

People Living with HIV/AIDS Needs Assessment

Statewide Report

Louisiana Department of Health and Hospitals
Office of Public Health

September 2013

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Table of Contents

Introduction.....	3
A. BACKGROUND	5
HIV/AIDS Status	5
Background Characteristics	9
B. EMPLOYMENT AND INCOME.....	13
Employment	13
Income	14
C. MEDICAL CARE.....	15
Health Insurance	15
Medical Services.....	17
Overall Health	19
Health Seeking Behavior	20
Medical Adherence.....	23
Case Management.....	25
D. HOUSING.....	27
E. INCARCERATION	36
F. MENTAL HEALTH	37
G. SUBSTANCE ABUSE	42
H. SUPPORT SERVICES.....	46
Transportation.....	48
Appendix A - Methods.....	49
Appendix B – List of Partners	54
Appendix C – Survey Instrument.....	55

Introduction

Purpose of the Louisiana State-wide Needs Assessment

This report was prepared by The Policy & Research Group (PRG) for the Louisiana Office of Public Health STD/HIV Program (OPH SHP) within the Department of Health and Hospitals. The purpose of the *2013 Needs Assessment* is to gain understanding of the current care service needs of People Living With HIV Infection (PLWH) in the nine administrative regions of Louisiana. In particular, the *2013 Needs Assessment* aims to provide an estimate of the extent of PLWH's unmet primary care and HIV-related support service needs, their experiences in accessing those services, their perceived barriers to those services, and some insight into their reported knowledge of those services.

Layout of the Report

This report presents the characteristics of survey respondents in the New Orleans Eligible Metropolitan Area (NO EMA) and Louisiana Public Health Regions II through IX, and provides basic aggregate results of responses provided to survey questions. A description of the methods used to conduct the *2013 Needs Assessment* and analyze the data, as well as a copy of the survey instrument, are included as appendices to this report.

Characteristics of Survey Respondents

Table 1 presents the *2013 Needs Assessment* targets by region and the resulting survey response rates. A convenience sample of 1,577 questionnaires was submitted to PRG.¹ This represents 97% of the goal of 1,630 responses as set by the OPH SHP. NO EMA administered 19 additional questionnaires and Region IV administered 38 additional questionnaires to PLWH who requested to be part of the *2013 Needs Assessment*.

Table 1. State-wide Needs Assessment Targets

Region	Target Number of Questionnaires	Number Returned	Percentage of Target
NO EMA	500	519	103.8%
II	400	397	99.3%
III	60	60	100.0%
IV	250	288	115.2%
V	85	44	51.8%
VI	65	42	64.6%
VII	125	111	88.8%
VIII	85	85	100.0%
IX	60	31	51.7%
TOTAL	1,630	1,577	96.7%

¹ A total of 1,578 PLWH responded to the *2013 Needs Assessment*, but one respondent was excluded because he/she did not meet the age criterion for participation (respondents had to be at least 13 years old during the administration period to be eligible to participate).

It is important to emphasize 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. The primary reason is that the data are derived from a convenience sample. The PLWH who were surveyed are those who happened to be available and present at the data collection sites during the survey administration. They are also those who selected themselves into the sample (i.e., they were not randomly selected), which means they may systematically differ 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 persons 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; the samples cannot be said to be representative of the PLWH population within each region or across Louisiana.

The statewide sample also likely fails to be generalizable to the broader population of PLWH in Louisiana because the regional subsamples do not accurately reflect 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 and Hospitals'* nine administrative regions. The OPH SHP chose a target number of respondents for each region; however, the targets (and ultimately the regional samples) were not in 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. As shown in Table 2, Region IV is overrepresented in the sample. Region IV accounts for 18% of the PLWH in the sample but only 5% of the PLWH in the state. By contrast, NO EMA and Regions V through VII and IX are underrepresented in the statewide sample.

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

Table 2. Number of PLWH in Each Region

Region	2012 State Surveillance Data		2013 Needs Assessment Sample	
	Number of PLWH*	Percentage of PLWH**	Number in Sample	Percentage of Sample
NO EMA	7,077	37.5%	519	32.9%
II	4,808	25.5%	397	25.2%
III	755	4.0%	60	3.8%
IV	1,453	5.3%	288	18.3%
V	1,002	5.3%	44	2.8%
VI	820	4.3%	42	2.7%
VII	1,535	8.1%	111	7.0%
VIII	1,010	5.4%	85	5.4%
IX	1,128	6.0%	31	2.0%
TOTAL	18,864	101.4%	1,577	100.0%

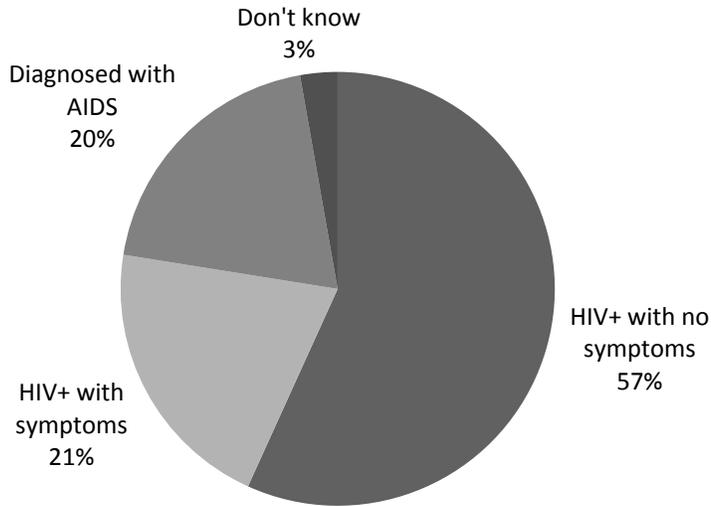
* "Number of PLWH" are as reported by state surveillance data in the December 31, 2012, *Louisiana HIV/AIDS Surveillance Quarterly Report*. The number of PLWH from each region listed in this table does not sum to the total number of PLWH reported by state surveillance data (and listed in this table in the "TOTAL" row) primarily because the NO EMA encompasses PLWH populations from Region I, as well as Regions III and IX, so there is population overlap.

** "Percentage of PLWH" does not sum to 100% because the NO EMA encompasses PLWH from Region I, as well as Regions III and IX.

A. BACKGROUND

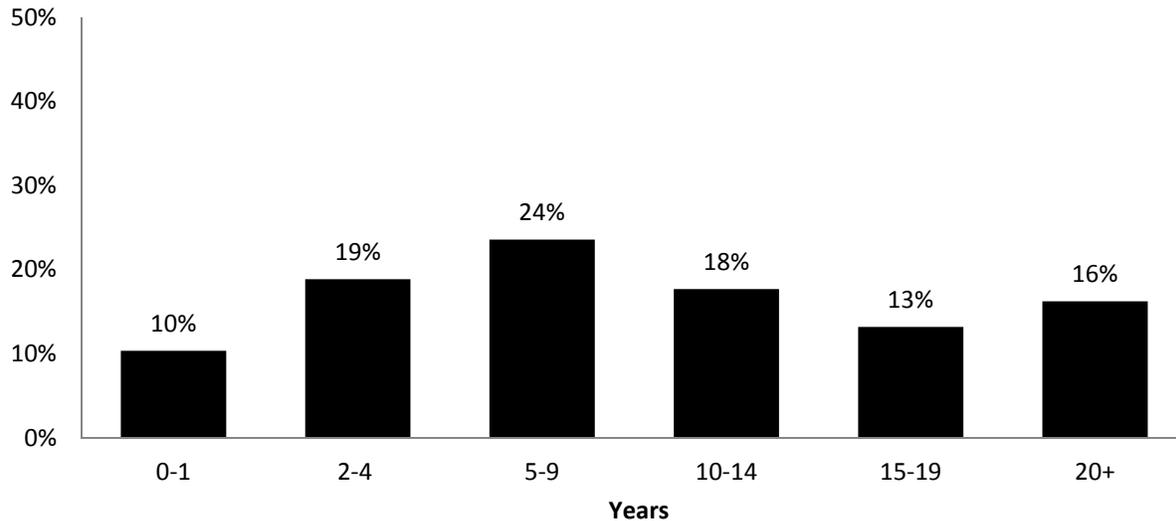
HIV/AIDS Status

Figure A1. HIV/AIDS Status (n=1,543)



- Rounding accounts for slight discrepancies in calculations.

Figure A2. Length of Time Since HIV Diagnosis (n=1,446)



- Respondents were asked to report either the year of their diagnosis or the number of years since their diagnosis; some respondents reported both. For respondents who provided the year of their diagnosis, length of time since diagnosis was calculated by subtracting the reported year of diagnosis from the current year, 2013. For all other cases, the reported number of years since diagnosis was used. Additionally, because the first case of AIDS in the U.S. was observed in 1981, eight responses that indicated HIV diagnosis occurred prior to 1981 were considered invalid and were excluded.

Table A1. Current Parish of Residence (n=1,468)

Parish	Number Reporting	Percent Reporting
Orleans Parish	333	23%
East Baton Rouge Parish	321	22%
Lafayette Parish	147	10%
Jefferson Parish	108	7%
Caddo Parish	78	5%
Ouachita Parish	53	4%
St Landry Parish	46	3%
Calcasieu Parish	35	2%
Rapides Parish	29	2%
Terrebonne Parish	26	2%
St Tammany Parish	22	2%
Iberia Parish	20	1%
Tangipahoa Parish	19	1%
Acadia Parish	16	1%
St Bernard Parish	15	1%
Lafourche Parish	13	1%
Bossier Parish	12	1%
St Mary Parish	12	1%
Iberville Parish	11	1%
Vermilion Parish	11	1%
Livingston Parish	10	1%
Ascension Parish	9	1%
St Martin Parish	9	1%
Avoyelles Parish	8	1%
Lincoln Parish	8	1%

- All respondents were asked to indicate their ZIP code; a total of 1,468 respondents provided responses. *The U.S. Department of Housing and Urban Development United States Postal Services (HUD USPS) 4th quarter 2011 ZIP Code Crosswalk File* (Retrieved July 11, 2013 from http://www.huduser.org/portal/datasets/usps_crosswalk.html) was used to determine the parish corresponding to each ZIP code.
- Included in the parish of residence calculations, but not presented in Table A1, are the following: 85 respondents who indicated living in one of 31 parishes, each of which represent less than 1% of respondents: 10 respondents who reported one of 8 ZIP codes (70012, 70016, 70017, 70105, 70191, 70216, 70720, and 71501) that did not correspond to any Louisiana parishes as listed in the HUD USPS; and fewer than five respondents who reported a ZIP code that is not in Louisiana.
- It is important to note that relating ZIP codes to counties (FIPS codes) is problematic for two reasons. The first issue is that ZIP code boundaries are not static; they are redrawn over time to reflect changes in population. This is especially problematic for this report because the most current crosswalk provided by HUD is from 2011 and does not take into account any changes in the allocation of ZIP codes since its publication. For this report, 20 ZIP codes reported by respondents were not listed in the HUD crosswalk. Of these, only 12 could be verified as Louisiana ZIP codes through other sources. It is possible that these discrepancies result from changes in ZIP code allocation since the 2011 crosswalk was published. The second issue is that in some instances ZIP codes cross county or parish lines (i.e., 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. Out of the 1,456 respondents for whom we designated a county of residence, 264 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.

Figure A3. Map of Respondents' Current Parish of Residence (n=1,456)

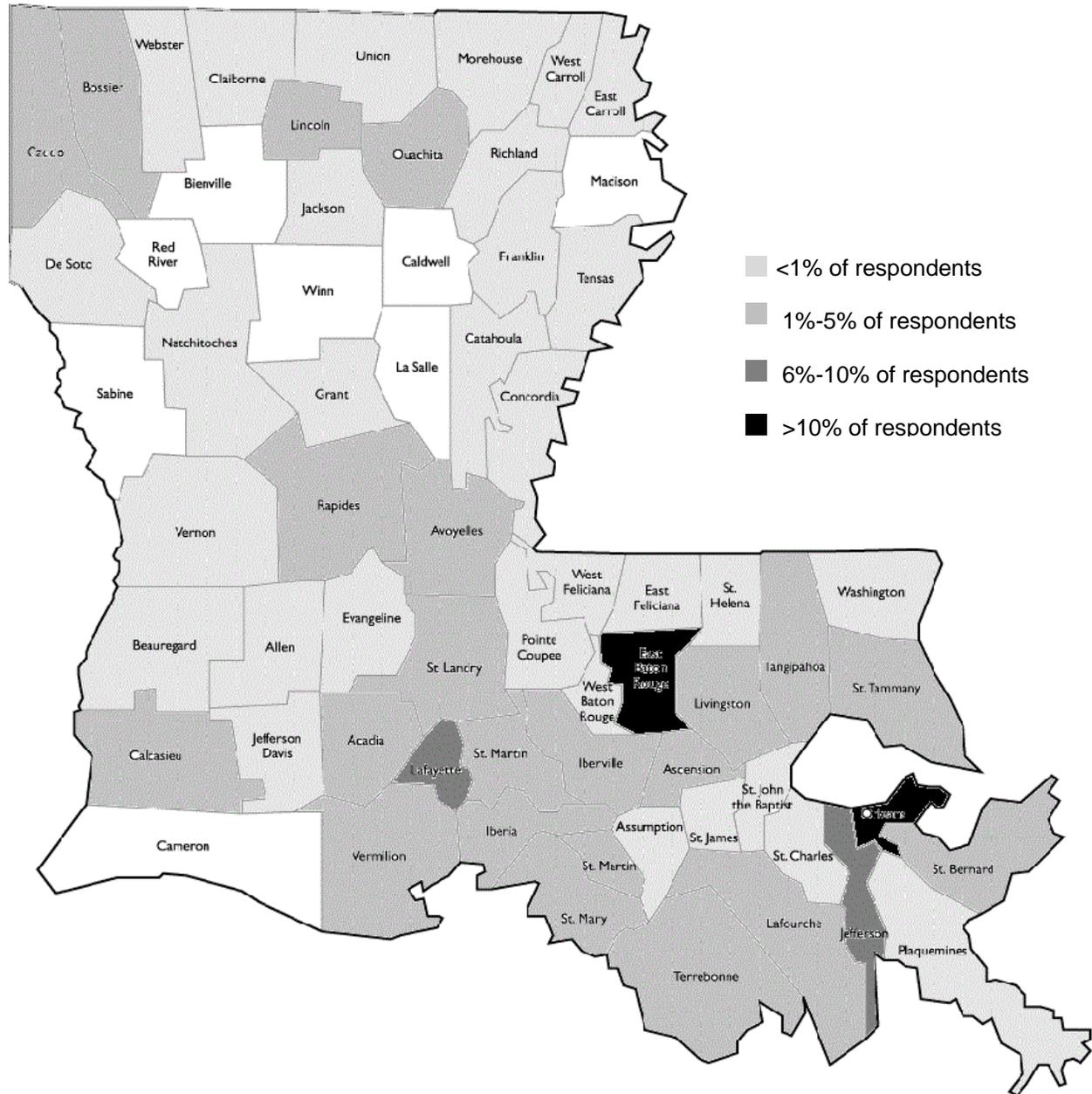
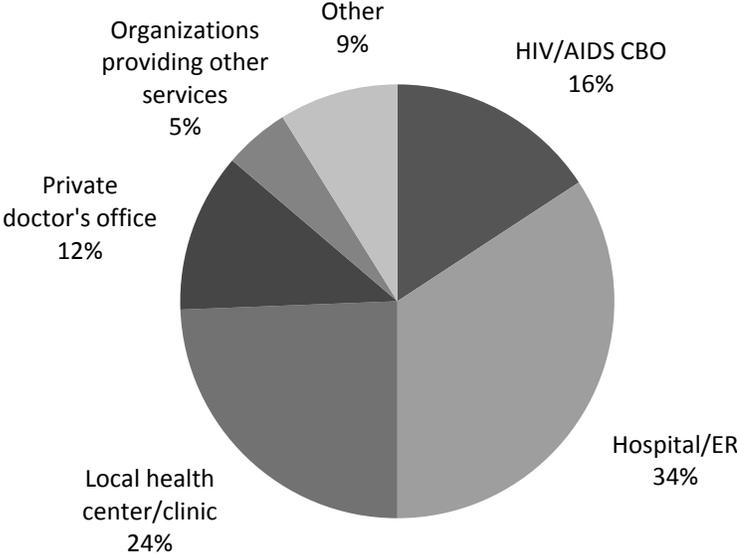


Figure A4. Place Where Respondents Were Told of HIV Diagnosis (n=1,534)



Background Characteristics

Figure A5. Gender (n=1,570)

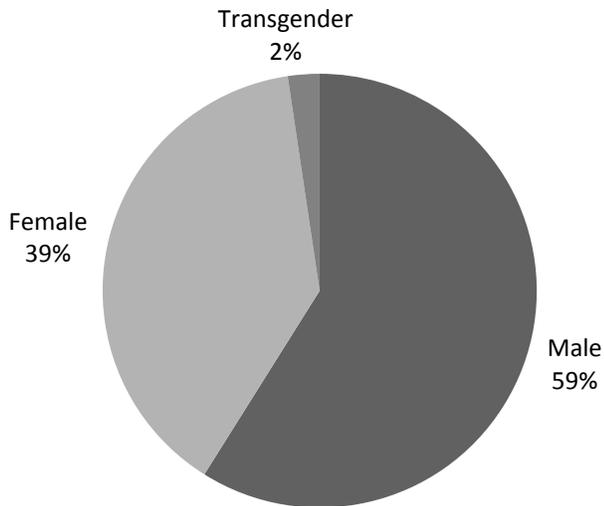
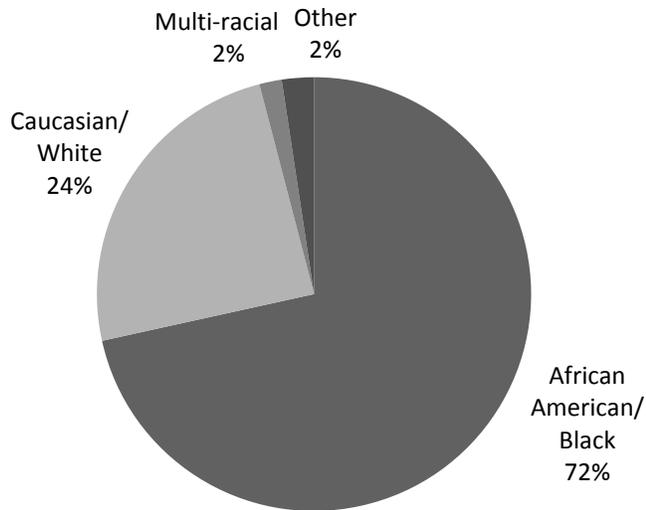


Figure A6. Race (n=1,553)



- Included in the “other” category are those persons who specifically chose “other” (1% of respondents), along with those who identified as Native American (<1%) and Asian/Pacific Islander (<1%).

Figure A7. Latino/Hispanic (n=1,449)

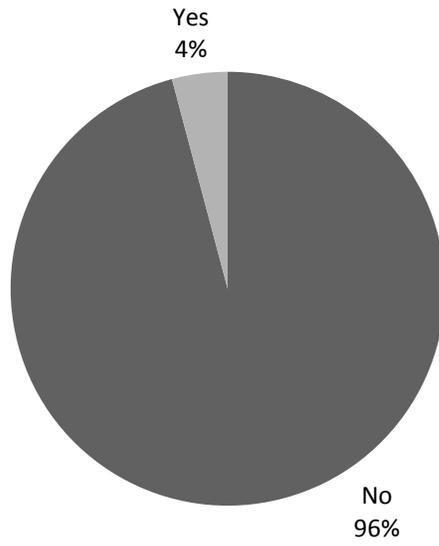
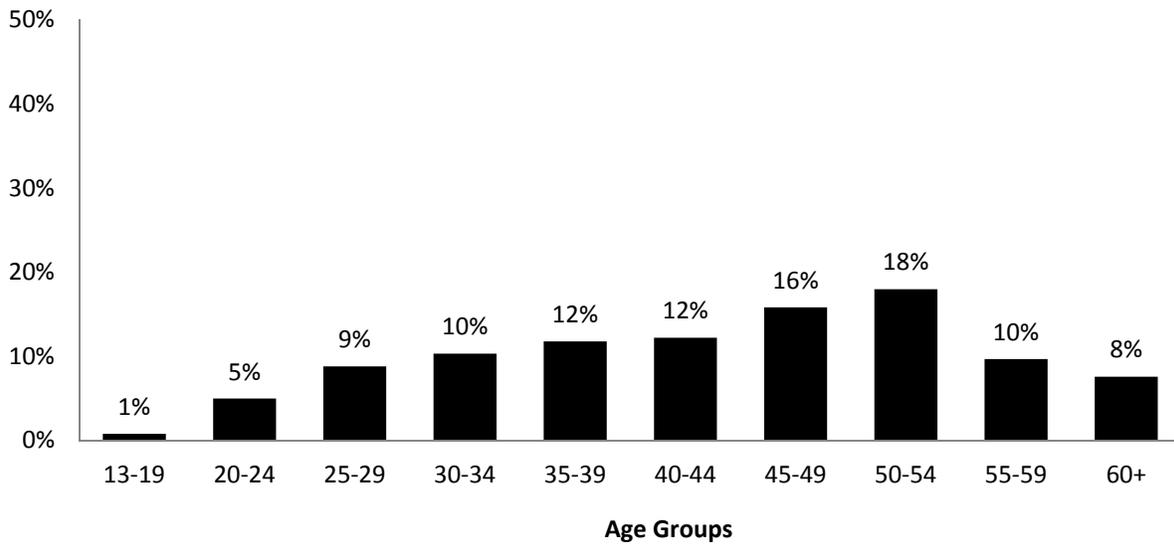


Figure A8. Age (n=1,384)



- Rounding accounts for slight discrepancies in calculations.

