Outlier indicator variable coded as 1)	Values identified as statistical outliers are kept in benchmark analysis; PRG either notes these responses or runs sensitivity analyses excluding outliers.
Inconsistent (coded as .i)	PRG inspects the data to identify inconsistencies, that is, when the respondent provides conflicting information. If inconsistencies are identified, the values are flagged as inconsistent and re-coded to missing.

VARIABLE DESCRIPTIONS AND EXPLANATION OF ANALYTIC SAMPLES

Table C.3 includes descriptions of all the figures and tables presented in this report. The table is broken down by the four main sections of the report: Background Characteristics, Medical Care, Health and Health Behaviors, and Need and Use of Services, and provides details on data sources and analysis for each figure. In some cases, we also describe how certain variables are constructed for analytic purposes. PRG staff systematically screen the variables used in analysis to identify inconsistencies; if pertinent, this screening process and the number of respondents excluded from each figure due to inconsistencies are detailed below.

Table C.3. Report Visual and Variable Descriptions

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics			
HIV Diagnosis	Figure A1. Length of Time Living With HIV	Q40	Number included in calculation who report when they found out about their HIV diagnosis.
HIV-Related Knowledge	Figure A2. Sources of HIV Information	Q35	Percentage (categorical) of clients who select each of the response options.
	Figure A3. Information Received on HIV Transmission and Related Issues in the Past 12 Months	Q36	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected *no, no one has explained any of these things to me in the past year* as well as one or more topics; 44 individuals were excluded.
	Figure A4. Knows That HIV Undetectable = Untransmittable (U = U)	Q37	Percentage (categorical) of clients who select each response option.
Place of Residence	Figure A5. Map of Regions Represented	Q41	Number of clients reporting living in each parish; color code based on sample representation.
	Table A1. Current Parish of Residence	Q41	All respondents were asked to indicate their ZIP code; a total of 2,054 provided a response. The U.S. Department of Housing and Urban Development-United States Postal Service's 3rd quarter 2023 ZIP Code Crosswalk File was used to determine the parish corresponding to each ZIP code. In some instances, the same ZIP code is found in multiple counties. In order 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. Of the 2,041 respondents for whom we designated a parish of residence, 343 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate. Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in the following parishes: Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Caldwell, Cameron, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Plaquemines, Pointe Coupee, Red River, Richland, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Martin, St. Mary, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, or Winn.

Table C.3. Report Visual and Variable Descriptions (Continued)

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics			
Demographic Characteristics	Figure A6. Gender Identity of Respondents	Q42	Percentage (categorical) of clients who select each response option.
	Figure A7. Sex at Birth of Respondents	Q43	Percentage (categorical) of clients who select each response option.
	Figure A8. Race of Respondents	Q45	Percentage (categorical) of clients who select each of the response options. First, an index is constructed that sums how many races each respondent chose. Scores can range from 0 (none chosen) to 5 (all chosen). Next, one categorical variable constructed that includes categories for each race (alone) and for multiple races.
	Figure A9. Identification of Respondents as Latino/Latina/Latinx/Hispanic	Q46	Percentage (categorical) of clients who select each response option.
	Figure A10. Age of Respondents	Q44	Percentage of clients whose responses fall within each age range.
	Figure A11. Highest Level of Education Completed	Q47	Percentage (categorical) of clients who select each response option.
Employment and Income Characteristics	Figure A12. Employment Status	Q51	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who report that they are *unemployed* as well as employed *full-time* or *part-time*; 6 individuals were excluded.
	Figure A13. Household Income in Month Prior to Survey	Q52	Percentage of clients who self-report household monthly income as *no income* to more than $2,000 per month. Clients are asked to check a box if they had no income or write in their income if they did have income. Excluded from calculations are individuals who selected *no income* and also reported the income amount their household received last month; 17 individuals were excluded.
	Figure A14. Sources of Income and Assistance	Q53	Percentage (categorical) of clients who select each of the response options. Included in calculations are 370 individuals who report receiving wages, financial assistance, or housing assistance in the past 6 months, and who also indicate *I didn't receive wages, financial assistance or housing assistance in the past 6 months.*
Housing Characteristics	Figure A15. Housing Status at the Time of Survey	Q24	Percentage (categorical) of clients who select each response option. The questionnaire asked respondents to only select one housing option. If respondents currently live in more than one place, they were instructed to select the housing type where they live most often.
	Figure A16: Housing Status 6 Months Prior to Survey	Q25	Percentage (categorical) of clients who select each response option. The questionnaire asked respondents to only select one housing option. If respondents lived in more than one place during this time period, they were instructed to select the housing type where they lived most often.
	Figure A17. Number of Adults and Children in Household	Q23	Mean number of adults and children. The questionnaire asks respondents how many adults and children live in the household.

Table C.3. Report Visual and Variable Descriptions (Continued)

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics			
Housing Characteristics (Continued)	Figure A18. Number of Bedrooms in Respondents' Residences	Q28	Percentage (categorical) of clients who report each number of bedrooms. Excluded from calculations are 179 individuals who selected N/A: *I don't live in an apartment, house, or trailer.*
	Figure A19. Number of Places Lived in Past 12 Months	Q26	Percentage of clients whose responses fall within each category.
	Figure A20. Length of Time at Current Residence	Q27	Percentage of clients whose responses fall within each category.
	Figure A21. Nights Spent Homeless or Without a Place to Sleep in the Past 12 Months	Q31	Percentage of clients whose responses fall within each category.
	Figure A22. Had to Move Because Could No Longer Afford Home in the Past Three Years	Q30	Percentage (categorical) of clients who select each response option.
	Figure A23. Had Trouble Obtaining Housing in the Past 12 Months	Q29	Percentage (categorical) of clients who select each response option.
	Figure A24. Barriers to Obtaining or Remaining in Housing	Q29a	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who selected that they did not have any problems and then indicated that they had experienced at least one other problem; 10 individuals were excluded. Also excluded from calculations are respondents who selected that they did not have trouble obtaining housing in Q29, but also reported a problem obtaining or staying in housing in Q29a; 56 additional individuals were excluded for this reason.
	Figure A25. Rent/Mortgage Contribution Paid Out of Pocket	Q31	Percentage of clients whose responses fall within each range.
	Figure A26. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past 12 Months	Q33	Percentage (categorical) of clients who select each response option.
Internet Usage	Figure A27. Ways of Using the Internet	Q48	Percentage (categorical) of clients who select each response option. Respondents are given the option to select *all of the above*. Clients who select this option are represented in the graphic under each of the usage options (*education*, *work*, *health care*, *counseling*, *entertainment*, and *communicating with friends and family*). Excluded from calculations are individuals who selected *none of the above* as well as one or more usage options; 8 individuals were excluded.
	Figure A28. Monthly Household Internet Cost	Q49	Percentage (categorical) of clients who select each response option.
	Figure A29. Devices Used by Respondents	Q50	Percentage (categorical) of clients who select each response option. Excluded from calculations are individuals who selected *none of the above* as well as one or more devices; 5 individuals were excluded.
HIV Criminalization in Louisiana	Figure A30. Familiarity With Louisiana Laws Related to HIV	Q38	Percentage (categorical) of clients who select each response option.
	Figure A31. Have HIV Laws or Threats of HIV Criminalization Changed …	Q39	For each category, we present the percentage of clients who selected *yes*, *no*, or *N/A*.

Table C.3. Report Visual and Variable Descriptions (Continued)

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section B: Medical Care			
Health Insurance and Medical Coverage	Figure B1. Health Insurance Status	Q18	Percentage (categorical) of clients who select each response option.
	Figure B2. Sources of Health Insurance	Q18a	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous question, and then selected at least one type of insurance; 42 individuals were excluded.
	Figure B3. Difficulties in Paying for HIV-Related Health Care Costs	Q19	Percentage (categorical) of clients who select each of the response options.
	Figure B1. Health Insurance Status	Q18	Percentage (categorical) of clients who select each response option.
Medical Services	Figure B4. Medical Services Needed in the Past 12 months	Q2	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected *I didn't need any of these services* as well as at least one medical service; 14 individuals were excluded.
Section C: Health and Health Behaviors			
Overall Health	Figure C1. Overall Health	Q1	Percentage (categorical) of clients who select each response option.
	Figure C2. Current Viral Load	Q22	Percentage (categorical) of clients who select each response option.
	Figure C3. Self-Reported Depressive Symptoms Over the Past Two Weeks	Q8	Percentage of clients who select *Yes* to each problem.
	Figure C4. Self-Reported Substance Use in the Past 12 Months	Q7	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected *I haven't used any of these in the past 12 months* and reported using at least one of the listed substances; 7 individuals were excluded.
Health Diagnoses and Care	Figure C5. Medical Diagnoses	Q10	For each medical condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed and received treatment, and needed and did not receive treatment.
	Figure C6. Reasons Did Not Receive Needed Medical Care	Q11	Percentage (categorical) of clients who select each of the response options. Respondent must have indicated that they were diagnosed, needed treatment, and did not receive needed treatment for at least one medical condition in Q10 to be included. Excluded from calculations are clients who indicate that they received the needed medical care, but also select a reason for not receiving treatment; 3 individuals were excluded.
	Figure C7. Behavioral Health Diagnoses	Q12	For each behavioral health condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed and received treatment, and needed and did not receive treatment.

Table C.3. Report Visual and Variable Descriptions (Continued)

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section C: Health and Health Behaviors			
Health Diagnoses and Care (Continued)	Figure C8. Reasons Did Not Receive Needed Behavioral Health Care	Q13	Percentage (categorical) of clients who select each of the response options. Respondent must have indicated that they were diagnosed, needed treatment, and did not receive needed treatment for at least one behavioral health condition in Q12 to be included. Excluded from calculations are clients who indicate that they received the needed care, but also select a reason for not receiving treatment; 2 individuals were excluded.
Health Seeking Behavior	Figure C9. In-person HIV-Related Medical Care Visits in the Past 12 Months	Q3	Percentage (categorical) of clients who select each response option.
	Figure C10. HIV-Related Medical Care Visits via Telehealth in the Past 12 Months	Q4	Percentage (categorical) of clients who responded to each response option.
	Figure C11. Place Where Respondent Regularly Receives Medical Care, Including HIV-Related Care	Q5	Percentage (categorical) of clients who select each response option. Excluded from calculations and not presented in the figure are individuals who indicate that they don't typically receive medical care; 61 individuals were excluded.
	Figure C12. Barriers to Receiving Needed Medical Care	Q6	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report not having gone without any needed medical care as well as at least one reason; 17 individuals were excluded.
	Figure C13. Interest in Psychosocial Support	Q9	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who select *I would not use any of these programs* and then at least one program; 17 individuals were excluded.
HIV Medication and Medical Adherence	Figure C14. Reasons for Not Taking HIV Medication in the Past 12 Months	Q20	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report not being prescribed any HIV medications, as well as at least one reason for not taking as prescribed; 26 individuals were excluded. Also excluded from calculations are individuals who report taking their HIV medications as prescribed, as well as at least one reason for not taking as prescribed; 28 individuals were excluded.
	Figure C15. Number of Days Respondent Did Not Take Full HIV-Medication Regimen in the Past Three Days	Q21	Percentage (categorical) of clients who select each response option. Excluded from calculations are individuals who report not being prescribed any HIV medications and report number of doses that they missed; 94 individuals were excluded.
Section D: Need and Use of Services			
Needed Services	Figure D1. Need and Receipt of Core Medical Services	Q14	For each core medical service, we present the percentage of clients who did not need the service, needed and received the service, and needed and did not receive the service.
	Figure D2. Need and Receipt of Supportive Services	Q14	For each core support service, we present the percentage of clients who did not need the service, needed and received the service, and needed and did not receive the service.

Table C.3. Report Visual and Variable Descriptions (Continued)

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section D: Need and Use of Services			
Needed Services (continued)	Figure D3. Reasons for Not Receiving Needed Core Medical and Supportive Services	Q15	Percentage (categorical) of clients who select each response option. Excluded from calculations are clients who indicate that they received the needed services, but also select a reason for not receiving services; no individuals were excluded.
	Figure D4. Need and Receipt of Housing Services	Q16	For each core housing service, we present the percentage of clients who did not need the service, needed and received the service, and needed and did not receive the service.
	Figure D5. Reasons for Not Receiving Needed Housing Services	Q17	Percentage (categorical) of clients who select each response option. Excluded from calculations are clients who indicate that they received the needed services, but also select a reason for not receiving services; 5 individuals were excluded.

