#### Dear Core Committee!

The City of New Orleans is looking forward to meeting with you next Tuesday, January 15, 2019, to engage in productive discussion around the *Community Priorities* for the Housing Opportunities for Persons with AIDS (HOPWA) Program. The goal is to develop a series of recommendations of what the HOPWA Program should look like in order to reflect the current needs of a person living with HIV (PLWH). The recommendations will be shared in a community meeting scheduled on the following day, Wednesday, January 16, 2019, for feedback. Decisions will be made based on the final recommendations. In the upcoming year, the recommendations will be used to guide the initial design of the HOPWA program. In the next few years, a complete program revision process is expected to occur with your help.

For your review prior to the meeting, the following information will aid in an informed discussion and assist in defining a service delivery system that meets the needs of the PLWH in New Orleans:

- 1. New Orleans, LA HIV/AIDS DATA/Information Review April 2016: This helps to see the current status of the service delivery system including comparisons with other, similar cities.
- 2. The New Orleans CHANGE Coalition Executive Summary Report Provides a summary of findings from the Research Findings and Analysis Report regarding the housing needs among PLWH in the New Orleans Metropolitan area.
- 3. People Living with HIV Needs Assessment 2017 Provides detailed information on the housing needs of PLWH in the jurisdiction.
- 4. HOPWA Performance Profile Formula Grantee: City of New Orleans Current HUD report on New Orleans HOPWA program.
- 5. HOPWA Performance Profile Formula Program YTD Q3 Current HUD report on HOPWA program nationally.

As a reminder, there is a short period of time to make some key recommendations. No data set is complete and additional information is welcomed to make good decisions. It is believed that the information presented coupled with discussion and community feedback will allow the City the ability to make the initial steps in improving the needs of the community.

Along with the documents above are the following documents for your perusal that is posted on the City of New Orleans HOPWA Modernization website at <a href="https://www.nola.gov/community-development/hopwa-modernization-en/">https://www.nola.gov/community-development/hopwa-modernization-en/</a>.

- The New Orleans CHANGE Coalition Research Findings and Analysis Report
- Preliminary Recommendations HOPWA Tenant Based Rental Assistance (TBRA) Assessment
- Ending the War on Drugs
- Department of Health & Human Services letter to Ryan White HIV/AIDS Program Colleagues Viral Suppression

Looking forward to working with you on Tuesday, January 15, 2019! See the Agenda attached.

Best Regards,

Madelyn

Madelyn Cosey Sanchez 1340 Poydras Street, 10<sup>th</sup> Floor New Orleans, LA 70112 (504) 658-4214

mcsanchez@nola.gov



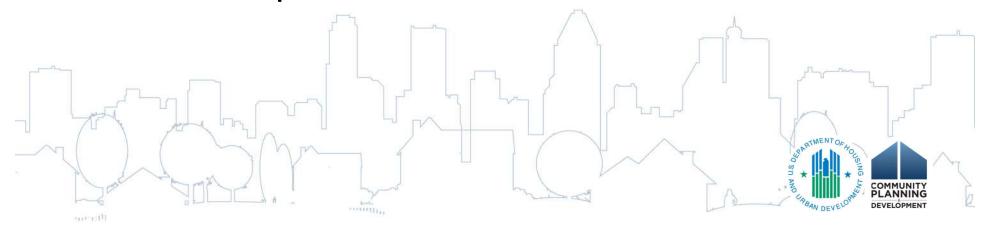
# Housing Opportunities for Persons with AIDS New Orleans, LA HIV/AIDS Data/Information Review

**April 2016** 



## Agenda

- I. Introductions
- II. Review of NOLA data on the PLWHA target population, HIV/AIDS housing needs/gaps,
- III. Allocation comparisons with other cities
- IV. Next steps



## Information and Data Sources

- The New Orleans CHANGE Coalition HIV/AIDS Housing Analysis: 2008, 2011, & 2013
- Client Focus Group(s)
- City of New Orleans 2012-2016 Con Plan
- 2014 HOPWA CAPER City of NO
- National HOPWA database:
  - Performance profile comparisons with other cities
  - Allocation comparisons and trends
  - Cost per unit comparisons for permanent and transitional facility-based housing and TBRA

# CHANGE Coalition HIV/AIDS Housing Analysis: 2008,2011,2013

- Funded through AIDS United Southern REACH grants, GNOF and other sources
- Analysis conducted by CSI between 2008 and 2015
- Based on data from the PLWHA Statewide Needs
   Assessments for 2008-2013, used with permission of
   the LA Office of Public Health, STD/HIV Program.
- Additional qualitative data based on client focus groups
- Purpose: to investigate the housing needs of PLWHA in the Greater New Orleans area

### Population characteristics\*:

Mean Income: \$909/Month

Mean Age: 44

Race: B-66%; W-24%; Other- 7%

• Gender: Male-58%; F-38%; Trans-4%

Income Source: 59% SSI/SSDI

19% Wages/Employment

Employment: 26% Employed

73% Unemployed

\*2013 Data

### **Summary Findings:**

- Very low income across all 3 years \$908.76 in 2013
- Nearly 60% receive SSI/SSDI in 2013 compared to 49.8% in 2008
- 73% unemployed in 2013 (versus 62% in 2008)
- 44% receive Food Stamps
- Top-reported barriers to HIV care:
  - Money to pay for rent
  - Lack of resources
  - Fear of disclosure

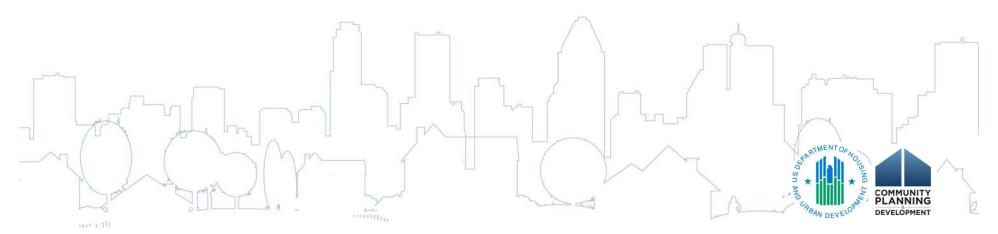


### **Housing Stability Risk Factors Investigated:**

Risk Factors:	
HOMELESSNESS:	A history of homelessness in the last six months is an indicator of housing instability
AFFORDABILITY:	A rent burden over 30% of the household's income is an indicator of housing instability
RENT INCREASE:	A perceived need to move due to an increase in rent of \$50 or less is an indicator of housing instability
TENURE:	A short tenure at the current residence (less than 1 year) could indicate housing instability
SUBSTANCE ABUSE:	A history of treatment for substance abuse in the last 6 months could indicate housing instability
MENTAL HEALTH:	A history of receiving mental health services in the last 6 months could indicate housing instability

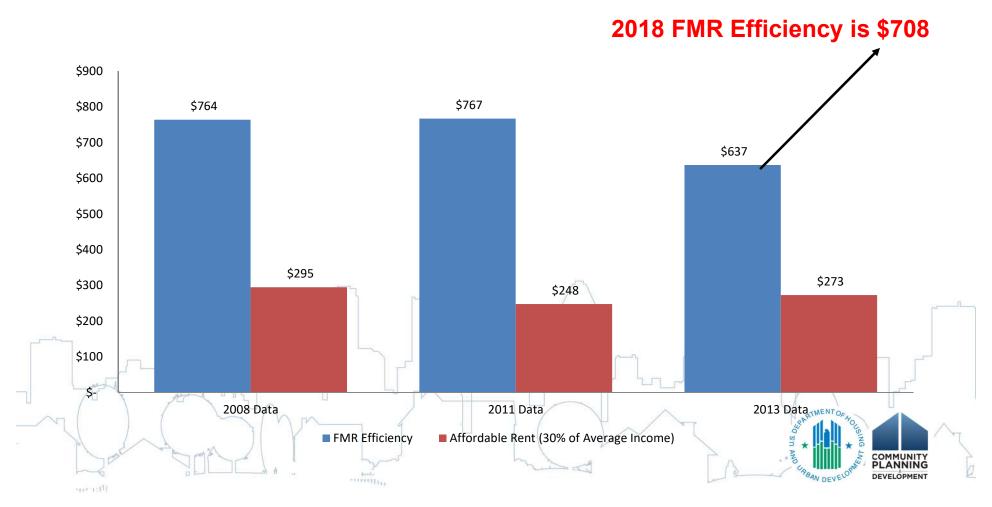
## **Housing Stability Risk Factors – Findings:**

- Homelessness (2013)
  - 4% reported as "currently" homeless
  - 11% homeless at least 1 night in 2013
  - At-risk numbers likely much higher



### **Housing Stability Risk Factors – Findings:**

- Affordability (2013)—
  - 60% pay more than 30% for rent/utilities
  - 35% pay more than 50% (extreme housing burden)
  - Affordable rent for the average person in the 2013 needs assessment group was \$272/month but the 2013 FMR for a 1-BR unit was \$755/month (2018: \$827)
  - Trend info: Households with Extreme Rent Burden increased from 26% in 2008 to 35% in 2013



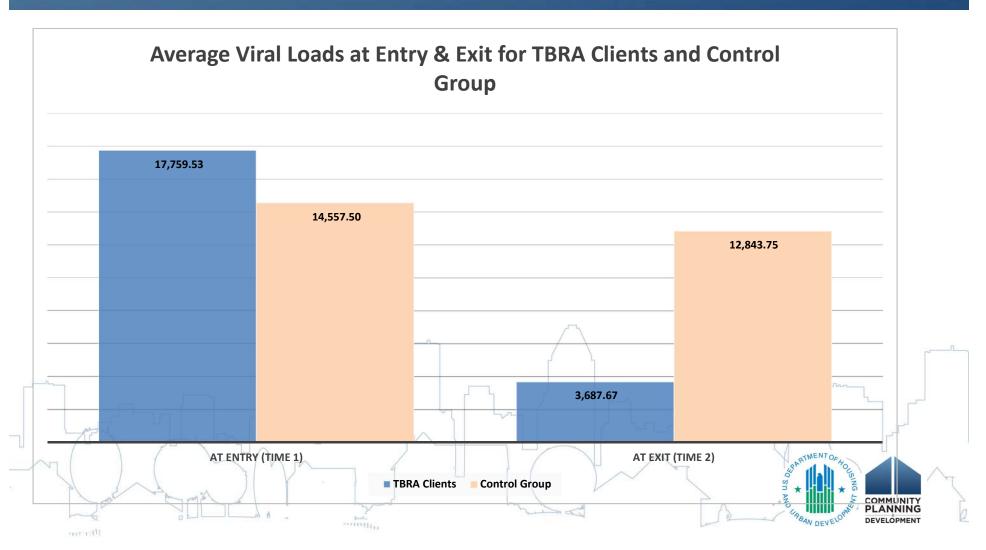
### **Housing Stability Risk Factors – Findings:**

- Consolidated Stability Risks -
  - More than 70% of respondents had one or more risk factors
  - Even among "permanently housed" PWLHA, 57-70%
     had one or more housing stability risk factor
  - In 2013, nearly 1/3 had 2 or more risk factors

## 2012-16 Consolidated Plan

- Participation by HOPWA and RW providers on the Steering Committee
- CHANGE Coalition housing analysis data (2008-2011)
  was used throughout the plan to demonstrate
  housing need, rent burden, housing instability,
  housing gaps, etc.
- Goals were set to include TBRA and increasing permanent housing resources and the capacity of transitional agencies to provide permanent housing

# NOLA TBRA Health Outcome Analysis (2016)



# TBRA Focus Group March 2016

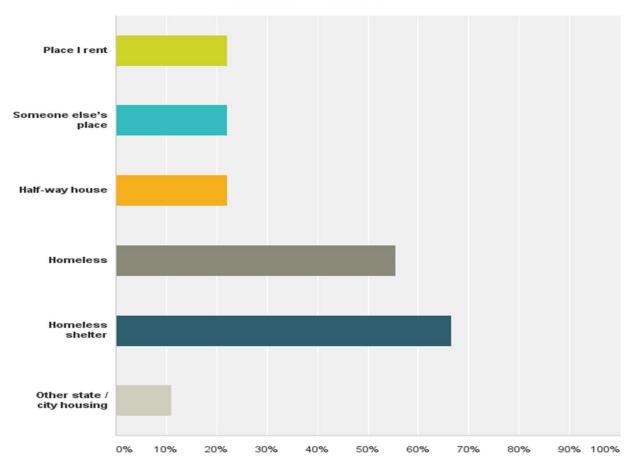
- Participants: 10 current TBRA recipients
- Ages: 32 62
- Race: 9 Black/1 White All Non-Hispanic
- Gender: Male-6 Female-3 Trans-1
- Included 2 adults in one HH with 7 children
- Length of time HIV+: 2-16 years
- Time on TBRA: 6 months to 3 years
- Income: Majority on SSI/SSDI and Food

Stamps

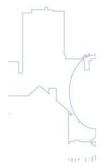
# TBRA Focus Group March 2016

### Q8 Where did you live prior to entering the TBRA subsidy program?

Answered: 9 Skipped: 1





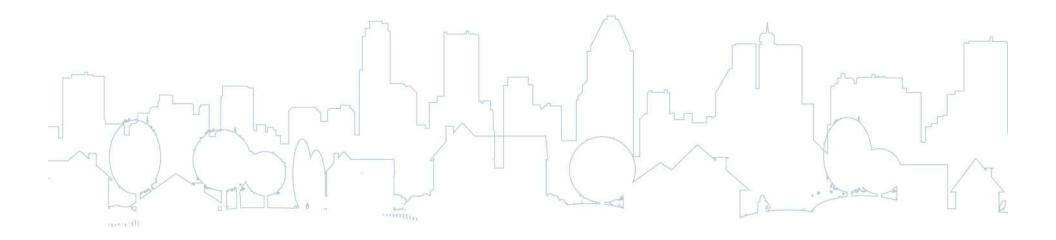


# TBRA Focus Group March 2016

### • Themes:

- Better health; having a place to keep meds; able to get to medical appointments
- Safer environment
- Living like a "normal" person
- 1<sup>st</sup> apartment of their own for 4 of the 10
- Without the help, would be on the street and homeless again
- Lots of interest in employment programs





## **HOPWA Formula Grantees**

## **ALLOCATION COMPARISONS**

# Percentage of Expenditures –Type of Activity

	Housing Assistance	Supportive Services	Administration and Management (includes Resource ID)
City of Atlanta	49%	40%	10%
City of Baton Rouge	63%	23%	6%
City of Houston	72%	20%	8%
City of Louisville	49%	41%	10%
City of New Orleans	93%	0%	5%
City of San Antonio	65%	22%	3%
City of Tampa	82%	9%	9%
Formula Program	73%	17%	7%

# Percentage of Expenditures by Type of Housing Assistance

	Tenant-Based Rental Assistance	Short Term Rent, Mortgage, and Utility Assistance	Households in Permanent Housing Facilities	Households in Transitional/Short- term Facilities	Permanent Housing Placement Services
City of Atlanta	23%	10%	46%	18%	3%
City of Baton Rouge	27%	19%	25%	21%	0%
City of Houston	46%	34%	16%	3%	1%
City of Louisville	62%	38%	0%	0%	0%
City of New Orleans	5%	14%	14%	65%	2%
City of San Antonio	43%	0%	39%	18%	0%
City of Tampa	83%	1%	11%	5%	0%
Formula Program	59%	18%	10%	10%	2%

# Percentage of Households Served by Type of Housing Assistance

	Tenant- Based Rental Assistance	Short Term Rent, Mortgage, and Utility Assistance	Households in Permanent Housing Facilities	Households in Transitional/Short- term Facilities	Permanent Housing Placement Services
City of Atlanta	15%	33%	13%	27%	12%
City of Baton Rouge	19%	56%	10%	14%	0%
City of Houston	29%	45%	14%	4%	8%
City of Louisville	18%	82%	0%	0%	0%
City of New Orleans	9%	46%	7%	26%	12%
City of San Antonio	35%	0%	27%	38%	0%
City of Tampa	78%	5%	9%	8%	0%
Formula Program	31%	45%	6%	11%	6%

# **Cost Per Unit Comparisons**

Type of Housing Assistance	National Cost per Unit Range	New Orleans Cost per Unit	
Permanent Housing Units	\$2,312 - \$7,552	\$13,506.97	
Transitional/Short Term Units	\$1,204 - \$5,568	\$13,775.31	
Tenant-Based Rental Assist	\$3,130 - \$7,623	\$2,460.78	COMMUNITY PLANNING DEVELOPMENT

## **HOPWA PH Units**

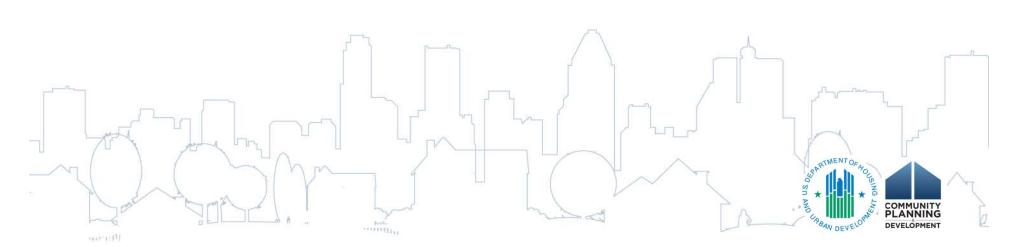
City of Salt Lake City	2014	3	\$16,743.00	\$5,581.00
District of Columbia	2014	33	\$193,032.00	\$5,849.45
City of Los Angeles	2014	122	\$790,078.00	\$6,476.05
City of Las Vegas	2014	34	\$225,312.00	\$6,626.82
City of Chicago	2014	451	\$3,193,291.00	\$7,080.47
City of West Palm Beach	2014	91	\$669,852.00	\$7,361.01
City of Atlanta	2014	248	\$1,844,705.14	\$7,438.33
City of Ft. Lauderdale	2014	123	\$1,031,889.75	\$8,389.35
City of New York City	2014	3773	\$31,892,966.00	\$8,452.95
City of Paterson	2014	6	\$55,760.00	\$9,293.33
City of Oakland	2014	15	\$143,414.00	\$9,560.93
City of Richmond	2014	12	\$120,962.00	\$10,080.17
State of West Virginia	2014	3	\$31,055.41	\$10,351.80
City of Providence	2014	25	\$259,463.00	\$10,378.52
State of North Carolina	2014	18	\$191,075.89	\$10,615.33
City of New Orleans	2014	38	\$513,264.93	\$13,506.97
State of South Carolina	2014	12	\$189,707.95	\$15,809.00
City of Memphis	2014	16	\$267,835.00	\$16,739.69

## **HOPWA TST Units**

City of Seattle	2014	<b>1</b> 5	\$78,568.17	\$5,237.88
City of Jersey City	2014	54	\$298,747.55	\$5,532.36
City of Bridgeport	2014	<u>1</u> 2	\$71,029.00	\$5,919.08
City of Portland	2014	2	\$11,970.00	\$5,985.00
City of Cincinnati	2014	33	\$206,040.78	\$6,243.66
City of Augusta	2014	29	\$210,180.00	\$7,247.59
District of Columbia	2014	128	\$1,160,961.00	\$9,070.01
City of Tampa	2014	23	\$219,462.00	\$9,541.83
City of West Palm Beach	2014	5	\$63,537.00	\$12,707.40
City of New Orleans	2014	146	\$2,011,194.84	\$13,775.31

## **Questions/Discussion**

• Questions?