Figure A9. Highest Level of Education Completed (n=1,515)

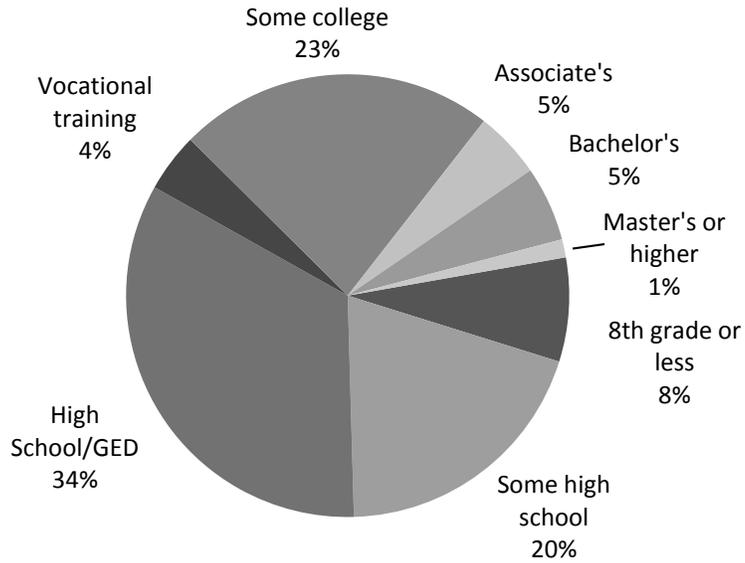
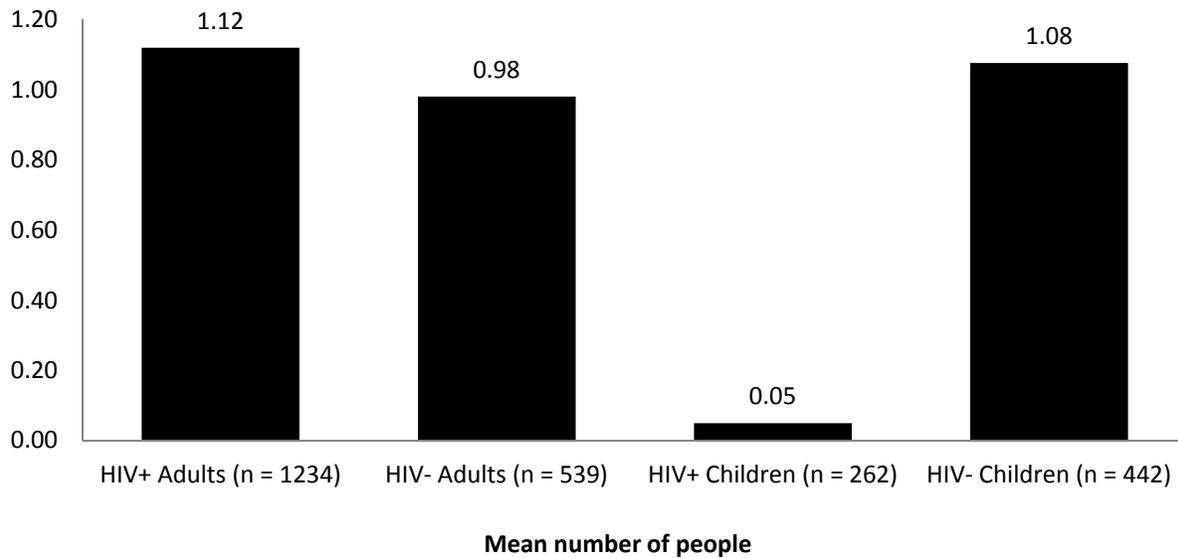
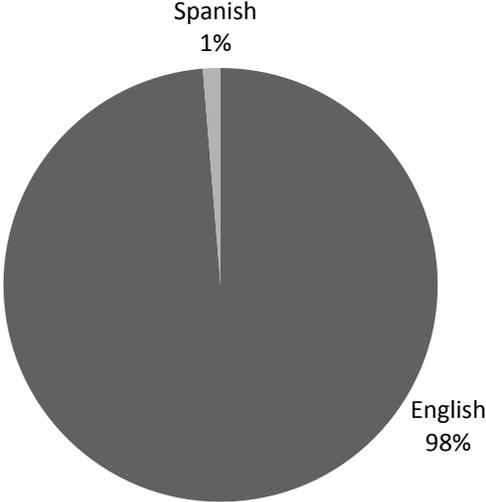


Figure A10. Average Number of Adults and Children in Household by HIV Status



- Respondents were asked to indicate the number of people in their households that fall into each category listed in the figure above. In this figure, “n” represents the number of respondents who responded to each category; categories left blank were treated as missing.

Figure A11. Language Preference (n=1,543)



- Included in the calculation but not included in the figure are those persons who chose "other" (<1% of respondents).
- Rounding accounts for slight discrepancies in calculations.

B. EMPLOYMENT AND INCOME

Employment

Figure B1. Employment Situation in the Last Six Months (n=1,559)

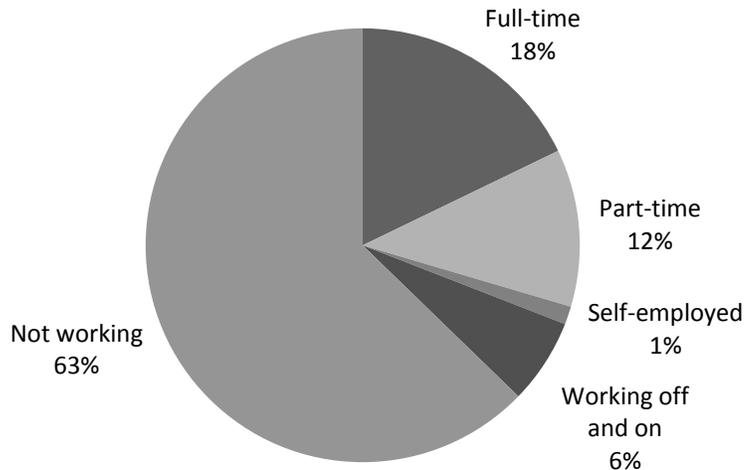
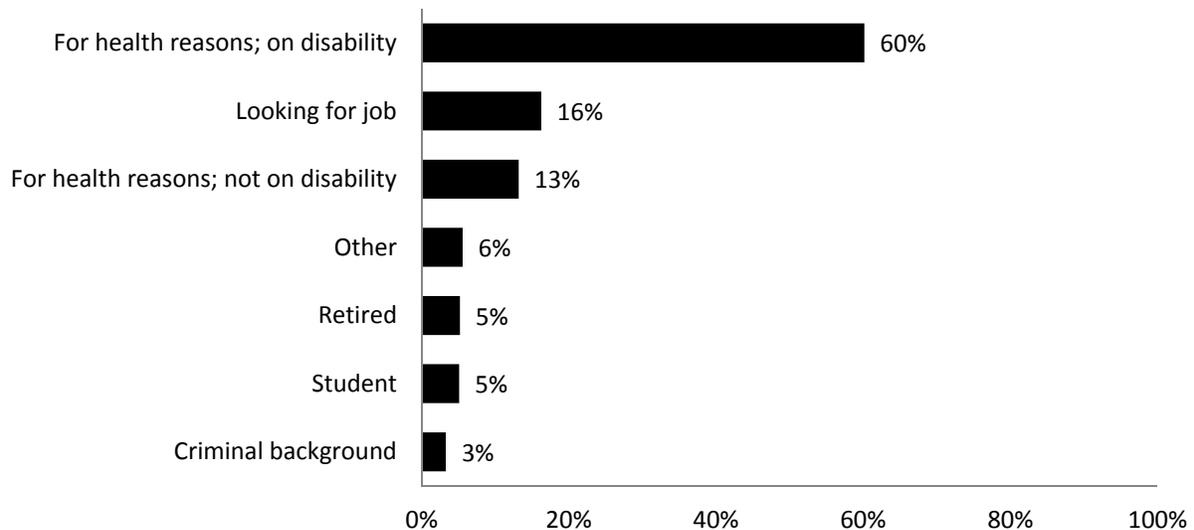


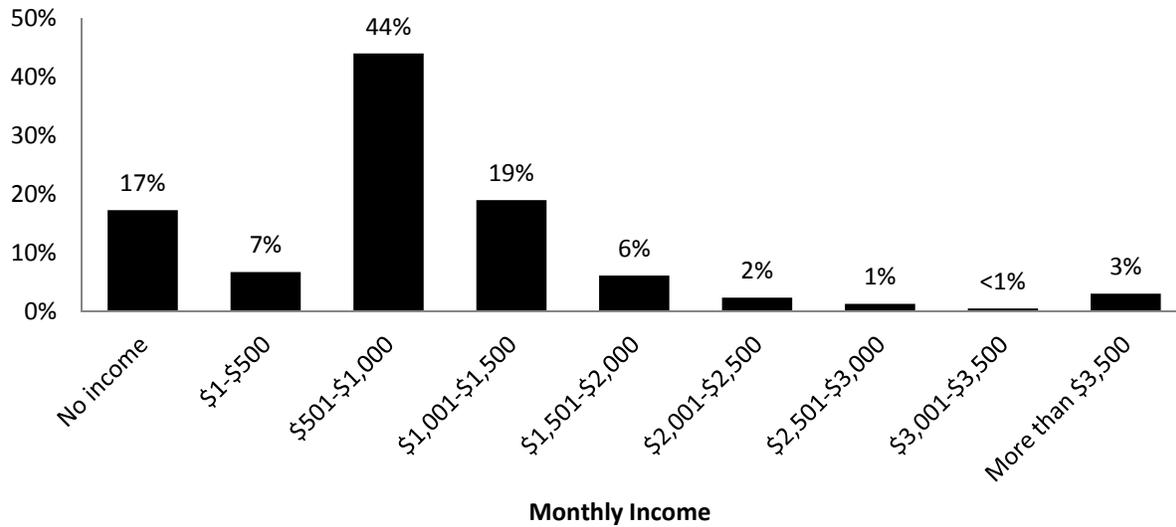
Figure B2. Reasons for Not Being Employed in the Last Six Months (n=1,039)



- 1,077 respondents indicated either that they were not working in the last six months (n = 978) or that they were working off and on during that time (n = 99); of these, 1,039 (96%) provided reasons for not being employed and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,039 respondents who responded to this question, 84 (8%) reported two or more reasons for not being employed.

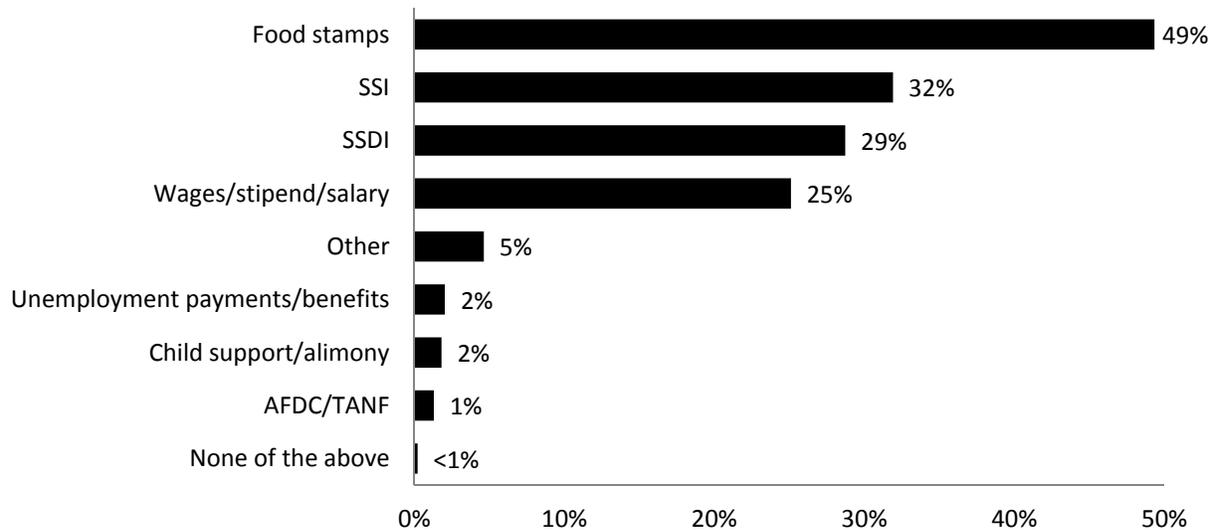
Income

Figure B3. Reported Monthly Household Income (n=1,513)



- Rounding accounts for slight discrepancies in calculations.

Figure B4. Sources of Household Income (n=1,382)

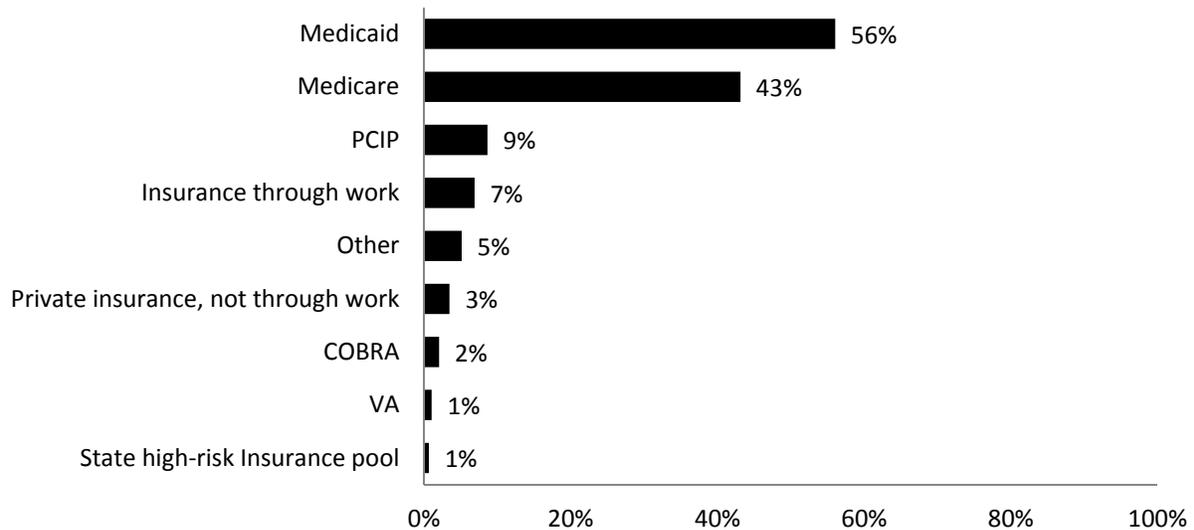


- All respondents were asked to indicate their sources of household income. Some respondents did not provide a response, and some selected more than one source. Therefore, the sum of all categories may exceed 100%.
- Out of the 1,382 respondents who responded to this question, 535 (39%) reported two or more sources of income.
- SSI - Supplemental Security Income; SSDI - Social Security Disability Insurance; AFDC/TANF – Aid to Families with Dependent Children/Temporary Assistance to Needy Families

C. MEDICAL CARE

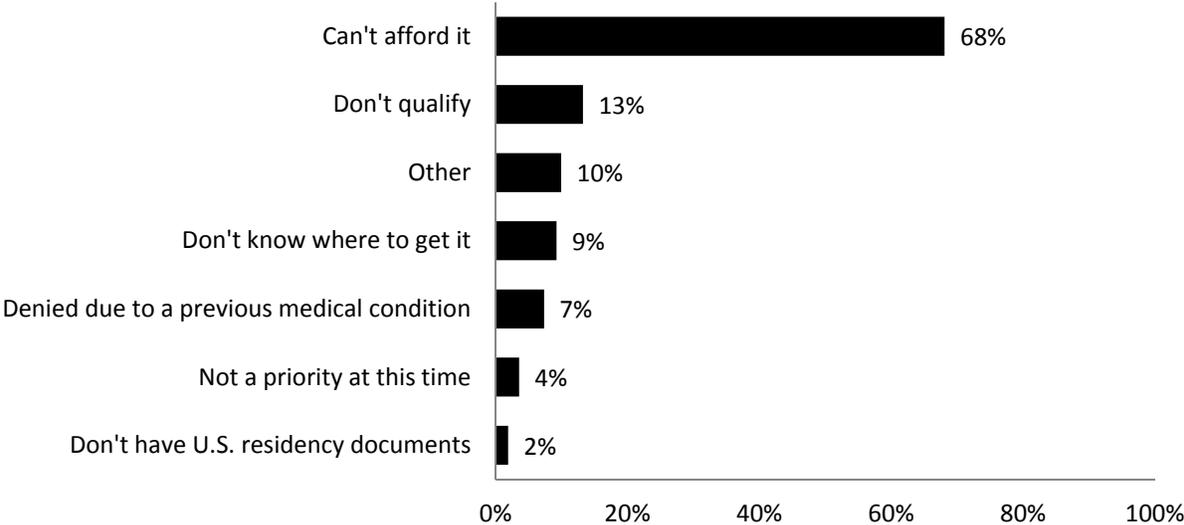
Health Insurance

Figure C1. Sources of Health Insurance for HIV/AIDS Medical Care (n=1,076)



- Included in the figure are respondents who indicated they have at least one source of health insurance for their HIV/AIDS-related medical care; excluded are respondents who indicated they have no health insurance. Refer to Figure C2 on page 16 for information on the respondents who indicated they do not have health insurance for their HIV/AIDS-related medical care.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,076 respondents who responded to this question, 270 (25%) reported two or more sources of health insurance.
- 21 respondents were excluded from the figure because they indicated that they have at least one source of health insurance but, also, that they do not have insurance. The sources of health insurance reported by these respondents are as follows: Medicare (15 respondents), Medicaid (7 respondents), State high-risk insurance pool (1 respondent), PCIP (1 respondent), the VA (1 respondent), insurance through work (1 respondent), and "other" (3 respondents). The "other" sources of insurance reported are HIP (2 respondents) and "qualify for free care with UMC" (1 respondent). Out of the 21 respondents excluded from the figure, 7 (33%) reported two or more sources of health insurance.
- PCIP - Pre-existing Condition Insurance Plan; COBRA - Consolidated Omnibus Budget Reconciliation Act; VA – Veteran's Affairs

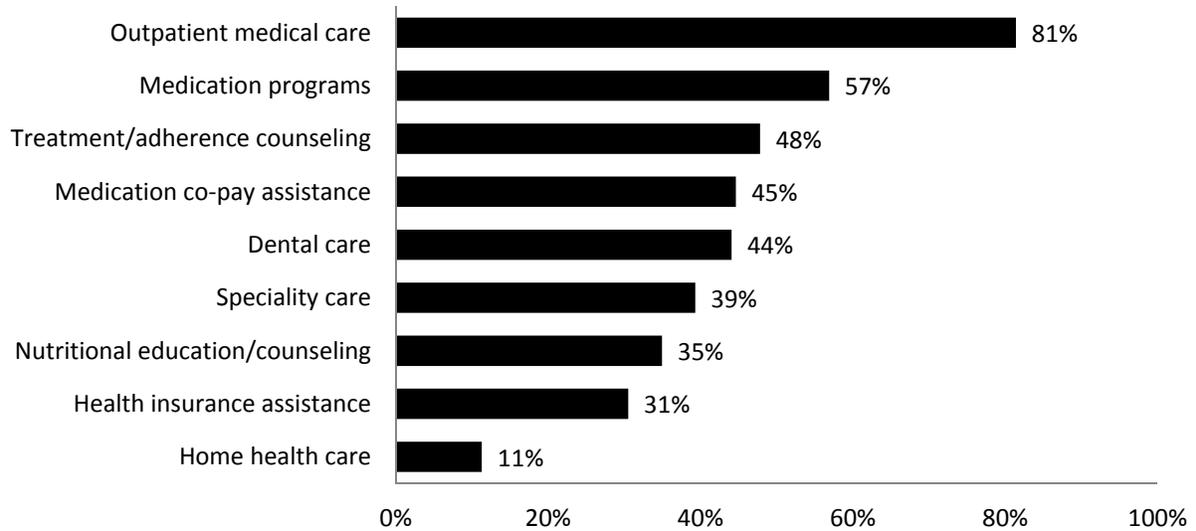
Figure C2. Barriers to Obtaining HIV/AIDS Health Insurance Coverage (n=423)



- 447 respondents indicated that they do not have any health insurance for their HIV/AIDS-related medical care; of these, 423 (95%) indicated barriers to coverage and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 423 respondents who responded to this question, 44 (10%) reported two or more barriers to coverage.
- Excluded from the figure are the 21 respondents (identified above) who indicated that they do not have health insurance but also indicated they have at least one form of health insurance. Out of the 21 respondents excluded from the figure, 13 (62%) indicated barriers to coverage; out of these 13 respondents, 1 (8%) reported two or more barriers to coverage. The barriers to coverage reported by the 21 respondents are "Can't afford it" (10 respondents), "Don't know where to get it" (1 respondent), "Not a priority at this time" (1 respondent), and "Other" (2 respondents).