APPENDIX D. FINDINGS

The 2023 *Louisiana Needs Assessment Statewide Report* provides an overview of the current care service needs of people living with HIV (PLWH) in Louisiana. It presents their self-reported experiences accessing services, unmet care and service needs, and barriers to accessing services. In this appendix, we first present summative descriptive analysis of the findings. Next, we discuss key takeaways, offer context to aid in interpreting the results, and explore the implications for each section of the report.

This analysis is based on data from 2,210 individuals who completed the survey, representing approximately 10% of the estimated 22,978 PLWH residing in Louisiana. Participants were recruited from all nine public health regions. While the sample is large and includes individuals across the state, generalizations should be made with care. The findings are derived from a convenience sample of mostly low-income and/or uninsured individuals seeking care at Ryan White-affiliated clinics and may not fully represent all PLWH in the state, particularly those with private insurance and/or who seek care in private health care settings, as well as those not engaged with care or who fall outside of traditional health care settings (e.g., individuals who are institutionalized, reluctant to seek care, or unable to access services at the time of the survey). In addition, although proportional representation was the goal, some regions are slightly overrepresented, and others are slightly underrepresented in the sample.

OVERVIEW OF RESULTS

This section provides an overview of the findings from the *2023 Louisiana Needs Assessment*. The overview is organized into four main parts, corresponding to the structure of the report. The first section, Background Characteristics, includes HIV diagnosis, HIV-related knowledge, place of residence, demographic characteristics, employment and income, housing, internet usage, and HIV criminalization in Louisiana. The second section, Medical Care, addresses health insurance, medical coverage, and medical services. The third section, Health and Health Behaviors, presents overall health, health diagnoses and care, health seeking behavior, and HIV medication adherence. The final section, Need and Use of Services, covers core medical and supportive services, as well as housing services. Together, the findings offer insights into the care and support needs of PLWH in Louisiana, identifying both strengths and areas for improvement in current services.

The overview we present in this section is designed to mirror the arrangement and order of the figures in the report. Each bullet point summarizes key takeaways from a specific graphic, with sub-bullets providing additional information from the same figure. In-document links to the corresponding report figures are included for easier reference. To return to your previous position after viewing a linked figure, press Alt + the left arrow. This structure is intended to facilitate cross-referencing between the appendix narrative and the main report figures.

Both proportions and counts are presented for each finding.[2] Proportions offer a relative sense of the data, showing how responses relate to the total sample and facilitating comparison across different groups. Counts provide the absolute number of individuals responding and/or affected, which can help the Louisiana Department of Health Office of Public Health STD/HIV/Hepatitis Program (OPH SHHP) and other interested parties assess the extent of the issues. Presenting these metrics offers a more comprehensive picture of both the relative importance and scale of reported experiences or needs.

[2] There are variations in sample size across findings attributable to intentional skip patterns in the questionnaire and survey error. Some questions were asked of everyone and some were asked only of a subset of respondents (i.e., those who had responded a specific way in a previous question). In some instances, individuals skipped questions that should have been answered and in others, individuals responded to questions they should have skipped (i.e., based on their previous response the question did not apply to them).

SECTION A. BACKGROUND CHARACTERISTICS

HIV DIAGNOSIS

- 63% of respondents (1,293 of 2,037) in the *2023 Louisiana Needs Assessment* statewide sample have lived with HIV for 10 years or longer. See Figure A1.

HIV-RELATED KNOWLEDGE

- Respondents identified health care professionals as primary sources of HIV information, with 82% (1,721 of 2,105) reporting they get information about HIV from a doctor or nurse, followed by 47% (980 of 2,105) reporting a case manager as a source of HIV information. See Figure A2.
- Respondents reported receiving information on a number of HIV-related topics in the past 12 months. The three most selected responses were *how to protect HIV-negative partners with Undetectable = Untransmittable* (U = U) (75% or 1,518 of 2,018), *the importance of going to all doctor visits* (63% or 1,274 of 2,018), and *the importance of taking HIV medication* (57% or 1,157 of 2,018). See Figure A3.
    - 8.4% of respondents (169 of 2,018) selected *no, no one has explained any of these things to me in the past year*.
- 81% of respondents (1,693 of 2,086) correctly responded that if a person is undetectable, they cannot transmit HIV sexually (U = U). See Figure A4.

PLACE OF RESIDENCE

- 41% of respondents (944 of 2,041) reported residing in Regions 3 through 9, 36% (or 633 of 2,041) reported residence in the New Orleans Eligible Metropolitan Area (NOEMA), and 23% (or 464 of 2,041) reported residing in the Baton Rouge Transitional Grant Area (BRTGA). See Figure A5.

DEMOGRAPHIC CHARACTERISTICS

- 58% of respondents (1,215 of 2,101) identified as men. See Figure A6.
- 62% of respondents (1,320 of 2,119) reported their sex at birth as male. See Figure A7.
- 74% of respondents (1,561 of 2,107) identified as Black or African American. See Figure A8.
- 5% of respondents (110 of 2,087) identified as Latino/Latina/Latinx/Hispanic. See Figure A9.
- 60% of respondents (1,252 of 2,087) reported being 45 and older. See Figure A10.
- 66% of respondents (1,353 of 2,046) reported having a high school diploma or less, with 22% (or 443 of 2,046) reporting less than high school. See Figure A11.

EMPLOYMENT AND INCOME CHARACTERISTICS

- The three most reported categories of employment were *disabled* (34% or 708 of 2,076), *full-time work* (25% or 521 of 2,076), and *unemployed* (23% or 486 of 2,076). See Figure A12.
- 54% of respondents (1,071 of 1,966) reported a household income of less than $1,000 for the month prior to the survey, including 21% of respondents (421 of 1,966) who reported no income. See Figure A13.
- The most reported sources of income and economic assistance were wages (37% or 755 of 2,059), *Supplemental Nutrition Assistance Program* (SNAP) (27% or 559 of 2,059), *Supplemental Security Income* (SSI) (26% or 536 of 2,059), and *Social Security Disability Income* (SSDI) (25% or 506 of 2,059). See Figure A14.

HOUSING

- 78% of respondents (1,630 of 2,088) reported they were currently living in an apartment/house/trailer they owned or rented. See Figure A15.
- 77% of respondents (1,598 of 2,078) reported renting or owning their apartment/house/trailer in the six months prior to the survey. See Figure A16.
- 53% of respondents (1,010 of 1,915) reported that they live by themselves and 75% (1,416 of 1,900) reported having no children residing in their household. See Figure A17.
    - On average, respondents reported that their household was comprised of two adults and zero children.
- Among respondents currently living in an apartment, house, or trailer, the most commonly reported number of bedrooms was *two* (34% or 660 of 1,944), followed by *three* (28% or 549 of 1,944) and *one* (27% or 529 of 1,944). See Figure A18.
- 29% of respondents (527 of 1,842) reported living in two or more places in the past 12 months. See Figure A19.
- 32% of respondents (680 of 2,111) reported living at their current residence for one year or less. See Figure A20.
- 17% of respondents (323 of 1,907) reported spending one or more nights homeless or without a place to sleep in the past 12 months. See Figure A21.
- 23% of respondents (478 of 2,101) reported having to move in the past three years because they were no longer able to afford their home. See Figure A22.
- 21% of respondents (441 of 2,055) reported that they had trouble obtaining housing in the past 12 months. See Figure A23.
- Out of 754 individuals who answered the question about barriers to obtaining or remaining in housing in the past 12 months, 47% (353 of 754) indicated that they did not have any problems obtaining or remaining in housing. Among the 53% of respondents (401 of 754) who reported at least one barrier, the top three categories included *could not find affordable housing* (27% or 204 of 754), *not enough money for the deposit* (21% or 156 of 754), and *was put on a waiting list* (13% or 99 of 754). See Figure A24.
- 22% of respondents (424 of 1,967) reported that they do not contribute to their rent/mortgage out of pocket, while 48% of respondents (938 of 1,967) reported paying $500 or more out of pocket to their rent/mortgage. See Figure A25.
- 53% of respondents (1,100 of 2,095) reported difficulty paying rent, mortgage, or utility bills in the past 12 months. See Figure A26.

INTERNET USAGE

- The top five ways respondents reported using the internet include *entertainment* (72% or 1,500 of 2,072), *communicating with friends and family* (63% or 1,299 of 2,072), *education* (54% or 1,109 of 2,072), *work* (48% or 986 of 2,072), and *health care* (47% or 981 of 2,072). See Figure A27.
- 23% of respondents (475 of 2,070) reported paying $70 or more monthly for household internet, while 24% (489 of 2,070) indicated that they do not pay for internet services but have access at home or on their phone. See Figure A28.
    - 14% (298 of 2,070) reported not having internet services.
- 83% of respondents (1,732 of 2,087) reported using a smartphone regularly; 31% (657 of 2,087) reported using a laptop computer, 30% (630 of 2,087) reported using a tablet, and only 14% (300 of 2,087) reported using a desktop computer. See Figure A29.

  - Of the 2,087 individuals who responded to this question, 905 (43.4%) reported using two or more devices.

HIV CRIMINALIZATION IN LOUISIANA

- 22% of respondents (452 of 2,088) reported being not at all familiar with Louisiana's HIV-related laws, 47% (987 of 2,088) reported being somewhat familiar, and 31% (649 of 2,088) considered themselves very familiar with these laws. See Figure A30.
- The most reported ways respondents indicated that HIV laws or threats of HIV criminalization have influenced their lives include: *their comfort in being honest about their life with case managers or other members of their health care team* (69% or 1,401 of 2,038); *their sense of self-love or self-worth* (67% or 1,346 of 2,021); *how likely they are to call the police and/or seek help if they are the victim of a crime* (65% or 1,329 of 2,042); *how likely they are to access health care or mental health services* (60% or 1,222 of 2,040); and *how likely they are to tell their HIV status to partners, friends, health care team, etc.* (60% or 1,220 of 2,047). See Figure A31.

SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

- 87% of respondents (1,810 of 2,091) reported being insured. See Figure B1.
- Most respondents reported having *Medicaid* (68% or 1,264 of 1,851) and/or *Medicare* (33% or 607 of 1,851) as a source of health insurance, while a smaller proportion reported private plans through their work or employer (8% or 144 of 1,851), through the *Marketplace* (6% or 112 of 1,851), or other forms of coverage (6% or 119 of 1,851). See Figure B2.
- 40% of respondents (825 of 2,041) reported at least some level of difficulty paying for HIV-related health care costs – 18% (372 of 2,041) responded it was *a little* to *somewhat difficult*, 10% (210 of 2,041) responded it was *very difficult*, and 12% (243 of 2,041) indicated paying for HIV-related health care costs was *completely impossible*. See Figure B3.

MEDICAL SERVICES

- Although nearly 20% of respondents (422 of 2,130) indicated they did not need any of the medical services listed in the survey in the past 12 months, the majority (80% or 1,708 of 2,130) reported at least one needed service. The top three categories of medical services were *prescription drugs* (58% or 1,233 of 2,130), *outpatient care* (57% or 1,219 of 2,130), and *mental health services* (29% or 624 of 2,130). See Figure B4.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

- 68% of respondents (1,475 of 2,185) described their health as *good* to *very good*; 26% (559 of 2,185) reported *average* health, and a small portion (7% or 151 of 2,185) reported *poor* to *very poor* health. See Figure C1.
- Most respondents (78% or 1,620 of 2,088) reported that their current viral load was undetectable, 6% indicated theirs was detectable (135 of 2,088), 10% (212 of 2,088) reported that they do not know their current viral load, and 6% (121 of 2,088) reported that they haven't gotten their labs yet. See Figure C2.
- 36% of respondents (765 of 2,098) reported feeling down, depressed or hopeless over the past two weeks; 36% of respondents (763 of 2,119) reported little interest or pleasure in doing things. See Figure C3.

- 35% of respondents (727 of 2,099) reported that they have not used any of the listed substances in the past 12 months. Among the 65% of respondents (1,372 of 2,099) who reported substance use, the most reported were *tobacco or nicotine* (46% or 963 of 2,099) and *alcohol* (35% or 736 of 2,099). See Figure C4.