# The New Orleans CHANGE Coalition

HIV/AIDS

Housing Analysis:

2008, 2011, & 2013

**Executive Summary Report** 

AN ASSESSMENT OF HOUSING NEEDS AMONG PLWHA
IN THE NEW ORLEANS METRO AREA



This report was prepared by Collaborative Solutions, Inc. (CSI), with funding provided by AIDS United through the Southern REACH grant project. The information contained in this report is based on Louisiana PLWHA Statewide Needs Assessment data from 2008, 2011 and 2013, the City of New Orleans 2012 HOPWA CAPER, and consumer focus groups conducted in 2013. Data from the PLWHA Statewide Needs Assessments is used with permission of the Louisiana Office of Public Health, STD/HIV Program. The purpose of the report is to inform the reader on housing needs among PLWHA in the New Orleans area.

CSI is a nonprofit organization based in Birmingham, Alabama, with a mission to work in partnership for the empowerment of human service organizations and communities in order to positively impact special needs populations. CSI has partnered with the Coalition of HIV/AIDS Nonprofits and Governmental Entities (CHANGE) on various projects to further the missions of both programs. The CHANGE Coalition advocates on behalf of persons living with or at risk of HIV infection to achieve improved health outcomes and systems change through collaborative prevention, testing diagnosis, linkage to care, retention in care, supportive services, and housing throughout the Greater New Orleans area.



Collaborative Solutions, Inc. P.O. Box 130159 Birmingham, AL 35205 (205) 939-0411 (205) 939-4048 fax collaborative-solutions.net

### THE NEW ORLEANS CHANGE COALITION HIV/AIDS HOUSING ANALYSIS: 2008, 2011 & 2013 AN ASSESSMENT OF HIV/AIDS HOUSING NEEDS AMONG PLWHA IN NEW ORLEANS

#### **EXECUTIVE SUMMARY REPORT**

Needs Assessment Overview

The Coalition of HIV/AIDS Nonprofits and Governmental Entities (CHANGE) has worked in partnership with Collaborative Solutions, Inc. (CSI) to investigate the state of HIV/AIDS housing in the greater New Orleans area based on local data collected between 2008 and 2013. The intent of this effort is to examine key housing indicators over time to better understand the housing and support needs of Persons Living with HIV/AIDS (PLWHA) in the community and to form a valid basis for assessing the current system of housing interventions. In short, this report provides a data-driven approach to promote understanding of the current HIV/AIDS housing needs, to investigate needed system improvements and to help inform funding priorities for HIV/AIDS housing.

Recent HIV/AIDS housing research has found positive relationships between stable housing and health-related outcomes. Along with this research, the recent development of the HIV Care Continuum model provides additional evidence on structural supports needed throughout the sequential stages of HIV medical care in order to achieve viral suppression. The provision of stable housing is identified in this model as an intervention that greatly impacts PLWHA's ability to be diagnosed, be linked and remain in care and to achieve viral suppression. Since housing is so critical to successfully managing HIV, it is important to assess the housing challenges clients face and carefully consider the most effective housing and service strategies to address those needs. To that end, the CHANGE Coalition, with technical and research support from CSI, began conducting housing focused analyses in 2008, utilizing data from the Louisiana Persons Living With HIV/AIDS Statewide Needs Assessment (SNA) made available through the State Office of Public Health, STD/HIV Program. As additional SNA's were completed, in 2011 and 2013, further analyses were conducted to provide both current and longitudinal information. Supplementary information used for this report came from a series of consumer focus groups conducted in 2012 and from the annual HOPWA CAPER reports for the City of New Orleans.

### Highlights of the findings/trends

The following are highlights of the findings on housing and service needs of low-income persons living with HIV/AIDS in the greater New Orleans area based on the analysis of Louisiana PLWHA Statewide Needs Assessment data from 2008, 2011 and 2013. The full report, including an in-depth review of data sources, analysis methods and results, can be obtained through the CHANGE Coalition or found on-line at the following locations: <a href="http://www.collaborative-solutions.net/">http://www.collaborative-solutions.net/</a> and <a href="https://nolahousing.wordpress.com/">https://www.collaborative-solutions.net/</a> and <a href="https://nolahousing.wordpress.com/">https://nolahousing.wordpress.com/</a>. This executive summary is provided to highlight major findings and key issues resulting from the full investigation of HIV/AIDS housing needs conducted through this effort.

### Demographics (current and trends)

Reviewing the demographic data across the three assessments revealed the average survey respondent remained non-Hispanic (77%-85%), black (66%-67%), male (58%-62%) in their early forties (average age ranged from 41.3 to 44.0). Of the subpopulations identified in this analysis, the percentage of younger

PLWHA (24 years and younger) remains low (4%), and there is an increasing percentage of transgender (1% to 4%) and female (32% to 38%) survey respondents. The respondents' average income fluctuated over the three years between \$825 and \$985, with a noted increase of consumer respondents who access SSI/SSDI, food stamps, and unemployment benefits. The percent of respondents stating they completed high school has increased steadily over time (65% to 72%), while employment levels dropped in 2011 (33% to 25%) and remain lowered in 2013 (26%).

### Key Findings: Demographic Characteristics in 2013\*

• Mean age: 44 4% age 24 and under 88% age 25 and over

Gender: 58% Male 38% Female 4% Transgender
Race: 66% Black 24% White 7% Other

• Ethnicity: 7% Hispanic 86% Non-Hispanic

• Income Source: 19% Wages 59% SSI/SSDI 2% Unemployment

• Employment: 26% Employed 73% Unemployed

• Mean Income: \$909/month

### The Housing and Health Connection

Existing HIV/AIDS housing research has consistently demonstrated the connection of housing to health outcomes, showing that housing interventions help increase stability and improve connection to care, resulting in better HIV treatment results, and ultimately, lower transmission rates. Given the importance of stable housing to management of HIV/AIDS, a careful assessment of local housing needs and challenges can be of great value in system planning.

In all three assessments consumer respondents described attributes of housing that "stopped them from taking care of their HIV/AIDS." Across all three assessments, the most frequently cited issues were lack of resources

### The Health and Housing Connection

"If I don't have housing...how am I going to hide my medication? I need a place to take my meds...keep it private. People treat you differently because you are positive."



"I didn't know this would be a part of my life – my health is tied to housing!"



"Everybody needs a place to lay your head to stay healthy."

including money for rent and food, and fear that others will know about their HIV status. Of these, "Money to Pay for Rent" was the single highest-rated housing attribute that posed a barrier to HIV care for respondents.

Comments from participants in the consumer focus groups also reflected a concern about finding and keeping housing that is safe and affordable. Key issues common among group members included worries about having a safe place to store medications, stress caused by worries about losing housing and becoming homeless, and concerns about living in unsafe or unhealthy areas of the city.

<sup>\*</sup> Some categories will not add to 100% due to "No Response" option

### Current Living Situation

Survey respondents for the three time periods studied were grouped based on their responses into 8 housing categories and then into three housing status types: permanent, transitional, and homeless. By looking at the place of residence alone, it appears that a large portion of the survey respondents are in permanent housing (63% in 2008, 85% in 2011, and 88% in 2013). However, assessing housing need strictly using place of residence can be misleading and provide an underreported statement of need for the community. Place of residence provides some insight into a household's living arrangements; however, it cannot fully define an individual's housing stability status. A household traditionally thought of as living in permanent housing could also experience additional risk factors for housing instability. It is important to note that currently residing in permanent housing does not necessarily equate to a high level of housing stability.

### Key Findings: Current Living Situation - Reported in 2008, 2011, and 2013

- Permanent housing\* increased over time from 63% to 88% (\* Does not necessarily indicate "stable" housing)
- Temporary housing decreased over time from 9% down to 5%
- Reporting current housing as "homeless" maintained at approximately 4%

### Housing Stability Risk Factors

Using strictly the place of residence as an indicator, less than 15% of respondents across all three years reported their housing as "non-permanent" by indicating their current place of residence as temporarily housed or homeless. This does not, however, fully address the risk of housing instability households may face. In this assessment, six housing risk factors were measured and joined with the place of residence analysis to determine a more accurate assessment of housing instability and need.

Risk Factors:	
HOMELESSNESS:	A history of homelessness in the last six months is an indicator of housing instability
AFFORDABILITY:	A rent burden over 30% of the household's income is an indicator of housing instability
RENT INCREASE:	A perceived need to move due to an increase in rent of \$50 or less is an indicator of
	housing instability
TENURE:	A short tenure at the current residence (less than 1 year) could indicate housing instability
SUBSTANCE ABUSE:	A history of treatment for substance abuse in the last 6 months could indicate housing
	instability
MENTAL HEALTH:	A history of receiving mental health services in the last 6 months could indicate housing
	instability

The data analysis included a further examination of PLWHA housing stability by measuring each of the six additional risk factors among the survey respondents for each of the study years. The result provides an enhanced assessment of the level of housing instability seen among low-income PLWHA between 2008 and 2013.

#### **Homelessness**

While it is generally acknowledged among HIV/AIDS service providers that the risk of homelessness among low-income PLWHA is high, the extent of that risk, including persons who are periodically or chronically homeless has not been fully investigated. The homeless PIT (Point In Time) counts performed on 2013, for instance, showed that 4.36% of the persons surveyed in New Orleans were HIV+. The SNA data indicates that the percentage of PLWHA who are homeless may be higher, with 11% reporting they had experienced at least one night of homelessness.

The surveys referenced in this report included questions such as: "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?" For those who indicated they had been homeless for at least one night, a further question provided information on the total number of nights homeless in the last year. Respondents who reported 365 nights of homelessness in the past year were generally categorized as persons who could be considered chronically homeless.

#### **Homeless Risk**

"Being HIV+ is stressful and depressing enough – homelessness would make it even worse!""



"To be homeless is bad...[with] no safe place to be...you are more at risk for being sick or getting sicker. It's a chain reaction that starts with not having shelter that may lead you to do risky things."

#### **Key Findings: Homelessness**

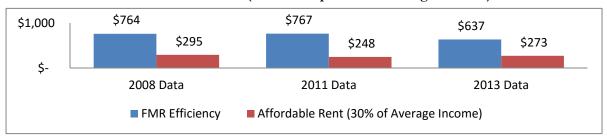
- The number of respondents who reported experiencing homelessness "currently" has remained at 4% across the last three surveys.
- 29% of respondents stated they had experienced at least one night of homelessness in 2008. This percentage dropped significantly in 2011 (12%) and remained at that level in 2013 (11%).
- Based on respondents who reported at least1 night homeless in the past 6 months, the percentage with housing instability based on a history of homelessness was 5% (2008), 6.5% (2011) and 7% (2013).

### **Affordability**

The second housing stability risk factor used in this analysis addresses housing affordability. Affordability was assessed in two ways, by looking at the affordability gap between typical housing costs and income, and by examining housing cost burden.

The affordability gap represents the difference between the area's Fair Market Rent (FMR) and 30% of the average household income. (Note: HUD defines affordability as a household paying no more than 30% of income towards housing.) That difference helps demonstrate the gap in affordability and indicates the degree to which housing is or is not affordable. The chart below shows the average affordable rent amount (30% of average income) for 2008, 2011, and 2013 survey respondents along with the FMR for an efficiency unit. The results are striking, demonstrating the stark contrast between what is "affordable" for the average survey respondent and the FMR for the smallest possible unit in the area. The affordability gap, even in 2013 when the FMR dropped by more than \$100, was \$364 or 57%. The full report provides additional information on the affordability gap for larger units, which climbs to 84% for a 4-BR unit.

### NOLA FMR (Efficiency) vs. Average Amount of Affordable Rent (30% of Respondents' Average Income)



Housing cost burden represents the percentage of monthly income a household spends on rent/mortgage and utilities. Households who pay more than 30% of their income for housing are considered cost burdened and often have difficulty affording necessities such as food, clothing and medical care. Households paying 50% or more of income for housing are considered extremely burdened.

The figure below contains the housing cost burden analysis for PLWHA based on the 2013 data, showing 60% of respondents with either a moderate or extreme cost burden.

HOUST LO BEN'EL BURDEN		
HOUSING RENT BURDEN		
2013 Statewide Needs Assessment		
Number of Respondents in Rent Burden Analysis	281	
No Housing Burden ( =30%)</td <td>40%</td>	40%	
Moderate Housing Burden (30.1%-50%)	25%	
Extreme Housing Burden (> 50%)	35%	

Comments from client focus groups on this topic reinforce the impact of housing burden and affordability measures. Common themes included the large increases in housing costs since Hurricane Katrina, how difficult it is to move out of transitional housing when community rents are so high, concern about only finding housing in "bad" areas, and inability to get into housing due to required deposits.

### **Affordability**

"We don't have the income to rent the housing. A 1-BR rents for \$600-\$800 per month with a check of \$674."



"Wages stay the same, but rents [go] way up – how to make ends meet?"



"The only housing I can get is in bad areas."

### Key Findings: Affordability - 2013

- FMR for a 1-BR in 2013 was \$755 and average income for SNA respondents was \$908. At that income, affordable rent would be \$272.
- Based on 2103 survey results, 60% of PLWHA have a moderate or extreme housing burden.
- 35% of PLWHA have an extreme housing burden, paying more than 50% of income for rent/utilities.
- FMR for an efficiency apartment, the smallest possible unit, was \$637 in 2013. The affordability gap on this unit for a PLWHA with an average income of \$908 is \$365/month.

#### Impact of a Rent Increase

The next housing stability risk factor addresses the degree to which a household could sustain a fluctuation in housing payment or a rent increase. The SNA surveys asked respondents to indicate the perceived amount of increase in their monthly rent or mortgage payment - \$1-\$50, \$51-\$100, above \$100 - that would necessitate a move to more affordable housing. While the question is subjective and based solely on the respondent's perceived assessment, the results do help inform us on how small a margin of affordability many PLWHA

have in their current situation. This issue was also discussed in the client focus groups, and common themes included concerns about how to handle rising rents, worry about the lack of affordable options and frustration about the lack of housing subsidies or easily found information on how to access that type of assistance. As noted below, nearly a quarter of SNA respondents in 2013 indicated they could no longer stay in their current home if the rent went up by only \$50.

### Impact of a Rent Increase

"My rent goes up every six months. My check is never raised."



"If they keep raising my rent every six months, I can't stay here!"

### **Key Findings: Rent Increase 2103**

- 24% would have to move if rent increased \$1-\$50
- 22% would have to move if rent increased \$51-\$100
- 42% would have to move if rent increased over \$100
- Based on the survey results, <u>nearly one quarter</u> of PLWHA feel they could no longer stay in their current home if the rent went up by only \$50.
- Survey results indicate that as many as 46% of PLWHA would have to move if the rent increased by up to \$100.

### Tenure in Housing

The length of time a household has lived in their current residence is another measure used to assess stability. A very brief tenure in housing, particularly in addition to other risk factors, can signal potential instability. This is often due to lack of familiarity with a new neighborhood, dealing with life change related stresses and similar circumstances. The first six months in new housing is a time when tenants will likely need additional support and program managers should be on the lookout for stability problems.

The figure below shows the range of housing tenure for respondents across the three years studied. It shows that fewer PLWHA were very new (6 months or less) in their housing in 2013 (18%) than in 2008 (37%), likely due to the more unsettled nature of the New Orleans population overall and housing shortages in the years immediately following Hurricane Katrina. Based on the most current results, it is estimated that approximately 18% of PLWHA may be at risk of housing instability due to brief housing tenure.

HOUSING TENURE					
	2008 SNA	2011 SNA	2013 SNA		
	(N = 594)	(N = 465)	(N = 487)		
Tenure = 6 MO</td <td>37% (219)</td> <td>29% (134)</td> <td>18% (87)</td>	37% (219)	29% (134)	18% (87)		
Tenure 6MO-1YR	18% (107)	17% (77)	12% (59)		
Tenure > 1YR	38% (227)	50% (232)	63% (309)		

NOTE: Responses excluded from analysis if reported tenure was missing, "don't know" or "homeless": 41 excluded for 2008; 22 excluded for 2011; and 32 excluded for 2013.

### Substance Abuse and Mental Health Treatment History

The final two housing stability risk factors examined in this analysis include client history of substance abuse or mental health treatment during the past six months. Survey respondents were asked about their participation in treatment or services to establish a recent history involving either substance abuse or mental health issues. Based on client self-report, these factors, especially in combination with other risk factors, can indicate potential instability, including issues with their housing. The resulting information over the three years studied showed that 7-10% reported recent substance use treatment; 28-31% reported recent mental health treatment, and 3-6% reported both recent substance use and recent mental health treatment.

### Housing Stability Assessment

The six housing stability risk factors: homelessness, affordability, rent increase, tenure, substance abuse treatment and mental health treatment, have been used in this analysis to go beyond the survey respondents' place of residence to determine a broader measure for housing stability. By analyzing households with these reported risk factors in addition to the place of residence, a more accurate description of housing stability is captured. Figure 3 summarizes the prevalence of each of the 6 risk factors across the three years of survey data, and indicates the most common risk categories were extreme rent burden (> 50%), recent mental health treatment, and short tenure.