Medical Services

Figure C3. Use of Medical Care Services (n=1,577)



- Respondents were given several lists of services. For each service, they were asked whether they a) needed the service, b) knew about the service, c) asked for the service, d) received the service, and e) if they received it, did it meet their needs. Respondents were asked to respond (by way of filling in a bubble) only if their answer was “yes.” Leaving a bubble blank implied that the respondent was responding “no”; therefore, there are no missing responses to these items.
- This chart presents the percentage of respondents who indicated they received each medical care service. Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

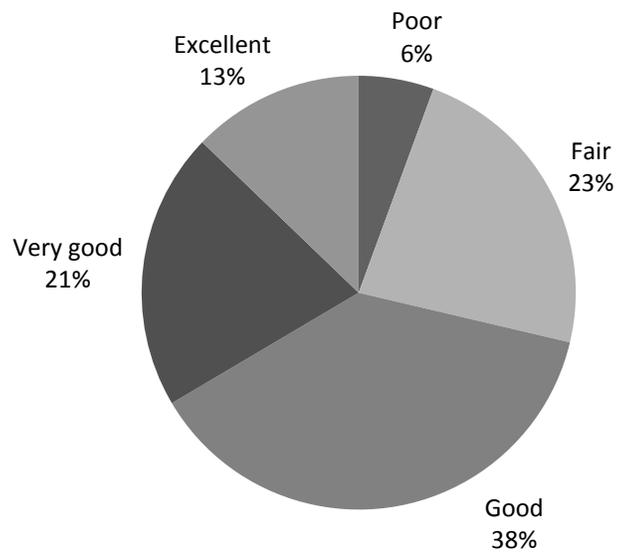
Table C1. Need of Medical Care Services by Use

Persons Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Outpatient medical care	1,284	50%	46%	35%	80%
Specialty care	620	45%	40%	33%	73%
Dental care	695	49%	49%	43%	76%
Medication programs	897	42%	40%	31%	79%
Medication co-pay assistance	704	39%	37%	30%	79%
Treatment/adherence counseling	754	34%	38%	27%	78%
Nutritional education/counseling	551	32%	37%	29%	69%
Health insurance assistance	481	36%	33%	27%	78%
Home health care	178	24%	29%	25%	75%
Persons not Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Outpatient medical care	293	34%	39%	8%	--
Specialty care	957	24%	37%	8%	--
Dental care	882	44%	31%	17%	--
Medication programs	680	19%	44%	5%	--
Medication co-pay assistance	873	22%	40%	4%	--
Treatment/adherence counseling	823	13%	50%	4%	--
Nutritional education/counseling	1,026	18%	46%	5%	--
Health insurance assistance	1,096	19%	37%	5%	--
Home health care	1,399	8%	40%	2%	--

- This table presents the needs of respondents who responded about their use of medical care services.
- The first half of the table, labeled “Persons Receiving”, considers how many respondents who received a particular service said that a) they needed it, b) they knew about it, c) they asked for it, and d) the service met their needs. “n” refers to the number of persons who said they received the service.
- The second half of the table, labeled “Persons not Receiving”, considers how many respondents who did not receive a particular service said they a) needed it, b) knew about it, and c) asked for it. “n” refers to the number of persons who did not indicate they received the service.
- Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Overall Health

Figure C4. Self-Reported Overall Health Status (n=1,555)



- Rounding accounts for slight discrepancies in calculations.

Health Seeking Behavior

Figure C5. Have Sought HIV/AIDS-Related Medical Care in the Last Six Months (n=1,519)

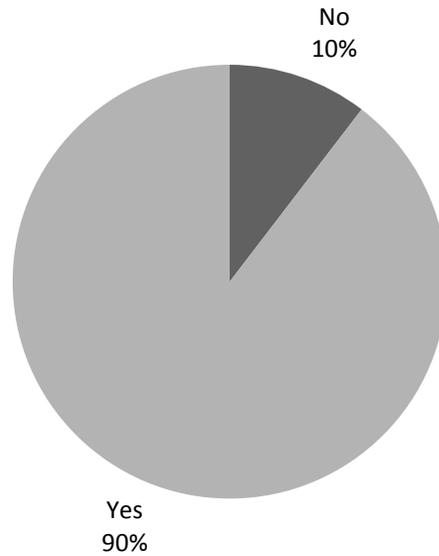
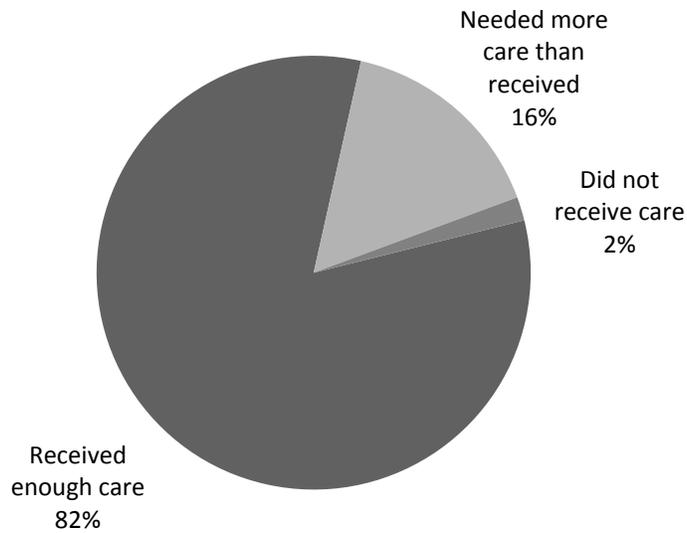
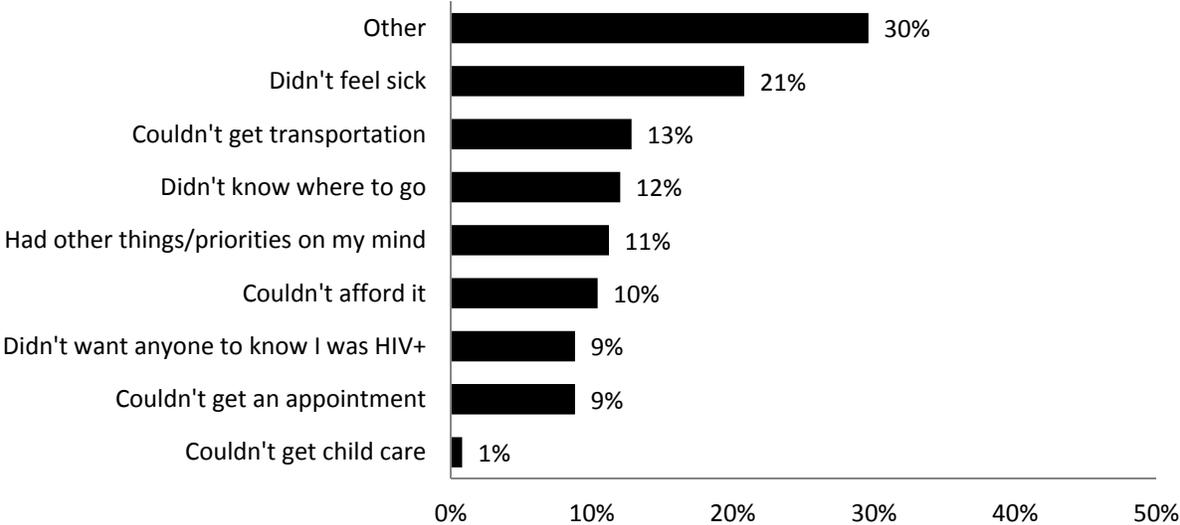


Figure C6. Level of Medical Care Received in the Last Six Months (n=1,306)



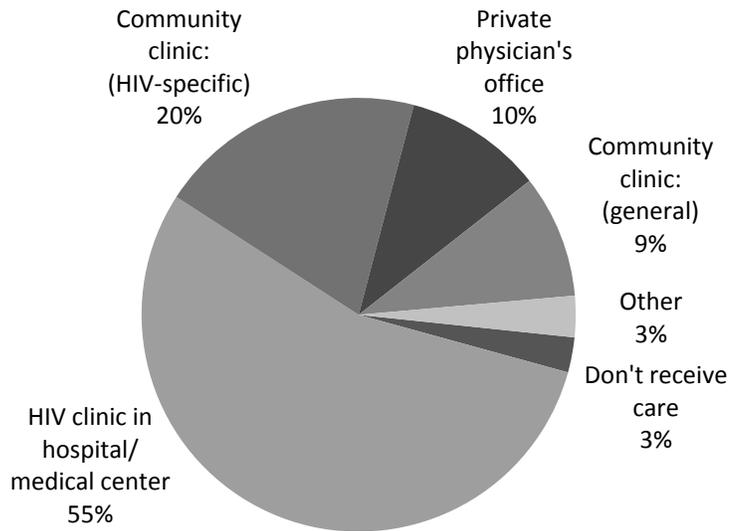
- 1,361 respondents indicated that they sought out medical care in the last six months; of these, 1,306 (96%) indicated the level of care received and are included in the figure above.

Figure C7. Reasons for Not Seeking Out or Receiving HIV/AIDS-Related Medical Care in the Last Six Months (n=125)



- 184 respondents indicated they did not seek out care in the past six months (n = 158; refer to Figure C5) or that they sought out care in the past six months but then indicated they did not receive care (n = 26; refer to Figure C6). Out of these, 125 (68%) indicated reasons for not seeking out or receiving care and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 125 respondents who responded to this question, 13 (10%) reported two or more reasons for not seeking out or receiving care.
- Respondents were able to identify reasons other than those given for not seeking out or receiving HIV/AIDS-related medical care in the last six months. Out of the 37 respondents who chose “other,” 27 provided written responses. Responses written in by more than one respondent are: was in jail/prison (4 respondents), missed or didn’t go to appointment (3 respondents), no appointment (2 respondents), recently diagnosed (2 respondents), and just starting care (2 respondents).

Figure C8. Places Where Respondents Regularly Receive HIV/AIDS-Related Medical Care (n=1,493)



- Respondents were asked to select “only one” place where they receive care; some did not respond.
- Included in the “other” category are the persons who specifically chose “other” (1%), as well as the respondents who reported regularly receiving HIV/AIDS-related medical care at a an ER (1%) and the respondents who reported regularly receiving care at a VA Hospital/clinic (1%).
- In the figure above, the category *Community clinic (HIV-Specific)* refers to a community clinic serving only HIV-positive clients; the category *Community clinic (general)* refers to a community clinic that is not HIV-specific.

Medical Adherence

Figure C9. Currently Taking HIV Medications Prescribed by a Doctor (n=1,559)

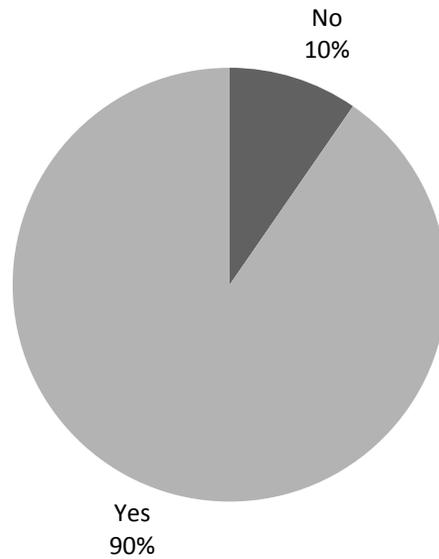
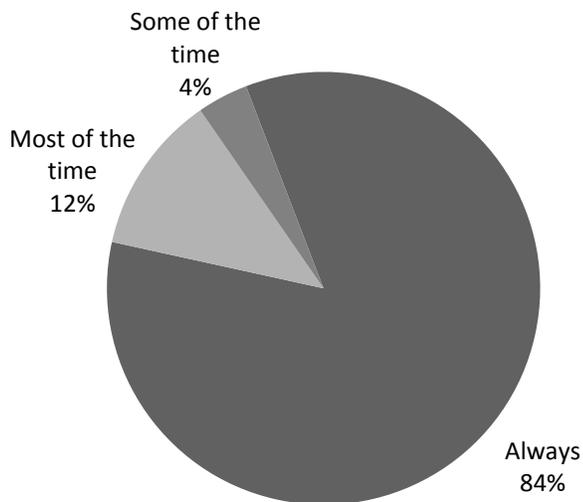
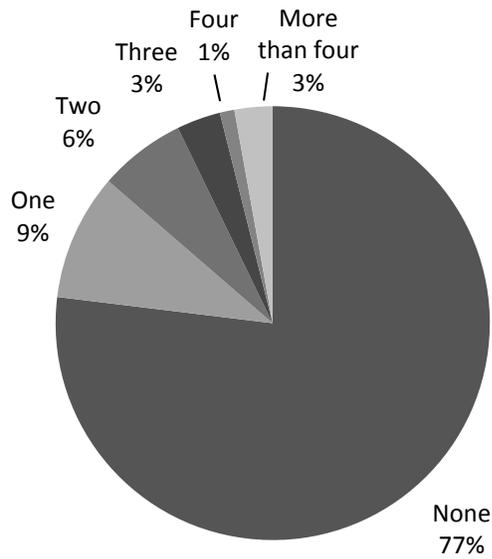


Figure C10. Adherence to Medications Prescribed by Doctor (n=1,398)



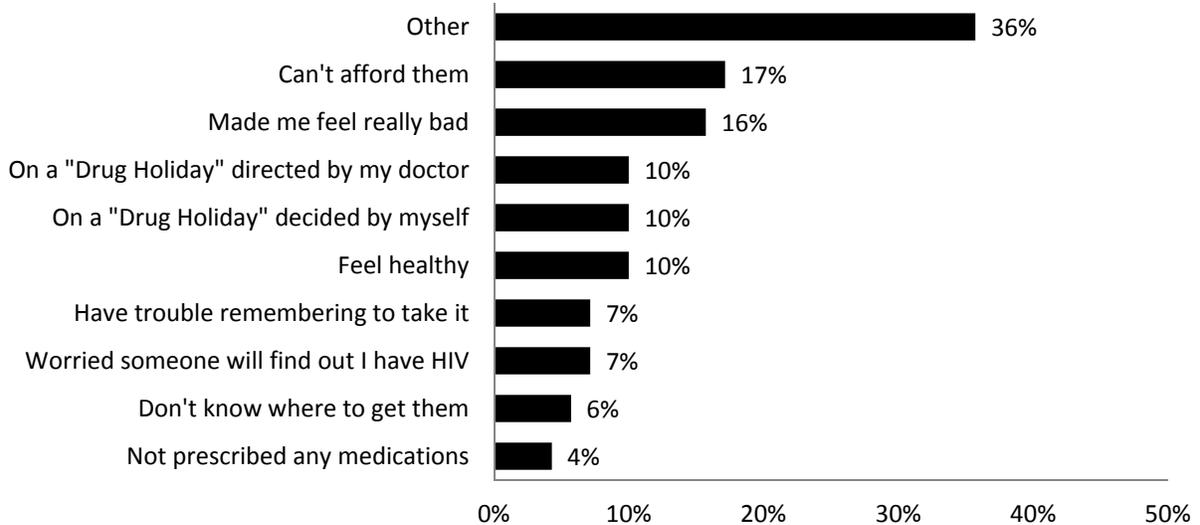
- 1,409 respondents indicated that they are currently taking HIV medications prescribed by a doctor; of these, 1,398 (99%) indicated frequency of adherence and are included in the calculation above. Included in the calculation but not included in the figure are those persons who chose "Hardly ever" (<1% of respondents).

Figure C11. Number of Doses Missed in the Last Three Days (n=1,378)



- 1,409 respondents indicated that they are currently taking HIV medications prescribed by a doctor; of these, 1,378 (98%) indicated the number of doses missed and are included in the figure above.

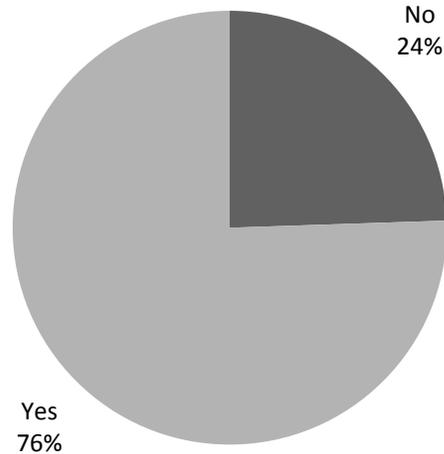
Figure C12. Reasons for Not Currently Taking HIV Medications (n=70)



- 150 respondents indicated that they are not currently taking HIV medications prescribed by a doctor; of these, 70 (47%) provided a reason for not taking medication and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 70 respondents who responded to this question, 12 (17%) reported two or more reasons for not taking medications.
- Respondents were able to identify reasons other than those given for not taking HIV medications. Out of the 25 respondents who chose "other," 22 respondents provided written responses. No responses were written in by more than one respondent.

Case Management

Figure C13. Use of Case Management Services (n=1,577)



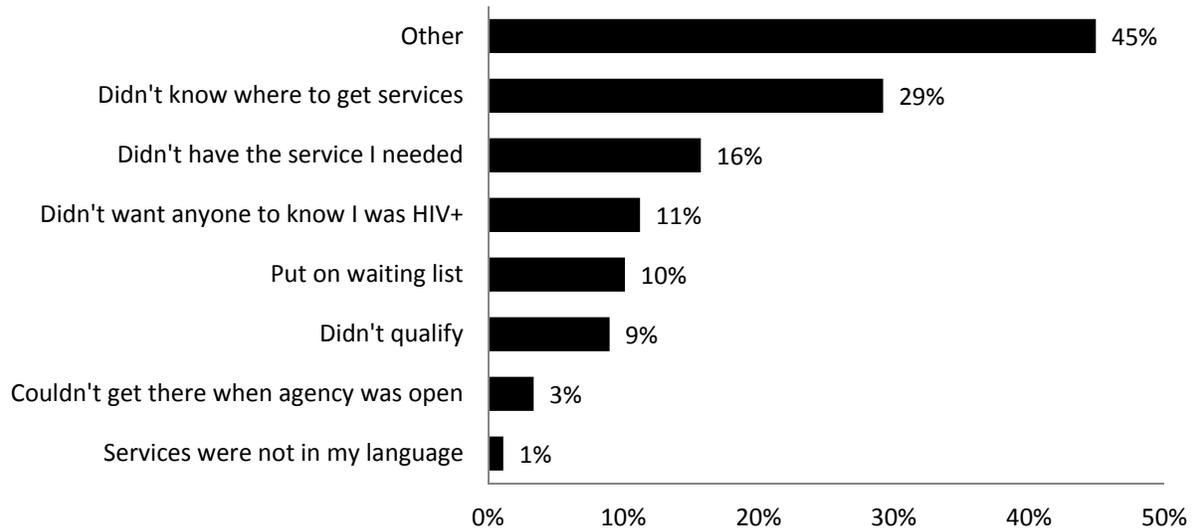
- Respondents were given several lists of services. For each service, they were asked whether they a) needed the service, b) knew about the service, c) asked for the service, d) received the service, and e) if they received it, did it meet their needs. Respondents were asked to respond (by way of filling in a bubble) only if their answer was “yes.” Leaving a bubble blank implied that the respondent was responding “no”; therefore, there are no missing responses to these items.
- This chart presents the percentage of respondents who indicated they received case management services. Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Table C2. Need of Case Management Services by Use

Persons Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Case management	1,191	48%	45%	39%	83%
Persons not Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Case management	386	35%	42%	10%	--

- This table presents the needs of respondents who responded about their use of case management services.
- The first half of the table, labeled “Persons Receiving”, considers how many respondents who received a particular service said that a) they needed it, b) they knew about it, c) they asked for it, and d) the service met their needs. “n” refers to the number of persons who said they received the service.
- The second half of the table, labeled “Persons not Receiving”, considers how many respondents who did not receive a particular service said they a) needed it, b) knew about it, and c) asked for it. “n” refers to the number of persons who did not indicate they received the service.
- Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

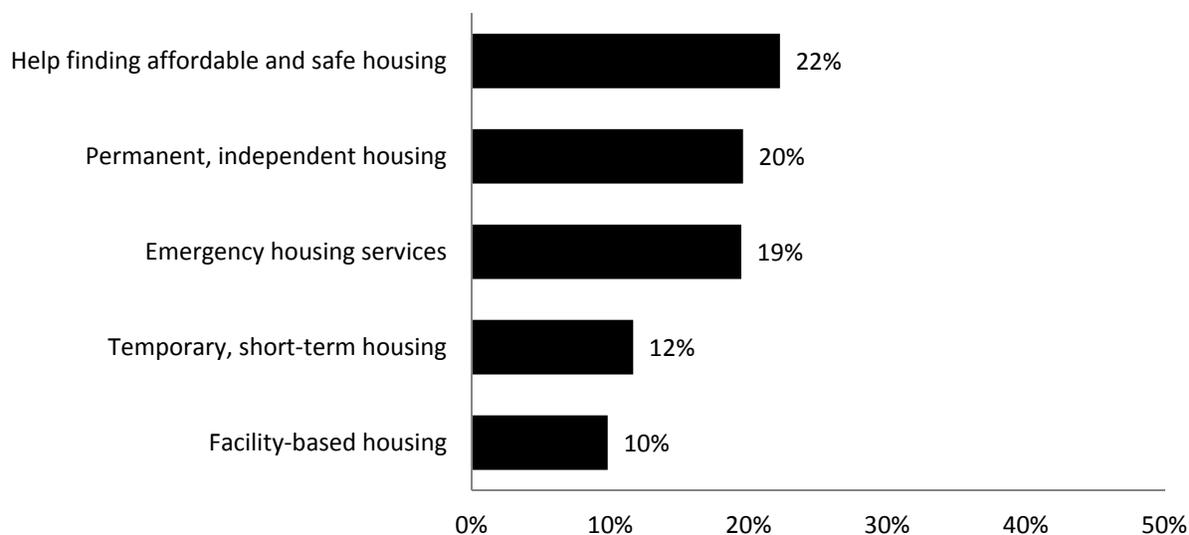
Figure C14. Barriers to Receiving Case Management Services (n=89)



- 134 respondents indicated they did not receive the case management services they needed; of these, 89 (66%) indicated reasons for not receiving the services they needed and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 89 respondents who responded to this question, 13 (15%) reported two or more barriers to receiving the services they needed.
- Respondents were able to identify reasons other than those given for not receiving case management services. Out of the 40 respondents who chose "other," 31 respondents provided written responses. Responses written in by more than one respondent are: I have Medicaid (4 respondents).