HEALTH DIAGNOSES AND CARE

- 77% (1,699 of 2,210) of respondents reported at least one medical diagnosis, with 49% (1,092 of 2,210) indicating at least two diagnoses. The most reported diagnoses were *hypertension* (41% or 906 of 2,210), *high cholesterol* (29% or 640 of 2,210), and *arthritis* (26% or 578 of 2,210). See Figure C5.
    - A small portion of the overall sample reported experiencing specific gaps in health care treatment for their medical diagnoses. The most common gap reported was *arthritis*, with 117 of respondents reporting needing, but not receiving treatment. Proportionally speaking, the largest gaps appear to be *heart disease* (52 or 21% of diagnosed), *kidney disease* (57 or 25% of diagnosed), *Hepatitis C* (60 or 27% of diagnosed), and *cancer* (58 or 29% of diagnosed).
- Of the 210 respondents who reported experiencing gaps in needed treatment for their medical diagnoses, 193 reported specific barriers experienced, with 46 (24%) selecting at least two. The top three reported categories for not receiving needed medical care include *didn't know where to go* (16% or 30 of 193), *couldn't afford it* (14% or 27 of 193), and *couldn't get transportation* (14% or 27 of 193). See Figure C6.
- 44% (971 of 2,210) of respondents reported a mental health condition, and 17% (370 of 2,210) reported a substance use disorder diagnosis; 295 (13% of 2,210) reported both. See Figure C7.
    - 17% of respondents (169 of 971 diagnosed) reported gaps in treatment for mental health conditions, and 26% (98 of 370 diagnosed) reported gaps for substance use disorders.
- Of the 205 respondents who reported experiencing gaps in needed treatment for their behavioral health diagnoses, 190 reported specific barriers experienced, with 52 (27%) selecting at least two. The top reported reasons for not receiving needed behavioral health care include *couldn't get an appointment* (19% or 36 of 190), *didn't know where to go* (19% or 36 of 190), *other things on my mind/other priorities* (16% or 31 of 190), and *couldn't get transportation* (16% or 31 of 190). See Figure C8.

HEALTH SEEKING BEHAVIOR

- Nearly all (95% or 2,065 of 2,175) respondents reported attending at least one in-person HIV-related medical visit in the past 12 months, with 57% (1,240 of 2,175) reporting three or more visits. See Figure C9.
- 37% of respondents (809 of 2,172) reported at least one telehealth visit for HIV-related medical care. See Figure C10.
- Respondents indicated they most commonly receive medical care (including HIV-related care) in community clinics (33% or 657 of 1,974) and community health centers (30% or 592 of 1,974). Less common were hospitals (16% or 322 of 1,974) and private doctor's offices (16% or 319 of 1,974). See Figure C11.
- 35% of respondents (730 of 2,111) identified at least one barrier they experienced receiving care the last time they had a medical problem. The most commonly reported barriers were *couldn't get transportation* (9% or 198 of 2,111), *other things on my mind/other priorities* (6% or 131 of 2,111), *couldn't afford it* (6% or 117 of 2,111), and *didn't want anyone to know I was living with HIV* (5% or 114 of 2,111). See Figure C12.

- 78% of respondents (1,668 of 2,142) reported some interest in receiving psychosocial support. The top reported categories include *counseling* (45% or 964 of 2,142), *support groups* (43% or 921 of 2,142), and *social activities* (36% or 781 of 2,142). See Figure C13.

HIV MEDICATION AND MEDICAL ADHERENCE

- 55% of respondents (1,112 of 2,034) reported that they have been taking their HIV medications as prescribed for the last 12 months. Among the 24% of respondents (478 of 2,034) who reported a reason for not taking HIV medication as prescribed in the past 12 months, the most reported reasons include *I have trouble remembering to take them* (6% or 126 of 2,034), *pharmacy did not fill prescription* (4% or 76 of 2,034), and *can't afford them* (4% or 75 of 2,034). See Figure C14.
    - 22% (444 of 2,034) reported that they have not been prescribed any HIV medications.
- 75% of respondents (1,363 of 1,824) reported not missing any days of taking their full HIV-medication regimen in the past three days. See Figure C15.

SECTION D. NEED AND USE OF SERVICES

- 89% of respondents (1,970 of 2,210) reported at least one core medical service need. The top three reported core medical service needs were *dental care* (77% or 1,477 of 1,922), primary medical care (77% or 1,385 of 1,802), and eye care (69% or 1,273 of 1,847). See Figure D1.
    - The top three reported gaps in core medical services include *dental care* (24% or 461 of 1,922), *eye care* (19% or 358 of 1,847), and *mental health counseling or therapy* (11% or 192 of 1,720).
- 84% of respondents (1,851 of 2,210) reported needing at least one supportive service. The top three reported supportive service needs were *food assistance* (75% or 1,430 of 1,916), *emergency financial assistance* (54% or 962 of 1,771), and *housing assistance* (53% or 971 of 1,829). See Figure D2.
    - The top three reported gaps in supportive services include *emergency financial assistance* (18% or 321 of 1,771), *housing assistance* (17% or 314 of 1,829), and *food assistance* (12% or 227 of 1,916).
- Out of 932 respondents who answered the question about reasons for not receiving needed core medical and supportive services, 47% of respondents (439 of 932) reported that they did, in fact, receive the core medical and supportive services they needed. For those who did not, the top two reported reasons for not receiving needed core medical and supportive services include *didn't know how to access the services* (19% or 179 of 932) and *didn't know where to go* (18% or 166 of 932). See Figure D3.
- 63% (1,393 of 2,210) of respondents reported needing at least one housing service. The top three reported housing needs were *emergency housing services* (57% or 1,101 of 1,948), *ongoing rental assistance* (39% or 711 of 1,812), and *permanent independent housing* (37% or 672 of 1,816). See Figure D4.
    - The top three reported gaps in housing services include *emergency housing services* (20% or 384 of 1,948), *permanent, independent housing* (17% or 305 of 1,816), and *ongoing rental assistance* (17% or 303 of 1,812).
- Of the 505 respondents who answered the question about reasons for not receiving needed housing services, 28% (140 of 505) reported that they did, in fact, receive the housing services they needed. The top two reported reasons for not receiving needed housing services include *didn't know where to go* (32% or 164 of 505) and *didn't know how to access the services* (31% or 155 of 505). See Figure D5.

DISCUSSION

In this section, we present the key takeaways from the *2023 Louisiana Needs Assessment*. This analysis is informed by discussions with OPH SHHP, Louisiana Department of Health (LDH) annual reports, and relevant literature that provides context for the findings. Each subsection discusses the relevance of the data for OPH SHHP's objectives, summarizes key findings, and explores their implications. At the request of OPH SHHP, we include results from recent needs assessments, where relevant, to provide insights into potential trends. However, the samples across the different needs assessments are not the same; therefore, comparisons should be considered with caution.

DEMOGRAPHIC CHARACTERISTICS

Of the 2,210 respondents in the sample, the majority (60%) reported being 45 or older. Nearly three quarters (74%) identified as Black or African American, while 5% identified as Latino/Latina/Latinx/ Hispanic. The majority (58%) identified as men, and 62% reported their sex at birth as male. Educational attainment within the sample was generally low, with approximately two thirds (66%) reporting a high school diploma or less, including nearly one quarter (22%) reporting less than high school.

This demographic profile of the *2023 Louisiana Needs Assessment* sample broadly reflects the larger population of PLWH in Louisiana, with a few notable exceptions.[3] Similar to the sample, a majority of PLWH across the state are identified as 45 or older (60% in sample versus 57% in population), Black (74% in sample versus 67% in population), and men (58% in sample versus 70% in population). However, individuals identifying as Black or African American are slightly overrepresented in the sample, and those identifying as men are underrepresented. The representation of the Latino/Latina/Latinx/Hispanic population is similar, with five percent in the sample compared to six percent in Louisiana's HIV surveillance data. Although we do not have information on educational attainment among PLWH in the state, we can say that the sample has a lower attainment than the general population. Although approximately one quarter of Louisiana adults hold a bachelor's degree or higher, only nine percent of the sample reported similar educational qualifications.

These findings emphasize two trends that are important to consider along with overall findings. First is the disproportionate impact of HIV on Black individuals in Louisiana; although Black individuals only make up 32% of Louisiana's population, they represent the majority (74%) of the sample and the majority (67%) of the overall population of PLWH in the state. Second, the population of PLWH is getting older and living longer with HIV, with nearly two thirds (63%) of the sample reporting having lived with HIV for a decade or longer. This shift toward an aging population reflects a broader national trend, driven by advancements in antiretroviral therapy (ART) medications that have greatly improved the life expectancy of people diagnosed with HIV.[4, 5] The growing number of older adults living with HIV suggests an increasing need for health care services tailored to this demographic, including management of multiple chronic conditions and multiple medications.[6]

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[3] Office of Public Health, STD, HIV, and Hepatitis Program. (2024, March 31). *Louisiana HIV, AIDS, Early Syphilis, & Congenital Syphilis surveillance quarterly report* (vol. 22, no. 1). Louisiana Department of Health. https://ldh.la.gov/assets/oph/HIVSTD/2024-reports/First-Quarter-2024-HIV-and-Syphilis-Report.pdf

[4] *HIV.gov.* (2024, June 4). *Aging with HIV*. https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv

[5] Ryan White & Global HIV/AIDS Programs. (2018, April). *Aging with HIV: Care challenges.* U.S. Department of Health and Human Services, Health Resources and Services Administration. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hiv-aging-2018.pdf

[6] By 2030, 70% of PLWH in the United States are projected to be over the age of 50. Notably, in 2022, nearly half of the over half a million clients served by the Ryan White HIV/AIDS Program were aged 50 or older (see footnotes 4 and 5).

HIV-RELATED KNOWLEDGE

The needs assessment surveys respondents on how they receive HIV-related information, the types of information they have received, and their understanding of this information. These findings help OPH SHHP consider how people receive HIV-related information, identify gaps in information dissemination, and refine educational programs and resources to better address the needs of PLWH in the state.

The findings from the *2023 Louisiana Needs Assessment* reveal a strong reliance on health care professionals for HIV-related information. More than 80% of respondents reported receiving HIV information from a doctor or nurse. Case managers were also cited as key sources by nearly half (47%) of respondents. This underscores the important role health care professionals play in providing HIV-related information. Currently, other potential sources, including traditional media, social media, and faith-based organizations, appear to have a limited role in distributing HIV information, which presents a potential opportunity for broader dissemination of education and resources.

In terms of specific information received over the past year, approximately three quarters (75%) of respondents reported receiving information about protecting HIV-negative partners by having an undetectable viral load (U = U). Nearly two thirds (63%) reported receiving information about the importance of attending all scheduled doctor visits, and more than half (57%) reported receiving information about the importance of adhering to HIV medication. Approximately 70% of respondents reported receiving information on two or more HIV-related topics, suggesting that OPH SHHP and its partner organizations are effectively communicating important HIV information. Despite the overall positive findings, nearly 10% of respondents reported that they have not received any HIV-related information in the past year, suggesting that there is still room for improvement in HIV-related educational outreach efforts.

One notable finding is that 81% of respondents are aware that a person living with HIV who is on treatment and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners. This high level of awareness aligns with the objectives of the U = U campaign, an important initiative for OPH SHHP and endorsed by the *Centers for Disease Control and Prevention* (CDC) as an essential strategy for HIV prevention.[7, 8] The proportion of respondents who know U = U has increased over the past several needs assessments, from 58% in 2019, to 78% in 2021, and to 81% in 2023. Given that each needs assessment involved distinct convenience samples, interpretations must be made with caution. Still, the observed trends suggest the successful implementation of the U = U campaign in Louisiana.[9]

While this elevated awareness of U = U among the sample is encouraging, 19% of the sample appears to lack knowledge of U = U. This gap suggests a continued need for public education efforts. Improving awareness of U = U has several important public health implications. According to the CDC, recognizing that individuals with undetectable viral loads cannot sexually transmit HIV helps to combat stigma and misinformation.[10] Furthermore, PLWH play a vital role in improving their own wellness and the overall

[7] Division of Global HIV and TB. (2024, July). *Implementing and scaling up U=U: A resource guide* (1st ed.) U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/global-hiv-tb/media/pdfs/2024/07/U-U-Resource-Guide-July-12-2024.pdf

[8] Louisiana Health Hub. (n.d.). *Campaigns*. https://louisianahealthhub.org/campaigns/

[9] Louisiana Department of Health. (2019, March 14). Baton Rouge and New Orleans join the Louisiana Department of Health in support of U=U campaign. https://ldh.la.gov/news/5087

[10] Division of Global HIV and TB. (2024, August 19). *Undetectable = Untransmittable.* U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html

health of the community. Continuing to expand awareness of U = U could further motivate individuals to get tested and adhere to treatment, which improves health and reduces HIV transmission. This, in turn, contributes to better overall public health.