PERCENTAGE OF RESPONDENTS WITH EACH RISK FACTOR				
	2008 SNA	2011 SNA	2013 SNA	
	(N = 594)	(N = 465)	(N = 487)	
Rent Burden	26% (157)	40% (185)	35% (170)	
Homelessness	5% (29)	6% (30)	7% (34)	
Short Tenure	37% (219)	29% (134)	18% (87)	
Rent Increase	18% (109)	18% (85)	17% (81)	
Substance Use Tx	10% (59)	7% (32)	8% (40)	
Mental Health Tx	31% (183)	28% (128)	31% (150)	

To assess the overall risk from the multiple factors, each respondent received a single "point" for every risk factor they met for a total score that could range from zero 0-6. Across all three years it can be noted that over 75% of respondents have one or more risk factors and over 40% have two or more risk factors. Using "place of residence" alone can under report the amount of housing instability faced by PLWHA in the New

Orleans MSA. In reviewing the number of respondents "living in permanent housing" the results indicate that only 30%-43% of the permanently housed survey respondents indicated they had zero additional risk factors, leaving the vast majority (57%-70%) reporting they live in "permanent" housing but that they are also experiencing one or more of the instability risk factors outlined in the report.

RESPON	RESPONDENTS CATEGORIZED BY # OF RISK FACTORS PRESENT				
Number of Housing	2008 SNA	2011 SNA	2013 SNA		
Instability Risk Factors	(N = 594)	(N = 465)	(N = 487)		
0 Factors	27% (160)	40% (185)	28% (137)		
1 Factor	37% (220)	39% (181)	40% (196)		
2 Factors	22% (131)	16% (73)	22% (106)		
3 Factors	10% (64)	5% (22)	8% (39)		
4 Factors	2% (13)	1% (4)	2% (8)		
5 Factors	1% (6)	0% (0)	0% (1)		
6 Factors	0% (0)	0% (0)	0% (0)		

#### Key Findings: Housing Stability

- Based on the 2013 SNA, 72% of PLWHA had one or more housing stability risk factors and nearly 1/3
  (32%) of respondents had two or more stability risk factors. This suggests that a very large percentage of
  PLWHA have some degree of housing instability.
- Across all three SNA years, from 2008 to 2013, the housing stability risks reported by PLWHA were
  consistently high, with the average of 68% showing one or more risk factors and an average of 30% showing
  two or more.
- In 2013, the most common stability risk factors were Extreme Rent Burden (35%), Mental Health History (31%) and Short Tenure in Housing (18%).
- The percentage of respondents with Extreme Rent Burden (paying more than 50% for rent/utilities) increased from 26% in 2008 to 35% in 2013.

### Other Needs and System Issues Identified by Consumers

Focus groups produced conversations with and among HIV/AIDS services and housing consumers. In addition to information on housing and housing stability, these conversations produced the following top issues of concern to participants:

#### **Additional Participant Concerns**

- Clients need more information about housing resources. Communication on what is available is lacking.
- The case management system needs attention. Many feel they do not receive the level of support they need.
- Clients want housing choices. Even with few resources to choose from, the general feeling is they are pushed into bad housing situations i.e., living in undesirable neighborhoods without any option.
- There is a common perception that you must become homeless to qualify for and receive "good" housing assistance.
- Clients want to have their hopes for the future acknowledged, including home ownership.

### Summary Findings

Based on the overall survey results, the following describes the evolving issues faced by low-income persons living with HIV/AIDS in the New Orleans area.

INCOME: Very low income, with a mean income of less than \$1000/month across all 3 years

2013 mean income = \$908.76

INCOME SOURCES: Income from wages reduced from 24% to 19% between 2008 and 2013

Major sources in 2013 were SSI/SSDI (60%). Increased from 49.8% in 2008.

More than 40% receive Food Stamps (44% in 2013)

GENDER: Female – 38% in 2013. Increased from 32% in 2008.

Male – 58% in 2013. Decreased from 63% in 2008.

Transgender – 4% in 2013. Increased from 1.2% in 2008.

RACE/ETHNICITY: Black – 67% in 2013

White – 24% in 2013. Increased from 20% in 2008.

Other -7% in 2013.

Hispanic – 7% in 2013. Decreased from 9.4% in 2008.

EMPLOYMENT: Employed – 26% employed in 2013. Decreased from 33% in 2008.

Unemployed – 73% unemployed in 2013. Increased from 62% in 2008.

EDUCATION: High school/GED – 24% in 2013. Decreased from 33% in 2008.

Beyond High school/GED – 72% in 2013. Increased from 65% in 2008.

LIVING SITUATION:

(CURRENT)

Permanent housing – 88% in 2013. Increased from 63% in 2008. Temporary housing – 5% in 2013. Decreased from 9% in 2008.

Homeless – 4% in 2013. No change from 2008.

BARRIERS TO CARE: Highest-rated issues that posed a barrier to HIV care –

Money to pay for rent Lack of resources Fear of disclosure

#### HOUSING STABILITY RISK FACTORS:

HOMELESSNESS: 4% reported "current" homeless in all three years.

11% homeless at least 1 night in 2013. Decreased from 29% in 2008.

At-risk numbers likely much higher

AFFORDABILITY: The vast majority – 60% in 2013 – pay more than 30% of income for rent/utilities.

35% had an extreme housing burden – paying more than 50% of income for rent Affordable rent for most PLWHA is \$272/month. FMR for a 1-BR was \$755/month.

The affordability gap is high, as is the rent burden for most PLWHA.

RENT INCREASE

IMPACT: Nearly one quarter of PLWHA feel they would have to move if rent increased by just \$50.

As many as 46% would have to move if the rent increased by \$100.

HOUSING TENURE: PLWHA have shown increased tenure in housing since 2008.

37% had lived in their unit for less than 6 months in 2008; only 18% in 2013.

SUBSTANCE ABUSE/

MENTAL HEALTH: 7-10% of respondents reported receiving substance abuse treatment in the past 6 months.

28-31% reported recent mental health treatment, in the past 6 months.

3-6% reported both.

STABILITY: Across all 3 survey years, nearly 70% of respondents have one or more risk factor

Even among "permanently housed", 57% - 70% had one or more housing risk factor

In 2013, nearly 1/3 of respondents had 2 or more housing stability risk factors

Very low income households + high housing costs and high cost burden = high need for

Subsidized housing

#### Conclusions

The data analyzed in this investigation provide a rich source of information on the housing needs of persons living with HIV/AIDS in the greater New Orleans area between 2008 and 2013. This information, including the demographic characteristics of PLWHA, their housing stability risks, their personal views about housing and health, and the suitability and affordability of available housing, is intended for use by local leaders to guide funding decisions and other actions that govern the development and availability of affordable housing for low-income persons affected by HIV/AIDS. We encourage all interested parties to study, question, discuss and utilize the information in this report to further build and strengthen the system of HIV/AIDS housing and care in New Orleans.

# **People Living with HIV Needs Assessment**

New Orleans Eligible Metropolitan Area: Services Ranked by Need and Gap

Louisiana Department of Health and Hospitals Office of Public Health

July 2017

The Policy & Research Group 8434 Oak Street New Orleans, Louisiana www.policyandresearch.com 504.865.1545



Table 1. Services Ranked by Need

Ranking	Service	Total responses (n)	Number who needed service	Percent who needed service
1	Dental care	433	351	81%
2	Primary medical care	417	339	81%
3	Medication assistance	416	306	74%
4	Health insurance assistance	398	275	69%
5	Medical case management	423	283	67%
6	Eye care	400	260	65%
7	Mental health counseling or therapy	404	219	54%
8	Food bank	440	229	52%
9	Housing assistance	418	216	52%
10	Emergency financial assistance	409	195	48%
11	Transportation	414	190	46%
12	Help finding safe and affordable housing	438	201	46%
13	Permanent, independent housing	417	190	46%
14	Medical nutrition therapy	396	173	44%
15	Non-medical case management	405	168	42%
16	Legal services	409	167	41%
17	Referral for health care/supportive services	400	155	39%
18	Emergency housing services	416	162	39%
19	Psychosocial support	406	152	37%
20	Health education/risk reduction	402	137	34%
21	Temporary, short-term housing	418	131	31%
22	Specialty medical services	392	118	30%
23	Treatment adherence counseling	402	122	30%
24	Substance use counseling or therapy (outpatient)	396	114	29%
25	Home delivered meals	404	112	28%
26	Facility-based housing	421	116	28%
27	Home health care	394	100	25%
28	Early intervention services (EIS)	390	93	24%
29	Residential treatment services	404	95	24%
30	Child care	405	71	18%
31	Translation services	405	69	17%

This table presents core medical, supportive, and housing services ranked by need in the last six months.

<sup>&</sup>quot;Total responses (n)" represents the number of respondents who answered each question about service needs. Those who responded needed and received or needed but did not receive are included in the "Number who needed service" column.

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Table 2. Services Ranked by Gap

Ranking	Service	Total responses ( <i>n</i> )	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
1	Eye care	400	109	27%
2	Permanent, independent housing	417	101	24%
3	Dental care	433	96	22%
4	Help finding safe and affordable housing	438	98	22%
5	Emergency financial assistance	409	86	21%
6	Emergency housing services	416	89	21%
7	Housing assistance	418	84	20%
8	Food bank	440	70	16%
9	Medical nutrition therapy	396	51	13%
10	Legal services	409	52	13%
11	Transportation	414	53	13%
12	Temporary, short-term housing	418	53	13%
13	Mental health counseling or therapy	404	48	12%
14	Home delivered meals	404	49	12%
15	Psychosocial support	406	43	11%
16	Facility-based housing	421	43	10%
17	Non-medical case management	405	31	8%
18	Referral for health care/supportive services	400	32	8%
19	Residential treatment services	404	32	8%
20	Medication assistance	416	30	7%
21	Substance use counseling or therapy (outpatient)	396	29	7%
22	Specialty medical services	392	27	7%
23	Early intervention services (EIS)	390	28	7%
24	Health education/risk reduction	402	29	7%
25	Treatment adherence counseling	402	28	7%
26	Health insurance assistance	398	24	6%
27	Home health care	394	24	6%
28	Medical case management	423	23	5%
29	Primary medical care	417	22	5%
30	Child care	405	22	5%
31	Translation services	405	18	4%

This table presents core medical, supportive, and housing services ranked by gaps experienced in the last six months.

Because there is variation in n, the percentages do not accurately reflect how gaps in services compare (i.e., the percentages do not capture which services have the largest gaps). Therefore, gaps are ranked by frequency of gaps, or the number of respondents reporting they needed a service but did not receive it.

<sup>&</sup>quot;Total responses (n)" represents the number of respondents who answered each question about service needs. Those who responded needed but did not receive are included in the "Number who needed service, but didn't receive it" column.

r)

# **People Living with HIV Needs Assessment**

New Orleans Eligible Metropolitan Area

Louisiana Department of Health and Hospitals Office of Public Health

Version 2, September 2017

The Policy & Research Group 8434 Oak Street New Orleans, Louisiana www.policyandresearch.com 504.865.1545









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#### Introduction

#### Purpose of the Louisiana Statewide Needs Assessment

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

The 2017 Needs Assessment was supported by the New Orleans Office of Health Policy and AIDS Funding. For a copy of the report, and for reports from previous years, please contact the New Orleans Regional AIDS Planning Council (NORAPC) at info@norapc.org or by phone at (504) 821-7334.

### Layout of the Report

This report presents the characteristics of survey respondents in the New Orleans Eligible Metropolitan Area (NO EMA) and provides basic aggregate results of responses provided to survey questions. A description of the methods used to conduct the 2017 Needs Assessment and analyze the data, as well as a copy of the survey instrument, are included as appendices to this report.

#### **Survey Respondents**

A convenience sample of 471 questionnaires was submitted to PRG after the conclusion of the data collection period (May 1 to June 9, 2017). This represents 79% of the goal of 600 responses as set by NORAPC.

## A. Background

### **HIV/AIDS Status**

Figure A1. HIV/AIDS Status of Respondents (n=437)

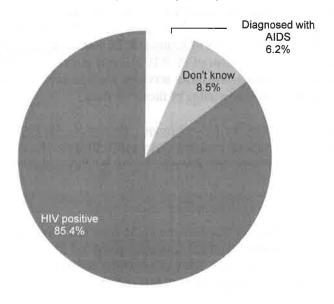
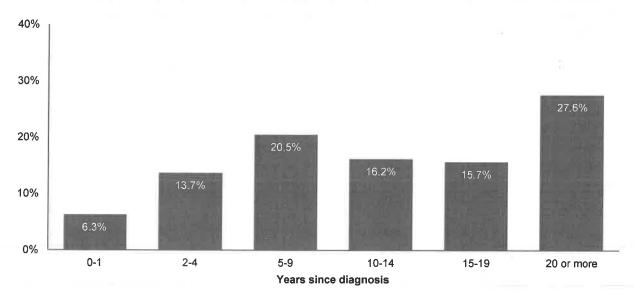
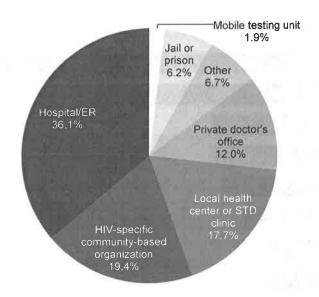


Figure A2. Length of Time Since HIV Diagnosis (n=395)



• Included in the 20 or more column are five respondents who reported HIV diagnosis before 1982 (when diagnosis began); years reported were 1964, 1979, 1980 (entered twice), and 1981.

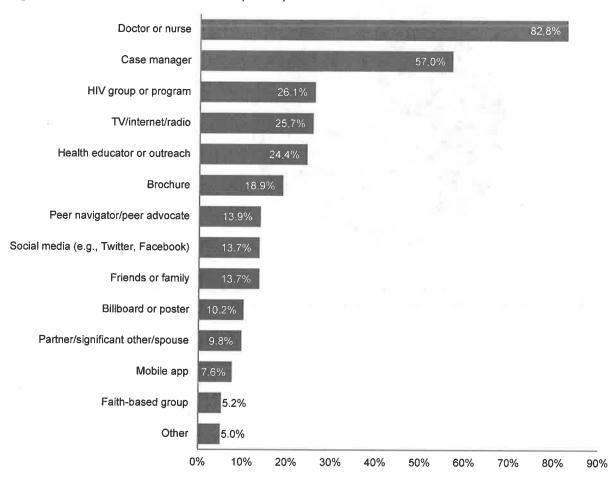
Figure A3. Place Where Respondents Were Told of HIV Diagnosis (n=418)



• The category other includes individuals who specifically chose the response option other (3.8%) as well as those who selected organizations providing other services (2.9%).

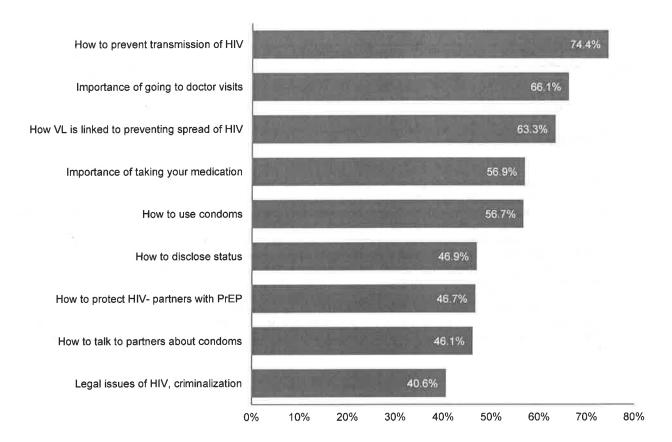
### **HIV-Related Knowledge**

Figure A4. Sources of HIV Information (n=460)



 Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 460 individuals who responded to this question, 304 (66.1%) reported two or more sources of HIV information.

Figure A5. Knowledge of Issues Related to HIV (n=360)



- Included in calculations but not presented in this figure are 26 individuals (7.2%) who selected *No one has explained any of these things to me in the last year*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 360 individuals who responded to this question, 279 (77.5%) reported having knowledge of two or more issues related to HIV.
- Excluded from calculations are 80 individuals who selected *No one has explained any of these things to me in the last year* as well as one or more topics.

### **Background Characteristics**

**Table A1.** Current Parish of Residence (n=404)

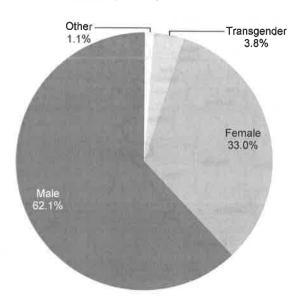
Parish	Number Reporting	Percent Reporting
Orleans	298	73.8%
Jefferson	73	18.1%
St. Bernard	12	3.0%
St. Tammany	11	2.7%

- All respondents were asked to indicate their ZIP code; a total of 404 respondents provided a response. The U.S. Department of Housing and Urban Development United States Postal Services (HUD USPS) 1st quarter 2017 ZIP Code Crosswalk File (Retrieved May 19, 2017 from http://www.huduser.org/portal/datasets/usps\_crosswalk.html) was used to determine the parish corresponding to each ZIP code. ZIP codes reported by 11 respondents (20094, 39466, 70027, 70042, 70045, 70108, 70132, 70332, 70418, 75206, 80910) are not valid Louisiana zip codes; therefore, the parish could not be reported. In addition, in some instances, ZIP codes cross county or parish lines (i.e., the same ZIP code is found in multiple counties). 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 404 respondents for whom we designated a parish of residence, 7 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.
- Not included in the table are the less than 1% of individuals who indicated they reside in Caddo Parish, East Baton Rouge Parish, Plaquemines Parish, Rapides Parish, St. Charles Parish, St. James Parish, St. John the Baptist Parish, or Tangipahoa Parish.

Figure A6. Map of Current Parish of Residence (n=404)



Figure A7. Gender of Respondents (n=449)



• The category transgender includes individuals who selected either transgender: male to female (3.6%) or transgender: female to male (0.2%).