D. HOUSING

Figure D1. Use of Housing Services (n=1,577)



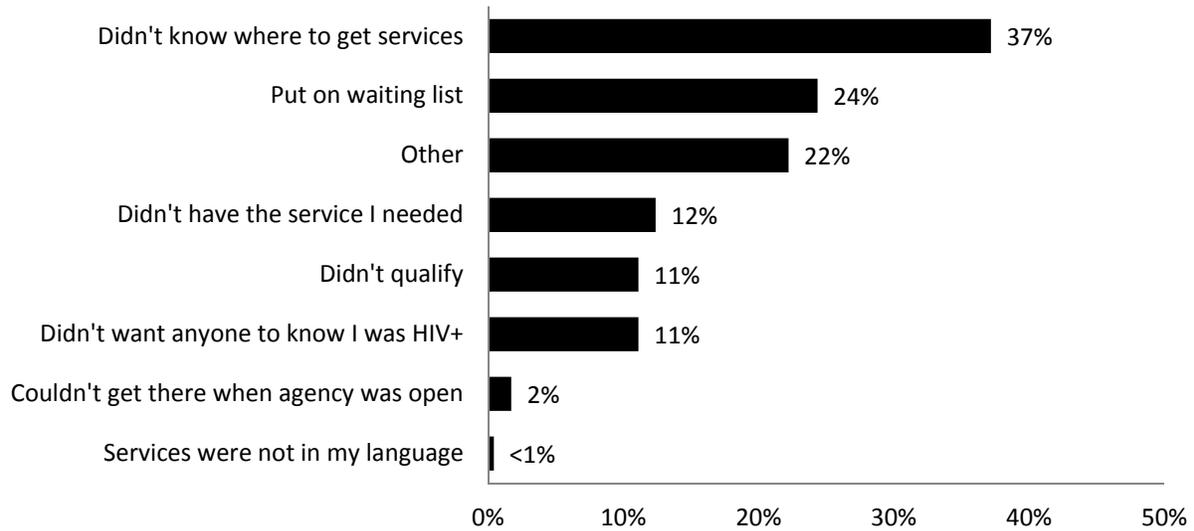
- Respondents were given several lists of services. For each service, they were asked whether they a) needed the service, b) knew about the service, c) asked for the service, d) received the service, and e) if they received it, did it meet their needs. Respondents were asked to respond (by way of filling in a bubble) only if their answer was “yes.” Leaving a bubble blank implied that the respondent was responding “no”; therefore, there are no missing responses to these items.
- This chart presents the percentage of respondents who indicated they received each housing service. Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Table D1. Need of Housing Services by Use

Persons Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Help finding housing that is affordable and safe	351	41%	38%	37%	74%
Permanent, independent housing	309	32%	30%	29%	78%
Temporary short-term housing	184	33%	35%	33%	76%
Emergency housing services	307	43%	42%	38%	79%
Facility-based services	155	35%	35%	34%	79%
Persons not Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Help finding housing that is affordable and safe	1,226	25%	48%	9%	--
Permanent, independent housing	1,268	22%	48%	9%	--
Temporary short-term housing	1,393	11%	48%	3%	--
Emergency housing services	1,270	20%	47%	6%	--
Facility-based services	1,422	8%	47%	2%	--

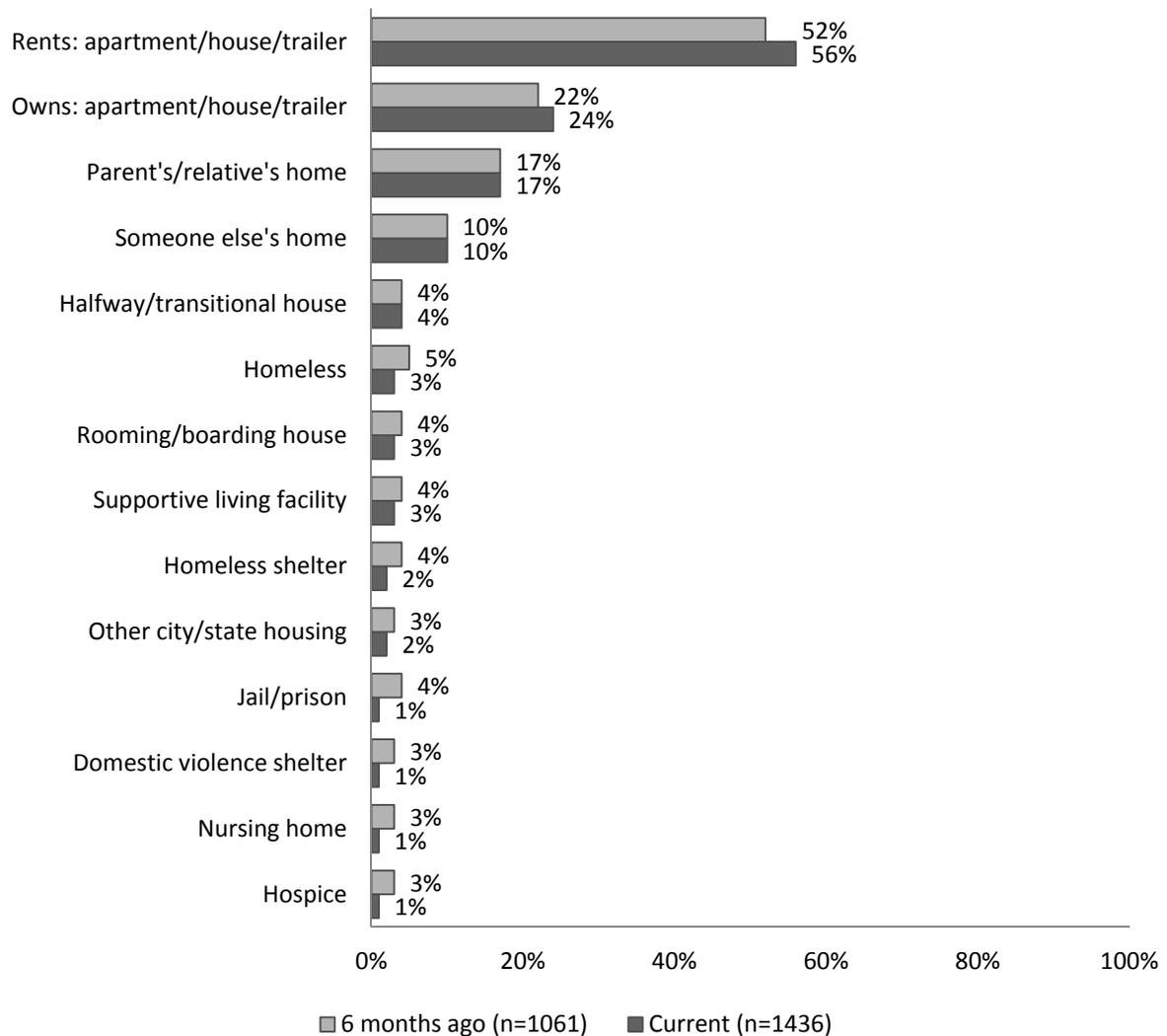
- This table presents the needs of respondents who responded about their use of housing services.
- The first half of the table, labeled “Persons Receiving”, considers how many respondents who received a particular service said that a) they needed it, b) they knew about it, c) they asked for it, and d) the service met their needs. “n” refers to the number of persons who said they received the service.
- The second half of the table, labeled “Persons not Receiving”, considers how many respondents who did not receive a particular service said they a) needed it, b) knew about it, and c) asked for it. “n” refers to the number of persons who did not indicate that they needed the service.
- Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Figure D2. Barriers to Receiving Housing Services (n=234)



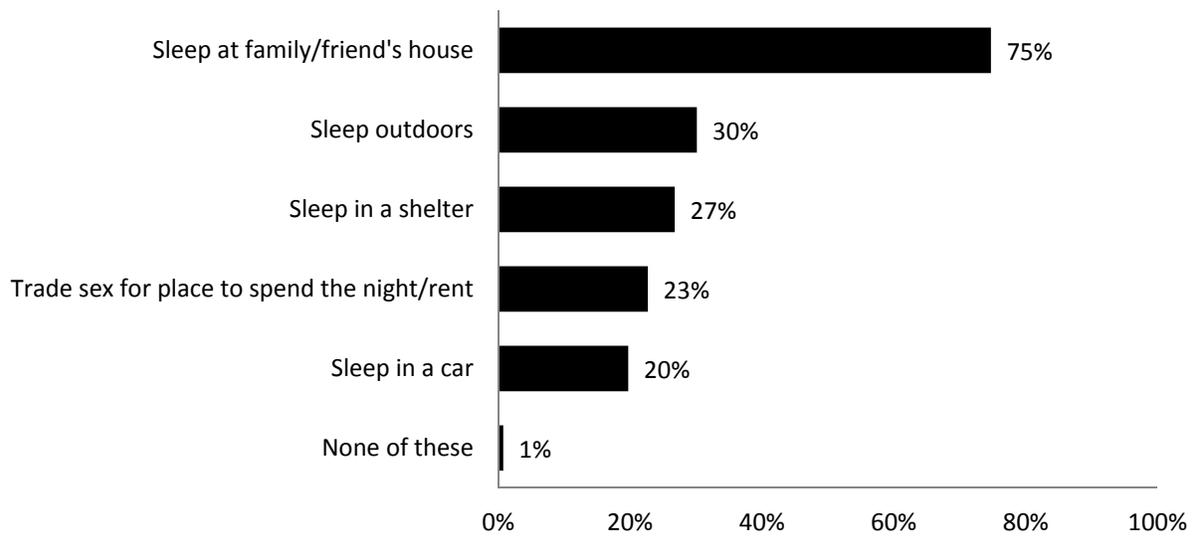
- 428 respondents indicated they did not receive the housing services they needed; of these, 234 (55%) indicated reasons for not receiving the services they needed and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 234 respondents who responded to this question, 34 (15%) reported two or more barriers to receiving the services they needed.
- Respondents were able to identify reasons other than those given for not receiving housing services. Out of the 52 respondents who chose "other," 40 respondents provided written responses. Responses written in by more than one respondent are: no money or funds (8 respondents), waiting for services or funding (3 respondents), and haven't asked yet (2 respondents).

Figure D3. Places Where Respondents Live Now and Six Months Ago



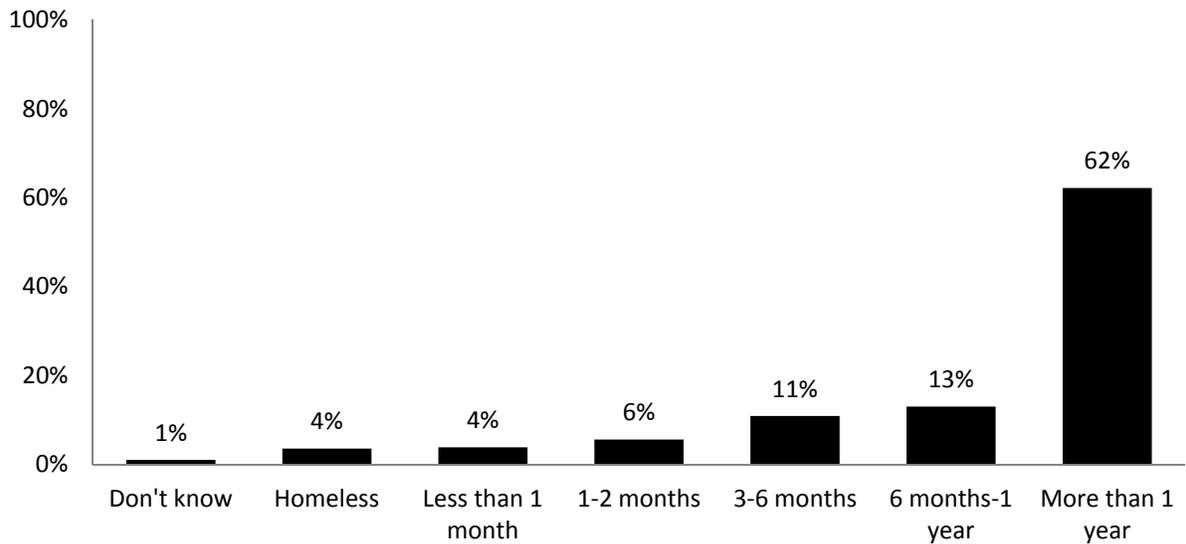
- All respondents were asked to indicate where they live now and where they lived six months ago. Some respondents did not provide a response, and some selected more than one source. Therefore, the sum of all categories may exceed 100%.
- Out of the 1,436 respondents who responded to the question of where they currently live, 166 (12%) reported two or more types of housing. Out of the 1,061 respondents who responded to the question of where they lived six months ago, 112 (11%) reported two or more types of housing.
- Respondents were able to identify places other than those listed for where they live. However, the “other” category does not specify whether respondents live there now or lived there six months ago; therefore, the percent of respondents who indicated “other” is not included in the figure. Out of the 46 respondents who indicated “other,” 45 respondents provided written responses. Responses written in by more than one respondent are: own home (8 respondents), living with relatives (5 respondents), living with friends (4 respondents), renting a house (3 respondents), mobile home (3 respondents), living with a partner (2 respondents), homeless (2 respondents), and none of the above (2 respondents).
- In addition to being asked about place of residence, all respondents were asked to report the size of their current home. Out of the 1,523 respondents who responded, 73 (5%) are homeless, 73 (5%) live in a single-room occupancy/studio/zero-bedroom home, 372 (24%) live in a one-bedroom home, 471 (31%) live in a two-bedroom home, 452 (30%) live in a three-bedroom home, 74 (5%) live in a four-bedroom home, and 8 (1%) live in a five (or more) bedroom home.
- In addition to being asked about place of residence, all respondents were asked whether they believe their current home or living situation is in a safe area. Out of the 1,509 respondents who responded, 1,229 (81%) responded yes, 229 (15%) responded no, and 51 (3%) responded that the question did not apply to them because they are homeless.
- In addition to being asked about place of residence, all respondents were asked whether they believe their current home or living situation is in good condition. Out of the 1,513 respondents who responded, 1,228 (81%) responded yes, 226 (15%) responded no, and 59 (4%) responded that the question did not apply to them because they are homeless.

Figure D4. Things Respondents Have Done to Have a Place to Sleep in the Last Six Months (n=269)



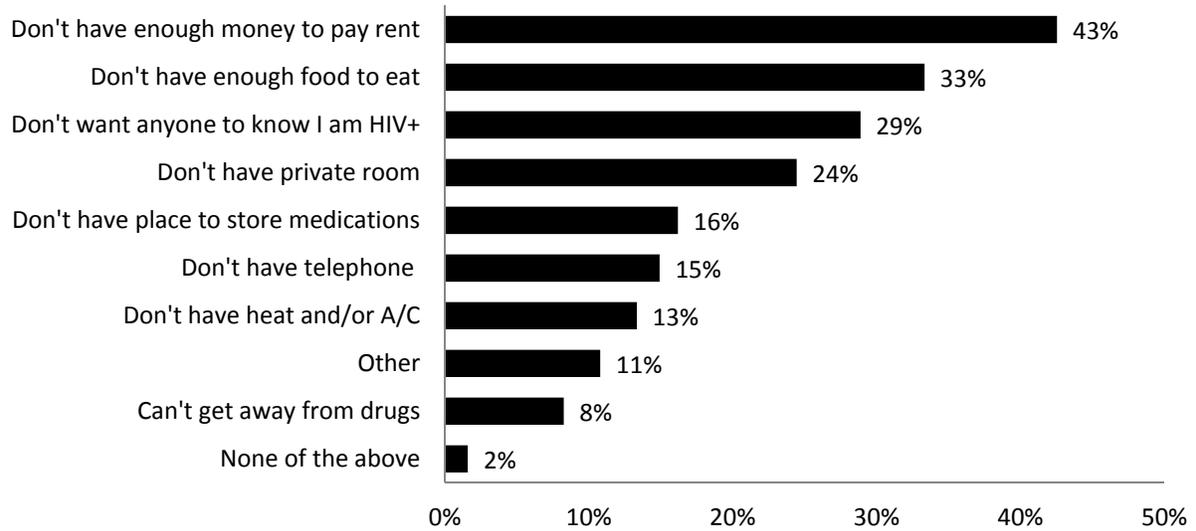
- All respondents were asked to indicate things they have done to have a place to sleep. Some respondents did not provide a response, and some selected more than one source. Therefore, the sum of all categories may exceed 100%.
- Out of the 269 respondents who responded to this question, 109 (41%) reported two or more things they have had to do to have a place to sleep.

Figure D5. Length of Time at Current Residence (n=1,518)



- Rounding accounts for slight discrepancies in calculations.

Figure D6. Housing-Related Barriers that Stop Respondent from Taking Care of their HIV/AIDS (n=315)



- All respondents were asked to indicate any current problems with their housing situation that prevent them from taking care of their HIV/AIDS. Some respondents did not provide a response, and some selected more than one source. Therefore, the sum of all categories may exceed 100%.
- Out of the 315 respondents who responded to this question, 122 (39%) reported two or more housing-related barriers that prevent them from taking care of their HIV/AIDS.