EMPLOYMENT AND INCOME CHARACTERISTICS

The *2023 Louisiana Needs Assessment* collected information on socioeconomic status and economic challenges faced by respondents. These data can inform the development of policies and programs that can improve PLWH's access to essential services and support in Louisiana. In 2023, the most reported employment statuses among respondents were *disabled* (34%), *full-time work* (25%), and *unemployed* (23%). Related to employment status findings, only 37% of respondents reported receiving wages, while state and federal benefits remain vital for many. Specifically, 27% reported receiving SNAP benefits, followed by 26% reporting SSI, and 25% reporting SSDI. These results are consistent with responses in previous years, indicating similar patterns in employment status across the samples surveyed through the needs assessment.

Economic hardship is evident in the sample, with over one half of respondents (54%) reporting a household income of less than $1,000 in the month prior to the survey. Moreover, 21% of respondents reported having no income at all. These findings underscore the pronounced financial difficulties faced by respondents in the sample.

HOUSING

The *2023 Louisiana Needs Assessment* included a set of housing indicators designed to better understand housing stability and the housing and support needs of PLWH. In the general population, individuals experiencing homelessness or housing instability are more likely to have negative health outcomes, including higher rates of HIV and mental health disorders.[11] For PLWH, stable housing is considered a protective factor, strongly linked to favorable HIV-related health outcomes.[12] Unstable housing, on the other hand, can lead to challenges in receiving adequate HIV-related care and treatment, which, in turn, affects PLWH's ability to achieve viral suppression.[13] Assessing housing challenges through the needs assessment supports OPH SHHP in addressing the critical link between stable housing and the health and well-being of PLWH across the state.

Capturing housing instability risk is complex and may not be fully understood by looking solely at a person's current place of residence. To provide a more comprehensive picture, the needs assessment includes several indicators that assess the potential risk of housing instability. These include current living situation, duration at current residence, history of homelessness, and housing costs and accessibility. Each of these indicators has implications for health and well-being. Frequent moves can disrupt health care access and lead to negative health outcomes.[14] Additionally, short duration in a household can hinder individuals and families from building long-lasting attachments to their neighborhood and community, further impacting overall health and well-being. Homelessness, in

[11] Aidala, A., Cross, J. E., Stall, R., Harre D., & Sumartojo, E. (2005). Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, *9*(1), 251–265. https://doi.org/10.1007/s10461-005-9000-7

[12] National Center for HIV, Viral Hepatitis, STD, and TB Prevention. (2024, May 16). *Issue Brief: The role of housing in ending the HIV epidemic*. U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/policies/data/role-of-housing-in-ending-the-hiv-epidemic.html

[13] Berthaud, V., Johnson, L., Jennings, R., Chandler-Auguste, M., Osijo, A., Baldwin, M. T., Matthews-Juarez, P., Juarez, P., Wilus, D., & Tabatabai, M. (2022). The effect of homelessness on viral suppression in an underserved metropolitan area of middle Tennessee: Potential implications for ending the HIV epidemic. *BMC Infectious Diseases*, *22*(1), 144. https://doi.org/10.1186/s12879-022-07105-y

[14] Healthy People 2030. (n.d.). *Housing instability.* U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability

particular, is linked to a higher prevalence of chronic diseases such as diabetes, hypertension, and asthma, as well as an increased risk of premature death.[15] And finally, households that spend a large portion of their income on housing may struggle to afford rent/mortgage, along with other necessities such as food, clothing, utilities, and health care. By measuring these indicators of housing instability, OPH SHHP can assess the extent to which PLWH are at risk of, or experiencing, housing instability, and develop service strategies that address their specific challenges and needs.

For the purposes of the needs assessment, individuals are considered at risk of unstable housing if they are currently stably housed, but are facing economic strain (e.g., struggle to afford basic needs, including housing), and/or if they move frequently. Individuals are experiencing housing instability if they do not have a permanent or semipermanent residence, which includes situations such as homelessness, living in a shelter, or staying with family or friends. Findings show that roughly three quarters of respondents maintained a stable living environment, defined as renting or owning a residence (e.g., apartment, house, or trailer), both currently (78%) and six months prior to the survey (77%). However, nearly one quarter reported living in less stable situations, such as staying with family or friends (13%), residing in a facility (4%), or being in a shelter (1%). Additionally, almost one third (32%) of respondents lived in their current residence for less than one year. More than one quarter (28%) reported moving at least twice in the year prior to the survey, and nearly one fifth (17%) reported experiencing homelessness or lacking a place to sleep at least once in that time.

Considering what underlies housing instability and instability risk in the sample, financial constraints, coupled with limited affordable housing options appear to be driving factors. More than half (53%) of respondents reported difficulty paying rent, mortgage, or utility bills in the past year. When asked about barriers to obtaining or remaining in housing, over one quarter (27%) of respondents reported that they could not find affordable housing, and 21% reported not having enough money for deposits.[16] Taken together, these findings suggest substantial financial strain related to housing costs for PLWH in the state.

INTERNET USAGE

The *2023 Louisiana Needs Assessment* introduced a new section to collect data on internet usage among PLWH in the sample. This new focus relates to the broader efforts of the *2024 Louisiana Digital Opportunity Plan*, which aims to close the digital divide across the state. According to *Connect Louisiana*, access to digital resources – such as internet, devices, and digital skills – is increasingly important for health management, socio-economic development, and overall wellness.[17, 18] However, Louisiana continues to face challenges in these areas, particularly among vulnerable populations. By examining internet usage, OPH SHHP can better understand the current state of digital access for PLWH within the sample and gain insights about the broader population of PLWH in Louisiana.

[15] See footnote 11.

[16] This issue may be exacerbated by the current waiting list for the *Housing Authority of New Orleans Housing Choice Voucher Program*, which remains closed with approximately 20,000 families waiting for assistance. For more information, see: Housing Authority of New Orleans. (n.d.). *Affordable Housing, Housing Choice Voucher Program (HCVP).* https://www.hano.org/Housing/HCVP

[17] ConnectLA. (n.d.). *2024 Louisiana Digital Opportunity Plan.* https://connect.la.gov/digital-opportunity/

[18] ConnectLA. (2024). *2024 Louisiana Digital Opportunity Plan update.* https://connect.la.gov/media/4b0jathk/la-2024-digital-opportunity-update.pdf

Findings suggest that the internet is a central tool for both personal and professional activities among respondents. Approximately 86% reported that they have internet at home or on their phone.[19] Regarding usage, almost three quarters (72%) of respondents reported that they use the internet for entertainment, and about two thirds (63%) use it to stay connected to family and friends. Additionally, 61% indicated that they used it for their professional endeavors in either work or school. Importantly for OPH SHHP, roughly 50% of respondents reported using the internet for health care or counseling purposes, suggesting that online platforms play a potentially key role in helping respondents stay linked to care. During our conversations, OPH SHHP hypothesized that the proportion of respondents who report using the internet for health care and counseling services may reflect the rise in telehealth and online services that occurred during the pandemic, which may have increased respondents' familiarity and comfort with these tools.

Although the needs assessment does not directly ask respondents what devices they use to access the internet, it does ask about the types of devices respondents regularly use. Overall, findings suggest that the sample has the necessary digital technology to access the internet. Smartphones are the most frequently used device among respondents, with 83% reporting regular use. In contrast, only 31% of respondents report using laptops and tablets, and desktop computers are used by only 14% of respondents. This suggests a preference for mobile devices and points to the importance of mobile-friendly platforms for telehealth, HIV-related services, and the dissemination of information directed at PLWH.

During discussions, OPH SHHP staff raised questions about internet usage among older adults in the sample. These questions are important because, according to the *2024 Louisiana Digital Opportunity Plan*, the older demographic in Louisiana faces particular obstacles in digital access, including lower rates of reliable internet connection and device ownership than the national average.[20] Challenges such as affordability, digital skills, and hesitancy to adopt new technology are prevalent among older adults in the state, especially among those on fixed incomes. Despite these known barriers, 155 of 207 (75%) of older adults (i.e., those ages 65 and older) in our sample reported at least one way in which they use the internet in their lives, and 37% reported using the internet for health care or counseling. Additionally, nearly three quarters (72%) of older adults in the sample reported using a smartphone regularly. While these findings suggest that digital access is not a substantial barrier for older adults in the sample, 20% of respondents in this group did indicate that they are without internet and 20% reported that they do not regularly use any of the listed digital devices, which is slightly greater than what is reported in the full sample.

Though access to the internet and technology does not appear to be a major issue for our sample, these results do not suggest that technology-based solutions will work for all PLWH in Louisiana. While technology offers valuable opportunities for improving access to services, it is important to consider and plan for PLWH's diverse needs, particularly for those who may prefer in-person interactions or face barriers to using digital tools. Additionally, it is not clear the extent to which respondents received help with purchasing devices or paying for internet services. This may be an area to explore further in future needs assessments, especially given federal funding limitations. Specifically, OPH SHHP explained during discussions that federal funding for the *Ryan White Part B, Housing Opportunities for Persons With AIDS*

[19] This finding is based on responses from question 49 of the questionnaire, which asked respondents how much their household pays per month for internet services. Fourteen percent of respondents selected *not applicable: I don't have internet service at home or on my phone*. We inferred that the remaining 86% (who selected responses indicating that they pay for or otherwise have services at home or on their phone) do have access.

[20] See footnote 17.

program cannot be used to assist with internet costs because the internet is not considered a utility. Additionally, programs that were designed to increase digital access during and following the COVID-19 pandemic are now expiring. The conclusion of programs such as the *Affordable Connectivity Program* (a federal program that offered eligible households discounts on monthly internet bills and discounts on purchasing devices) may affect PLWH's access to these services in the future.[21] This concern is especially pressing given the widening "digital divide," which disproportionately affects rural communities, low-income households, older adults, and Black and Hispanic populations.[22] Reliable internet access is increasingly considered an important tool in health management, as it enables telehealth services, communication with health care providers, and access to important health information.[23, 24] Without consistent access to the internet and digital devices, PLWH may face greater challenges in managing their health and accessing care.

HIV CRIMINALIZATION IN LOUISIANA

OPH SHHP, in collaboration with the *Louisiana Coalition on Criminalization and Health* (LCCH), introduced a new section to the *2023 Louisiana Needs Assessment* to gather data on how Louisiana's HIV criminalization laws affect PLWH. The State's current HIV criminalization law, "Intentional Exposure to HIV (2018)" (RS 14:43.5), requires that PLWH disclose their status to anyone they may come into sexual contact with, regardless of the transmission possibility, and to anyone they may "expose to HIV . . . through any means or contact."[25] LCCH has highlighted concerns that the law's vague definition of "exposure" allows for potential charges even in scenarios where transmission is not possible.[26]

The findings from the *2023 Louisiana Needs Assessment* indicate that there is a varying degree of awareness of Louisiana's HIV criminalization law among PLWH in our sample; slightly less than one quarter of respondents responded they were not at all familiar with the law, while a plurality (47%) indicated they were only somewhat familiar. Nonetheless, most of the sample perceive criminalization laws have influenced some aspect of their beliefs, behaviors, and/or access to needed resources. When asked how HIV laws or threats of HIV criminalization have influenced their lives, a majority reported changes in the ways in which they interact with and access health care service providers, personal sense of self-worth, response to victimization, and disclosure of personal information. Half of respondents also believe laws have influenced their access to housing. The least reported change is in the perceived likelihood of having or starting sexual relationships, suggesting that perceptions of HIV laws and criminalization do not change sexual behavior among PLWH in our sample.