Figure A8. Sexual Orientation (n=444)

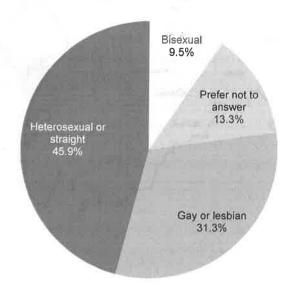
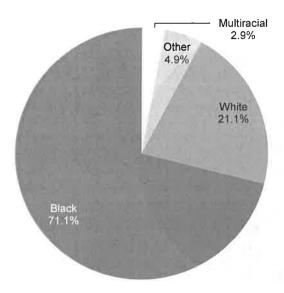


Figure A9. Race of Respondents (n=450)



• The category *other* includes individuals who specifically chose *other* (4.0%), along with those who identified as *Native American* (0.7%) and *Asian or Pacific Islander* (0.2%).

Figure A10. Respondent Ethnicity: Latino/Hispanic (n=432)

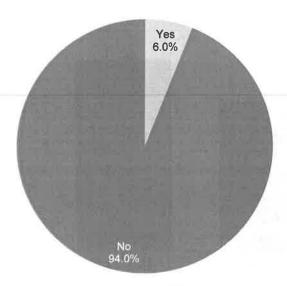
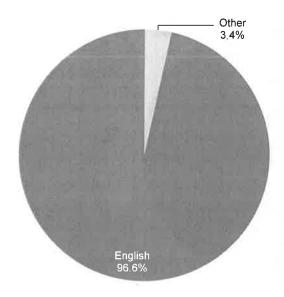
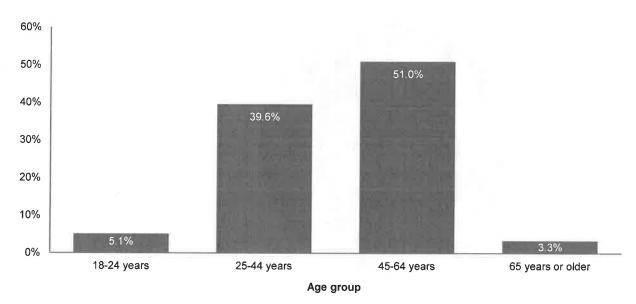


Figure A11. Primary Language of Respondents (n=437)



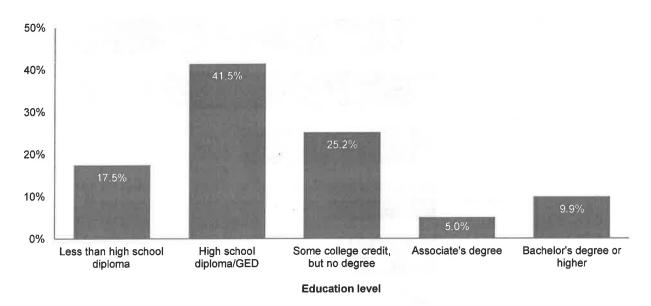
• The category *other* includes individuals who specifically chose *other* (0.9%), along with those who selected *Spanish* (2.5%).

Figure A12. Age of Respondents (n=449)



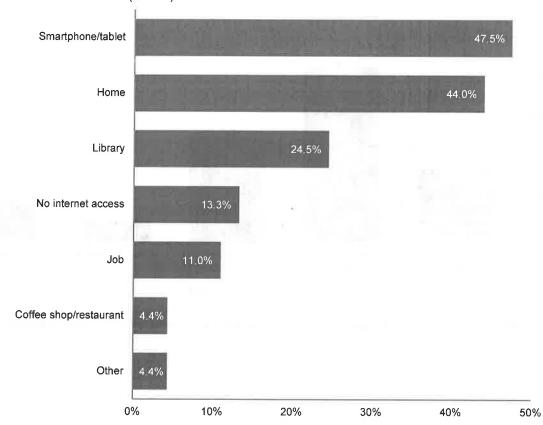
• Included in calculations but not presented in this figure are four individuals (0.9%) who reported being under 18 years of age.

Figure A13. Highest Level of Education Completed by Respondents (n=424)



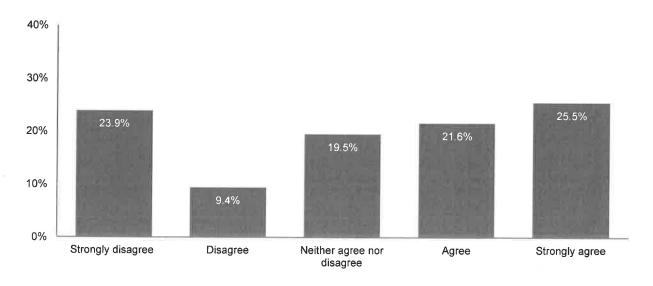
• Included in calculations but not presented in this figure are four individuals (0.9%) who selected other.

Figure A14. Access to Internet (n=436)



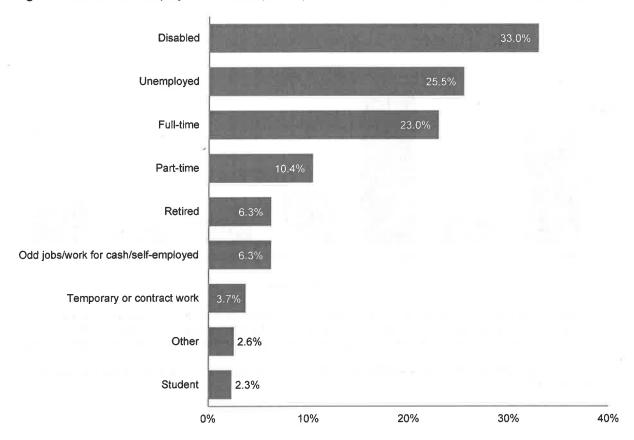
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 436 individuals who responded to this question, 140 (32.1%) reported multiple internet access types.
- Excluded from calculations are six individuals who reported not having access to internet as well as one or more access type.

Figure A15. Agree or Disagree: I feel comfortable using a computer. (n=435)



## **Employment**

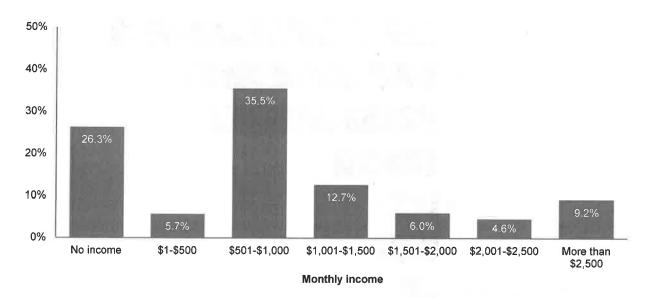
Figure A16. Current Employment Status (n=431)



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 431 individuals who responded to this question, 49 (11.4%) reported having two or more employment situations in the last six months.
- Excluded from calculations is one individual who reported that they were unemployed as well as employed.

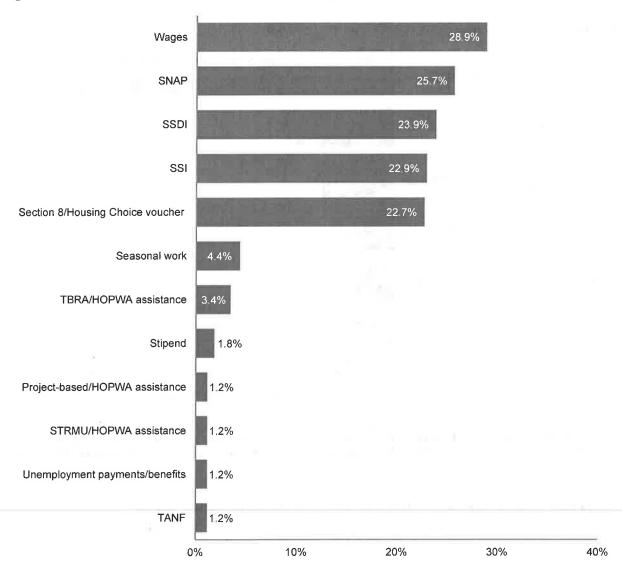
#### Income

Figure A17. Household Income in Month Prior to Survey (n=369)



- Included in calculations and presented in this figure are 11 outliers reported by 14 respondents in the More than \$2,500 category. The reported monthly income for these 14 respondents are: \$5,000; \$5,100; \$5,500; \$14,000 (entered three times); \$21,000; \$25,000 (entered twice); \$30,000; \$32,500; \$45,000; \$49,000; and \$60,000.
- Excluded from calculations is one individual who reported they had no income and also reported a monthly income of \$780.

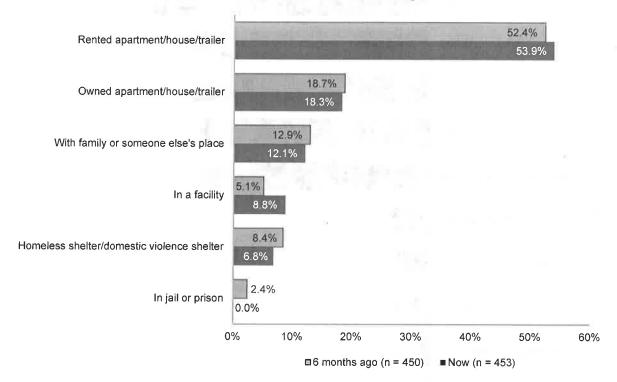




- Abbreviations: SNAP = Supplemental Nutrition Assistance Program, SSDI = Social Security Disability Income, SSI = Supplemental Security Income, TBRA = Tenant-Based Rental Assistance, HOPWA = Housing Opportunities for Persons with AIDS, STRMU = Short-term Rent, Mortgage, and Utility, TANF = Temporary Assistance for Needy Families.
- Included in calculations but not presented in this figure are 140 individuals (32.1%) who selected none of these, 4 individuals (0.9%) who reported receiving LIHEAP (Low Income Home Energy Assistance Program), 4 individuals (0.9%) who reported receiving child support/alimony, 2 individuals (0.5%) who reported receiving veteran's housing, and 1 individual (0.2%) who reported receiving FEMA assistance.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 436 individuals who responded to this question, 182 (41.7%) reported receiving two or more forms of income and assistance.
- Excluded from calculations are four individuals who reported forms of financial assistance received as well as no financial assistance received.

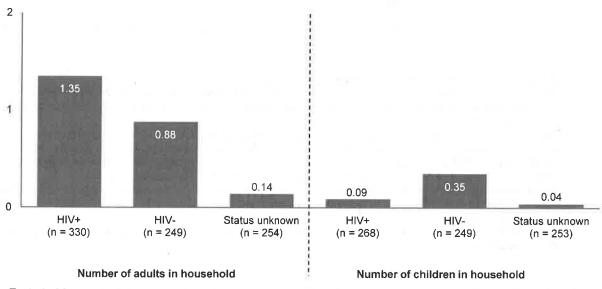
#### Housing

Figure A19. Places Where Respondents Live Now and 6 Months Ago



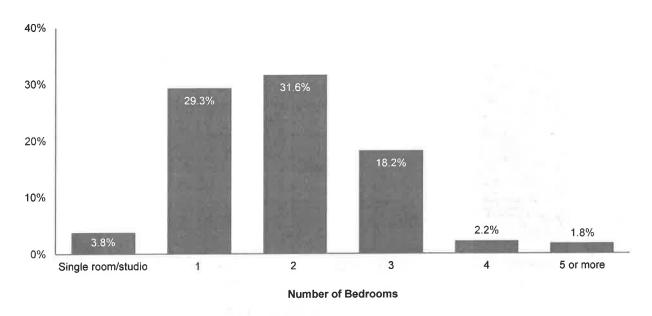
• The questionnaire asked respondents to only select one housing option for each time point. If respondents lived in more than one place during these time periods, they were instructed to select the housing type where they lived most often.

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



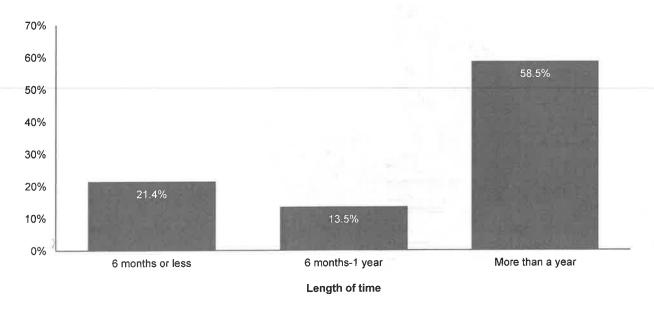
 Excluded from calculations are 78 adult responses and 68 children responses because the number of adults and/or children who are HIV+ or HIV- did not match the total number of adults and/or children in the household.

Figure A21. Number of Bedrooms in Respondents' Residences (n=450)



• Included in calculations but not presented in this figure are 59 individuals (13.1%) who selected *Not applicable, I don't live in an apartment, house, or trailer.* 

Figure A22. Length of Time at Current Residence (n=443)



• Included in calculations but not presented in this figure are 29 individuals (6.6%) who selected *Not applicable, I'm homeless*.

Figure A23. Nights Spent Homeless or Without a Place to Sleep in Last Year (n=342)

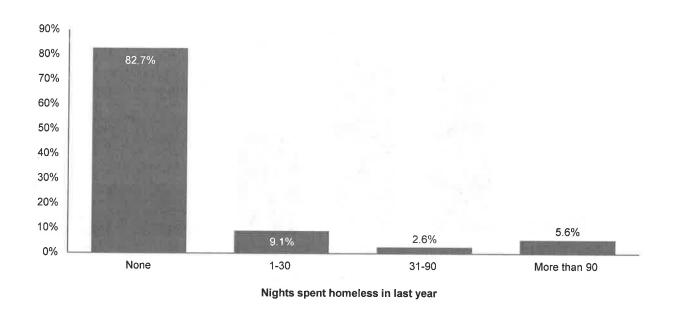
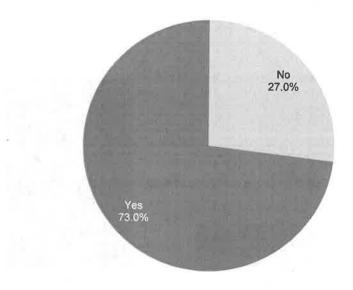
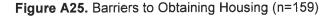
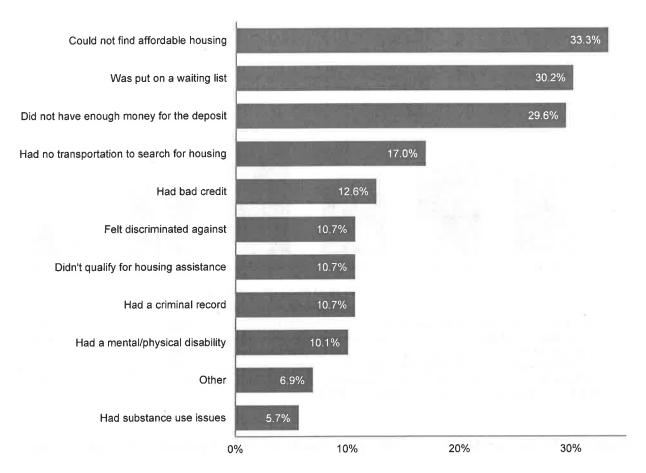


Figure A24. Had Trouble Obtaining Housing in the Last 6 months (n=359)

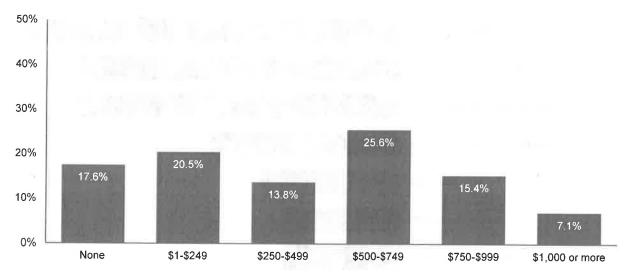






- Included in calculations but not presented in this figure are 53 individuals (33.3%) who selected *I did not have any problems*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 159 individuals who responded to this question, 51 (32.1%) reported experiencing two or more barriers to obtaining housing.
- Excluded from calculations are 18 individuals who indicated they had not experienced any barriers to finding housing as well as at least one barrier.

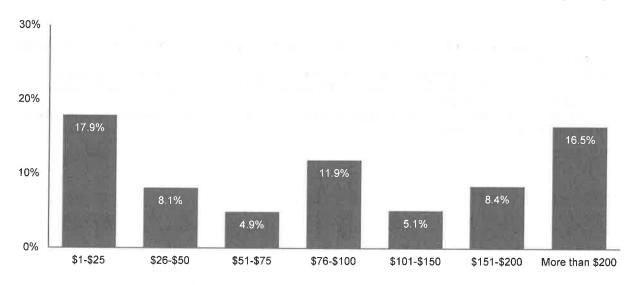
Figure A26. Rent/Mortgage Contribution Paid Out-of-Pocket (n=312)



Monthly rent / mortgage contribution

• Of the 312 individuals who reported that they do contribute to their rent/mortgage, 275 responded to a question about utilities. Out of these 275 individuals, out-of-pocket rent/mortgage payments included *water* (46.9%), garbage (34.9%), electric (47.3%), gas (24.7%), or no utilities (40.0%). An additional 105 individuals responded to a question about utilities, but did not identify their out-of-pocket rent/mortgage contribution. Out of these 105 individuals, out-of-pocket rent/mortgage payments included water (40.0%), garbage (20.0%), electric (64.8%), gas (22.9%), or no utilities (27.6%).

Figure A27. Increase per Month in Rent/Mortgage That Would Cause Respondents to Move (n=369)



Amount increase in rent / mortgage

• Included in calculations but not presented in this figure are 100 individuals (27.1%) who selected none.