Figure D7. Problems Obtaining Housing in the Past Six Months (n=1,435)

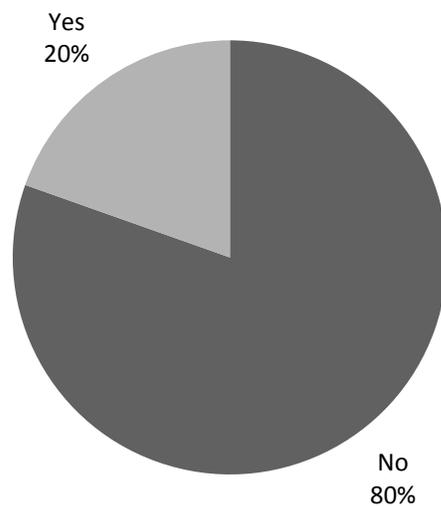
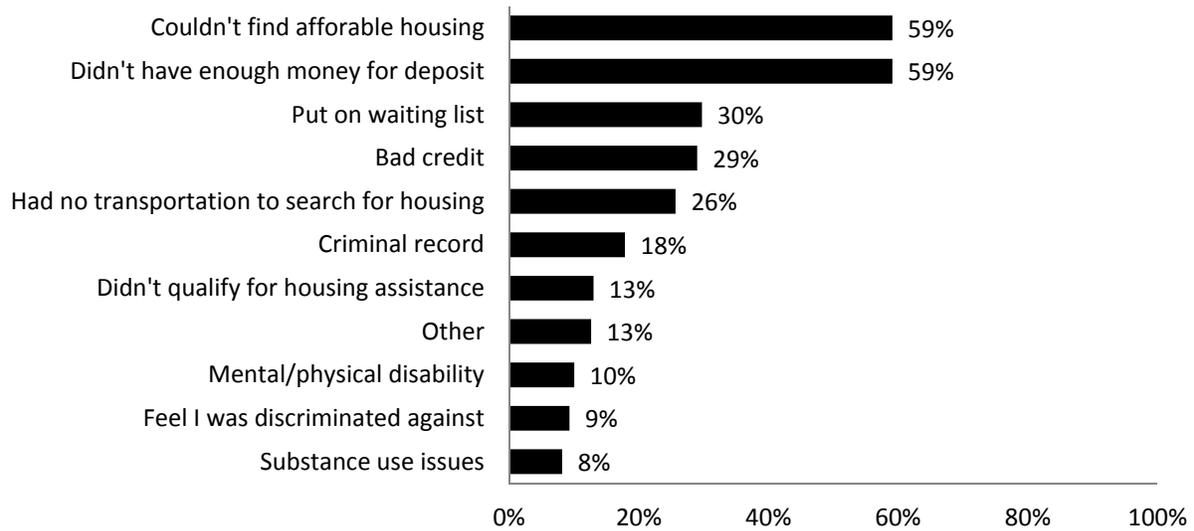
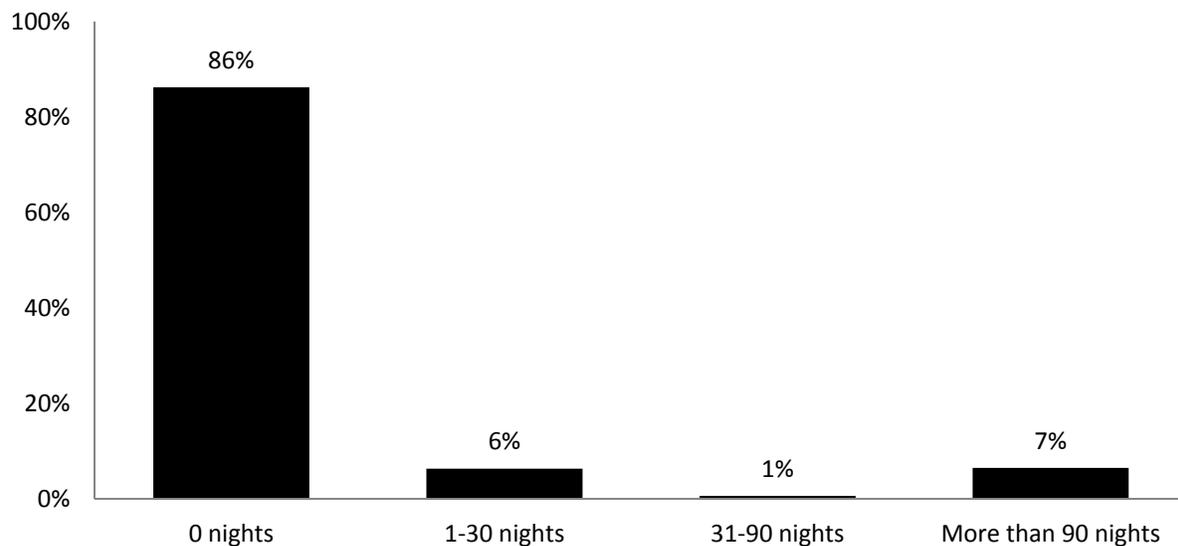


Figure D8. Barriers to Obtaining Housing in the Past Six Months (n=269)



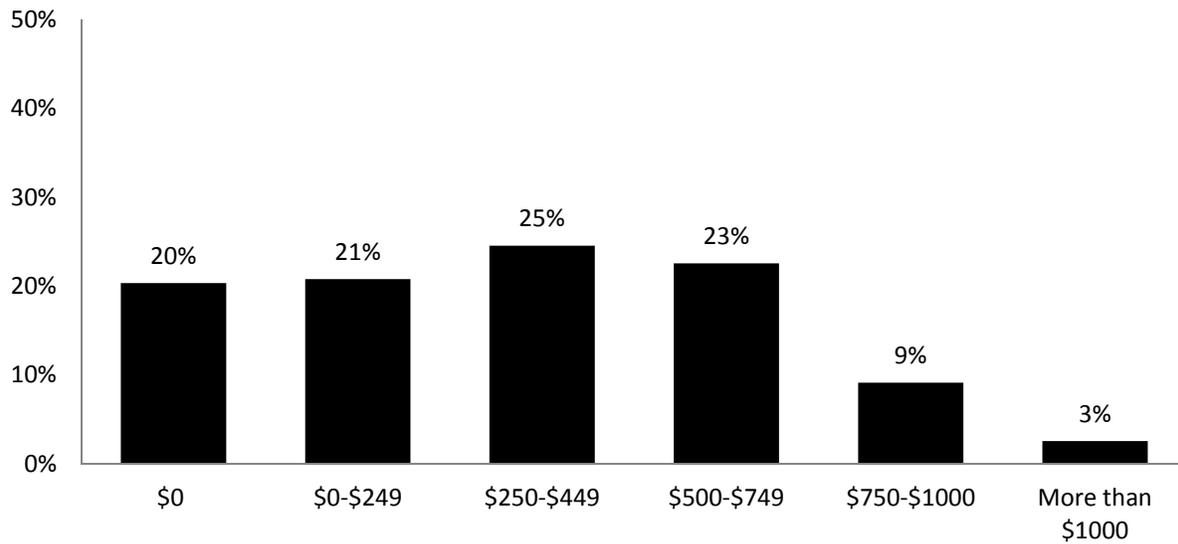
- 281 respondents indicated that they had trouble getting housing in the past six months; of these, 269 (96%) indicated barriers to obtaining housing and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 269 respondents who responded to this question, 179 (67%) reported two or more barriers to obtaining housing.

Figure D9. Nights Spent Homeless or Without a Place to Sleep (n=1,172)



- All respondents were asked to report how many nights they did not have a place of their own in which to sleep; some did not respond.

Figure D10. Monthly Rent/Mortgage Contributions (n=1,356)



- All respondents were asked to report how much they or household members contribute monthly for rent or mortgage; some did not respond. For the 1,356 respondents who provided a response, the average contribution to their monthly rent or mortgage was \$367.04 (range = \$0 to \$2,500).
- In addition to being asked about rent/mortgage contribution, respondents were also asked to report whether their reported monthly rent or mortgage pays for utilities. Out of the 959 respondents who provided a response, 468 (49%) indicated that the amount they pay in rent/mortgage does not include utilities, 174 (18%) indicated that the amount includes water/garbage, 45 (5%) indicated that the amount includes electric/gas, and 272 (28%) indicated that the amount includes both water/garbage and electric/gas.
- Rounding accounts for slight discrepancies in calculations.

Figure D11. Receiving Monthly Housing Subsidy (n=1,502)

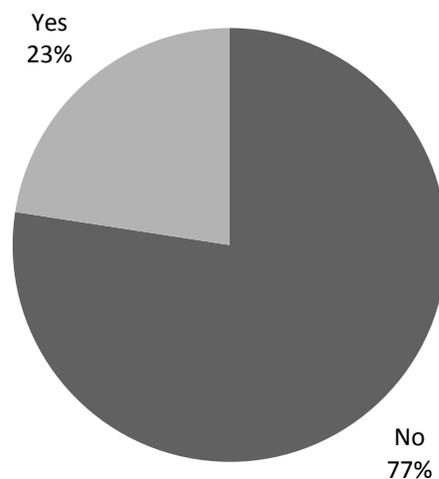
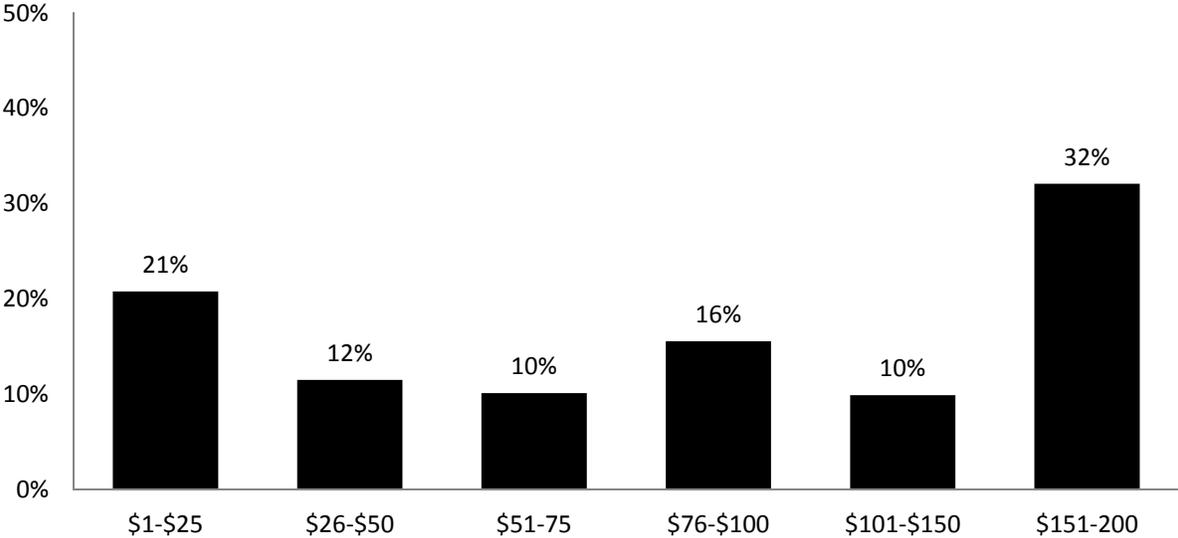


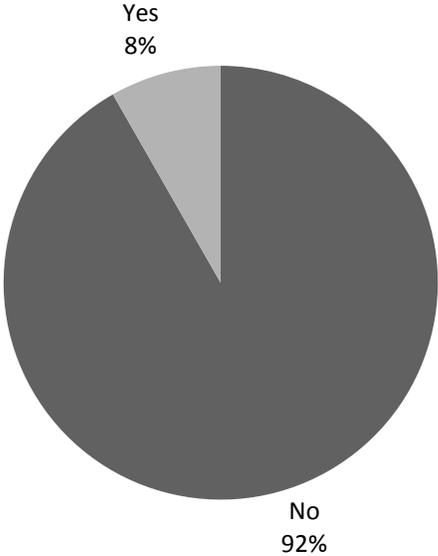
Figure D12. Increase per Month in Rent/Mortgage That Would Cause Respondents to Move (n=938)



- 1,080 respondents indicated that they have monthly rent or mortgage payments; of these, 938 (87%) indicated how much of an increase in rent or mortgage would prompt them to move and are included in the figure above.
- Rounding accounts for slight discrepancies in calculations.

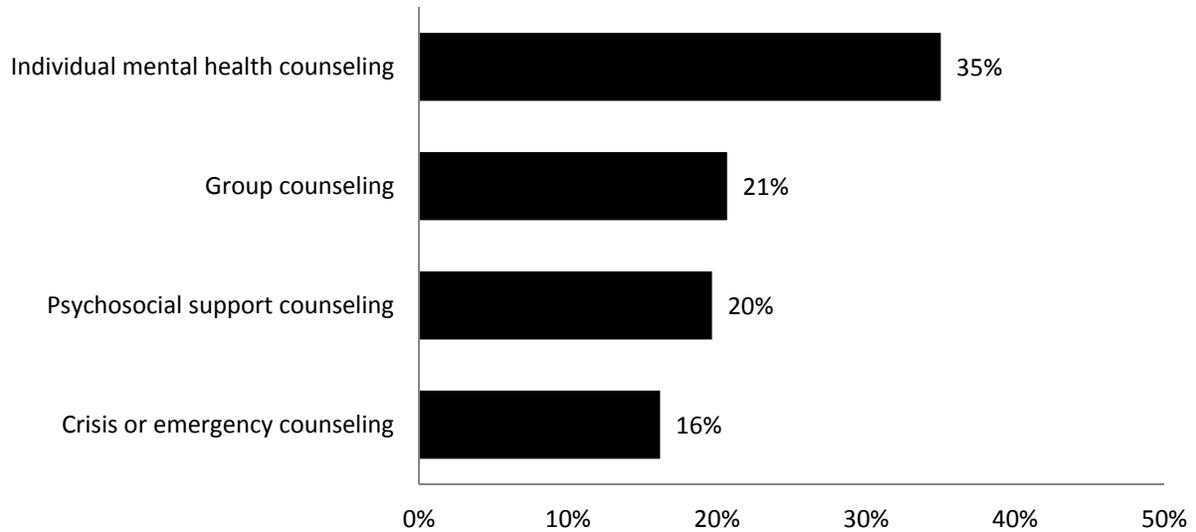
E. INCARCERATION

Figure E1. Incarcerated in the Past 12 Months (n=1,512)



F. MENTAL HEALTH

Figure F1. Use of Mental Health Services (n=1,577)



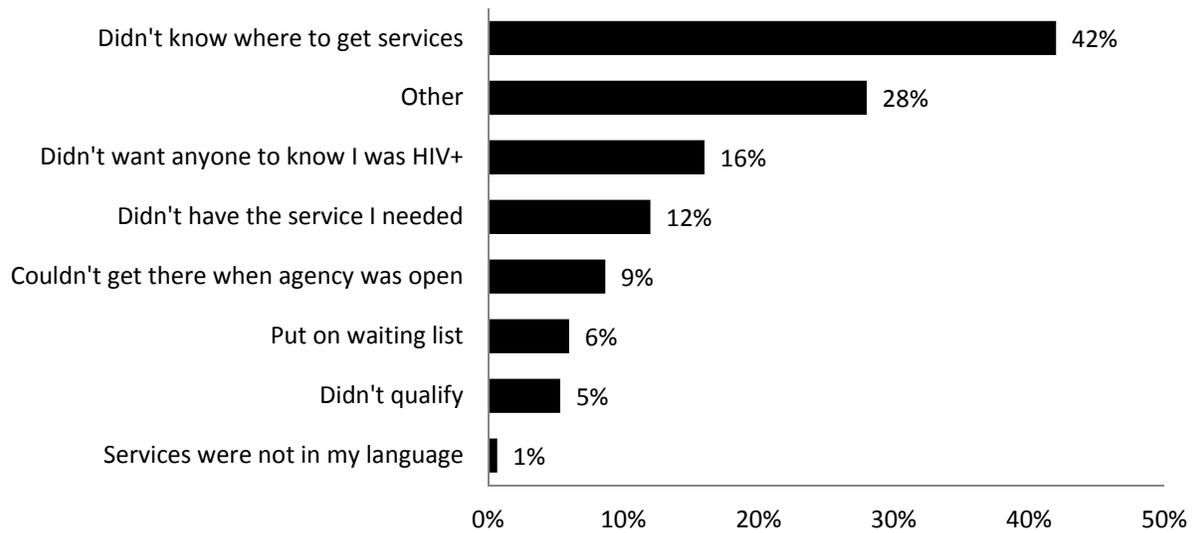
- Respondents were given several lists of services. For each service, they were asked whether they a) needed the service, b) knew about the service, c) asked for the service, d) received the service, and e) if they received it, did it meet their needs. Respondents were asked to respond (by way of filling in a bubble) only if their answer was “yes.” Leaving a bubble blank implied that the respondent was responding “no”; therefore, there are no missing responses to these items.
- This chart presents the percentage of respondents who indicated they received each mental health service. Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Table F1. Need of Mental Health Services by Use

Persons Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Individual mental health counseling	552	47%	45%	39%	75%
Group counseling	326	36%	41%	30%	74%
Crisis or emergency counseling	255	30%	30%	25%	73%
Psychosocial support counseling	310	37%	40%	31%	75%
Persons not Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Individual mental health counseling	1,025	16%	57%	4%	--
Group counseling	1,251	10%	58%	3%	--
Crisis or emergency counseling	1,322	11%	53%	2%	--
Psychosocial support counseling	1,267	11%	54%	2%	--

- This table presents the needs of respondents who responded about their use of mental health services.
- The first half of the table, labeled “Persons Receiving”, considers how many respondents who received a particular service said that a) they needed it, b) they knew about it, c) they asked for it, and d) the service met their needs. “n” refers to the number of persons who said they received the service.
- The second half of the table, labeled “Persons not Receiving”, considers how many respondents who did not receive a particular service said they a) needed it, b) knew about it, and c) asked for it. “n” refers to the number of persons who did not indicate they received the service.
- Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Figure F2. Barriers to Receiving Mental Health Services and other Counseling (n=150)



- 274 respondents indicated that they did not receive the mental health services they needed; of these, 150 (55%) indicated reasons for not receiving the services they needed and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 150 respondents who responded to this question, 20 (13%) reported two or more barriers to receiving the services they needed.
- Respondents were able to identify reasons other than those given for not receiving mental health services. Out of the 42 respondents who chose "other," 33 respondents provided written responses. Responses written in by more than one respondent are: Medicaid (3 respondents), declined services/not interested (3 respondents), and haven't asked (3 respondents).

Figure F3. Respondents Reporting Feeling These Emotions Over the Last Two Weeks

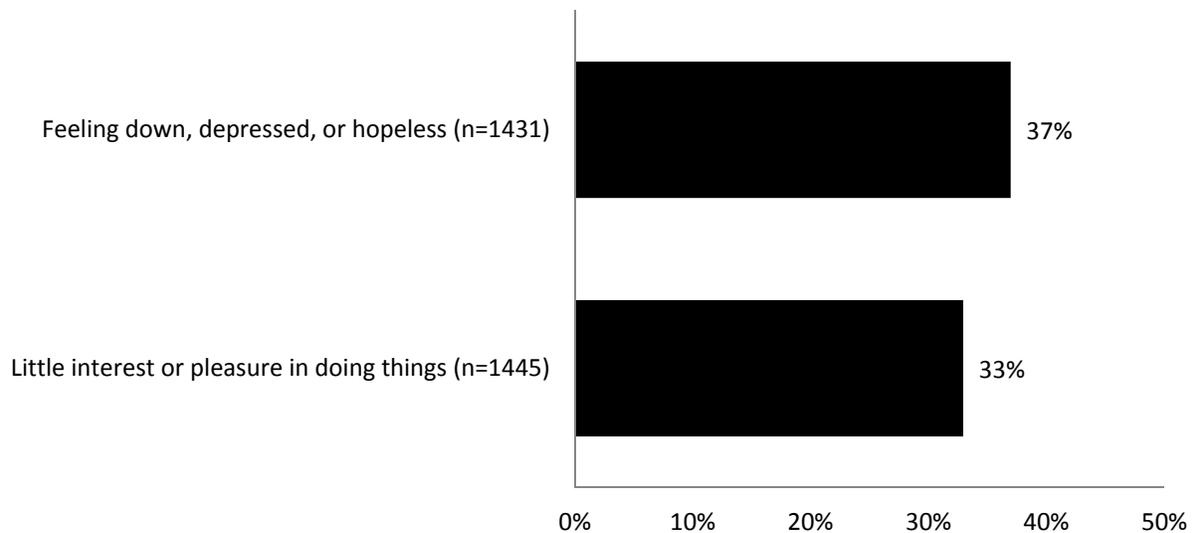


Figure F4. Received Mental Health Services or Counseling in the Past Six Months (n=1,544)

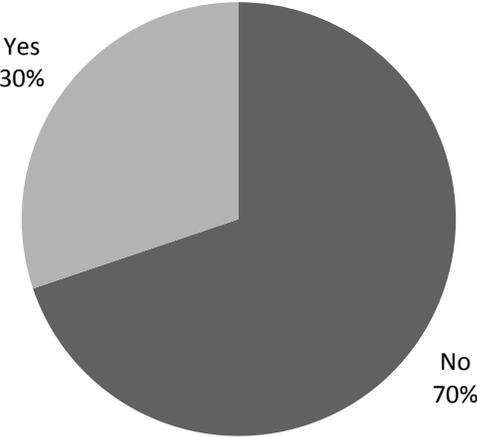


Figure F5. Hospitalized for Mental Health Reasons in the Past Six Months (n=1,546)