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[21] Federal Communications Commission. (2024). *Affordable Connectivity Program.* Retrieved July 30, 2024, from https://www.fcc.gov/acp

[22] Boisvert, S., Durbha, S., & Nguyen, E. (n.d.). *COVID-19 and the rise of telehealth.* Duke Margolis Institute for Health Policy. https://healthpolicy.duke.edu/covid-19-and-rise-telehealth

[23] Turcios, Y. (2023, March 22*). Digital access: A super determinant of health.* Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/blog/digital-access-super-determinant-health

[24] Federal Communications Commission. (2022, February 7). *Advancing broadband connectivity as a social determinant of health.* https://www.fcc.gov/health/SDOH

[25] Intentional Exposure to HIV, La. Stat. Title 14, §43.5 (2018); The Center for HIV Law and Policy. (n.d.). *HIV criminalization in the United States: A sourcebook on state and federal HIV criminal law and practice, Louisiana.* Retrieved July 30, 2024, from https://www.hivlawandpolicy.org/sites/default/files/Louisiana%20-%20Excerpt%20from%20CHLP%27s%20Sourcebook%20on%20HIV%20Criminalization%20in%20the%20U.S.pdf

[26] Louisiana Coalition on Criminalization and Health. (2024, March). *The impact of HIV criminalization in Louisiana.* https://drive.google.com/file/d/1KSzNlN-Ywv6HERzPRWsKfxtl9rJzLWV-/view?usp=sharing

These results are especially compelling considering findings from a report published by LCCH in March 2024.[27] In late 2023, LCCH conducted a statewide study to assess the effects of Louisiana's HIV exposure law on PLWH. This study involved focus groups with 78 PLWH from all 9 public health regions in Louisiana, along with community education sessions and a public opinion survey. According to the LCCH report, the HIV exposure law has influenced PLWH's perceptions of stigmatization from health care workers, which impedes their willingness to discuss their HIV status in health care settings. Further, the LCCH report indicates that perceived pressure and legal implications that result from the HIV exposure law have negatively affected the mental health of PLWH. Although results from the needs assessment are not as specific as those in the LCCH report, findings indicate respondents feel criminalization laws have changed the way they interact with providers in health care settings, which may suggest an increased discomfort among PLWH in being fully honest with case managers and health care team members. Additionally, the high proportion of respondents' indicating HIV laws have influenced their sense of self-love and self-worth suggests the laws may be contributing to increased perceptions of stigmatization and diminished mental health.

HEALTH INSURANCE AND MEDICAL COVERAGE

Health insurance provides PLWH access to necessary HIV medical care, including ART, which helps manage the condition and prevent transmission. The needs assessment collects data on PLWH's current health insurance and coverage to evaluate their access to care and identify financial barriers that they may be experiencing. This information helps OPH SHHP consider policies and programs to provide adequate support and address any gaps in coverage.

Findings indicate that most respondents (87%) have health insurance, with *Medicaid* being the most frequently reported type, followed by *Medicare*. Despite this, financial challenges were reported by a substantial proportion of respondents; roughly 40% of respondents indicated that paying for HIV-related health care was difficult, with over 10% indicating it was completely impossible. These findings highlight that even with insurance coverage, a considerable proportion of respondents still struggle to afford care. This is especially notable, given the sample primarily includes individuals receiving care through Ryan White-affiliated clinics, where funding helps cover various health care costs for PLWH. Ryan White support may also help to explain why many respondents (60%) reported no difficulties in affording HIV-related care and raises the question of whether the financial experiences of this sample reflect the experiences of PLWH who do not access these clinics (e.g., those receiving care in private health systems, those entirely out of care, and those outside the traditional medical system).

Although most of the sample reported insurance coverage though *Medicaid* and *Medicare*, during discussions, OPH SHHP identified recent policy changes that may affect future insurance coverage for PLWH in the state. During the COVID-19 pandemic, *Medicaid* maintained continuous coverage for most members under the Families First Coronavirus Response Act.[28] However, this protection ended in April 2023, prompting *Louisiana Medicaid* to resume eligibility redeterminations.[29] As part of the disenrollment process, state *Medicaid* officials initially estimated that between 280,000 and 350,000 people could lose *Medicaid* coverage throughout the year.[30] From June to December 2023, Louisiana

[27] See footnote 26.

[28] Louisiana Medicaid. (2023). *Medicaid renewal toolkit.* Louisiana Department of Health. https://ldh.la.gov/assets/docs/medicaid/Medicaid-Renewal-Toolkit.pdf

[29] See footnote 28.

[30] O'Donoghue, J. (2023, February 27). With pandemic protections ending, Louisiana will reach out to every Medicaid enrollee. *Louisiana Illuminator*. https://lailluminator.com/2023/02/27/with-pandemic-protections-ending-louisiana-reaches-out-to-every-medicaid-enrollee/

removed 275,000 individuals from *Medicaid*.[31] This large-scale disenrollment could impact many individuals' access to care, potentially increasing financial burdens for those who lose coverage. Additionally, as the PLWH population ages, OPH SHHP anticipates an increase in *Medicare* coverage, reflecting the changing needs and insurance coverage patterns among this group.

MEDICAL SERVICES

This section of the needs assessments evaluates the past 12-month health care needs of PLWH in the sample. These data help identify key areas where additional support and resources may be required. The most commonly reported medical service needs were prescription drugs (58%) and outpatient care (57%). The proportion of respondents indicating a need for prescription drugs has remained consistent across recent needs assessments. However, the proportion of respondents indicating outpatient care has declined – from 65% in 2019 to 61% in 2020, and to 57% in 2023. This decline may suggest shifts in service utilization patterns for outpatient care among this population, although variations in survey samples across assessments could also account for some of these differences. In addition to prescription drugs and outpatient care, mental health services emerged as a marked area of need, with nearly one third of respondents indicating they required these services.

OVERALL HEALTH

The needs assessment collects data on respondents' self-reported health status, viral load, mental health, and substance use to gain a comprehensive understanding of the well-being and health care needs of the sample. This information is used to support the overarching goals of improving health outcomes for PLWH in Louisiana.

The assessment shows that approximately two thirds of respondents rate their overall health as good or very good, indicating a generally positive perception of their health. However, the remaining one third report their health as average to very poor.

A key indicator of health status among PLWH is viral load suppression. Roughly 78% of respondents reported having an undetectable viral load, which supports HIV prevention goals and the CDC's *Ending the HIV Epidemic in the U.S.* (EHE) goal to improve viral suppression rates.[32] The proportion of respondents who do not know their viral load appears to have improved across needs assessments, from 15% reporting not knowing their viral load in 2019 to 14% in 2021 to 10% in 2023. Still, the 2023 finding that 10% of respondents do not know their current viral load presents an opportunity for OPH SHHP and partner intervention to ensure all individuals are aware of and manage their viral load effectively.

Findings related to behavioral health suggest that mental health is a concern for over one third of respondents who reported feelings of being down, depressed, or hopeless in the past two weeks, and/or indicating a lack of interest or pleasure in usual activities. Regarding substance use, just over one third of respondents reported using alcohol in the past year, and nearly half reported using tobacco or

[31] O'Donoghue, J. (2023, December 4). Louisiana has removed 197,000 people from Medicaid over five months. *Louisiana Illuminator*. https://lailluminator.com/2023/12/04/louisiana-has-removed-197000-people-from-medicaid-over-five-months/

[32] U.S. Centers for Disease Control and Prevention. (2024, March 20). *Ending the HIV epidemic in the US goals.* https://www.cdc.gov/ehe/php/about/goals.html

nicotine.[33] During discussions, OPH highlighted the fact that roughly one third of the sample reported not using substances over the past year. They explained that this challenges negative perceptions and potentially stigmatizing assumptions that PLWH are widespread substance users.

HEALTH DIAGNOSES AND CARE

The needs assessment collects data on health diagnoses, needs, and care to identify gaps in both medical and behavioral health services among respondents. This information helps OPH SHHP identify where resources or navigation support may be needed and guides the development of strategies to overcome barriers to care.

The findings from this section highlight gaps in both medical and behavioral health care among respondents. Over three quarters of PLWH (77%) reported being diagnosed with at least one medical condition considered in the survey. A smaller, but still sizable, portion indicating needing treatment for mental health conditions (40%) or substance use disorders (14%). The most frequently reported medical conditions were hypertension, high cholesterol, and arthritis, with these conditions reported by between one quarter and one half of the overall sample. Conversely, heart disease, kidney disease, hepatitis C, and cancer were the least frequently reported conditions, with only 10 to 15% of the sample indicating they had been diagnosed with these conditions. Gaps in care are evident across all medical conditions; however, the most frequently reported gap was for arthritis. And while fewer people reported heart disease, kidney disease, Hepatitis C, and cancer, a larger portion of respondents – ranging between 21 and 28% – who needed care for those conditions did not receive it. Considering the aging population of PLWH in the state, it is especially concerning that the most prominent gaps in health care treatment are for chronic conditions that are common in older individuals. In addition to medical care, there is also marked unmet need in behavioral health care, with many individuals reporting that they have not received needed treatment for mental health conditions (19%), or substance use disorders (32%).

The primary barriers to receiving necessary medical and behavioral health care include not knowing where to go (16% for medical and 19% for behavioral health care), affordability (14% for medical and 11% for behavioral health care), and transportation issues (14% for medical and 16% for behavioral health care). In addition, respondents reported challenges related to obtaining appointments for behavioral health care services. A higher proportion (19%) of respondents in 2023 reported being unable to get a behavioral health appointment compared to 10% in the 2021 needs assessment. Although this may be due to sample characteristics, it may also signal a rising need for these services and reflect the broader national trend of insufficient behavioral health professionals and extended wait times.[34]

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[33] Since the needs assessment sample consists of individuals receiving care in a clinic, this may not fully represent individuals with severe substance use disorders who are more likely to be out of care. For more information on the critical link between substance use, HIV-care, and health and well-being of PLWH, see the following: Gwadz, M., de Guzman, R., Freeman, R., Kutnick, A., Silverman, E., Leonard, N. R., Ritchie, A. S., Muñoz-Plaza, C., Salomon, N., Wolfe, H., Hilliard, C., Cleland, C. M., & Honig, S. (2016). Exploring how substance use impedes engagement along the HIV care continuum: A qualitative study. *Frontiers in Public Health*, *4*(62). https://doi.org/10.3389/fpubh.2016.00062; Altice, F. L., Kamarulzaman, A., Soriano, V. V., Schechter, M., & Friedland, G. H. (2010). Treatment of medical, psychiatric, and substance-use comorbidities in people infected with HIV who use drugs. *Lancet*, *376*(9738), 367–387. https://doi.org/10.1016/S0140-6736(10)60829-X; Bruce, R. D., & Altice, F. L. (2007). Clinical care of the HIV-infected drug user. *Infectious Disease Clinics of North America*, *21*(1), 149–179, ix. https://doi.org/10.1016/j.idc.2007.03.009; Nichols S. L., Lowe, A., Zhang, X., Garvie, P. A., Thornton, S., Goldberger, B. A., Hou, W., Goodenow, M. M., & Sleasman, J. W. (2024). Concordance between self-reported substance use and toxicology among HIV-infected and uninfected at-risk youth. *Drug and Alcohol Dependence*, *134*(1), 376–382. https://doi.org/10.1016/j.drugalcdep.2013.11.010

[34] National Center for Health Workforce Analysis. (2023, December). *Behavioral health workforce, 2023 brief.* Health Resources and Services Administration. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf

Overall, these findings reveal a need for targeted interventions or policies to address barriers in accessing both medical and behavioral health care services, which could include raising awareness of available resources and how to access them, tackling financial barriers around medical treatment, and increasing transportation options. In addition, to improve behavioral health care access despite current shortages, the *National Center for Health Workforce Analysis* suggests strategies such as leveraging health support workers (e.g., peer providers and community health workers) and building on the expanded telebehavioral health services that emerged during the COVID-19 pandemic.[35]

HEALTH SEEKING BEHAVIOR

The data from the needs assessment provide an overview of how individuals living with HIV access medical care and their interest in psychosocial support services. OPH SHHP uses these findings to identify trends in health seeking behavior and areas where further support is needed.

A key finding is that 57% of respondents report three or more HIV-related medical visits in the past year. This suggests that a substantial portion of the sample maintains regular engagement with their health care providers, which is essential for managing their condition effectively and achieving better health outcomes. Conversely, roughly 12% of the sample attended only one visit and 5% attended none. It is not clear whether the 17% of respondents who reported one or fewer visits in the past year have been out of care or, alternatively, are well managed in their HIV care and have been advised that they need less frequent visits.[36]

Data show that the plurality of respondents in the sample receive their medical care, including HIV-related care, at community-based facilities. This is somewhat predictable, given recruitment occurred at these locations. Nevertheless, coupled with the fact that nearly two thirds of respondents reported receiving the medical care they needed, these findings underscore the importance of community-based care in managing HIV for PLWH in Louisiana.