Figure A28. Had to Move Due to Inability to Afford Home (n=453)

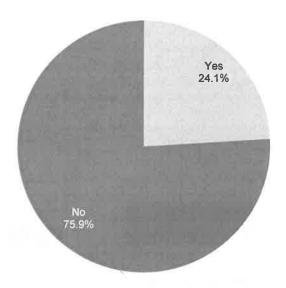


Figure A29. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past Year (n=447)

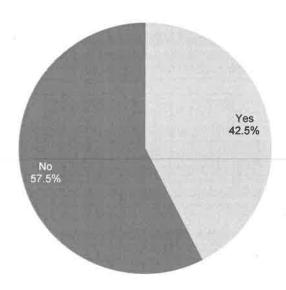
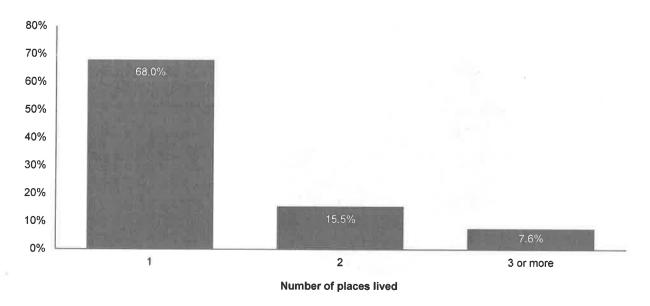


Figure A30. Number of Places Lived in Past Six Months (n=406)

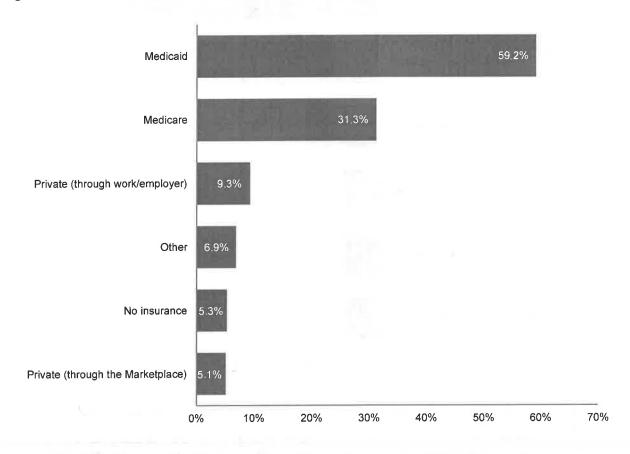


• Included in calculations but not presented in this figure are 36 individuals (8.9%) who provided a response of zero places of residence in the past six months.

#### B. Medical Care

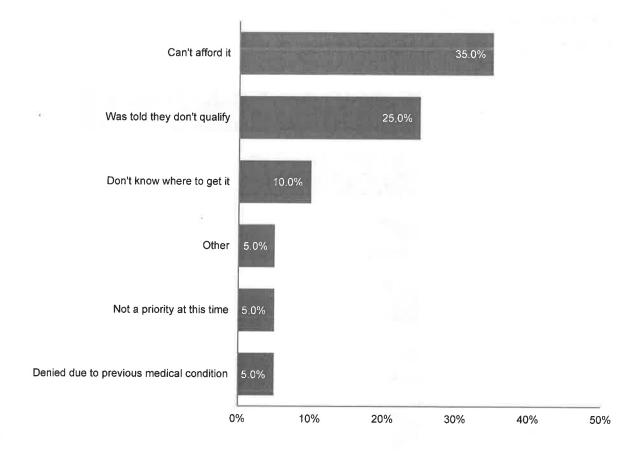
## Health Insurance and Medical Coverage

Figure B1. Sources of Health Insurance for HIV/AIDS Medical Care (n=451)



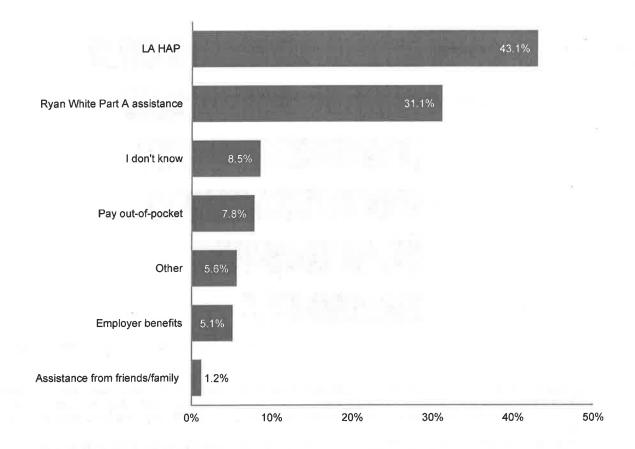
- Included in calculations but not presented in this figure are three individuals (0.7%) who selected *Veteran's Administration (VA)*, three individuals (0.7%) who selected *private insurance through parent or spouse*, and one individual (0.2%) who selected *COBRA (continuation of insurance paid through your last employer)*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 451 individuals who responded to this question, 77 (17.1%) reported having two or more sources of health insurance for their HIV/AIDS medical care.
- Excluded from calculations are five respondents who indicated having no insurance as well as at least one source of health insurance.





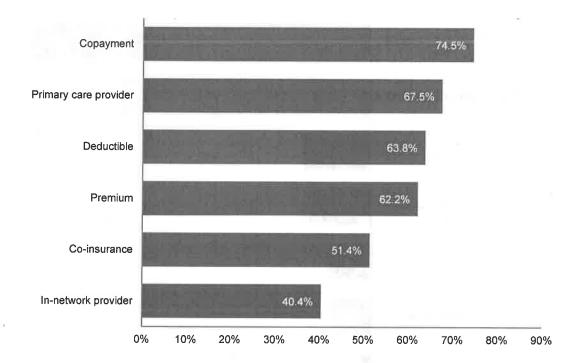
- Included in calculations but not presented in this figure are five individuals (25.0%) who selected not
  applicable.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 20 individuals who responded to this question, 2 (10.0%) reported two or more barriers.
- No individuals selected don't have proper U.S. residency documents, don't have computer or internet access, it's confusing/don't understand, or couldn't pay premium on time.
- The sample for this figure is limited to individuals who responded that they do not have health insurance coverage. Excluded from calculations are 10 respondents who indicated having health insurance coverage as well as at least one barrier to obtaining health insurance coverage.





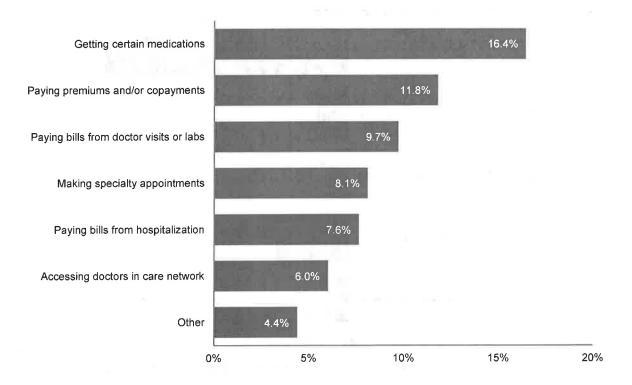
- Abbreviation: LA HAP = Louisiana Health Access Program
- Included in calculations but not presented in this figure are 2 individuals (0.5%) who selected tax subsidies and 60 individuals (14.6%) who selected not applicable.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 411 individuals who responded to this question, 58 (14.1%) reported two or more methods of payment for premiums.
- The sample for this figure is limited to individuals who responded that they have health insurance coverage. Excluded from calculations are four respondents who selected at least one method of payment as well as no health insurance coverage.





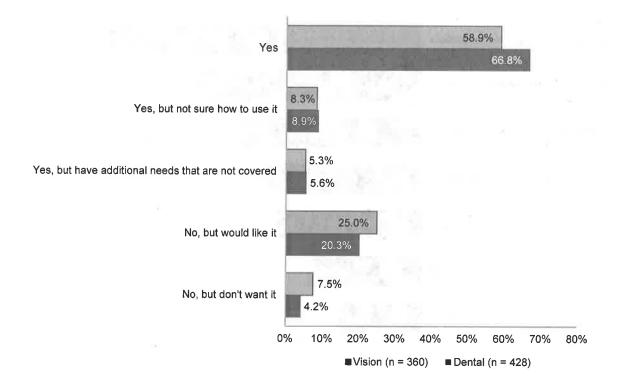
- Included in calculations but not presented in this figure are 50 individuals (11.7%) who selected none of these.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 428 individuals who responded to this question, 309 (72.2%) reported knowledge of two or more terms.
- Excluded from calculations are 20 respondents who indicated no knowledge of terms listed as well as knowledge of at least one term listed.





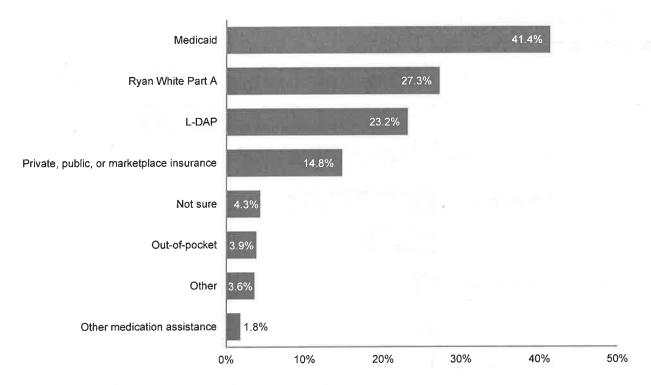
- Included in calculations but not presented in this figure are 269 individuals (62.3%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 432 individuals who responded to this question, 65 (15.0%) reported two or more problems.
- Excluded from calculations are four respondents who selected not applicable as well as at least one problem.

Figure B6. Dental and Vision Insurance Coverage Needs Met



- Respondents were instructed to select only one response option on the questionnaire. However, since the responses are not mutually exclusive we have allowed multiple responses into our calculations.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 360 individuals who responded to the *Vision* category, 17 (4.7%) selected at least two responses. Out of the 428 individuals who responded to the *Dental* category, 22 (5.1%) selected at least two responses.
- Excluded from calculations are individuals who selected at least one yes and at least one no response option (21 and 23 individuals for *Dental* and *Vision* categories, respectively).

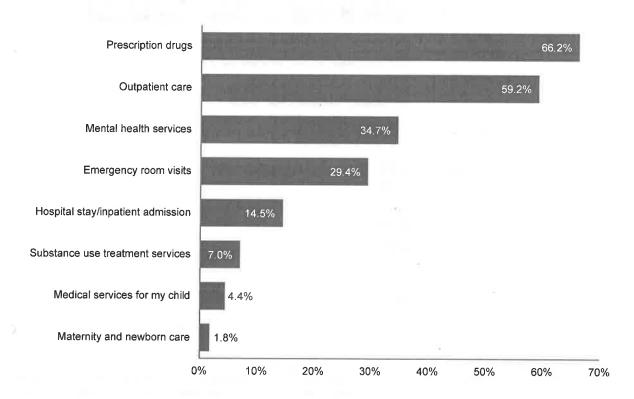
Figure B7. Method of Payment for Medications (n=440)



- Abbreviation: L-DAP = Louisiana Drug Assistance Program
- Included in calculations but not presented in this figure are 15 individuals (3.4%) who selected not applicable.
- Respondents were instructed to select only one response option on the questionnaire. However, since the responses are not mutually exclusive we have allowed multiple responses into our calculations.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of 440 individuals who responded to this question, 88 (20.0%) reported two or more methods of payment.
- Excluded from calculations are two individuals who selected not applicable as well as at least one method.

### **Medical Services**

Figure B8. Medical Services Needed in Last Year (n=456)



- Included in calculations but not presented in this figure are 62 individuals (13.6%) who selected *I did not need any of these services*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 456 individuals who responded to this question, 288 (63.2%) reported a need for two or more services.
- Excluded from calculations are five individuals who selected *I did not need any of these services* as well as at least one medical service.

### C. Health and Health Behaviors

### **Overall Health**

Figure C1. Self-Reported Overall Health Status (n=468)

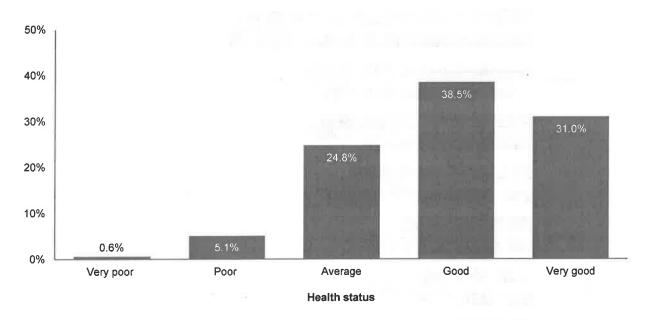


Figure C2. Current Viral Load (n=452)

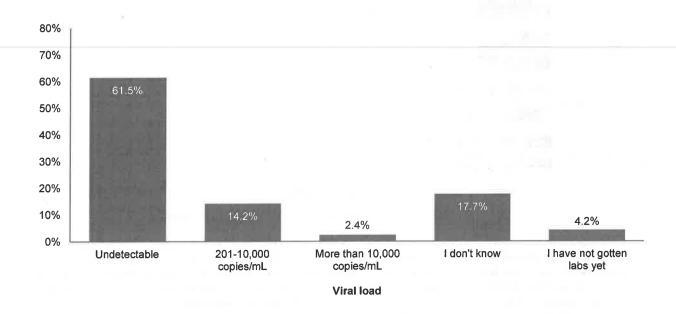
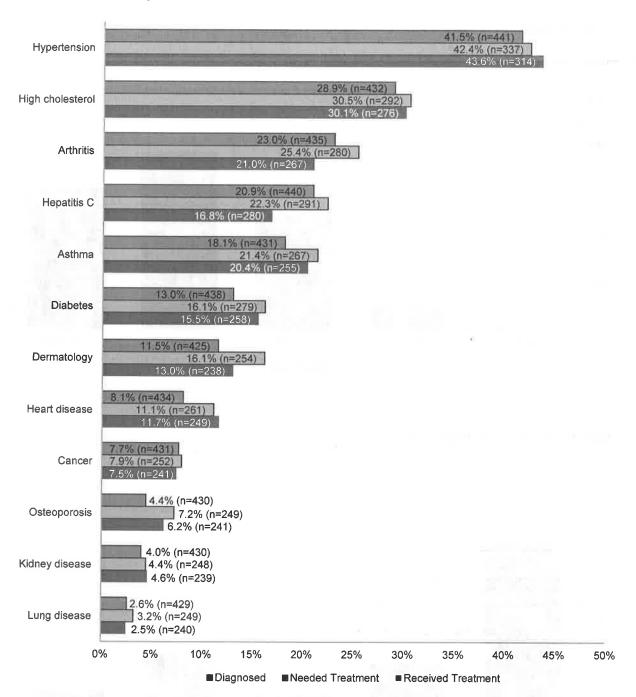
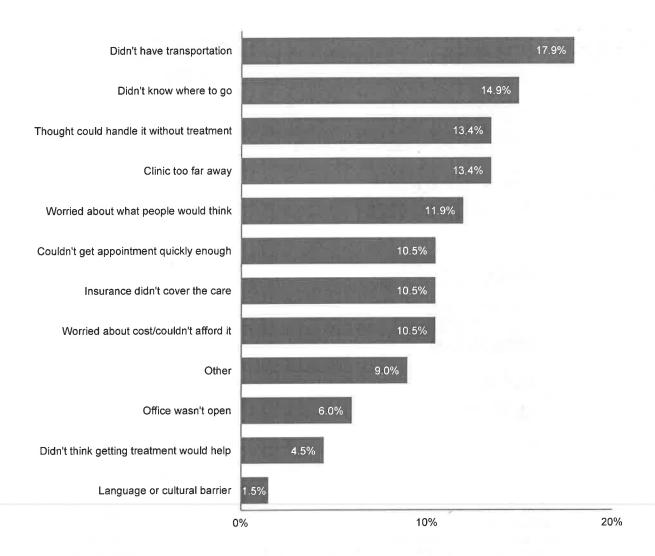


Figure C3. Medical Diagnoses and Treatment



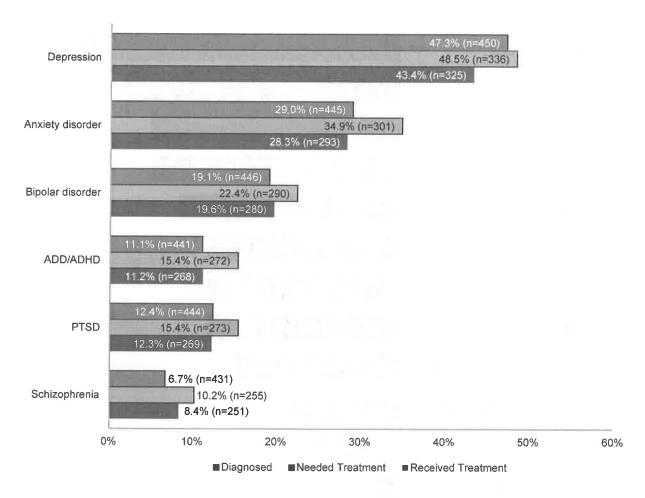
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- Included in calculations but not presented in this figure are 23 individuals (4.9%) who indicated that they had none of the listed medical diagnoses. In addition, 16 individuals indicated that they were diagnosed with some other medical condition, of which 12 needed treatment and 12 received treatment.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Two hundred twenty-five respondents reported two or more medical diagnoses.





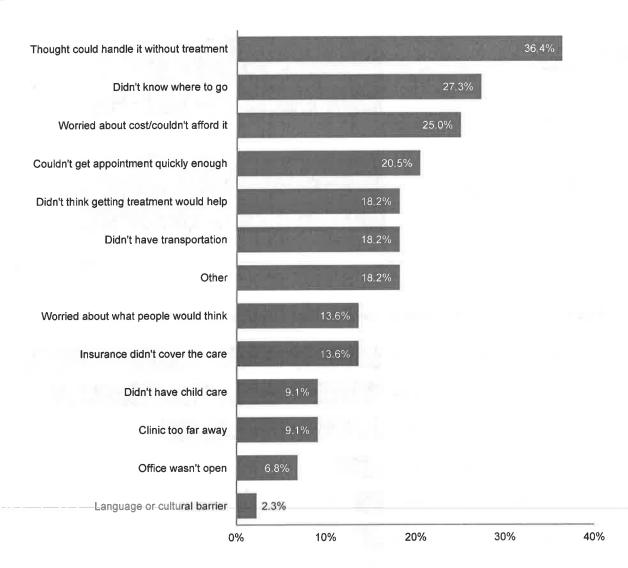
- Included in calculations but not presented in this figure are 33 individuals (49.3%) who selected not applicable.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 67 individuals who responded to this question, 14 (20.9%) selected two or more reasons.
- No individuals selected didn't have child care.
- Excluded from calculations are three individuals who selected not applicable as well as at least one reason.