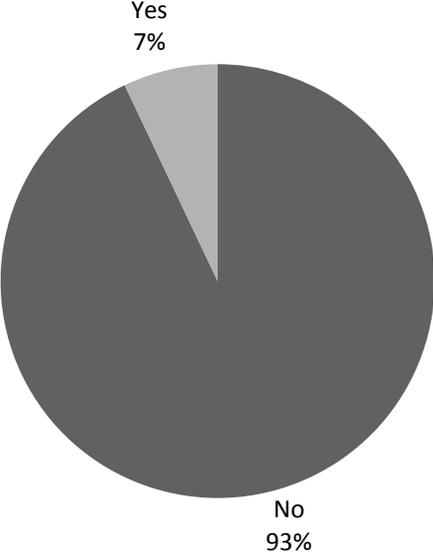
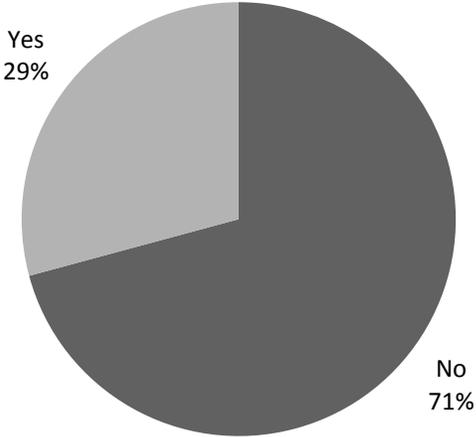
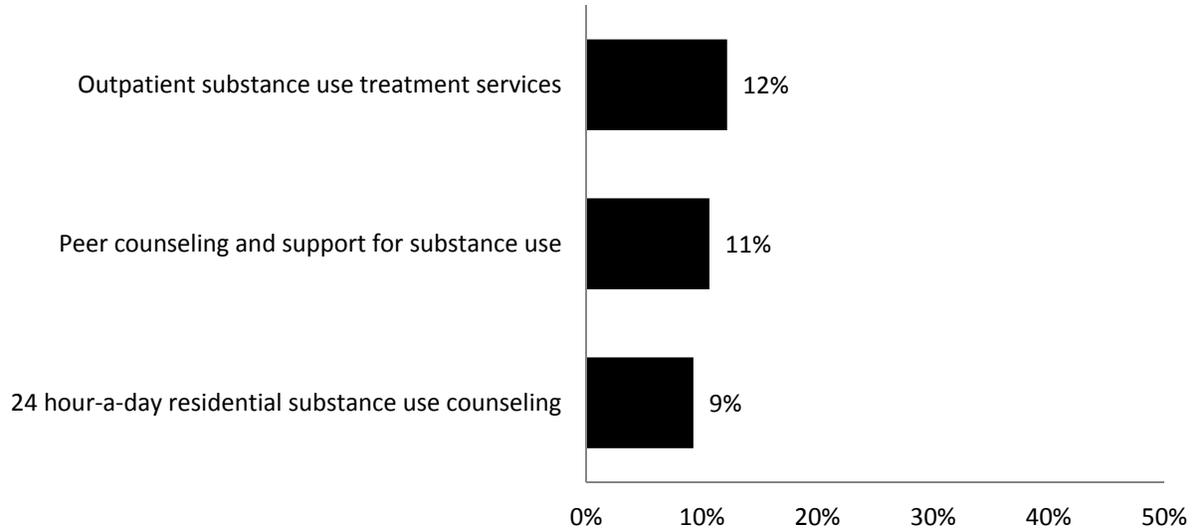


Figure F6. Prescribed Medicine for Mental Health Reasons in the Past Six Months (n=1,544)



G. SUBSTANCE ABUSE

Figure G1. Use of Substance Abuse Counseling Services (n=1,577)



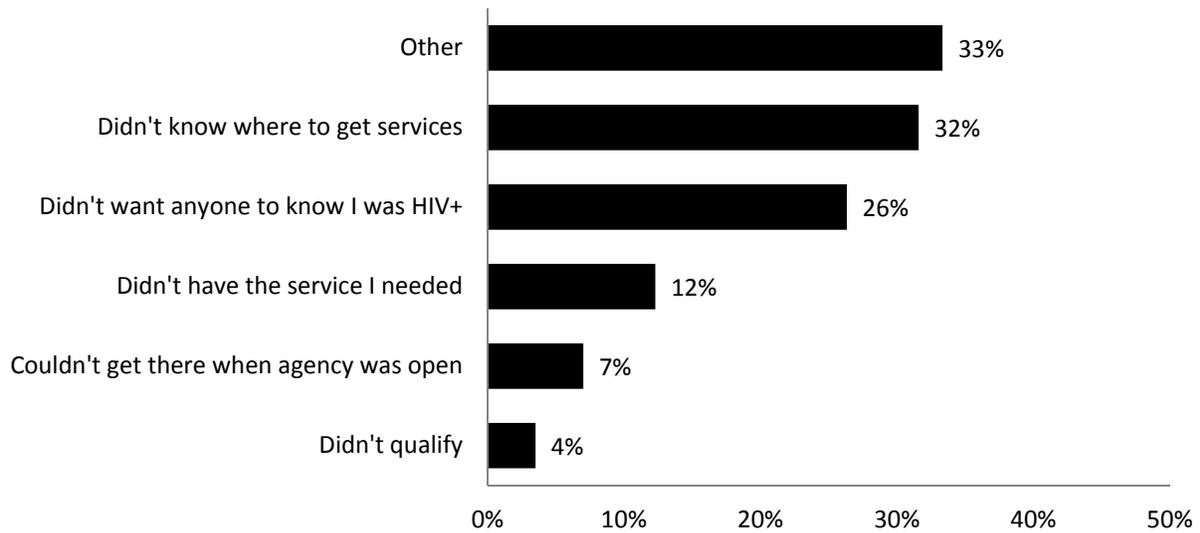
- Respondents were given several lists of services. For each service, they were asked whether they a) needed the service, b) knew about the service, c) asked for the service, d) received the service, and e) if they received it, did it meet their needs. Respondents were asked to respond (by way of filling in a bubble) only if their answer was “yes.” Leaving a bubble blank implied that the respondent was responding “no”; therefore, there are no missing responses to these items.
- This chart presents the percentage of respondents who indicated they received each Substance Abuse Counseling Service. Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Table G1. Need of Substance Abuse Counseling Services by Use

Persons Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Outpatient substance abuse treatment	192	27%	33%	26%	72%
24 hour-a-day residential substance abuse counseling	146	26%	29%	24%	73%
Peer counseling and support	168	25%	29%	24%	77%
Persons not Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Outpatient substance abuse treatment	1,385	6%	56%	1%	--
24 hour-a-day residential substance abuse counseling	1,431	4%	52%	1%	--
Peer counseling and support	1,409	5%	51%	1%	--

- This table presents the needs of respondents who responded about their use of substance abuse counseling services.
- The first half of the table, labeled “Persons Receiving”, considers how many respondents who received a particular service said that a) they needed it, b) they knew about it, c) they asked for it, and d) the service met their needs. “n” refers to the number of persons who said they received the service.
- The second half of the table, labeled “Persons not Receiving”, considers how many respondents who did not receive a particular service said they a) needed it, b) knew about it, and c) asked for it. “n” refers to the number of persons who did not indicate they received the service.
- Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Figure G2. Barriers to Receiving Substance Abuse Counseling Services (n=57)



- 99 respondents indicated that they did not receive the substance abuse counseling services they needed; of these, 57 (58%) indicated reasons for not receiving the services they needed and are included in the figure above.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 57 respondents who responded to this question, 6 (11%) reported two or more barriers to receiving the services they needed.
- Respondents were able to identify reasons other than those given for not receiving substance abuse counseling services. Out of the 19 respondents who chose "other," 11 respondents provided written responses. Responses written in by more than one respondent are: wasn't ready (2 respondents).
- No respondents reported "Services were not in my language" or "Put on waiting list" as barriers to receiving substance abuse counseling services.

Figure G3. In Treatment for Substance Use in the Past Six Months (n=1,537)

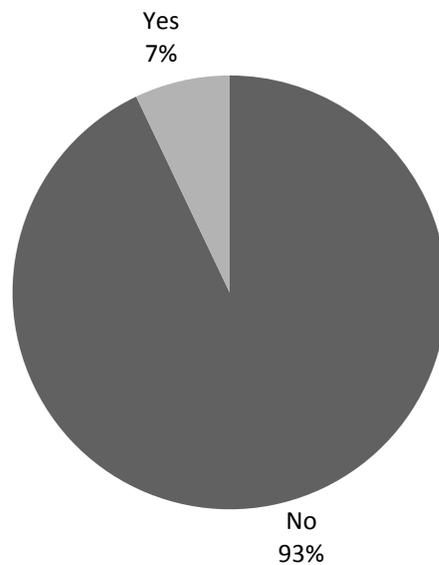
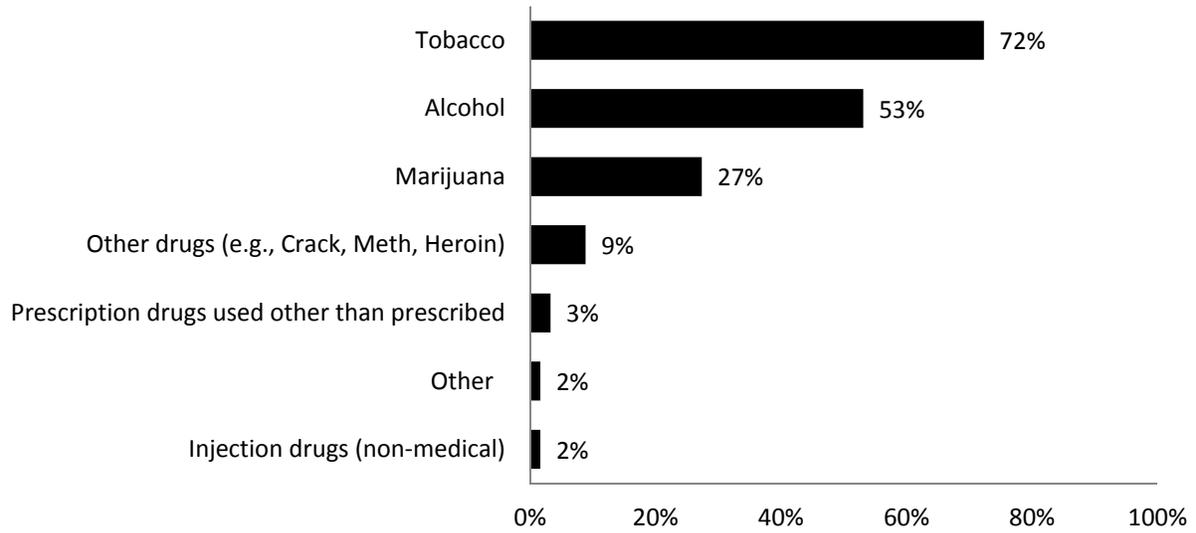
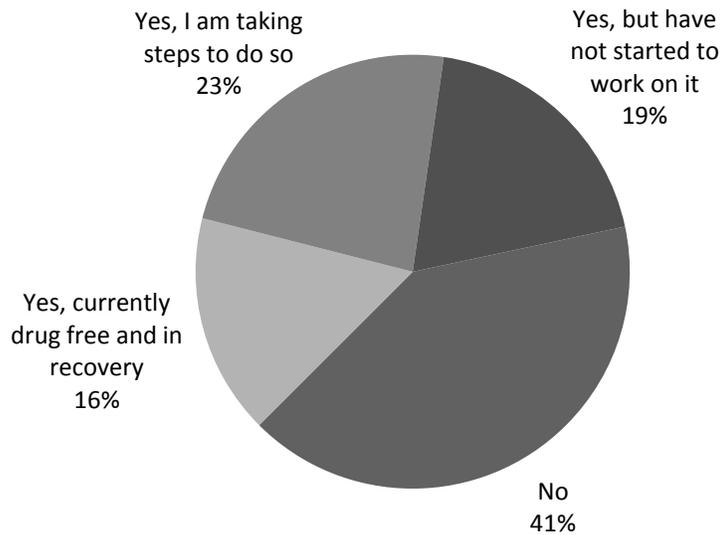


Figure G4. Type of Substances Used During the Past Six Months (n=983)



- All respondents were asked to indicate the types of substances, if any, used in the past six months. Included in the figure are the 983 respondents who reported using one or more types of substances.
- Some respondents did not provide a response, and some selected more than one substance. Therefore, the sum of all categories may exceed 100%. Out of the 983 respondents who responded to this question, 457 (46%) reported using two or more types of substances.

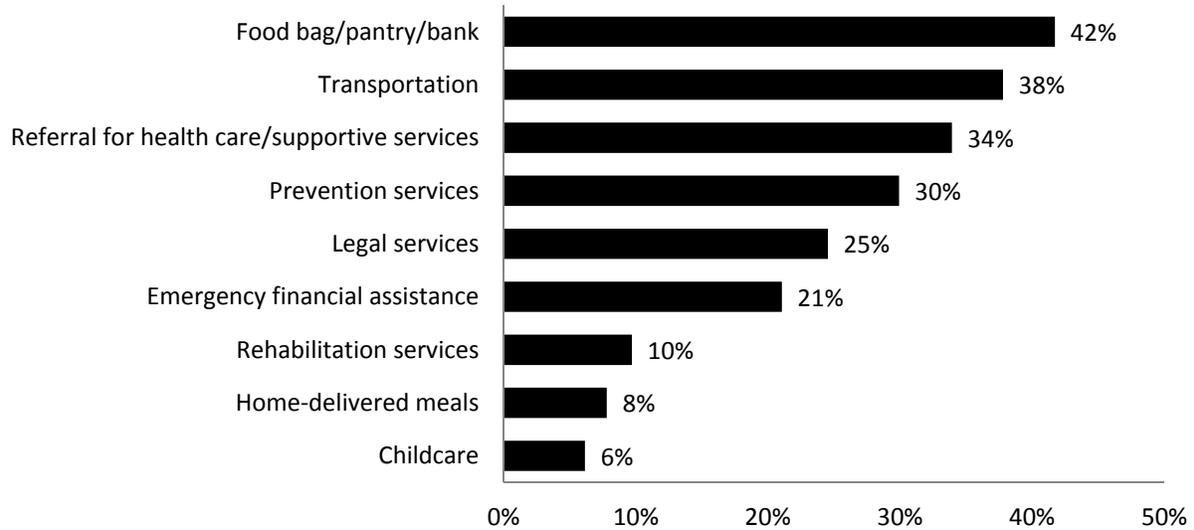
Figure G5. If Using Substances, Desire to Stop (n=862)



- 983 respondents indicated that they have used some type of substance in the past six months; of these, 862 (88%) indicated their level of desire to stop and are included in the figure above.
- Out of the 862 respondents who responded to this question, 352 (41%) indicated that they do not desire to stop using substances. Out of these 352 respondents, 170 (48%) reported using more than one of type of substance, 91 (26%) reported using only tobacco during the past six months, 60 (17%) reported using only alcohol, 23 (7%) reported using only marijuana, 3 (1%) reported using only prescription drugs, 2 (1%) reported using only other drugs (e.g. crack, meth, heroin), and 3 (1%) reported using other substances; none of these 352 respondents reported using only injection drugs.
- Rounding accounts for slight discrepancies in calculations.

H. SUPPORT SERVICES

Figure H1. Use of Support Services (n=1,577)



- Respondents were given several lists of services. For each service, they were asked whether they a) needed the service, b) knew about the service, c) asked for the service, d) received the service, and e) if they received it, did it meet their needs. Respondents were asked to respond (by way of filling in a bubble) only if their answer was “yes.” Leaving a bubble blank implied that the respondent was responding “no”; therefore, there are no missing responses to these items.
- This chart presents the percentage of respondents who indicated they received each support service. Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

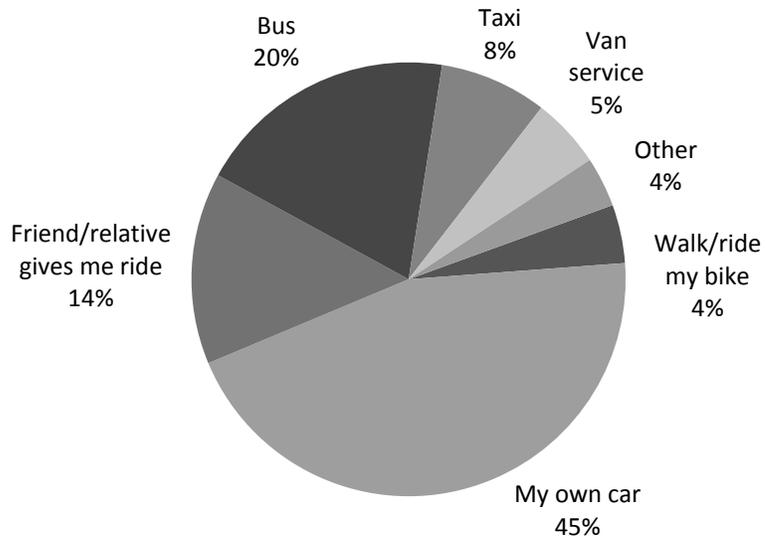
Table H1. Need of Support Services by Use

Persons Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Referral for health care/supportive services	535	39%	33%	30%	76%
Food bag/pantry/bank	658	45%	45%	41%	82%
Home-delivered meals	123	24%	26%	22%	79%
Legal services	387	53%	51%	46%	79%
Prevention services	472	32%	39%	29%	78%
Childcare	97	16%	19%	14%	69%
Emergency financial assistance	332	40%	40%	36%	81%
Transportation	596	46%	47%	41%	82%
Rehabilitation services	153	22%	22%	20%	75%
Persons not Receiving:	n	Needed it	Knew about it	Asked for it	Met needs
Referral for health care/supportive services	1,042	17%	47%	4%	--
Food bag/pantry/bank	919	26%	42%	6%	--
Home-delivered meals	1,454	10%	40%	2%	--
Legal services	1,190	14%	46%	2%	--
Prevention services	1,105	8%	51%	2%	--
Childcare	1,480	6%	37%	1%	--
Emergency financial assistance	1,245	19%	41%	5%	--
Transportation	981	17%	51%	4%	--
Rehabilitation services	1,424	10%	40%	3%	--

- This table presents the needs of respondents who responded about their use of support services.
- The first half of the table, labeled “Persons Receiving”, considers how many respondents who received a particular service said that a) they needed it, b) they knew about it, c) they asked for it, and d) the service met their needs. “n” refers to the number of persons who said they received the service.
- The second half of the table, labeled “Persons not Receiving”, considers how many respondents who did not receive a particular service said they a) needed it, b) knew about it, and c) asked for it. “n” refers to the number of persons who did not indicate that they needed the service.
- Respondents are considered to have received a service if they responded “yes,” they received it, and/or “yes,” they received it and it met their needs.

Transportation

Figure H2. Usual Means of Transportation to HIV/AIDS Services (n=1,261)



Appendix A - Methods

To collect data for the *2013 Needs Assessment*, a convenience sample survey on the current care service needs of PLWH was conducted with consumers of HIV/AIDS services in the NO EMA and Regions II through IX. The survey was conducted at 19 agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire. The data collection period, data collection methods, and incentives offered to clients varied between the NO EMA, Region II, and Regions III through IX.

Consumers from the NO EMA were eligible to take the survey over a 4 1/2 week period, from April 1 to April 30, 2013. Survey administration was managed by the *New Orleans Regional AIDS Planning Council* (NORAPC). As an incentive for their participation, consumers who participated in the survey were entered into a raffle to win one of three Kindle Fire HD tablets. Peer coordinators were used to promote the *2013 Needs Assessment* at their local agencies and in the community, assist consumers in completing the questionnaire, and distribute and document raffle tickets.

Consumers from Regions II through IX were eligible to take the survey over a four-week period, from July 10 to August 7, 2013. Survey administration was managed by PRG. As incentives for their participation, consumers from Region II who participated in the survey were entered into a raffle to win one of three Kindle Fire HD tablets and consumers from Regions III through IX were given a \$10 Subway gift card. Site representatives were used to promote the *2013 Needs Assessment* at their local agencies and in the community, to assist consumers in completing the questionnaire, and distribute and document raffle tickets or gift cards (depending on the incentive being offered at the agency).

Appendix A describes the instrument, sample, and procedures used in this needs assessment.

Instrument

The *2013 Needs Assessment Survey* is a revised and adapted version of the 2011 questionnaire. The OPH SHP made revisions to the instrument based on feedback received from the *Ryan White Part A HIV/AIDS* service organizations, NORAPC, the *City of New Orleans Office of Health Policy and AIDS Funding*, the *City of Baton Rouge Division of Human Development and Services, Collaborative Solutions, Inc.*, and consumers throughout Louisiana.

The questionnaire comprises the following six sections: General Information; Employment and Income; Access & Barriers to HIV Care; Mental Health & Substance Use Services; Overall Summary (which includes subsections on Medical Care, Case Management, Mental Health Services & Other Counseling, Substance Use Counseling, Housing, and Supportive Services); and Housing. The instrument has a total of 41 primary questions, 12 sub-questions to account for skip patterns and questions not applicable to certain individuals, and six multiple category questions with 31 total categories. Thus, the instrument contains 84 total questions within seven pages. Due to the skip patterns built into the questionnaire, consumers are not expected to answer all 84 questions. Questions are mostly closed-ended, including multiple-selection, dichotomous, and select-all-that-apply response options. Some questions include an “other” category so that consumers can write in a unique response if the available categorical response options are not comprehensive enough. From the field-testing of the instrument, the questionnaire is expected to take between 30 and 45 minutes to complete.