For those who encountered barriers to care, the most reported challenges include transportation, competing priorities, and affordability. During discussions, OPH SHHP also noted that stigma related to HIV status can discourage people from seeking necessary services and contributes to delays in diagnosis and treatment. Considering the noted barriers to receiving care, it is somewhat surprising that nearly two thirds of respondents reported not having any telehealth visits in the past year.[37] Telehealth provides remote interactions between patients and providers and enables the training of local health care providers to deliver HIV care, supporting the four main pillars of EHE.[38] This could make care more

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[35] See footnote 34.

[36] *HIV.gov.* (2022, October 28). *HIV care continuum.* U.S. Department of Health and Human Services. https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum

[37] Despite the benefits of telehealth, several known implementation barriers may explain the low uptake observed in our sample. Insurance reimbursement for telehealth varies by state and often comes with specific requirements; for instance, Medicare reimburses telemedicine services primarily for patients in rural locations who attend video conferences at approved health care facilities. Additionally, limited access to digital devices and broadband internet, especially among older HIV patients, Black and Latinx/Hispanic populations, those with low incomes, or those living in rural areas, poses a pronounced barrier. For more information see: Ryan White & Global HIV/AIDS Programs. (2019, October). *Expanding HIV care through telehealth.* Health Resources and Services Administration. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/telehealth.pdf

[38] Telehealth supports the four EHE pillars – Diagnose, Treat, Prevent, and Respond – through services such as HIV self-testing, counseling, partner services, virtual appointments with specialists and linkage to care, and pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) virtual appointments with a prescriber. For more information, please see: Office of Infectious Disease and HIV/AIDS Policy. (2023, December 4). *EHE overview*. U.S. Department of Health and Human Services. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview; and Ryan White & Global HIV/AIDS Programs. (2019, October). *Expanding HIV care through telehealth.* Health Resources and Services Administration. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/telehealth.pdf

accessible and affordable and help bridge gaps for individuals with limited resources, facing travel barriers, and/or residing in areas with limited HIV resources.[39,40]

Finally, there is a high level of interest in psychosocial support services in our sample, with strong demand for counseling (45%), support groups (43%), and social activities (36%). During discussions, OPH SHHP speculated that the heightened interest in psychosocial services might indicate respondents' desire to reconnect with services they were unable to access during the COVID-19 pandemic.

HIV MEDICATION AND MEDICAL ADHERENCE

The needs assessment collects data on HIV medication adherence to evaluate how well individuals are managing their treatment regimens and to identify areas where additional support may be needed. Adherence to HIV medication is critical for effective disease management because consistent medication use helps control viral loads, prevents disease progression, and reduces the risk of transmission to others.[41]

More than half of the respondents reported that they have been consistently taking their HIV medications as prescribed, which is a strong indicator of engagement with their treatment regimen. Short-term adherence appears particularly high, with approximately three quarters of respondents indicating that they did not miss any doses in the past three days. However, these higher levels of adherence reflect a sample that consists primarily of individuals who are actively receiving care in clinical settings, which likely does not fully represent those who are less engaged with health care services.

A concerning finding is that nearly one quarter of respondents reported that they have not been prescribed any HIV medications. This suggests potential gaps in care, as ART is recommended for all individuals diagnosed with HIV to control the virus, prevent disease progression, and reduce transmission risk.[42, 43] While some of these individuals might be recently diagnosed and awaiting treatment initiation, only 7% of the sample reported living with HIV for less than one year. This suggests that the issue extends beyond new diagnoses and conflicts with the EHE goal of early initiation of ART through rapid linkage to care. However, this assessment did not include questions about the specific medications prescribed to respondents, their access to long-acting injectables, or reasons for not being prescribed HIV medications. Investigating these areas in future assessments could yield valuable insights for better understanding and addressing any barriers to the prescription of HIV medications for PLWH.

Overall, while adherence to HIV medication is generally high within the sample, there remains a need to focus on those who are not prescribed medication or who struggle with adherence. Improved

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[39] Ryan White & Global HIV/AIDS Programs. (2019, October). *Expanding HIV care through telehealth.* Heath Resources and Services Administration. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/telehealth.pdf

[40] Though evidence is limited, there is some research that suggests telehealth may have financial benefits for both patients, primarily due to reduced travel costs and loss of productivity. For more information, please see: Patel, K. B., Turner, K., Tabriz, A.A., et al. (2023, January 10). Estimated indirect cost savings of using telehealth among nonelderly patients with cancer. *JAMA Network Open*, *6*(1), e2250211. https://doi.org/10.1001/jamanetworkopen.2022.50211; and Yehya, N. (2023, January 10). *Telehealth cuts health care's carbon footprint and patient's costs during pandemic.* UC Davis Health. https://health.ucdavis.edu/news/headlines/telehealth-cuts-health-cares-carbon-footprint-and-patients-costs-during-pandemic/2023/01

[41] Office of AIDS Research. (2021, August 12). *HIV treatment adherence.* National Institutes of Health. https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-adherence

[42] Pan American Health Organization. (n.d.). *Antiretroviral therapy*. https://www.paho.org/en/topics/antiretroviral-therapy

[43] Office of AIDS Research. (2021, August 16). *HIV treatment: The basics.* National Institutes of Health. https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-basics

educational outreach may be one avenue to address these gaps. When asked about the HIV-related information they received in the past year, only 57% of respondents reported receiving information about the importance of medication adherence in the past year, and just 40% reported receiving information about PrEP. This suggests that current educational efforts may not be reaching all PLWH who could benefit from this information. Focused educational initiatives could further improve adherence rates and encourage individuals who have not yet been prescribed HIV medications to discuss their treatment options with health care providers. OPH SHHP could consider who is best suited to conduct this outreach and how to effectively disseminate this information to improve HIV medication and medical adherence for PLWH in Louisiana.

NEED AND USE OF SERVICES

The needs assessment collects data on medical, supportive, and housing needs to identify service gaps. OPH SHHP uses these data to direct resources and create targeted plans to address these gaps in the next two years.

The highest reported gaps in core medical services were in specialty medical care, with dental care leading at 24% reporting unmet need, followed by eye care (19%), and mental health counseling or therapy (11%). Previous needs assessment findings reveal that dental care, especially, is a persistent gap. Oral health issues and dental needs are notably higher among PLWH, with issues ranging from common dental diseases to oral lesions that can serve as early indicators of HIV infection.[44, 45] Further, PLWH who take highly active ART are more likely to experience reduced salivary flow, which affects oral functions.[46, 47] During discussions, OPH SHHP explained that they have directed substantial resources toward dental programs over the years, and yet, these gaps continue to exist. They suggested that the limited coverage provided by Medicaid and alternative private insurance may contribute to these gaps and underscored the need for expanded capacity and more comprehensive coverage. OPH SHHP also pointed to provider capacity issues and long wait times as potential underlying causes.

The findings also reveal unmet needs for supportive services, with the most pronounced gaps in emergency financial assistance (18%), housing assistance (17%), and food assistance (12%). These needs have remained consistent across the last few needs assessments, reflecting ongoing challenges in these areas. Importantly, as the population of PLWH ages, OPH SHHP expects increases in the need for home-delivered meals, assisted living, nursing homes, supports that facilitate aging in place, and other aging-related care.

In terms of housing services, the highest reported unmet needs were in emergency housing services (20%), permanent, independent housing (17%), and ongoing rental assistance (17%). Strikingly, less than one third of respondents reported receiving the housing services they needed.

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[44] Parish, C. L., Feaster, D. J., Pereyra, M. R., Alcaide, M. L., Weber, K. M., Cohen, M., Levin, S., Gustafson, D., Merenstein, D., Aouizerat, B. E., Donohue, J., Webster-Cyriaque, J., Wingood, G., Kempf, M. C., & Metsch, L. R. (2020, July). Oral health-related quality of life and unmet dental needs among women living with HIV. *Journal of the American Dental Association*, *151*(7), 527–535. https://doi.org/10.1016/j.adaj.2020.04.013

[45] Beachler, D. C., Weber, K. M., Margolick, J. B., Strickler, H. D., Cranston, R. D., Burk, R. D., Wiley, D. J., Minkoff, H., Reddy, S., Stammer, E. E., Gillison, M. L., & D'Souza, G. (2012, January 5). Risk factors for oral HPV infection among a high prevalence population of HIV-positive and at-risk HIV-negative adults. *Cancer Epidemiology, Biomarkers & Prevention, 21*(1), 122–133. https://doi.org/10.1158/1055-9965.EPI-11-0734

[46] Nittayananta, W., Talungchit, S., Jaruratanasirikul, S., Silpapojakul, K., Chayakul, P., Nilmanat, A., & Pruphetkaew, N. (2010, February 22). Effects of long-term use of HAART on oral health status of HIV-infected subjects. *Journal of Oral Pathology & Medicine*, *39*(5), 397–406. https://doi.org/ 10.1111/j.1600-0714.2009.00875.x

[47] Weinert, M., Grimes, R. M., & Lynch, D. P. (1996, September 15). Oral manifestations of HIV infection. *Annals of Internal Medicine*, *125*(6), 485–496. https://doi.org/10.7326/0003-4819-125-6-199609150-00010

While nearly half of the respondents indicated that they received the core medical and supportive services they needed, persistent gaps remain in specialty medical care, supportive services, and housing. According to OPH SHHP, these gaps underline the ongoing need for funding streams that provide basic necessities, including food, housing, and financial assistance, to better support PLWH in Louisiana. Additionally, the data suggest a need for expanded provider capacity, improved service delivery, and more effective communication about available resources.

CONCLUSION

This report provides insights into current health and care service needs of PLWH in Louisiana, identifies unmet primary care and HIV-related support service needs, and highlights their experiences and perceived barriers faced in accessing services. The contributions of people with lived experience have been instrumental to this needs assessment. We extend our gratitude to those who completed the questionnaire and shared their experiences, to the peer survey assisters who facilitated the process, and to those who encouraged their friends and others to participate. Their efforts ensure that the perspectives of PLWH are integrated into program strategies for the next two years.

The findings from the needs assessment reveal both strengths and vulnerabilities in the care landscape for PLWH in the state. Among the key takeaways is that while many PLWH report relatively good health and HIV care management, a considerable number experience gaps in care and barriers to accessing needed services that may put their health and HIV care at risk. A recurring theme across all service areas – core medical, supportive, and housing – was the lack of knowledge among respondents about how and where to access these services. Nearly 20% of respondents who did not receive the core medical and supportive services they needed indicated that they did not know how to access the services; similarly, nearly 20% reported that they did not know where to go for them. This gap in knowledge is even more pronounced for housing services, with nearly one third of respondents reporting they did not know where to go, and nearly one third reporting that they did not know how to access these services. Through discussions, OPH SHHP identified these knowledge gaps as a priority area for intervention that can be addressed through targeted outreach and education efforts. Beyond the gaps in knowledge, financial constraints and transportation issues present additional barriers to accessing needed medical and behavioral health services. Financial limitations, in particular, also affect housing access and stability, making it harder for PLWH to secure or remain in housing. Persistent gaps in emergency financial assistance, housing support, and food resources across needs assessments further indicate an insufficient support system for PLWH, reinforcing the need for funding streams that address these essential services.

These findings will be used by OPH to guide future service initiatives and address the specific needs of PLWH, with the ultimate goal of improving health outcomes and overall well-being. Stakeholders – including public health officials, health care providers, community organizations, and policymakers – can leverage these findings to improve service delivery for PLWH and address the gaps in care. By expanding access to essential resources and reducing the barriers identified in this assessment, these efforts can contribute to a more responsive and equitable system of care for PLWH in Louisiana.

APPENDIX E. SURVEY INSTRUMENT

2023 Louisiana Needs Assessment

Please STOP if you have already taken this survey this year.
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, what services are already available, and what healthcare challenges currently exist. The information from these surveys will help improve access to healthcare services for PLWH for the next two years.