- Abbreviations: ADD/ADHD= Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, PTSD = Post-Traumatic Stress Disorder
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- Included in calculations but not presented in this figure are 18 individuals (3.8%) who indicated that they had
  none of the listed mental health diagnoses. In addition, 9 individuals indicated that they were diagnosed with
  some other mental health condition, of which 6 needed treatment and 5 received treatment.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. One hundred fifty-six respondents reported two or more mental health diagnoses.





- Included in calculations but not presented in this figure are eight individuals (18.2%) who selected not
  applicable.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 44 individuals who responded to this question, 20 (45.5%) selected two or more reasons.
- Excluded from calculations are three individuals who selected not applicable and at least one reason.

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

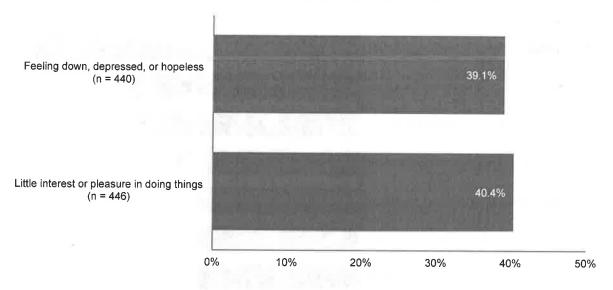
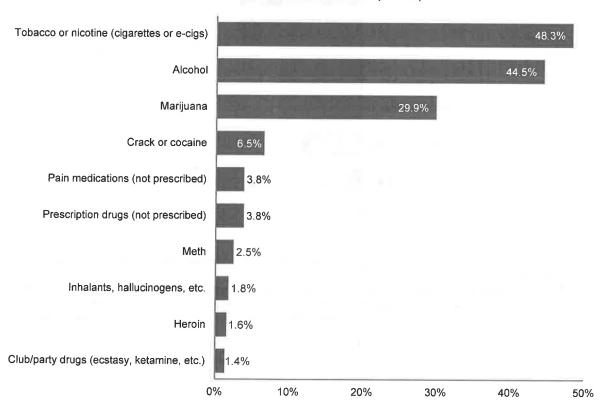


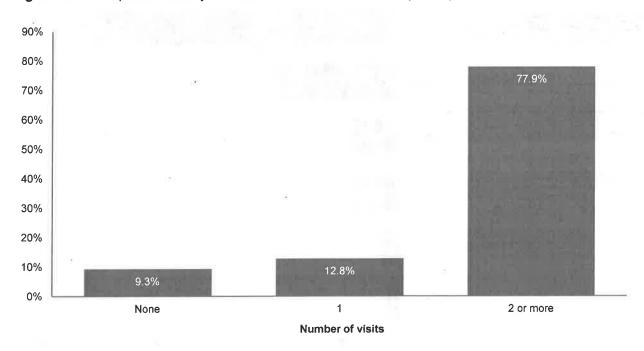
Figure C8. Self-Reported Substance Use in the Past 12 Months (n=445)



- Included in calculations but not presented in this figure are 120 individuals (27.0%) who selected none and 3
  (0.7%) who selected other.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 445 respondents who indicated they used at least one of these substances, 188 (42.2%) reported using two or more substances.
- Excluded from calculations are nine individuals who reported using at least one of the listed substances as well none of the listed substances.

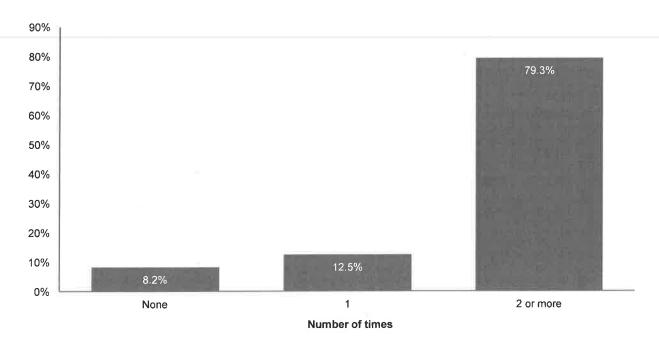
### **Health Seeking Behavior**

Figure C9. HIV-Specific Primary Medical Care Visits in Past Year (n=453)

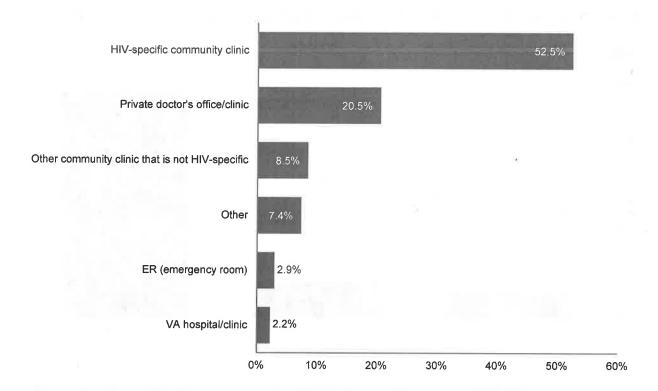


• Excluded from calculations are 12 individuals who selected Not applicable, I don't have an HIV care provider.

Figure C10. Discussed HIV-Related Medical Care with Medical Professional in the Last Year (n=463)

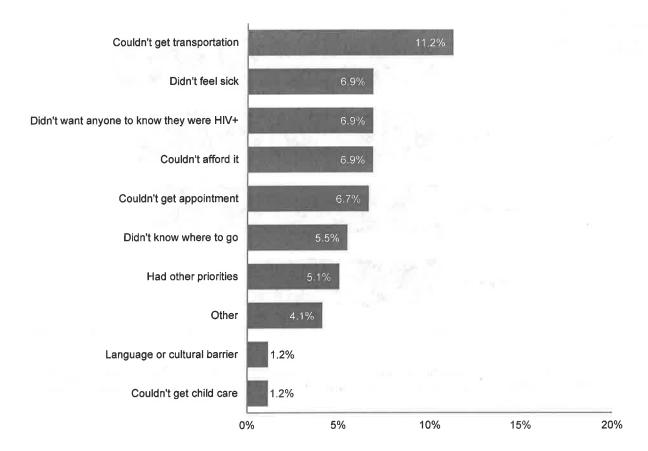






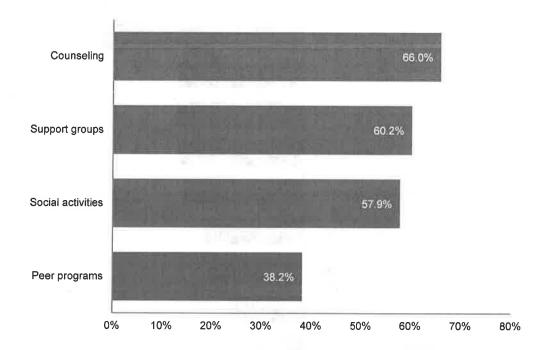
• Included in calculations but not presented in this figure are 27 individuals (6.0%) who selected not applicable.

Figure C12. Barriers to Receiving Needed Medical Care (n=436)



- Included in calculations but not presented in this figure are 271 individuals (62.2%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 436 individuals who responded to this question, 43 (9.9%) selected two or more barriers.
- Excluded from calculations are four individuals who selected not applicable and at least one barrier.

Figure C13. Interest in Psychosocial Support (n=382)



 Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 382 individuals who responded to this question, 211 (55.2%) expressed interest in two or more types of support.

### **HIV Medication and Medical Adherence**

Figure C14. Currently Taking HIV Medications Prescribed by a Doctor (n=429)

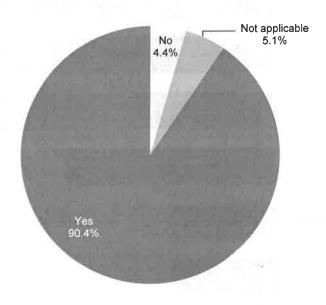
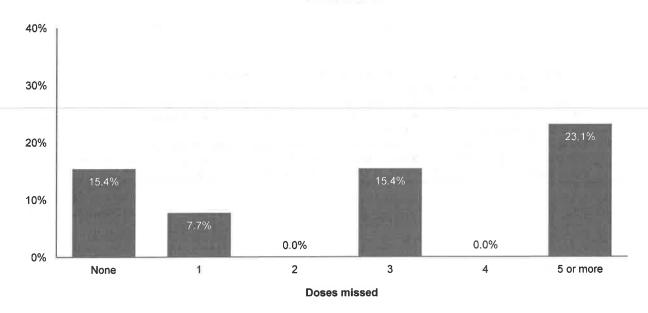
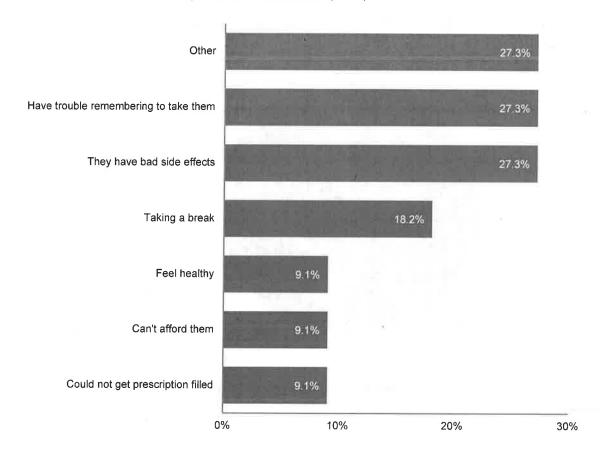


Figure C15. Number of Doses Missed in Last Three Days (n=13)



• Included in calculations but not presented in this figure are five individuals (38.5%) who selected *don't know* and were subsequently asked to estimate the percentage of doses missed in the last three days. One individual reported *0-25%* of doses missed, one individual reported *26-50%* of doses missed, and one individual reported *76-100%* of doses missed.





- Included in calculations but not presented in this figure is one individual (9.1%) who selected N/A: I have not been prescribed any medications.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 11 individuals who responded to this question, 3 (27.3%) selected two or more reasons.
- No respondents selected I have not seen a doctor yet.
- Excluded from calculations are 11 individuals who provided inconsistent responses. Ten individuals reported they were taking medication as prescribed as well as a reason for not taking medication as prescribed. One respondent selected a reason as well as I haven't been prescribed any medication.

### D. Need and Use of Services

Figure D1. Need and Receipt of Core Medical Services

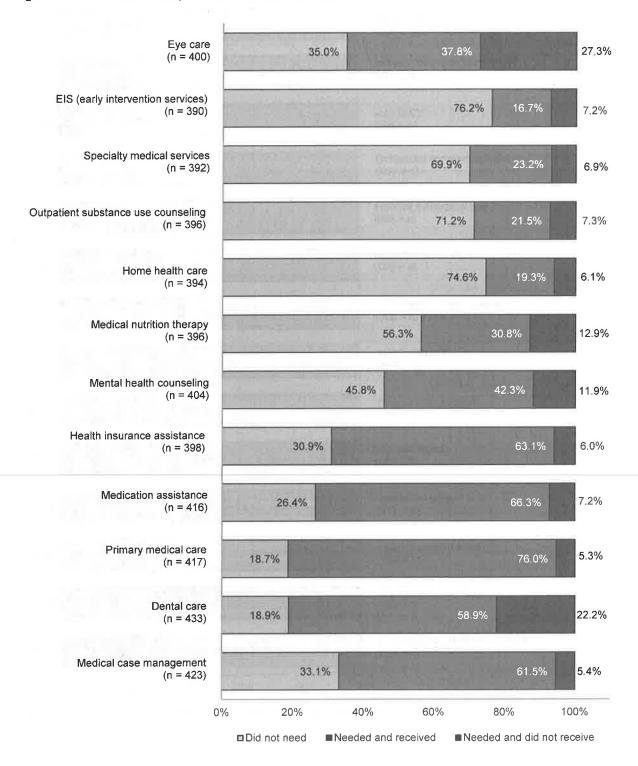


Figure D2. Need and Receipt of Support Services

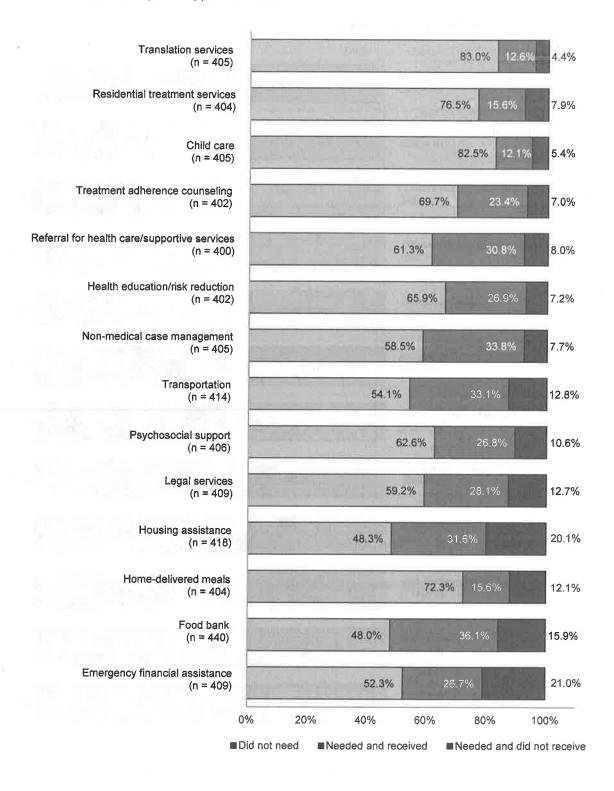
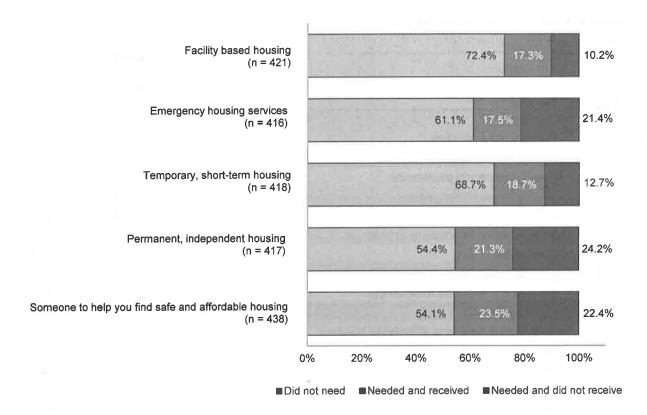


Figure D3. Need and Receipt of Housing Services



### Appendix A. Ranked Needs and Gaps

Table A.1. Services Ranked by Need

Ranking	Service	Total responses (n)	Number who needed service	Percent who needed service
1	Dental care	433	351	81%
2	Primary medical care	417	339	81%
3	Medication assistance	416	306	74%
4	Health insurance assistance	398	275	69%
5	Medical case management	423	283	67%
6	Eye care	400	260	65%
7	Mental health counseling or therapy	404	219	54%
8	Food bank	440	229	52%
9	Housing assistance	418	216	52%
10	Emergency financial assistance	409	195	48%
11	Transportation	414	190	46%
12	Help finding safe and affordable housing	438	201	46%
13	Permanent, independent housing	417	190	46%
14	Medical nutrition therapy	396	173	44%
15	Non-medical case management	405	168	41%
16	Legal services	409	167	41%
17	Referral for health care/supportive services	400	155	39%
18	Emergency housing services	416	162	39%
19	Psychosocial support	406	152	37%
20	Health education/risk reduction	402	137	34%
21	Temporary, short-term housing	418	131	31%
22	Specialty medical services	392	118	30%
23	Treatment adherence counseling	402	122	30%
24	Substance use counseling or therapy (outpatient)	396	114	29%
25	Home delivered meals	404	112	28%
26	Facility-based housing	421	116	28%
27	Home health care	394	100	25%
28	Early intervention services (EIS)	390	93	24%
29	Residential treatment services	404	95	24%
30	Child care	405	71	18%
31	Translation services	405	69	17%

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

Table A.2. Services Ranked by Gap

Ranking	Service	Total responses ( <i>n</i> )	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
10 11 -	Eye care	400	109	27%
2	Permanent, independent housing	417	101	24%
3	Dental care	433	96	22%
4	Help finding safe and affordable housing	438	98	22%
5	Emergency financial assistance	409	86	21%
6	Emergency housing services	416	89	21%
7	Housing assistance	418	84	20%
8	Food bank	440	70	16%
9	Medical nutrition therapy	396	51	13%
10	Legal services	409	52	13%
11	Transportation	414	53	13%
12	Temporary, short-term housing	418	53	13%
13	Mental health counseling or therapy	404	48	12%
14	Home delivered meals	404	49	12%
15	Psychosocial support	406	43	11%
16	Facility-based housing	421	43	10%
17	Non-medical case management	405	31	8%
18	Referral for health care/supportive services	400	32	8%
19	Residential treatment services	404	32	8%
20	Medication assistance	416	30	7%
21	Substance use counseling or therapy (outpatient)	396	29	7%
22	Specialty medical services	392	27	7%
23	Early intervention services (EIS)	390	28	7%
24	Health education/risk reduction	402	29	7%
25	Treatment adherence counseling	402	28	7%
26	Health insurance assistance	398	24	6%
27	Home health care	394	24	6%
28	Medical case management	423	23	5%
29	Primary medical care	417	22	5%
30	Child care	405	22	5%
31	Translation services	405	18	4%

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

### Appendix B. Methods

To collect data for the 2017 Needs Assessment, a convenience sample survey on the current care service needs of PLWH was conducted with clients of HIV/AIDS services in NO EMA. The survey was conducted at agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire available in both English and Spanish. Clients were eligible to take the survey over a five-week period, from May 1 to June 9, 2017. Survey administration was managed by the NORAPC. As incentives for their participation, clients who participated in the survey were offered a raffle ticket for a chance to win one of five Kindle Fire tablets. Peer Survey Administrators were used to promote the 2017 Louisiana Needs Assessment at their local agencies and in the community, assist clients in completing the questionnaire, and distribute and document raffle tickets. This section describes the instrument, sample, and procedures used in this needs assessment.

### Instrument

The 2017 Needs Assessment Survey was created as an adaptation from the 2015 Needs Assessment Surveys that were used in NOEMA, BREMA, and Regions 3-9 in 2015, with feedback from OPH SHP, NORAPC, and the Office of Health Planning and AIDS Funding. A small workgroup of staff from the OPH SHP translated the English questionnaire into Spanish. All individuals that were involved in translation efforts are native speakers or meet a threshold for bilingual proficiency.