Sample

The Louisiana Public Health Regions (Figure A.1) and *Ryan White* funding structures were used to organize administration of the *2013 Needs Assessment*. OPH specified a convenience sampling method in

the initial Request for Proposal. In NO EMA, NORAPC determined that the desired sample size would be 500 people, stratified by agency. NO EMA includes all parishes in Region I (Orleans, St. Bernard, Plaquemines, and Jefferson), and several additional parishes from Region III (St. Charles, St. James, and St. John the Baptist) and Region IX (St. Tammany). In Regions II through IX, OPH SHP determined that the desired sample size would be 1,130 people, stratified by region. Figure A.1 provides a map of these regions.

Figure A.1. Map of Louisiana Administrative Regions



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in Louisiana but, rather, a subset of that population that shares the characteristics – observed and unobserved – with those who were asked and responded to the questionnaire. Because the survey was additionally stratified by region, the resulting sample is weighted according to the proportions of the subsamples. Any PLWH who walked into any one of the participating agencies and was at least 13 years old during the administration period was eligible to complete the *2013 Needs Assessment Survey*.^{2,3} PRG, OPH SHP, and NORAPC staff were in regular communication with each local agency during survey administration to ensure that the sampling size target was being met.

² The age for participation was determined by OPH SHP based on the minimum age to consent for HIV treatment.

³ At two agencies, the *Family Advocacy, Care & Education Services Program of Children's Hospital (FACES)* and the *Medical Center of Louisiana at New Orleans*, only people living with HIV who were 18 years or older were eligible to participate in the survey due to Institutional Review Board constraints.

Partners

The *2013 Needs Assessment* was conducted with the cooperation of 19 agencies across the state. Partner agencies were responsible for distributing the questionnaires and raffle tickets or gift cards (depending on the incentive method being used at the agency) to consumers and tracking the distribution of incentives. A partner list is provided in Appendix B.

During the NO EMA survey administration period, between one and four peer coordinators were assigned to work in each partner agency; their role was to manage administration of questionnaires and distribution of raffle tickets, as well as serve as the point of contact during data collection for NORAPC. Peer coordinators were consumers who either had previously served as peer coordinators during the *2008* or *2011 Needs Assessment*, or were chosen by NORAPC to assist with data collection. The peer coordinators' responsibilities included promoting the *2013 Needs Assessment* at their local agency and in the community, helping consumers complete the survey, collecting all surveys, and distributing and documenting raffle tickets.

During the Regions II through IX survey administration period, one site representative was designated at each partner agency to serve as the primary contact for the *2013 Needs Assessment*; his/her role was to manage administration of questionnaires and distribution of either raffle tickets (in Region II) or gift cards (in Regions III through IX). The site representatives' responsibilities included promoting the *2013 Needs Assessment* at their local agency and in the community, helping consumers complete the survey, collecting all surveys, distributing and documenting raffle tickets or gift cards, and mailing completed questionnaires to PRG on a weekly basis.

Training

All individuals who were involved with the administration of the *2013 Needs Assessment* attended training conducted by NORAPC or OPH SHP. The training covered survey administration, an overview of the questionnaire, management of incentives, and logistics.

Administration

For NO EMA, all of the materials necessary to begin collecting data, including questionnaires and raffle tickets, were provided by NORAPC to the partner agencies. For Regions II through IX, PRG mailed data collection materials, including questionnaires and incentives, to the participating agencies. Data were collected in NO EMA from April 1 to April 30, 2013, and in Regions II through IX from July 10 to August 7, 2013. Each agency had a target for the number of questionnaires it aimed to administer to consumers. Agencies were provided with the specific number of questionnaires needed to reach their target. However, some agencies made several copies of the questionnaire to administer to additional consumers requesting to take part in the *2013 Needs Assessment*, and NORAPC decided to include these extra questionnaires in the sample.

During data collection in all regions, each consumer who visited a participating agency was offered the chance to take the *2013 Needs Assessment Survey*. Site representatives and peer coordinators were involved in recruiting participants for the survey. Participation was completely voluntary, and consumers had to verbally consent to participate in the survey. Each consumer who agreed to participate was given survey materials, including the paper version of the questionnaire, instructions, a clipboard, and a pen. The instruction sheet explained the purpose of the *2013 Needs Assessment*, how long it would take to complete the questionnaire, that participation was completely voluntary, details about the raffle or gift card (depending on the region of administration), and a reminder that consumers could only complete one questionnaire.

The questionnaire was completed by the consumer in the waiting room at the agency. When requested, consumers were given a private space where they could complete the questionnaire. Consumers were assured that the survey was completely confidential and anonymous, that their responses would not be used to identify them, and that the information collected would be used only for planning purposes. Consumers were also instructed not to write any identifying information on the questionnaire itself. In the NO EMA, peer coordinators were available to assist consumers as needed. In Regions II through IX, site representatives were available to assist consumers as needed.

When the consumer completed the questionnaire, he/she either (1) folded up the finished questionnaire and placed it in a locked survey drop box, or (2) sealed the questionnaire in an envelope and gave it to the site representative at the agency who was the primary contact for the *2013 Needs Assessment*.⁴ As a gesture of appreciation for their time and participation, consumers from the NO EMA and Region II received raffle tickets for entry into a drawing for one of three Kindle Fire HD tablets; consumers in Regions III through IX received \$10 Subway gift cards.

For the NO EMA, completed questionnaires were kept in a secure place and delivered to NORAPC by the peer coordinators on a regular basis during the data collection period. In June 2013, PRG picked up all completed questionnaires from NORAPC. For Regions II through IX, site representatives kept completed questionnaires in a secure place and mailed them to PRG on a weekly basis during the data collection period.

Data Entry and Cleaning

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped in stacks of 50 surveys or less. Each questionnaire in a stack was entered into an online *Remark Web Survey* data form that was created by PRG. Once a stack of questionnaires was entered, 10% of the questionnaires from the stack were randomly chosen, and responses on the paper instruments were compared with the corresponding data in the data set. If any errors were found in the first 10% data check, a subsequent 10% data check was completed. This process continued until no errors were found in a 10% data check, or all questionnaires in a stack were checked. This was done to ensure data entry accuracy. Once all questionnaires were entered and cleaned, they were converted to Stata 12.1.

Data Preparation

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

As previously mentioned, some questions allowed respondents to provide “other” responses if they felt that their situation was not represented by the given answers. PRG reviewed responses to all questions with an “other” category. If a respondent provided a written response that clearly fit into one of the answer categories, his/her response was recoded to reflect an affirmative response to the appropriate

⁴ During the NO EMA survey administration, once the consumer completed his/her questionnaire, the peer coordinators reviewed the instrument for any errors. During the Regions II through IX survey administration, site representatives were instructed not to review the completed questionnaire for consumer confidentiality purposes.

answer category. For each particular question, if over 20% of respondents selected the “other” category, we report any response written in by more than one respondent below the appropriate figure. The responses are presented from most common to least common. It should be noted that not all persons who responded “other” provided written-in responses.

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

To protect respondent confidentiality and privacy, it is PRG policy not to report statistics on measures in which there are fewer than five observations. This is especially important where the data collected are of a sensitive and personal nature and where the respondent’s identity might reasonably be revealed with the data available.

Appendix B – List of Partners

New Orleans Eligible Metropolitan Area:

Family Advocacy, Care & Education Services Program of Children’s Hospital (FACES)
Louisiana State University Health Sciences Center, HIV Outpatient Clinic
NO/AIDS Task Force
Priority Health Care
Southeast Louisiana Area Health Education Center
Tulane T-Cell Clinic

Region II:

BRBAC's Metro Health Education
Capitol City Family Health Center
Family Services of Greater Baton Rouge
HAART - HIV Alliance for Region II
Volunteers of America II
Early Intervention Clinic at Our Lady of the Lake

Region III:

Exchange Support Services

Region IV:

Acadiana Cares

Region V:

Southwest Louisiana AIDS Council (SLAC)

Region VI:

Central Louisiana AIDS Support Services (CLASS)

Region VII:

The Philadelphia Center

Region VIII:

Greater Ouachita Coalition Providing AIDS Resources and Education (GO CARE)

Region IX:

Volunteers of America IX

Appendix C – Survey Instrument

2013 Needs Assessment Survey

FOR PERSONS LIVING WITH HIV/AIDS

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

What is this survey for?

The survey asks people living with HIV (PLWH) in Louisiana what HIV services they need and what HIV services they are getting. The information that is gathered from these surveys helps determine what services will be offered to PLWH for the next two years. Data is being collected from July 8 – July 26.

Why should you complete this survey?

Completing this survey gives YOU a voice and helps us understand your needs relating to HIV services. We won't know the services you need most unless YOU tell us. Your input *does* matter. In addition, you will be offered a \$10 gift card to thank you for your time and effort in completing this survey.

How long will this survey take?

This survey takes 30-45 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.

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

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

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

No. All information collected through this survey is completely confidential and anonymous. **Please do not put your name or any identifying information on this survey.** The information is collected for planning purposes only and the individual's information will **NOT** be shared with anyone.

What happens after I complete the survey?

The answers from your survey will be combined with the answers from the surveys of other people to see what trends exist for both services needs and service utilization. However, make sure to answer the way that is best for **YOU**. Even if a small number of people tell us that they need a service, that is still very important for planning.

If you have any other questions regarding this survey, please contact Jantz Malbrue or Kira Radtke Friedrich at the STD/HIV Program (SHP) office at 504/568.7474.

This Survey Serves You!!!

INTRODUCTION

Completing this survey gives you a voice and helps us understand your needs as it relates to HIV/AIDS services available to you.

There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or don't understand something, please ask the peer assistant to explain the question to you.

Your responses are anonymous. Your answers will never be linked to you. Thank you in advance for completing this survey.

SECTION A. GENERAL INFORMATION

1. What is your HIV/AIDS status?

- HIV positive with no symptoms (asymptomatic)
- HIV positive with symptoms
- Diagnosed with AIDS
- Don't know

2. What year did you find out you were HIV infected?

(Indicate the year diagnosed or number of years ago)

_____ OR _____ years ago

3. Where were you told you were HIV+?

- HIV/AIDS community-based organization
- Hospital/ER
- Local health center or clinic
- Private doctor's office
- Organizations providing other services (family planning, substance use treatment, etc.)
- Other (specify:_____)

4. What is your zip code? _____

5. I am _____

- Male
- Female
- Transgender-Male to Female
- Transgender-Female to Male

6. How would you describe your race?

- African-American/Black
- Caucasian/White
- Asian/Pacific Islander
- Native-American
- Multi-racial
- Other (specify:_____)

7. Do you consider yourself to be Latino/a/Hispanic?

- Yes No

8. What language do you feel most comfortable speaking?

- English
- Spanish
- Other (specify:_____)

9. How old are you? _____

10. What is the highest level of education you completed?

- 8th grade or less
- Some college, no degree
- Some high school
- Associate degree
- High School / GED
- Bachelor's degree
- Vocational Training
- Master's degree or more

SECTION B. EMPLOYMENT & INCOME

11. What best describes your work situation in the last 6 months? (SELECT ONLY ONE)

- Full-time
- Part-time
- Self-employed (you have your own business)
- Working off and on
- Not working

12. If you are *not* working, why not? (MARK ALL THAT APPLY)

- Student
- Looking for a job
- Retired
- For health reasons; and I'm on disability
- For health reasons; and I'm not on disability
- Criminal background
- Other (specify:_____)

13. What was your total household income last month?

(Include all the money you received, plus the money anyone else who lives with you received. Include money from government assistance, except food stamps.)

\$ _____

- No income

14. INCLUDING YOU, how many people in your household fall into each of the following categories?
(NOTE: Write the number of household members on each line that fall into the category listed.)

- Adults (18 yrs or older) that are HIV+
- Adults (18 yrs or older) that are HIV-
- Children that are HIV+
- Children that are HIV-

15. Did you directly receive any of the following in the last 6 months? Answer for yourself only and not the household. (MARK ALL THAT APPLY)

- Wages/stipend/salary from a job
- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Insurance)
- AFDC/TANF (Aid to Families with Dependent Children/Temporary Assistance to Needy Families)
- Child Support/Alimony
- Unemployment payments/benefits
- Food stamps
- Other (specify: _____)
- None of the above

16. What kind of health insurance (including Medicaid or Medicare) do you have that covers your HIV/AIDS-related medical care/medications? This could be your insurance or someone else's if you are on their plan. (MARK ALL THAT APPLY)

- No insurance
- Insurance through work
- COBRA (continuation of insurance paid through your last employer)
- Private insurance, not through work
- Medicare
- Medicaid
- State High Risk Insurance Pool
- Pre-Existing Condition Insurance Plan (PCIP)
- VA (Veteran's Administration)
- Other (specify: _____)

17. If you selected *no insurance* above, what is preventing you from getting health insurance?
(MARK ALL THAT APPLY)

- I can't afford it
- I don't know where to get it
- I was denied because of a previous medical condition
- I don't have proper U.S. residency documents
- I don't qualify
- It is not a priority for me at this time
- Other (specify: _____)

SECTION C. ACCESS & BARRIERS TO HIV CARE

18. In general, how would you describe your overall health today?

- Poor
- Fair
- Good
- Very Good
- Excellent

19. Did you seek out or receive HIV/AIDS-related medical care during the last 6 months?

- Yes
- No (Skip to Q21)

20. If you answered YES above, select the following that applies:

- I received enough medical care (Skip to Q22)
- I needed MORE medical care than I received (Skip to Q22)
- I did not receive medical care

21. If you did not seek out or receive HIV/AIDS-related medical care in the last 6 months, why not?
(MARK ALL THAT APPLY)

- I didn't know where to go
- I couldn't get an appointment
- I couldn't get transportation
- I couldn't get child care
- I couldn't afford it
- I had other things on my mind/other priorities
- I didn't want anyone to know I was HIV+
- I didn't feel sick
- Other (specify: _____)

22. Where do you REGULARLY receive your HIV/AIDS-related medical care?

(SELECT ONLY ONE)

- N/A: I don't receive HIV/AIDS-related medical care
- HIV clinic in a hospital/medical center
- Emergency Room (ER)
- Community clinic serving only HIV+ clients
- Private physician's office/clinic
- Other community clinic that is not HIV-specific
- VA Hospital/clinic
- Other (specify:_____)

23. Are you currently taking HIV medications prescribed to you by a doctor?

- Yes No (Skip to Q25)

24a. If YES, do you take them as the doctor said you should?

- Always Most of the time
 Some of the time Hardly ever

24b. Of all your HIV medications, how many doses of medication have you missed in the last three days?

- None 1 2
 3 4 More than 4

25. If you are NOT currently taking HIV medications prescribed to you, why not? (MARK ALL THAT APPLY)

- N/A: I'm not prescribed any HIV medications
- I don't know where to get them
- I can't afford them
- They made me feel really bad
- I'm on a 'Drug Holiday' (break from taking HIV meds) directed by my doctor
- I'm on a 'Drug Holiday' (break from taking HIV meds) decided by myself
- I feel healthy
- I'm worried someone will find out I have HIV
- I have trouble remembering to take my medications
- Other (specify:_____)

SECTION D. MENTAL HEALTH & SUBSTANCE USE SERVICES

26. Over the last 2 weeks, have you been bothered by either of the following problems?

- | | Yes | No |
|---|--------------------------|--------------------------|
| Little interest or pleasure in doing things | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling down, depressed, or hopeless | <input type="checkbox"/> | <input type="checkbox"/> |

27. During the past 6 months, have you received counseling or other mental health services? (NOTE: This does not include support groups or peer counseling)

- Yes No

28. During the past 6 months, have you been hospitalized for mental health reasons?

- Yes No

29. During the past 6 months, have you been prescribed medicine for mental health reasons?

- Yes No

30. During the past 6 months, have you been in treatment for *substance use*?

- Yes No

31. Have you used any of the following during the past 6 months? (MARK ALL THAT APPLY)

- Tobacco
- Alcohol
- Marijuana
- Other drugs (examples: Crack, Meth, Heroin)
- Injection drugs (non-medical use)
- Prescription drugs used other than as prescribed
- Other (specify:_____)
- None of the above (Skip to SECTION E.)

32. Do you have a desire to stop using?

- Yes, I am currently drug free and in recovery
- Yes, and I am taking steps to do so.
- Yes, but I have not started to work on it.
- No

SECTION E. OVERALL SUMMARY

Various services are listed below. Please fill in the circle corresponding with given responses as they most appropriately apply to you.



33. MEDICAL CARE	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	<i>Service <u>RECEIVED</u> and met my needs</i>
<i>EXAMPLE: Help choosing a TV</i>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Outpatient medical care – an appointment with a doctor, nurse, or other provider to take care of your on-going HIV treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Specialty care – an appointment with a specialist, for example dermatologist or gynecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medication programs - help paying for and obtaining HIV/AIDS related drugs, including the AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Medication co-pay assistance – help paying for co-pays on other (non HIV-related) medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treatment / adherence counseling – someone to help you understand your medications and doctor’s instructions, and strategies to keep with your prescribed medications schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Nutritional education/counseling – someone to help you with eating habits and nutrition issues affecting your health status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health insurance assistance – help with premiums and co-payments to private health insurance plans, including COBRA (a type of health insurance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Home health care – a licensed health care worker to help with prescribed treatments at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. CASE MANAGEMENT	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	<i>Service <u>RECEIVED</u> and met my needs</i>
a. Case management – someone to help with medical appointments, getting medications, scheduling transportation, and getting public and financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. If you did NOT get the case management services you needed, why not? (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> I didn't know where to get services | <input type="checkbox"/> I was put on a waiting list |
| <input type="checkbox"/> I couldn't get there when the agency was open | <input type="checkbox"/> They didn't have the service I needed |
| <input type="checkbox"/> I didn't want anyone to know I was HIV+ | <input type="checkbox"/> Services were not in my language |
| <input type="checkbox"/> I didn't qualify | <input type="checkbox"/> Other (specify: _____) |

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36. MENTAL HEALTH SERVICES & OTHER COUNSELING	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Individual mental health counseling – a professional to talk to if you have a mental health diagnosis (such as depression, bipolar disorder, schizophrenia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Group counseling (including support groups) – a professional to assist you <i>in a group format</i> if you have a mental health diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crisis or emergency counseling – support and assistance during a crisis to minimize stress of an event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Psychosocial Support Counseling – individual and group support by peers (people living with HIV) and other non-clinical staff (includes Support Groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. If you did NOT get the above counseling services you needed, why not? (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> I didn't know where to get services | <input type="checkbox"/> I was put on a waiting list |
| <input type="checkbox"/> I couldn't get there when the agency was open | <input type="checkbox"/> They didn't have the service I needed |
| <input type="checkbox"/> I didn't want anyone to know I was HIV+ | <input type="checkbox"/> Services were not in my language |
| <input type="checkbox"/> I didn't qualify | <input type="checkbox"/> Other (specify: _____) |

38. SUBSTANCE USE COUNSELING	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Outpatient substance use treatment services – treatment for alcohol and/or legal and illegal drugs through office visits with specially qualified staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 24 hour-a-day residential substance use counseling – short-term treatment in a residential setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Peer counseling and support for substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. If you did NOT get the substance use counseling services you needed, why not? (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> I didn't know where to get services | <input type="checkbox"/> I was put on a waiting list |
| <input type="checkbox"/> I couldn't get there when the agency was open | <input type="checkbox"/> They didn't have the service I needed |
| <input type="checkbox"/> I didn't want anyone to know I was HIV+ | <input type="checkbox"/> Services were not in my language |
| <input type="checkbox"/> I didn't qualify | <input type="checkbox"/> Other (specify: _____) |

40. HOUSING	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Someone to help you find housing that is affordable and safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Permanent, independent housing (house or apartment to rent, including a place you may share)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Temporary short-term housing (shelter, hotel/motel or other very temporary housing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emergency Housing Services (money for utilities, rent/mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Facility-based housing (nursing home, assisted living facility for HIV+ residents, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This Survey Serves You!!!