Why should you complete this survey?
Completing this survey gives YOU a voice and helps us understand your healthcare 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 to receive HIV services?
No. The completion of this survey is **voluntary**. If you do not want to complete the survey, it won't affect the services you receive. You may stop the survey at any time or skip any questions that you don't want to answer.

Will this information be used to identify me as an individual?
No. All information collected through this survey is completely 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, participants will receive one (1) $25 Walmart gift card.

Commitment Statement:

The information from this survey helps agency staff and state officials understand the needs of people living with HIV in Louisiana.

The goal is to have the results of this needs assessment represent the diverse needs of people living in our state. We are trying to reach as many unique individuals as possible. So, it is important that people complete the survey **only one time**.

We ask you to read the statements below and then indicate that you agree.

- It is important that agency staff and state officials understand the needs of people living with HIV in Louisiana.
- If I take this survey more than once, my needs will be over-represented, and another person's needs might not be represented at all.
- Because the needs of others are important, I promise to only take this survey one time.

If you agree with ALL of these statements, please write "I agree" in the box below.

2023 Louisiana Needs Assessment Definitions

Health Insurance Coverage Plans:

By health insurance coverage plans, we are talking about health insurance or other health plans that help cover your medical costs. Some common types of health insurance coverage are listed and explained below.

* **Medicaid *(white plastic card)***: government plan for people with low incomes or disabilities, including plans through Healthy Louisiana
* **Medicare *(red, white, and blue plastic card)***: government plan for people 65 and older or with certain disabilities
* **Private insurance/health insurance coverage plan**: plan such as Blue Cross Blue Shield or Cigna that is obtained through work, a parent or spouse, or directly from an insurance company or the Marketplace
* **Veterans Administration (VA) healthcare**: healthcare benefits for certain individuals who served in the military
* **TRICARE**: healthcare program for uniformed service members, retirees, and their families
* **COBRA**: continuation of insurance paid through your employer if you reduce hours or leave your job

Health Insurance Coverage Terms:

* **Health insurance premium**: a monthly, quarterly, or semiannual fee paid to an insurance company/health plan so you have health insurance coverage. This does not include costs (e.g., copay) that you pay when you receive medical services.
* **Out-of-pocket medical expenses**: any costs or bills you are responsible for paying above and beyond what your insurance or health plan may cover. This includes copayments, coinsurance, and deductibles.

HEALTH AND MEDICAL CARE

In this section, we ask about your health, medical care, and treatment history. Your honest answers are important; they help us to understand what kind of healthcare services you and others like you might need.

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

Very poor	Poor	Average	Good	Very good
☐	☐	☐	☐	☐

2. **Did you need any of the following services in the PAST 12 MONTHS? *Select all that apply.***

- ☐ Outpatient care: local clinic, doctor visit, urgent care, annual check-up, vaccines, etc.
- ☐ Prescription drugs
- ☐ Mental health services
- ☐ Maternity and newborn care
- ☐ Gender-affirming care
- ☐ Medical services for my child
- ☐ Aging-related care
- ☐ Emergency room visits
- ☐ Substance use/medication-assisted treatment
- ☐ Hospital stay/surgeries/inpatient admission
- ☐ I didn't need any of these services

3. **In the PAST 12 MONTHS, how many times have you seen an HIV healthcare provider <u>in their office or clinic</u>? *Select one answer.***

None	One	Two	Three or more
☐	☐	☐	☐

4. **In the PAST 12 MONTHS, how many times have you seen an HIV healthcare provider <u>by video or by phone</u>? *Select one answer.***

None	One	Two	Three or more
☐	☐	☐	☐

5. **Where do you typically receive your medical care, including HIV-related care? *Select one answer.***

- ☐ *Not applicable: I don't typically receive medical care, including HIV-related care*
- ☐ Community clinic serving only clients with HIV
- ☐ Private doctor's office/clinic
- ☐ Community health center
- ☐ Hospital
- ☐ VA hospital/clinic
- ☐ Other (tell us: _____)

6. **The last time you had any type of medical problem and <u>did not</u> get the care you needed, what were the main reasons? *Select all that apply.***

- ☐ *Not applicable: I consistently received the care I needed*
- ☐ I didn't know where to go
- ☐ I couldn't get an appointment
- ☐ I couldn't get transportation
- ☐ I didn't feel sick
- ☐ I was worried about COVID-19
- ☐ I was only offered a virtual visit (video/call) which I didn't/couldn't use
- ☐ 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 had a language or cultural barrier
- ☐ I have a mobility or accessibility issue, like a vision or hearing impairment
- ☐ Other (tell us: _____)

7. **Which of the following substances have you used during the PAST 12 MONTHS? *Select all that apply.***

- ☐ Tobacco or nicotine (cigarettes or e-cigs)
- ☐ Alcohol
- ☐ Heroin
- ☐ Prescription pain medications (not used as prescribed or not prescribed to you)
- ☐ Other (tell us: _____)
- ☐ I haven't used any of these in the past 12 months

8. **Over the <u>PAST 2 WEEKS</u>, have you experienced either of the following problems?**

<u>Little interest or pleasure in doing things</u>

- ☐ Yes
- ☐ No

<u>Feeling down, depressed, or hopeless</u>

- ☐ Yes
- ☐ No

9. **Which of these programs would you use if they were available to you? *Select all that apply.***

- ☐ Support groups
- ☐ Counseling
- ☐ Social activities
- ☐ Peer-led support programs
- ☐ Employment/employment readiness programs
- ☐ High school education/GED programs
- ☐ I would not use any of these programs

10. **Please tell us your 12-MONTH treatment history (whether you needed and received treatment) with each of the medical conditions you have.**

Medical conditions:	First, select the box if you <u>have ever</u> been diagnosed with the listed condition ↓ Diagnosed with:	Next, <u>select one box</u> to indicate your PAST 12-MONTH treatment history for each condition you have. *If you did not need treatment, leave both boxes blank.* ↓	
		IN THE PAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & did NOT receive it
Arthritis	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
COVID-19	☐	☐	☐
Diabetes	☐	☐	☐
Heart disease	☐	☐	☐
Hepatitis C	☐	☐	☐
High cholesterol	☐	☐	☐
Hypertension (high blood pressure)	☐	☐	☐
Kidney disease	☐	☐	☐
Other (tell us: _____)	☐	☐	☐
Other (tell us: _____)	☐	☐	☐
Other (tell us: _____)	☐	☐	☐

11. **If you <u>did not</u> receive treatment for at least one medical condition (in Q10), what were the main reasons? *Select all that apply.***

- ☐ *Not applicable: I did receive the medical care I needed*
- ☐ I didn't know where to go
- ☐ I couldn't get an appointment
- ☐ I couldn't get transportation
- ☐ I was worried about COVID-19
- ☐ I was only offered a virtual visit (video/call) which I didn't/couldn't use
- ☐ My insurance didn't cover it
- ☐ 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 had a language or cultural barrier
- ☐ I have a mobility or accessibility issue, like a vision or hearing impairment
- ☐ Other (tell us: _____)

12. **Please tell us your 12-MONTH treatment history (whether you needed and received treatment) with each of the behavioral health conditions you have.**

Behavioral health conditions:	First, select the box if you <u>have ever</u> been diagnosed with the listed condition Diagnosed with:	Next, <u>select one box</u> to indicate your PAST 12-MONTH treatment history for each condition you have. *If you did not need treatment, leave both boxes blank.* IN THE PAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Mental health condition	☐	☐	☐
Substance use disorder	☐	☐	☐
Other (tell us: _____)	☐	☐	☐
Other (tell us: _____)	☐	☐	☐
Other (tell us: _____)	☐	☐	☐

13. **If you <u>did not</u> receive treatment for at least one behavioral health condition (in Q12), what were the main reasons? *Select all that apply.***

- ☐ *Not applicable: I did receive the care I needed*
- ☐ I didn't know where to go
- ☐ I couldn't get an appointment
- ☐ I couldn't get transportation
- ☐ I was worried about COVID-19
- ☐ I was only offered a virtual visit (video/call) which I didn't/couldn't use
- ☐ My insurance didn't cover it
- ☐ 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 had a language or cultural barrier
- ☐ I have a mobility or accessibility issue, like a vision or hearing impairment
- ☐ Other (tell us: _____)

NEEDED SERVICES

In this section, we ask about services you may have needed over the PAST 12 MONTHS and whether or not you received these services. The information that you provide is very important and will help us understand the experiences of people in your community. Please answer to the best of your ability.

14. **Please tell us about your Core Medical Service and Supportive Service needs over the PAST 12 MONTHS.** ***Select only one answer per service.***

	IN THE PAST 12 MONTHS:		
CORE MEDICAL SERVICES:	**DID NOT NEED**	**NEEDED & RECEIVED**	**NEEDED BUT DID NOT RECEIVE**
Dental care	☐	☐	☐
Early HIV intervention services (HIV testing, linkage, and navigation)	☐	☐	☐
Eye care (vision services)	☐	☐	☐
Health insurance assistance	☐	☐	☐
Home healthcare	☐	☐	☐
Medical case management	☐	☐	☐
Medical nutrition therapy	☐	☐	☐
Medication assistance	☐	☐	☐
Mental health counseling or therapy	☐	☐	☐
(Outpatient) Substance use counseling or therapy	☐	☐	☐
Primary medical care	☐	☐	☐
Specialty medical services	☐	☐	☐

SUPPORTIVE SERVICES:	IN THE PAST 12 MONTHS: DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Childcare	☐	☐	☐
Emergency financial assistance	☐	☐	☐
Food assistance (food bank/food pantry/voucher/commodities)	☐	☐	☐
Health education/risk reduction	☐	☐	☐
High school/GED learning services	☐	☐	☐
Home-delivered meals	☐	☐	☐
Housing assistance	☐	☐	☐
Legal services	☐	☐	☐
Low vision/hearing-impaired services	☐	☐	☐
Mobility services	☐	☐	☐
Non-medical case management	☐	☐	☐
Psychosocial support (such as peer counseling, support groups, or individual counseling)	☐	☐	☐
Referral for healthcare/supportive services	☐	☐	☐
Residential treatment services	☐	☐	☐
Syringe or harm-reduction services	☐	☐	☐
Translation/interpretive services	☐	☐	☐
Transportation	☐	☐	☐
Treatment adherence counseling	☐	☐	☐
Workforce/employment training services	☐	☐	☐

15. **If you did not get at least one of the above needed Core Medical Services and Supportive Services (in Q14) in the PAST 12 MONTHS, what were the main reasons? *Select all that apply.***

- ☐ *Not applicable: I did receive the services I needed*
- ☐ I didn't know where to go
- ☐ I didn't know how to access the services
- ☐ I couldn't get an appointment
- ☐ I couldn't get transportation
- ☐ My insurance didn't cover it
- ☐ I was worried about COVID-19
- ☐ I couldn't get childcare
- ☐ I didn't have stable housing
- ☐ I was only offered a virtual visit (video/call) which I didn't/couldn't use
- ☐ Other (tell us: _____)

16. **Please tell us about your Housing Service needs over the PAST 12 MONTHS.** ***Select only one answer per service.***

HOUSING SERVICES:	IN THE PAST 12 MONTHS: DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Emergency housing services (money for utilities, rent, or mortgage)	☐	☐	☐
Facility-based housing/group home	☐	☐	☐
Housing case management	☐	☐	☐
Nursing home or assisted living facility	☐	☐	☐
Ongoing rental assistance	☐	☐	☐
Permanent, independent housing (your own apartment or house)	☐	☐	☐
Someone to help you find safe and affordable housing	☐	☐	☐
Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	☐	☐	☐

17. **If you did not get at least one of the above needed Housing Services (in Q16) in the PAST 12 MONTHS, what were the main reasons?** ***Select all that apply.***

- ☐ *Not applicable: I did receive the needed services*
- ☐ I didn't know where to go
- ☐ I didn't know how to access the services
- ☐ I couldn't get an appointment
- ☐ I couldn't get transportation
- ☐ I was worried about COVID-19
- ☐ I couldn't get childcare
- ☐ I was only offered a virtual visit (video/call) which I didn't/couldn't use
- ☐ Other (tell us: _____)

MEDICAL COSTS AND HEALTH INSURANCE COVERAGE

In this section, we ask about your medical costs, how you pay for them, and your health insurance coverage. Please answer to the best of your ability**.** If you are unsure what we mean by any terms in this section, please see the *Needs Assessment Definitions* on page 2.