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

### Sample

Ryan White funding structures were used to organize the administration of the 2017 Louisiana 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 600 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. John the Baptist, and St. James) and Region IX (St. Tammany). These parishes are highlighted in Figure B.1 below.





The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the NO EMA, but rather a subset of that population who were asked and responded to the questionnaire. Any PLWH who walked into any one of the participating agencies and was at least 18 years old during the administration period was eligible to complete the 2017 Louisiana Needs Assessment Survey. NORAPC staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

### **Partners**

The NO EMA 2017 Needs Assessment was conducted with the cooperation of agencies across NO EMA. Partner agencies were responsible for distributing questionnaires and raffle tickets to clients and tracking the distribution of raffle tickets. A partner list is provided in Appendix C.

Peer survey administrators 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 survey administrators were selected based on responses to applications submitted. Preference was given to those with previous experience administering surveys as well as their ability to reach clients. The peer survey administrators' responsibilities included promoting the 2017 Louisiana Needs Assessment at their local agency and in the community, helping clients

complete the survey, collecting all surveys, and distributing and documenting raffle tickets. Peer survey administrators received a stipend from NORAPC for their time and effort.

### **Training**

All peer survey administrators who were involved with the administration of the NO EMA 2017 Louisiana Needs Assessment received training at NORAPC. The training covered survey administration, an overview of the questionnaire, management of incentives, logistics and planning, and appropriate ways to engage clients.

### Administration

All of the materials necessary to begin collecting data, including questionnaires, raffle tickets, and writing utensils, were provided by NORAPC to the partner agencies. Data were collected in NO EMA from May 1 to June 9, 2017. NORAPC had a target of 600 questionnaires it aimed to administer to clients in the NO EMA region.

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

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

Once the client completed his/her questionnaire, the peer survey administrators performed quality checks on a specific set of questions. Clients were then given the opportunity to fill out a raffle ticket for a chance to win one of five *Kindle Fire* tablets as a gesture of appreciation for their time and participation. Completed surveys and raffle tickets were placed in separate secure envelopes and returned to NORAPC weekly. In May and June 2017, NORAPC delivered all completed questionnaires to PRG.

### **Data Entry and Cleaning**

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped into stacks by agency. Each questionnaire in a stack was entered into an online *Remark Web Survey* data form that was created by PRG. 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 13.1.

### **Data Preparation**

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

As previously mentioned, some questions allowed individuals to respond *other* if they felt that their situation was not represented by the given answers. PRG reviewed responses to all questions with an *other* response. For each particular question, if over 20% of respondents in NO EMA selected *other*, we report any response written in by more than one respondent below the appropriate figure. The responses are presented from most common to least common. It should be noted that not all persons who responded *other* provided written-in responses. In addition, where applicable, if an individual responded *other* and provided a written-in response that fell into one of the existing response option categories, the response was recoded to the appropriate category and the individual was not represented in the *other* category.

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

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

### Appendix C. List of Partners

Belle Reve New Orleans
Concerned Citizens for a Better Algiers
Crescent Care
Family Advocacy, Care, and Education Services Program
New Orleans Regional AIDS Planning Council
NO/AIDS Task Force
Priority Health Care
Project Lazarus of New Orleans
Saint Thomas Community Health Center
Southeast Louisiana Area Health Education Center
University Medical Center HIV Outpatient Program

### Appendix D. Survey Instrument



### 2017 Louisiana Needs Assessment

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

### What is this survey for?

The survey asks people living with HIV (PLWH) in Louisiana what services are needed in order to maximize access to healthcare, what services are already available, and what healthcare challenges currently exist. The information that is gathered from these surveys will help improve access to healthcare services for PLWH for the next two years. Data are being collected from May 1 – June 2, 2017.

### Why should you complete this survey?

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

### How long will this survey take?

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

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

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

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

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

### Will I be compensated for completing this survey?

Yes. As a 'thank you' for completing this survey, you will be entered to win 1 of 5 Kindle Fire tablets. The raffle drawing will take place June 26th, once all surveys have been completed. Winners will then be contacted to receive their new Kindle Fire tablet!

### HEALTH INSURANCE

	k all that apply.		
→ An	I do not currently have health insurance that covers maswer question 1a and skip question 1b	ıy H	V-related medical care and medications
	Medicard (a plan through Healthy Louisiana) → Answ	er qı	estion 1b and skip question 1a
	Medicare → Answer question 1b and skip question 1a		a la
	Private insurance through work/employer > Answer		
	Private insurance through the Marketplace $\rightarrow$ Answer		
	Private insurance through parent or spouse → Answer		
	Veteran's Administration (VA) → Answer question 1b		
	COBRA (continuation of insurance paid through your		
	Other (tell us:		) → Answer question 1b and skip question 1a
	If you DO NOT currently have health insurance the medications, what is preventing you from getting h		insurance? Mark all that apply.
	☐ Not applicable, I have insurance that covers my HIV-related medical care and medications		I was told I don't qualify
	☐ I can't afford it		It's not a priority for me at this time
	☐ I don't know where to get it		I don't have a computer or internet access
	☐ I was denied because of a previous medical		☐ It's confusing, I don't understand
	condition		☐ I couldn't get the premium paid on time
	☐ I don't have proper U.S. residency		Other (tell us:
b. I	(immigration) documents  If you currently HAVE health insurance that covers	vou	
	(immigration) documents  If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies		THIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:
	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)		THIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket
ŀ	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies	Mat	THIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:
ŀ	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that applications	Mat	r HIV-related medical care and medications, it all that apply.  □ Employer benefits □ Friends/Family help me make those decisions □ I pay out of my own pocket □ Other (tell us:
ŀ	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium	Mat	r HIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know
ŀ	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium  Copayment	Mat	THIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know  In-network provider  Primary care provider
ŀ	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium  Copayment  Deductible	Mat	r HIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know
ŀ	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium  Copayment	Mat	THIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know  In-network provider  Primary care provider
Select	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium  Copayment  Deductible	Mar	HIV-related medical care and medications, k all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know  In-network provider  Primary care provider  None of these
Select	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium  Copayment  Deductible  Co-insurance  have experienced any problems with your health in you've had trouble with. Mark all that apply.  Not applicable, I have not experienced any	Mar	HIV-related medical care and medications, k all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know  In-network provider  Primary care provider  None of these
Selection of the select	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that apprenium  Copayment  Deductible  Co-insurance  have experienced any problems with your health in you've had trouble with. Mark all that apply.  Not applicable, I have not experienced any problems with health insurance	Mar	HIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know  In-network provider  Primary care provider  None of these
Selection of the select	If you currently HAVE health insurance that covers now do you pay your monthly insurance premium?  Not applicable, I don't have health insurance that covers my HIV-related medical care and medications  Louisiana Health Access Program (LA HAP)  Tax subsidies  Ryan White Part A Health Insurance Assistance all the words that you understand. Mark all that appremium  Copayment  Deductible  Co-insurance  have experienced any problems with your health in you've had trouble with. Mark all that apply.  Not applicable, I have not experienced any	Mar	HIV-related medical care and medications, it all that apply.  Employer benefits  Friends/Family help me make those decisions  I pay out of my own pocket  Other (tell us:  I don't know  In-network provider  Primary care provider  None of these  make those decisions  Li pay out of my own pocket  Making specialty appointments

Outpatient care: local clinic, doctor visit, urgent	☐ Medical services for t	my child
care, annual check-up, vaccines, etc.	☐ Emergency room visi	•
☐ Prescription drugs	☐ Substance use treatm	
☐ Mental health services		es/in-patient admissio
☐ Maternity and newborn care	☐ I did not need any of	-
Do you currently have dental insurance and/or insurar insurance type.	nce for vision services? Mar	k only one answer pe
Commence of the second	Dental	Vision
Yes	0	0
Yes, but I am not sure how to use it	0	0
Yes, but I have additional needs that are not covered	0	0
No, but I would like it	0	0
No, but I don't want/need it	0	0
	SH-	
MEDICAL	CARE	
The state of the s		
O Very good O Good	today? Select one answer.	
O Very good	today? Select one answer.	
O Very good O Good O Average O Poor O Very Poor		er in the last year? <i>Se</i>
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have		er in the <u>last year</u> ? <i>Se</i>
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have		er in the <u>last year</u> ? <i>Se</i>
<ul> <li>Very good</li> <li>Good</li> <li>Average</li> <li>Poor</li> <li>Very Poor</li> </ul> How many HIV-related medical care visits did you have one answer.		er in the <u>last year</u> ? <i>Se</i>
<ul> <li>Very good</li> <li>Good</li> <li>Average</li> <li>Poor</li> <li>Very Poor</li> </ul> How many HIV-related medical care visits did you have one answer. <ul> <li>Not applicable, I don't have a HIV care provider</li> <li>None</li> <li>One</li> </ul>		er in the <u>last year</u> ? <i>Se</i>
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None		er in the <u>last year</u> ? <i>Se</i>
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related me	e with your primary provide	
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related medast year? Select one answer.	e with your primary provide	
<ul> <li>Very good</li> <li>Good</li> <li>Average</li> <li>Poor</li> <li>Very Poor</li> </ul> How many HIV-related medical care visits did you have one answer. <ul> <li>Not applicable, I don't have a HIV care provider</li> <li>None</li> <li>One</li> <li>Two or more</li> </ul> How many times did you discuss your HIV-related medast year? Select one answer. <ul> <li>None</li> </ul>	e with your primary provide	
<ul> <li>Good</li> <li>Average</li> <li>Poor</li> <li>Very Poor</li> </ul> How many HIV-related medical care visits did you have one answer. <ul> <li>Not applicable, I don't have a HIV care provider</li> <li>None</li> <li>One</li> <li>Two or more</li> </ul> How many times did you discuss your HIV-related mediast year? Select one answer. <ul> <li>None</li> <li>One</li> </ul>	e with your primary provide	
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related meast year? Select one answer. O None	e with your primary provide	
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related medical vear? Select one answer. O None O One O Two or more  Where do you REGULARLY receive your HIV-related	re with your primary provided dical care with a doctor or medical care? Select one an	nedical professional
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related meast year? Select one answer. O None O One O Two or more  Where do you REGULARLY receive your HIV-related O Not applicable, I don't regularly receive medical care	re with your primary provided dical care with a doctor or medical care? Select one an	nedical professional
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related meast year? Select one answer. O None O One O Two or more  Where do you REGULARLY receive your HIV-related O Not applicable, I don't regularly receive medical care O Emergency Room (ER)	re with your primary provided dical care with a doctor or medical care? Select one an	nedical professional
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related medicat year? Select one answer. O None O One O Two or more  Where do you REGULARLY receive your HIV-related O Not applicable, I don't regularly receive medical care O Emergency Room (ER) O Community clinic serving only clients with HIV	re with your primary provided dical care with a doctor or medical care? Select one an	nedical professional
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related me last year? Select one answer. O None O One O Two or more  Where do you REGULARLY receive your HIV-related O Not applicable, I don't regularly receive medical care O Emergency Room (ER) O Community clinic serving only clients with HIV O Private Doctor's office/clinic	re with your primary provided dical care with a doctor or medical care? Select one an	nedical professional
O Very good O Good O Average O Poor O Very Poor  How many HIV-related medical care visits did you have one answer. O Not applicable, I don't have a HIV care provider O None O One O Two or more  How many times did you discuss your HIV-related medicat year? Select one answer. O None O One O Two or more  Where do you REGULARLY receive your HIV-related O Not applicable, I don't regularly receive medical care O Emergency Room (ER) O Community clinic serving only clients with HIV	re with your primary provided dical care with a doctor or medical care? Select one an	nedical professional

	Not applicable, I haven't had to go without any needed medical care		I had other things on my mind/other prioriti I didn't want anyone to know I was living wi
	I didn't know where to go		HIV
	I couldn't get an appointment		I didn't feel sick
	I couldn't get transportation		I had a language or cultural barrier
	I couldn't get child care		Other (tell us:
	I couldn't afford it		
Have	e you used any of the following during the past	12 MON	THS? Matk all that apply.
	Tobacco or nicotine (cigarettes or e-cigs)		Inhalants, hallucinogens, etc.
	Alcohol		Club/party drugs (ecstasy, ketamine, etc.)
	Marijuana		Prescription drugs (not prescribed to you)
	Crack or cocaine		Pain medications (not prescribed to you)
	Heroin		Other (tell us:
	Meth		None
Over	the last 2 WEEKS, have you experienced either	of the fo	ollowing problems?
	interest or pleasure in doing things	Feeli	ng down, depressed, or hopeless
Little	Yes	0	Yes
Little			No
Little O	No	O	
0	No re was a program available to you, would you u	se it? Ma	ark all that apply.

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

	1. Have you e diagnosed condition b health prof	with this by a doctor or	treatm	ou <u>needed</u> ent for this ion in the past	3. Have you treatment condition year?	
Medical condition:	Yes	No	Yes	No	Yes	No
Hypertension	0	0	0	0	0	0
High cholesterol	0	0	0	0	0	0
Arthritis	0	0	0	0	0	0
Asthma	0	0	0	0	0	0
Diabetes	0	0	0	0	0	0
Heart disease	0	0	0	0	0	0
Cancer	0	0	0	0	0	0
Lung disease	0	0	0	0	0	0
Hepatitis C	0	0	0	0	0	0
Kidney disease	0	0	0	0	0	0
Osteoporosis	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0
Other:	0	0	0	0	0	0
Other:	0	0	0	0	0	0
Other:	0	0	0	0	0	0

ns for each ment	tal health o	☐ I co ☐ I th ☐ I w ☐ I ha ☐ Oth onal that you l	ouldn't get an a cought I could dn't think gett as worried abo ad a language o her (tell us: have any of the dibelow.	handle it without ing treatment wout what people or cultural barries the following? P	nt treatmen ould help would thin r
diagnosed wit	h this doctor	treatment	for this	treatment condition year?	for this
Yes	No	Yes	No	Yes	No
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
	0	0	0	0	0
0		0			
0	0		0	0	0
	I. Have you ever diagnosed with condition by a or health profession of the condition of the	I. Have you ever been diagnosed with this condition by a doctor or health professional?  Yes No  O O O  O O  O O  O O  O O  O O  O O	a doctor or health professional that you has for each mental health condition listed.  I. Have you ever been diagnosed with this condition by a doctor or health professional?  Yes No Yes  O O O O O O O O O O O O O O O O O O O	a doctor or health professional that you have any of the state of each mental health condition listed below.  1. Have you ever been diagnosed with this condition by a doctor or health professional?  Yes No Yes No  Yes No  OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	a doctor or health professional that you have any of the following? Professional that you have you needed the treatment for this condition in the past year?  Yes No Yes No Yes No Yes  O O O O O O O O O O O O O O O O O O O

### HIV MEDICATION

Are y	you currently taking your HIV medication as prescr Not applicable, I am not currently taking any HIV me	• •
0	Yes → Skip to question 17	• •
₽ <sub>O</sub>	No	
16a.	If you are NOT taking HIV medications as preson	cribed, why not? Mark all that apply.
	☐ I haven't been prescribed any medication	☐ I'm taking a break
	☐ I could not get my prescription filled	☐ I feel healthy
	☐ I can't afford them	☐ I have trouble remembering to take them
	☐ They have bad side effects/make me feel really bad	☐ I have not seen a doctor yet ☐ Other (tell us:
16b.	How many doses of your HIV medications have	you missed in the last three days? Select one answer
	O Not applicable, I am not currently taking any I	•
	O None → Skip to question 17	
	O 1 → Skip to question 17	
	O 2 → Skip to question 17	
	○ 3 → Skip to question 17	
	O 4 → Skip to question 17	
	O 5 or more → Skip to question 17	
	rO Don't know	
	think you have missed in the last three day  0 0-25%  26-50%  51-75%  76-100%	ys? Select one answer.
How	do you have for your medication(a)? Salast and and	Tree.
	do you pay for your medication(s)? Select one answ Not applicable, I have not been prescribed any medica	
	Louisiana Drug Assistance Program (LDAP)	auons
	Private, Public, or Marketplace Insurance	
Ö	Medicaid (a plan through Healthy Louisiana)	
Ö	Other medication assistance	
_	I pay for them by myself ("out of pocket")	
	Ryan White Part A (e.g., LPAP, EFA, HIA)	
Ö	Not sure	
Ö	Other (tell us:	)
What	is your current viral load? Select one answer.	
	Undetectable (less than 200 copies/mL)	
	201-10,000 copies/mL	
	More than 10,000 copies/mL	
	I have not gotten my labs yet	
Ö	I don't know	

### **NEEDED SERVICES**

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

The Control of Parkets and the Parkets of the Control of the Contr	IN	THE LAST 6 MON	NTHS:
Core Medical Service	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Medical case management	0	0	0
Dental care	0	0	0
Primary medical care	0	0	0
Medication assistance	0	0	0
Health insurance assistance	0	0	0
Mental health counseling or therapy	0	0	0
Medical nutrition therapy	0	0	0
Home health care	0	0	0
(Outpatient) Substance use counseling or therapy	0	0	0
Specialty medical services	0	0	0
Early intervention services (EIS)	0	0	0
Eye care	0	0	0

	IN	THE LAST 6 MON	NTHS:
Supportive Service	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Emergency financial assistance	0	0	0
Food bank	0	0	0
Home delivered meals	0	0	0
Housing assistance	0	0	- 0
Legal services	0	0	0
Psychosocial support	0	0	0
Transportation	0	0	0
Non-medical case management	0	0	0
Health education/risk reduction	0	0	0
Referral for health care/supportive services	0	0	0
Treatment adherence counseling	0	0	0
Child care	0	0	0
Residential treatment services	0	0	0
Translation services	0	0	0

	IN	THE LAST 6 MON	YTHS:
Housing Service	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Someone to help you find safe and affordable housing	0	0	0
Permanent, independent housing (house or apartment to rent, including a place you may share)	0	0	0
Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	0	0	0
Emergency housing services (money for utilities, rent, or mortgage)	0	0	0
Facility-based housing (nursing home, assisted living facility for HIV+ residents, etc.)	0	0	0