41. If you did NOT get the housing services you needed, why not? (MARK ALL THAT APPLY)

- I didn't know where to get services
- I was put on a waiting list
- I couldn't get there when the agency was open
- They didn't have the service I needed
- I didn't want anyone to know I was HIV+
- Services were not in my language
- I didn't qualify
- Other (specify: _____)

42. SUPPORTIVE SERVICES	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Referral for health care/supportive services – someone to direct you to public services you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Food bag, food pantry or food bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Home delivered meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Legal services – assistance with evictions and housing discrimination, wills or estate planning, power of attorney, confidentiality breaches, eligibility for public benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prevention services – information about living with HIV, safer sex, telling friends, family and partners (needle sharing and/or sexual) about your status, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Childcare so that you may attend medical and other clinical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency financial assistance – help paying for emergency expenses, including critical items when other assistance is not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Transportation - assistance or rides to medical and other clinical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Rehabilitation services – therapies to help improve your quality of life, such as physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. How do you usually get to the HIV/AIDS Services that you need? (SELECT ONLY ONE)

- Walk or ride my bike
- Bus
- Van service
- My own car
- Taxi
- Other (specify: _____)
- My friend/relative gives me a ride

SECTION F. HOUSING

44. Please indicate the size of your current home: (SELECT ONLY ONE)

- Single Room Occupancy (SRO)/Studio/0 bdrm
- 1 bdrm 3 bdrm 5+ bdrm
- 2 bdrm 4 bdrm None, I'm homeless

45. Approximately how long have you lived at your current residence?

- Less than 1 month
- More than 1 year
- 1 – 2 months
- Don't know
- 3 – 6 months
- I'm homeless
- 6 months – 1 year

46. Think about your housing situation now: do any of the following stop you from taking care of your HIV/AIDS? (MARK ALL THAT APPLY)

- I don't have a private room
- I don't have a place to store my medications
- I don't have a telephone where someone can call me
- I don't have enough food to eat
- I don't have money to pay for rent
- I don't have heat and/or air conditioning
- I don't want anyone to know I am HIV+
- I can't get away from drugs (in the neighborhood)
- Other (specify: _____)
- None of the above

47. Mark the columns to tell us where you live NOW and where you lived 6 MONTHS AGO?

	NOW	6 mos. ago
Apartment/house/trailer that <i>I own</i>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment/house/trailer that <i>I rent</i>	<input type="checkbox"/>	<input type="checkbox"/>
At my parent's/relative's apartment/house/trailer	<input type="checkbox"/>	<input type="checkbox"/>
Someone else's apartment/house/trailer	<input type="checkbox"/>	<input type="checkbox"/>
In a rooming or boarding house	<input type="checkbox"/>	<input type="checkbox"/>
In a "supportive living" facility (Assisted Living Facility)	<input type="checkbox"/>	<input type="checkbox"/>
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>	<input type="checkbox"/>
Homeless (on street/in car/abandoned building)	<input type="checkbox"/>	<input type="checkbox"/>
Homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence shelter	<input type="checkbox"/>	<input type="checkbox"/>
Other housing provided by the city or state	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>
In jail/prison	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify: _____)		

48. Now think about general problems you had getting housing. In the past 6 months, did you have any trouble getting housing?

- Yes No

49. If you answered YES above, what kept you from getting housing? (MARK ALL THAT APPLY)

- I didn't have enough money for the deposit
- I could not 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 didn't qualify for housing assistance
- I feel I was discriminated against
- I had substance use issues
- Other (specify: _____)

50. In the past year, how many nights have you NOT had a place of your own in which to live and sleep? (Meaning you were homeless, in a shelter, on the street, or in a similar situation) _____

51. In the past year, have you had to do any of these things to have a place to sleep? (MARK ALL THAT APPLY)

- Sleep on the streets, in a park, or other outdoor place
- Sleep in a car
- Trade sex for a place to spend the night, or money for rent
- Sleep in a shelter
- Sleep at a family/friend's house
- None of these

52a. How much do you and/or your household pay monthly on rent or mortgage? (Note: This is not the amount of your rent, but how much you and your household members contribute or "pay out-of-pocket.")
\$ _____

52b. Does this amount include some or all the following utilities (water, garbage, electric, gas)?

- Water & Garbage Yes / No
Electric & Gas Yes / No

53. How much of an increase PER MONTH in rent or mortgage would cause you to have to find a new place to live?

- \$1 - \$25
- \$76 - \$100
- \$26 - \$50
- \$101 - \$150
- \$51 - \$75
- \$151 - \$200

54. Are you currently receiving an ongoing monthly housing subsidy, such as Section 8, Housing Choice Voucher, Permanent Supportive Housing (PSH), Shelter+Care, or living in public housing?

- Yes No

55. Do you believe that your current home or living situation is in a safe area?

- Yes No N/A, I am homeless

56. Do you believe your current home or living situation is in good condition? (NOTE: This includes overall structural condition of the home, as well as major systems such as water, lights, heating/AC, all in working order)?

- Yes No N/A, I am homeless

57. Were you in jail or prison during the past year?

- Yes No

Thank you for sharing and ensuring your voice is heard.

2013 Needs Assessment Survey FOR PERSONS LIVING WITH HIV/AIDS

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

What is this survey for?

The survey asks people living with HIV/AIDS (PLWHA) in Louisiana what HIV/AIDS services they need and what HIV/AIDS services they are getting. The information that is gathered from these surveys helps determine what services will be offered to PLWHA for the next 2 years. Data is being collected from April 1 – April 30.

Why should you complete this survey?

Completing this survey gives YOU a voice and helps us understand your needs relating to HIV/AIDS services. We won't know the services you need most unless YOU tell us. Your input *does* matter. Plus, you will be entered in a raffle to win one of three Kindle Fire HD tablets just for completing the survey!

How long will this survey take?

This survey takes 30-45 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 survey coordinator.

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

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

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

No. All information collected through this survey is completely confidential and anonymous. **Please do not put your name or any identifying information on this survey.** The information is collected for planning purposes only and the individual's information will **NOT** be shared with anyone.

How will I know if I won the raffle?

Raffle drawing will take place at the beginning of May once all surveys have been completed. Winners will then be contacted to receive their new Kindle Fire HD tablet!

If you need help taking this survey, please ask the peer coordinator or agency staff for help. If you have any further questions regarding this survey, please contact Erika Sugimori at the New Orleans Regional AIDS Planning Council (NORAPC) at 504-821-7334.

This Survey Serves You!!!

INTRODUCTION

Completing this survey gives you a voice and helps us understand your needs as it relates to HIV/AIDS services available to you.

There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or don't understand something, please ask the peer assistant to explain the question to you.

Your responses are anonymous. Your answers will never be linked to you. Thank you in advance for completing this survey.

SECTION A. GENERAL INFORMATION

1. What is your HIV/AIDS status?

- HIV positive with no symptoms (asymptomatic)
- HIV positive with symptoms
- Diagnosed with AIDS
- Don't know

2. What year did you find out you were HIV infected?

(Indicate the year diagnosed or number of years ago)

_____ OR _____ years ago

3. Where were you told you were HIV+?

- HIV/AIDS community-based organization
- Hospital/ER
- Local health center or clinic
- Private doctor's office
- Organizations providing other services (family planning, substance use treatment, etc.)
- Other (specify: _____)

4. What is your zip code? _____

5. I am _____

- Male
- Female
- Transgender-Male to Female
- Transgender-Female to Male

6. How would you describe your race?

- African-American/Black
- Caucasian/White
- Asian/Pacific Islander
- Native-American
- Multi-racial
- Other (specify: _____)

7. Do you consider yourself to be Latino/a/Hispanic?

- Yes No

8. What language do you feel most comfortable speaking?

- English
- Spanish
- Other (specify: _____)

9. How old are you? _____

10. What is the highest level of education you completed?

- 8th grade or less
- Some college, no degree
- Some high school
- Associate degree
- High School / GED
- Bachelor's degree
- Vocational Training
- Master's degree or more

SECTION B. EMPLOYMENT & INCOME

11. What best describes your work situation in the last 6 months? (SELECT ONLY ONE)

- Full-time
- Part-time
- Self-employed (you have your own business)
- Working off and on
- Not working

12. If you are *not* working, why not? (MARK ALL THAT APPLY)

- Student
- Looking for a job
- Retired
- For health reasons; and I'm on disability
- For health reasons; and I'm not on disability
- Criminal background
- Other (specify: _____)

13. What was your total household income last month?

(Include all the money you received, plus the money anyone else who lives with you received. Include money from government assistance, except food stamps.)

\$ _____

- No income

14. INCLUDING YOU, how many people in your household fall into each of the following categories?
 (NOTE: Write the number of household members on each line that fall into the category listed.)

- Adults (18 yrs or older) that are HIV+
- Adults (18 yrs or older) that are HIV-
- Children that are HIV+
- Children that are HIV-

15. Did you directly receive any of the following in the last 6 months? Answer for yourself only and not the household. (MARK ALL THAT APPLY)

- Wages/stipend/salary from a job
- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Insurance)
- AFDC/TANF (Aid to Families with Dependent Children/Temporary Assistance to Needy Families)
- Child Support/Alimony
- Unemployment payments/benefits
- Food stamps
- Other (specify: _____)
- None of the above

16. What kind of health insurance (including Medicaid or Medicare) do you have that covers your HIV/AIDS-related medical care/medications? This could be your insurance or someone else's if you are on their plan. (MARK ALL THAT APPLY)

- No insurance
- Insurance through work
- COBRA (continuation of insurance paid through your last employer)
- Private insurance, not through work
- Medicare
- Medicaid
- State High Risk Insurance Pool
- Pre-Existing Condition Insurance Plan (PCIP)
- VA (Veteran's Administration)
- Other (specify: _____)

17. If you selected *no insurance* above, what is preventing you from getting health insurance? (MARK ALL THAT APPLY)

- I can't afford it
- I don't know where to get it
- I was denied because of a previous medical condition
- I don't have proper U.S. residency documents
- I don't qualify
- It is not a priority for me at this time
- Other (specify: _____)

SECTION C. ACCESS & BARRIERS TO HIV CARE

18. In general, how would you describe your overall health today?

- Poor
- Fair
- Good
- Very Good
- Excellent

19. Did you seek out or receive HIV/AIDS-related medical care during the last 6 months?

- Yes
- No (Skip to Q21)

20. If you answered YES above, select the following that applies:

- I received enough medical care (Skip to Q22)
- I needed MORE medical care than I received (Skip to Q22)
- I did not receive medical care

21. If you did not seek out or receive HIV/AIDS-related medical care in the last 6 months, why not? (MARK ALL THAT APPLY)

- I didn't know where to go
- I couldn't get an appointment
- I couldn't get transportation
- I couldn't get child care
- I couldn't afford it
- I had other things on my mind/other priorities
- I didn't want anyone to know I was HIV+
- I didn't feel sick
- Other (specify: _____)

22. Where do you REGULARLY receive your HIV/AIDS-related medical care?

(SELECT ONLY ONE)

- N/A: I don't receive HIV/AIDS-related medical care
- HIV clinic in a hospital/medical center
- Emergency Room (ER)
- Community clinic serving only HIV+ clients
- Private physician's office/clinic
- Other community clinic that is not HIV-specific
- VA Hospital/clinic
- Other (specify: _____)

23. Are you currently taking HIV medications prescribed to you by a doctor?

- Yes No (Skip to Q25)

24a. If YES, do you take them as the doctor said you should?

- Always Most of the time
 Some of the time Hardly ever

24b. Of all your HIV medications, how many doses of medication have you missed in the last three days?

- None 1 2
 3 4 More than 4

25. If you are NOT currently taking HIV medications prescribed to you, why not? (MARK ALL THAT APPLY)

- N/A: I'm not prescribed any HIV medications
- I don't know where to get them
- I can't afford them
- They made me feel really bad
- I'm on a 'Drug Holiday' (break from taking HIV meds) directed by my doctor
- I'm on a 'Drug Holiday' (break from taking HIV meds) decided by myself
- I feel healthy
- I'm worried someone will find out I have HIV
- I have trouble remembering to take my medications
- Other (specify: _____)

SECTION D. MENTAL HEALTH & SUBSTANCE USE SERVICES

26. Over the last 2 weeks, have you been bothered by either of the following problems?

- | | Yes | No |
|---|--------------------------|--------------------------|
| Little interest or pleasure in doing things | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling down, depressed, or hopeless | <input type="checkbox"/> | <input type="checkbox"/> |

27. During the past 6 months, have you received counseling or other mental health services? (NOTE: This does not include support groups or peer counseling)

- Yes No

28. During the past 6 months, have you been hospitalized for mental health reasons?

- Yes No

29. During the past 6 months, have you been prescribed medicine for mental health reasons?

- Yes No

30. During the past 6 months, have you been in treatment for substance use?

- Yes No

31. Have you used any of the following during the past 6 months? (MARK ALL THAT APPLY)

- Tobacco
- Alcohol
- Marijuana
- Other drugs (examples: Crack, Meth, Heroin)
- Injection drugs (non-medical use)
- Prescription drugs used other than as prescribed
- Other (specify: _____)
- None of the above (Skip to SECTION E.)

32. Do you have a desire to stop using?

- Yes, I am currently drug free and in recovery
- Yes, and I am taking steps to do so.
- Yes, but I have not started to work on it.
- No

SECTION E. OVERALL SUMMARY

Various services are listed below. Please fill in the circle corresponding with given responses as they most appropriately apply to you.

 =Yes and  =No

33. MEDICAL CARE	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	<u>Service RECEIVED and met my needs</u>
<i>EXAMPLE: Help choosing a TV</i>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Outpatient medical care – an appointment with a doctor, nurse, or other provider to take care of your on-going HIV treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Specialty care – an appointment with a specialist, for example dermatologist or gynecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medication programs - help paying for and obtaining HIV/AIDS related drugs, including the AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Medication co-pay assistance – help paying for co-pays on other (non HIV-related) medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treatment / adherence counseling – someone to help you understand your medications and doctor’s instructions, and strategies to keep with your prescribed medications schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Nutritional education/counseling – someone to help you with eating habits and nutrition issues affecting your health status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health insurance assistance – help with premiums and co-payments to private health insurance plans, including COBRA (a type of health insurance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Home health care – a licensed health care worker to help with prescribed treatments at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. CASE MANAGEMENT	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	<u>Service RECEIVED and met my needs</u>
a. Case management – someone to help with medical appointments, getting medications, scheduling transportation, and getting public and financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. If you did NOT get the case management services you needed, why not? (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> I didn’t know where to get services | <input type="checkbox"/> I was put on a waiting list |
| <input type="checkbox"/> I couldn’t get there when the agency was open | <input type="checkbox"/> They didn’t have the service I needed |
| <input type="checkbox"/> I didn’t want anyone to know I was HIV+ | <input type="checkbox"/> Services were not in my language |
| <input type="checkbox"/> I didn’t qualify | <input type="checkbox"/> Other (specify: _____) |

This Survey Serves You!!!

36. MENTAL HEALTH SERVICES & OTHER COUNSELING	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Individual mental health counseling – a professional to talk to if you have a mental health diagnosis (such as depression, bipolar disorder, schizophrenia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Group counseling (including support groups) – a professional to assist you <i>in a group format</i> if you have a mental health diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crisis or emergency counseling – support and assistance during a crisis to minimize stress of an event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Psychosocial Support Counseling – individual and group support by peers (people living with HIV) and other non-clinical staff (includes Support Groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. If you did NOT get the above counseling services you needed, why not? (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> I didn't know where to get services | <input type="checkbox"/> I was put on a waiting list |
| <input type="checkbox"/> I couldn't get there when the agency was open | <input type="checkbox"/> They didn't have the service I needed |
| <input type="checkbox"/> I didn't want anyone to know I was HIV+ | <input type="checkbox"/> Services were not in my language |
| <input type="checkbox"/> I didn't qualify | <input type="checkbox"/> Other (specify: _____) |

38. SUBSTANCE USE COUNSELING	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Outpatient substance use treatment services – treatment for alcohol and/or legal and illegal drugs through office visits with specially qualified staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 24 hour-a-day residential substance use counseling – short-term treatment in a residential setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Peer counseling and support for substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. If you did NOT get the substance use counseling services you needed, why not? (MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> I didn't know where to get services | <input type="checkbox"/> I was put on a waiting list |
| <input type="checkbox"/> I couldn't get there when the agency was open | <input type="checkbox"/> They didn't have the service I needed |
| <input type="checkbox"/> I didn't want anyone to know I was HIV+ | <input type="checkbox"/> Services were not in my language |
| <input type="checkbox"/> I didn't qualify | <input type="checkbox"/> Other (specify: _____) |

40. HOUSING	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Someone to help you find housing that is affordable and safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Permanent, independent housing (house or apartment to rent, including a place you may share)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Temporary short-term housing (shelter, hotel/motel or other very temporary housing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emergency Housing Services (money for utilities, rent/mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Facility-based housing (nursing home, assisted living facility for HIV+ residents, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This Survey Serves You!!!

41. If you did NOT get the housing services you needed, why not? (MARK ALL THAT APPLY)

- I didn't know where to get services
- I was put on a waiting list
- I couldn't get there when the agency was open
- They didn't have the service I needed
- I didn't want anyone to know I was HIV+
- Services were not in my language
- I didn't qualify
- Other (specify: _____)

42. SUPPORTIVE SERVICES	<i>Needed this service?</i>	<i>Knew about this service?</i>	<i>Asked for this service?</i>	<i>Received this service?</i>	Service RECEIVED and met my needs
a. Referral for health care/supportive services – someone to direct you to public services you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Food bag, food pantry or food bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Home delivered meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Legal services – assistance with evictions and housing discrimination, wills or estate planning, power of attorney, confidentiality breaches, eligibility for public benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prevention services – information about living with HIV, safer sex, telling friends, family and partners (needle sharing and/or sexual) about your status, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Childcare so that you may attend medical and other clinical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency financial assistance – help paying for emergency expenses, including critical items when other assistance is not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Transportation - assistance or rides to medical and other clinical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Rehabilitation services – therapies to help improve your quality of life, such as physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. How do you usually get to the HIV/AIDS Services that you need? (SELECT ONLY ONE)

- Walk or ride my bike
- Bus
- Van service
- My own car
- Taxi
- Other (specify: _____)
- My friend/relative gives me a ride

SECTION F. HOUSING

44. Please indicate the size of your current home: (SELECT ONLY ONE)

- Single Room Occupancy (SRO)/Studio/0 bdrm
- 1 bdrm 3 bdrm 5+ bdrm
- 2 bdrm 4 bdrm None, I'm homeless

45. Approximately how long have you lived at your current residence?

- Less than 1 month
- More than 1 year
- 1 – 2 months
- Don't know
- 3 – 6 months
- I'm homeless
- 6 months – 1 year

46. Think about your housing situation now: do any of the following stop you from taking care of your HIV/AIDS? (MARK ALL THAT APPLY)

- I don't have a private room
- I don't have a place to store my medications
- I don't have a telephone where someone can call me
- I don't have enough food to eat
- I don't have money to pay for rent
- I don't have heat and/or air conditioning
- I don't want anyone to know I am HIV+
- I can't get away from drugs (in the neighborhood)
- Other (specify: _____)
- None of the above

This Survey Serves You!!!

47. Mark the columns to tell us where you live NOW and where you lived 6 MONTHS AGO?

	NOW	6 mos. ago
Apartment/house/trailer that <i>I own</i>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment/house/trailer that <i>I rent</i>	<input type="checkbox"/>	<input type="checkbox"/>
At my parent's/relative's apartment/house/trailer	<input type="checkbox"/>	<input type="checkbox"/>
Someone else's apartment/house/trailer	<input type="checkbox"/>	<input type="checkbox"/>
In a rooming or boarding house	<input type="checkbox"/>	<input type="checkbox"/>
In a "supportive living" facility (Assisted Living Facility)	<input type="checkbox"/>	<input type="checkbox"/>
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>	<input type="checkbox"/>
Homeless (on street/in car/abandoned building)	<input type="checkbox"/>	<input type="checkbox"/>
Homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence shelter	<input type="checkbox"/>	<input type="checkbox"/>
Other housing provided by the city or state	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>
In jail/prison	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify: _____)		

48. Now think about general problems you had getting housing. In the past 6 months, did you have any trouble getting housing?

- Yes No

49. If you answered YES above, what kept you from getting housing? (MARK ALL THAT APPLY)

- I didn't have enough money for the deposit
- I could not 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 didn't qualify for housing assistance
- I feel I was discriminated against
- I had substance use issues
- Other (specify: _____)

50. In the past year, how many nights have you NOT had a place of your own in which to live and sleep? (Meaning you were homeless, in a shelter, on the street, or in a similar situation) _____

51. In the past year, have you had to do any of these things to have a place to sleep? (MARK ALL THAT APPLY)

- Sleep on the streets, in a park, or other outdoor place
- Sleep in a car
- Trade sex for a place to spend the night, or money for rent
- Sleep in a shelter
- Sleep at a family/friend's house
- None of these

52a. How much do you and/or your household pay monthly on rent or mortgage? (Note: This is not the amount of your rent, but how much you and your household members contribute or "pay out-of-pocket.")
\$ _____

52b. Does this amount include some or all the following utilities (water, garbage, electric, gas)?

- Water & Garbage Yes / No
Electric & Gas Yes / No

53. How much of an increase PER MONTH in rent or mortgage would cause you to have to find a new place to live?

- \$1 - \$25
- \$76 - \$100
- \$26 - \$50
- \$101 - \$150
- \$51 - \$75
- \$151 - \$200

54. Are you currently receiving an ongoing monthly housing subsidy, such as Section 8, Housing Choice Voucher, Permanent Supportive Housing (PSH), Shelter+Care, or living in public housing?

- Yes No

55. Do you believe that your current home or living situation is in a safe area?

- Yes No N/A, I am homeless

56. Do you believe your current home or living situation is in good condition? (NOTE: This includes overall structural condition of the home, as well as major systems such as water, lights, heating/AC, all in working order)?

- Yes No N/A, I am homeless

57. Were you in jail or prison during the past year?

- Yes No

Thank you for sharing & ensuring your voice is heard.