18. **To the best of your knowledge, do you currently have any type of health insurance coverage? *If you are unsure what we mean by health insurance coverage, please see the first section of the Needs Assessment Definitions on page 2.***

- ☐ No → **Skip to Question 19**
- ☐ I don't know
- ☐ Yes

18a **Which of the following types of health insurance coverage do you currently have? *Select all that apply.***

- ☐ Medicaid *(white plastic card)*
- ☐ Medicare *(red, white, and blue plastic card)*
- ☐ A private plan through work/employer
- ☐ A private plan through parent or spouse
- ☐ A private plan through the Marketplace
- ☐ Veterans Administration (VA) healthcare
- ☐ COBRA
- ☐ TRICARE or other military healthcare
- ☐ Other (tell us: _____)
- ☐ I have coverage, but don't know what type

19. **How difficult is it for you and your family to pay for your HIV-related healthcare costs (including health insurance premiums and all other out-of-pocket costs)? *Select one answer.***

Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Completely impossible
☐	☐	☐	☐	☐

HIV MEDICATION

In this section, we ask about prescribed HIV medications and dosage. The information that you provide is very valuable; if you are not certain, please provide your best guess.

20. **Have you had any reasons for <u>not taking</u> your HIV medications in the PAST 12 MONTHS? If so, what are they? *Select all that apply.***

- ☐ *Not applicable: I haven't been prescribed any HIV medications*
- ☐ Pharmacy didn't fill my prescription
- ☐ I can't afford them
- ☐ Transportation
- ☐ Delivery issues
- ☐ No regular place to stay
- ☐ Not having food
- ☐ I'm taking a break
- ☐ They have bad side effects/make me feel bad
- ☐ I feel healthy
- ☐ I have trouble remembering to take them
- ☐ No secure storage or refrigeration
- ☐ Other (tell us: _____)
- ☐ None of these. I have taken my HIV medications as prescribed for the past 12 months.

21. **In the PAST THREE DAYS, how many days did you NOT TAKE your full HIV-medication regimen?** ***Select one answer.***

N/A: I haven't been prescribed any HIV medications	I've missed days, but I'm not sure how many	None	1 day	2 days	3 days
☐	☐	☐	☐	☐	☐

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

- ☐ Undetectable/virally suppressed
- ☐ Detectable (more than 200 copies/mL)
- ☐ I haven't gotten my labs yet
- ☐ I don't know

HOUSING

In this section, we ask about your current and past housing situations, rent and mortgage payments, and utility bills. Please answer honestly; your responses help us better understand your experiences and the experiences of others like you.

23. **How many people in each category live in your household?** ***Write each number in the corresponding box.***

	Number of people:
How many adults (18 years or older) live in your household, including yourself?	
How many children (under age 18) live in your household?	

24. **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 family, friends, or someone else's place (e.g., couchsurfing)
- ☐ In a facility (boarding house, assisted living, halfway house, transitional housing, treatment facility, hospice, nursing home, other)
- ☐ Homeless/No place to stay
- ☐ Homeless Shelter/Domestic Violence Shelter

25. **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 family, friends, or someone else's place (e.g., couchsurfing)
- ☐ In a facility (boarding house, assisted living, halfway house, transitional housing, treatment facility, hospice, nursing home, other)
- ☐ In custody of parish at a jail
- ☐ In custody of DOC, housed at a parish jail
- ☐ In a DOC facility (this includes a Transitional Work Release Program)
- ☐ Homeless/No place to stay
- ☐ Homeless Shelter/Domestic Violence Shelter

26. **How many places have you lived in the PAST 12 MONTHS?** (best guess is fine) ☐

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

N/A: I'm homeless	Less than 6 months	6 months – 1 year	More than a year
☐	☐	☐	☐

28. **If you <u>currently</u> live in an apartment, house, or trailer, how many bedrooms do you have?** ***Select one answer.***

N/A: I don't live in an apartment, house, or trailer	Single room/studio	1 bedroom	2 bedrooms	3 bedrooms	4 bedrooms	5+ bedrooms
☐	☐	☐	☐	☐	☐	☐

29. **In the <u>PAST 12 MONTHS</u>, did you have any trouble getting or staying in housing?**

- ☐ No → **Skip to Question 30**
- ☐ Yes

29a **If you had trouble getting housing in the PAST 12 MONTHS, what kept you from getting or staying in housing?** ***Select all that apply.***

- ☐ *Not applicable: I didn't have any problems*
- ☐ I didn't have enough money for the deposit
- ☐ I couldn't find affordable housing
- ☐ I had no transportation to search for housing
- ☐ I had bad credit
- ☐ I was put on a waiting list
- ☐ I had a mental/physical disability
- ☐ I had a criminal record
- ☐ I had a record of past evictions
- ☐ I didn't qualify for housing assistance
- ☐ I feel I was discriminated against (racism)
- ☐ I feel I was discriminated against (homophobia/transphobia)
- ☐ I had substance use issues
- ☐ Gentrification (neighborhood changes to include higher income people, leading to higher housing prices and living costs)
- ☐ Other (tell us: _____)

30. **In the PAST 12 MONTHS, how many nights have you <u>NOT</u> had a place to sleep?**

Please specify number of nights (best guess is fine): ☐

31. **How much do you and/or your household pay "out of pocket" in rent/mortgage each month?**

Please specify out-of-pocket amount (best guess is fine): $ ☐

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

- ☐ Water
- ☐ Garbage
- ☐ Electric
- ☐ Gas
- ☐ No, none of these

33. **Have you had difficulty in paying rent, mortgage, or utility (water, electricity, gas, oil) bills in the PAST 12 MONTHS?**

- ☐ Yes
- ☐ No

34. **In the PAST THREE YEARS, have you moved because you could no longer afford the home you were living in?**

- ☐ Yes
- ☐ No

GENERAL INFORMATION

In this section, we'd like to get some general information about you. This information is used only for reporting to describe the types of individuals completing this survey; your answers to this survey will be completely anonymous. Please be honest in your responses.

35. **Where do you get information about HIV? *Select all that apply.***

- ☐ Doctor or nurse
- ☐ ER or hospital
- ☐ Case manager
- ☐ Health educator, outreach worker, or community health worker
- ☐ Peer navigator/peer advocate
- ☐ HIV group or program
- ☐ Brochure
- ☐ Friends or family
- ☐ Partner/significant other/spouse
- ☐ TV/internet/radio
- ☐ Billboard or poster
- ☐ Faith-based group
- ☐ Mobile app
- ☐ Social media (e.g., Twitter, Facebook)
- ☐ Other (tell us: _____)

36. **Has anyone explained the following things to you in the PAST YEAR? *Select all that apply.***

- ☐ How to protect HIV-negative partners with Undetectable = Untransmittable (U = U)
- ☐ Where to get free condoms
- ☐ The importance of going to all of your doctor visits
- ☐ How to be open about living with HIV
- ☐ Legal issues of HIV, criminalization
- ☐ How to protect HIV-negative partners with PrEP
- ☐ The importance of taking your HIV medication
- ☐ *No, no one has explained any of these things to me in the past year*

37. **Please answer true or false to the following statement:**

If a person is undetectable, they cannot transmit HIV sexually.

☐ True ☐ False

38. **How informed or familiar are you with Louisiana laws related to HIV? *Select one answer.***

Not at all informed or familiar	Somewhat informed or familiar	Very informed or familiar
☐	☐	☐

39. ***For each of the following questions below, please select either yes, no, or not applicable (N/A).***

Have HIV laws or threats of HIV criminalization changed…?

	YES	NO	N/A
How likely you are to access healthcare or mental health services	☐	☐	☐
How likely you are to tell your HIV status to partners, friends, healthcare team, etc.	☐	☐	☐
Your access to housing	☐	☐	☐
Your comfort in being honest about your life with case managers or other members of your healthcare team	☐	☐	☐
How likely you are to call the police and/or seek help if you are the victim of a crime	☐	☐	☐
Your sense of self-love or self-worth	☐	☐	☐
How likely you are to have or start sexual relationships (casual hookups, dating, or long-term partners)	☐	☐	☐
Your comfort about privacy concerns and the potential risk of data breaches	☐	☐	☐
How you would handle a situation involving domestic violence	☐	☐	☐

40. **How many years have you been living with HIV?**

Please specify number of years (best guess is fine): ☐

41. **What is your zip code?** ☐

42. **Do you think of yourself as…? S*elect one answer.***

- ☐ Man
- ☐ Woman
- ☐ Transgender man
- ☐ Transgender woman
- ☐ Genderqueer/gender non-conforming/non-binary
- ☐ Prefer not to say
- ☐ Something else (tell us: _____)

43. **What sex was originally listed on your birth certificate?**

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

44. **What is your current age?** ☐ years old

45. **How do you describe your race?** ***Select all that apply.***

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

46. **Do you consider yourself to be Latino, Latina, Latinx, or Hispanic?**

- ☐ Yes
- ☐ No

47. **What is the highest degree or level of school you completed?** ***Select one answer.***

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

48. **In what ways do you use the internet in your life?** ***Select all that apply.***

- ☐ Education
- ☐ Work
- ☐ Healthcare
- ☐ Counseling
- ☐ Entertainment
- ☐ Communicating with friends and family
- ☐ All of the above
- ☐ *None of the above*

49. **How much does your household pay per month for internet (both home internet and mobile data plans)?** ***Select one answer.***

- ☐ I don't pay for internet services, but I do have internet services at my home or on my phone
- ☐ I pay for internet services, but I'm not sure how much
- ☐ Less than $30/month
- ☐ Between $30/month and $49/month
- ☐ Between $50/month and $69/month
- ☐ $70/month or more
- ☐ *Not applicable: I don't have internet service at home or on my phone*

50. **What kind of devices do you regularly use?** ***Select all that apply.***

- ☐ Laptop computer
- ☐ Desktop computer
- ☐ Smartphone
- ☐ Tablet
- ☐ *None of the above*

INCOME

In this section, we ask about your employment status and income. Please answer to the best of your ability.

51. **What is your employment status?** ***Select all that apply.***

- ☐ Full-time (30 hours/week or more)
- ☐ Part-time (29 hours/week or less)
- ☐ Temporary or contract work
- ☐ "Odd jobs"/work for cash/self-employed
- ☐ Retired
- ☐ Unemployed
- ☐ Disabled
- ☐ Student
- ☐ Other (tell us: _____)

52. **What was your total household income <u>LAST MONTH</u> including money from those who live with you?**

$ ☐

☐ No income

53. **Which of these did you receive in the <u>PAST 6 MONTHS</u>?** ***Select all that apply.***

<u>Wages</u>

- ☐ Wages (salary or hourly)
- ☐ Seasonal work
- ☐ Stipend

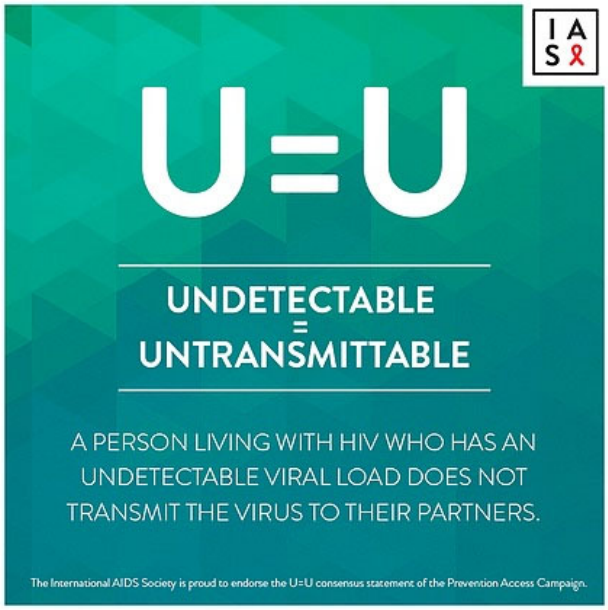
<u>Financial Assistance</u>

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

<u>Housing Assistance</u>

- ☐ Section 8/Housing Choice Assistance Program Voucher
- ☐ Veterans housing
- ☐ HOPWA or Ryan White assistance
- ☐ FEMA
- ☐ LIHEAP

☐ ***I didn't receive any wages, financial assistance, or housing assistance in the past 6 months***



THE END!

Please tell us any final comments here. Thank you for completing this survey!