### HOUSING

		Number of people
	How many <u>adults</u> (18 years or older) live in your household?	
	How many are living with HIV?	
	For how many is their HIV status unknown?	
	How many children (under age 18) live in your household?	
	How many are living with HIV?	
	For how many is their HIV status unknown?	
Wher wher	re do you live NOW? Select one answer. If you live in more that e you live most often.	n one place, select the housing typ
0	Apartment/House/Trailer that I OWN	
0	Apartment/House/Trailer that I RENT	
0	With parents, relatives, or someone else's place (e.g., couch-surfing	
0	In a facility (boarding house, assisted living, half-way house, transinursing home, other)	tional housing, treatment facility, hos
0	In jail or prison	
0	Homeless/Homeless Shelter/Domestic Violence Shelter	
Wher	e did you live 6 MONTHS ago? Select one answer. If you lived	d in more than one place, select th
housi	ing type where you lived most often.	•
0	Apartment/House/Trailer that I OWN	
0	Apartment/House/Trailer that I RENT	
0	With parents, relatives, or someone else's place (e.g., couch-surfing	
0	In a facility (boarding house, assisted living, half-way house, transit nursing home, other)	tional housing, treatment facility, hos
$\circ$	In jail or prison	
$\circ$	Homeless/Homeless Shelter/Domestic Violence Shelter	
How	much do you and/or your household pay "out of pocket" in re	ent/mortgage each month? \$
23a.	Does this "out of pocket" rent/mortgage amount include an Mark all that apply.	y of the following utilities?
	□ Water □ Gas	
	☐ Garbage ☐ No, my "out of pocket" rent/morts ☐ Electric ☐ does not include water, garbage, ele	gage amount ctric, or gas.
	long have you lived in your current residence? Select one answ	700
low i	Not applicable, I'm homeless	·CI.
_	* *	
How I	6 months or less	
0	6 months or less 6 months – 1 year	
0		
0 0 0	6 months – 1 year More than a year	n vou have? Select one answer
0 0 0	6 months – 1 year	o you have? <i>Select one answer.</i>

O 4 bedrooms
O 5+ bedrooms

26. How	many places have you lived in the past 6 months?	place(s)	
27 In the	e <u>past 6 months,</u> did you have any trouble getting ho	ousing?	
[0	Yes No → Skip to question 28		
27a.	If you had trouble getting housing in the last 6 mo	onths, what kept you from getting housin	g? <i>Matk all</i>
	☐ I did not have any problems ☐ 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	<ul> <li>□ I had a mental/physical disability</li> <li>□ I had a criminal record</li> <li>□ I didn't qualify for housing assistant</li> <li>□ I feel I was discriminated against</li> <li>□ I had substance use issues</li> <li>□ Other (tell us:</li></ul>	nce
28. In the	e <u>last year,</u> how many nights have you <u>NOT</u> had a p	lace to sleep?night(s)	
live?	much of an increase PER MONTH in rent or morts  Select one answer.  Not applicable, I'm homeless/don't have to pay month \$1-\$25 \$26-\$50 \$51-\$75 \$76-\$100 \$101-\$150 \$151-\$200 More than \$200 None  past 3 years, have you moved because you could not	lly rent/mortgage	
0	Yes		
0	No		
31. Have	you had difficulty in paying rent, mortgage, or utilit Yes No	y bills in the <u>past year</u> ?	a to log
	GENERAL INFOR	MATION	
32. Where	e do you get information about HIV? Mark all that a	apply.	
	Doctor or nurse Case manager Health educator or outreach Peer navigator/peer advocate HIV group or program Brochure Friends or family	<ul> <li>□ Partner/significant other/spouse</li> <li>□ TV/internet/radio</li> <li>□ Billboard or poster</li> <li>□ Faith-based group</li> <li>□ Mobile app</li> <li>□ Social media (e.g., Twitter, Facebook)</li> <li>□ Other (tell us:</li></ul>	)

33.		anyone explained the following things to you le last year? Matk all that apply.	40.	How do you describe your race?  Mark all that apply.
		How to prevent transmission of HIV		☐ Black or African-American
		How to use condoms		
				☐ White or Caucasian
		The importance of going to all of your doctor visits		☐ Asian or Pacific Islander
	П	How viral load is linked to preventing the		☐ Native American
		spread of HIV		Other (tell us:
		How to talk to partners about condoms	41.	Do you consider yourself to be Latino or
		How to disclose status		Hispanic?
		Legal issues of HIV, criminalization		O Yes
		How to protect HIV-negative partners with PrEP		O No
		The importance of taking your medication	42.	What is your primary language? Select one
		No one has explained any of these things		answer.
		to me in the last year		O English
				O Spanish
(34.)	What	is your HIV Status? Select one answer.		O Other (tell us:
	0	HIV positive		What is seen high and look of the seed of
	0	Diagnosed with AIDS (Stage 3 HIV)	43.	What is your highest level of education?  Select one answer.
	0	Don't know		
				<ul><li>O Less than high school</li><li>O High school diploma/GED</li></ul>
35.	In wh	nat year did you find out your HIV diagnosis?		O Some college credit, but no degree
				O Associate's degree (e.g., AA, AS)
				O Bachelor's degree (e.g., BA, BS) or higher
36.	What	e did you receive your HIV diagnosis?		O Other (tell us:
50.		t one answer.		O ther ten us.
		Hospital/ER	44.	How do you access the internet? Mark all that
	Ö	HIV-specific community-based organization		apply.
je.	Õ	Local health center or STD clinic		☐ Library
	Ō	Private doctor's office		□ Home
	Ö	Organization providing other services		☐ Smartphone/tablet
		(e.g., substance use treatment)		☐ Job
		Jail or prison		☐ Coffee shop/restaurant
	0	Mobile testing unit		☐ I don't have internet access
	0	Other (tell us:)		Other (tell us:
27	W/L at	io in d-2		,
511.	wnat	is your zip code?	45.	Please indicate how strongly you agree or
				disagree with the following statement:
38.	What	is your gender? Select one answer.		I feel comfortable using a computer.
	0	Male		O Strongly disagree
	0	Female		O Disagree
	0	Transgender: male to female		O Neither agree nor disagree
	0	Transgender: female to male		O Agree
	0	Other (tell us:)		O Strongly agree
39	How	old are you? Select one answer.	46.	Which of the following best describes you?
	0	<18 years	_	Select one answer.
	0	18-24 years		O Heterosexual or straight
		25-44 years		O Gay or lesbian
		45-64 years		O Bisexual
		65+ years		O Prefer not to answer
	$\sim$	oo . yearo		

INCOM	IE	
What is your employment status? Mark all that apply.		
☐ Full-time (35 hours/week or more)		Unemployed
Part-time (34 hours/week or less)		Disabled
Temporary or contract work		Student
☐ "Odd jobs"/work for cash/self-employed		Other (tell us:
☐ Retired		Other (tell do.
What was your total household income LAST MONTH	I inclu	ding money from those who live with you?
\$O No income		
Which of these did you receive in the <u>last 6 months</u> ? M	atk all	that apply.
Wages	Housi	ng Assistance
☐ Wages (salary or hourly)		Section 8/Housing Choice Assistance Program
☐ Seasonal Work		Voucher
☐ Stipend		Veteran's Housing
Financial Assistance		Tenant Based Rental Assistance (TBRA)/ HOPWA assistance
SSI (Supplemental Security Income)		Short Term rent mortgage utility assistance
SSDI (Social Security Disability Income)		(STRMU)/ HOPWA assistance
☐ TANF (Temporary Assistance to Needy Families)		Project-based assistance/HOPWA assistance
☐ Child support/alimony		FEMA
☐ Unemployment payments/benefits		LIHEAP
SNAP (Supplemental Nutrition Assistance		
Program)		None of these
THE EN		age. Thank you for completing this survey!

# HOPWA Performance Profile - Formula Program YTD Q3 Formula Program YTD Q3

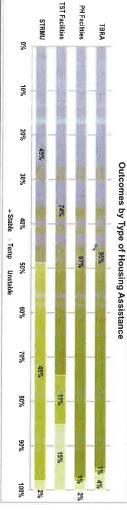
### 2017-2018 Program Year, Year To Date Summary

Quarterly Reporting includes all reports due during the First (1st). Second (2nd) and Third (3rd) Quarter of the Federal Fiscal Year - October 2017 - June 2018

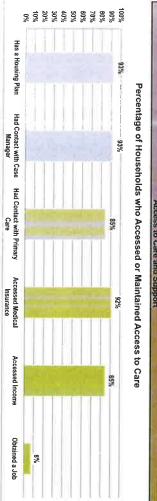


87%

Outcomes



Outcomes by Type of Housing Assistance: TBRA (n=7376) is 95% Stable, 1% Temporary, 4% Unstable. Permanent Housing Facilities (n=4597) is 97% Stable, 1% Temporary, 2% Unstable. Transitional/Short Term Housing Facilities (n=1954) is 74% Stable, 11% Temporary, 15% Unstable. STRMU (n=7469) is 49% Stable, 49% Temporary, 2% Unstable. Outcomes do not include households where head of household died during operating year.



PLB40 number of required is that received HOPWA Housing Subject Assertance and or HOPWA Case Manager

Access to Care and Support: Percent of Households who have a Housing Plan: 93%; Percent of Households who have had Conlact with a Case Manager: 93%; Percent of Households who have had Conlact with a Primary Care Provider: 85%; Percent of Households who Accessed or Maintained Medical Insurance: 92%; Percent of Households who Accessed or Maintained Income: 85%; Percent of Households who Obtained a Job: 8%.

The state of the s	Boursan for sometime and the second second second	National Publishers' Sensormous shadow and Terrandone	CONTRACTOR THE PARTY OF	"Drigation of the Setudes Application Colors State
54%	13%	19%	1,926	9,977
% who were chronically homeless	% who were veterans	placed into housing	placed in housing	placed in housing
Of the 1,926 homeless individuals newly placed in housing:	Of the 1,926 homeless inc	% of homeless individuals newly	# of homeless	Number of ALL new individuals # of homeless
	Georgeona Sum	or any politication tollard Pri		

rist meant for human habitation", "Emergency shaller", and "Transfornal housing for homeists persons" as reported in the CAPERUAPS

Households in Permanent Housing	85%	% of Households Served:	10,309	a End of the Operating Year
		sing	Households in Permanent House	

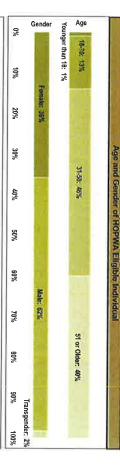
당동

0% 10% 20% 30% Household Area Median Income 40% 81% 31%-50% of AMI 50% %09 51%-80% of AMI 70% 80% 14% 90% 5% 100%

Percent of Households with a Median Income of 0-30% of the Area Median Income: 81%; Percent of Households with a Median Income of 31%-50% of the Area Median Income: 61%; Percent of Households with a Median Income of 51%-80% of the Area Median Income: 5%;

We see that the see of	Race and Ethnicity	
	Percentage HOPWA Eligible hodividuals	Percentage Other Members of the Household
American Indian/Alaskan Native	0.52%	0.70%
Asian	0.53%	0.58%
Black/ African American	59.71%	65,01%
Native Hawaiian/Other Pacific Islander	0.16%	1.08%
White	31.30%	25.97%
American Indian/Alaskan Native & White	0.27%	0.16%
Asian & White	0.04%	0.13%
Black/African American & White	1.37%	1.77%
American Indian/Alaskan Native & Black/African- American	0.10%	0.09%
Other Multi -Racial	6.00%	4.51%

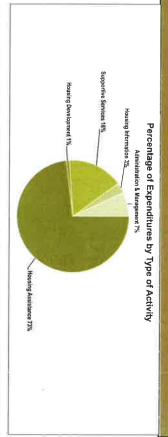
Ethnicity
Percentage of HOPWA Eligible Individuals Identified as Hispanic/Latino
14%



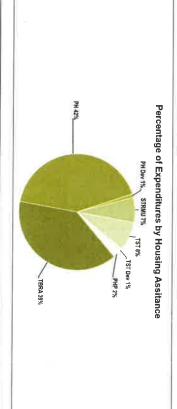
Age of HOPWA Eligible Individuals: Younger than 18: 1%; 18-30: 13%; 31-50: 46%; 51 or Older: 40%, Gender of HOPWA Eligible Individuals: Fernale: 36%; Male: 62%; Transgender: 2%.

jumber of Departments under Age of 18 Residing with the HOPWA Eligible Individual:

eraged	or cree y come about on the months program, this grantee leveraged	to creat y donar ala		\$653,619,000.19
	on the HOBWA species, this section law	For every dollar spe		Total Leveraged Funds
		Loveraged Funds		
		\$153,089,775.00	Total Expenditures	То
	7%	\$10,450,371.68	Total	
		\$6,522,547.73		Project Sponsor Administration
		\$3,376,675,20		Grantee Administration
		\$0.00		Program Outcomes/Evaluation
		\$43,982 62		Technical Assistance
		\$507,165.93		Resource Identification to establish, coordinate and develop housing assistance resources
				Administration and Management Services
	3%	\$3,926,525.60	20,429	Total
		\$3,926,525.60	20,429	Housing Information Services
	100	and the second s	and the second	Housing Information Services
	4000	\$23,260,286,54	62.551	Total
			(60)	Adjustment for Househald that received Supportive Services from both types of Project Sponsors
		\$4,528,904.56	44,203	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.
		\$18,731,381,98	18,408	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance
				Supportive Services
	1%	\$481,555.00	17	Total
		\$481,555,00	17	Facility-Based units being developed with capital funding but not yet opened (identify units of nousing planned)
				nousing Development
\$5,047.90	73%	\$114,971,036,18	22,776	Total
			(1094)	Adjustment for Household that received more than one type of Housing Supsidy Assistance
\$1,070.59		\$2,247,161.06	2,099	Permanent Housing Placement Services
\$1,869.40		\$18,034,111.52	9,647	Total Households and expenditures: Short- Term / Transitional Housing
\$3,387.28		\$270,982.24	80	Households in Iransilional/short-term facilities developed with capital funds, and placed in service during the operating year
\$4,569.49		\$8,878,527.22	1,943	Households in transitional/short-term facilities that receive operating subsidies
\$1,165.35		\$8,884,602,06	7,624	Short Term Rent, Mortgage and Utility Assistance
\$7,810.11	with HOPWA Housing HOPWA Housing Subsidy subsidy Assistance	\$94,689,763.60	12,124	Total Households and expenditures: Permanent Housing
\$13,165.00		\$13,165,00		Households in permanent housing facilities developed with capital funds, and placed in service during the operating year
\$10,321,53		\$47,922,855,50	4,643	Households in permanent bousing facilities that receive operating subsidies/leased units
\$6,250.50		\$46,753,743.10	7,480	Tenant-based Rental Assistance
				Housing Assistance
Per Unit Cost	Percentage of Total Expenditures	Expenditures	Households Served	Type of Activity
outputs:				The state of the s



Expenditures by type of Activity: Housing Assistance: 73%; Housing Development: 1%; Supportive Services: 16%; Housing Information: 3%; Administration & Management: 7%.



Expenditures by type of Activity, Tenant-based Rental Assistance (TBRA); 39%, Permanent housing facilities that receive operating subsidies/leased units (PH); 42%, Permanent housing facilities developed with capital funds, and placed in service during the operating year (PH Dev); 1%; Short Term Rent, Mohaper and Utility Assistance (STRMU); 7%; Transitional/short-term facilities that receive operating subsidies/leased units (TST); 8%; Transitional/short-term facilities developed with capital funds, and placed in service during the operating year (TST Dev); 1%; Permanent Housing Placement Services (PHP); 2%;

## Percentage of Households Served by Type of Housing Assistance PHP 9% TST 9% TST 9% PH Dev 1% PH 19%

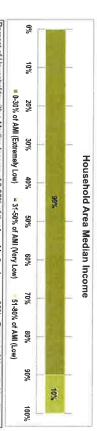
Households Served by type of Activity. Tenant-based Remail Assistance (TBRA): 31%, Permanent housing facilities that receive operating subsidies/leased units (PH): 19%; Permanent housing facilities developed with capital funds, and placed in service during the operating year (PH Dev): 1%; Short Term Remt, Mortgage and Lulity Assistance (STRMU): 30%; Transitional/short-term facilities that receive operating subsidies/leased units (TST): 9%; Transitional/short-term facilities coveraged with capital funds, and placed in service during the operating year (TST Dev): 1%; Permanent Housing Placement Services (PHP): 9%.

# **HOPWA Performance Profile - Formula Grantee: City of New Orleans**

1.49	0.33	1.16	\$4,509,748.74	\$34,865,59	\$3,888,841.00	\$655,773.33	Verified	3/13/18	3/31/18
Adjusted Timeliness Ratio	Adjustment: -4 months remaining on Adjustee 2017 allocation Timeline	Timeliness Ratio	Total Available	2017 Funds Spent Total Available	New 2017 Obligated	Undispersed 2016 New 2017 and Earlier funds Obligated	Review Status	CAPER Received	CAPER Due Date:
			S	Administrative Statisti	Ac				
			12/31/2017	Program Year: 01/01/2017 To 12/31/201:	Program Ye				

The Timeliness Ratio compares unspent grant balances to 2017 Allocations as of May 03, 2018, National Goal: Ratio of 1,5 or lower.

eficiary Summary data is captured only for nou Beneficiary Summary



Outcomes by type of Housing Assistance: Tenant Based Rental Assistance (n=81) is 100% Stable, 0% Temporary, and 0% Unstable; Permanent Housing Facilities (n=11) is 100% Stable, 0% Temporary, and 0% Unstable; Transitional/Short-Term Housing Facilities (n=180) is 71% Stable, 11% Temporary, and 18% Unstable; STRMU (n=228) is 14% Stable, 82% Temporary, and 4% Unstable. Outcomes do not include households where head

of household died during operating year

99%

99%

99%

93%

Percentage of Households who Accessed or Maintained Access to Care

100% 90% 80% 70% 50% 50% 40% 30% 10%

Has a Housing Plan

Had Contact with Case Had Contact with Primary

Manager

Care

Accessed Medical Insurance

Accessed Income

Obtained a Job

29%

THE RECEIVED HOPWA HALLING SCHOOL

ance and/or HOPWA Case Man

TST Facilities

STRMU

14%

0%

10%

20%

30%

40%

60%

70%

80%

90%

18%

4% 100%

- Stable

Temp 50%

Unstable

71%

100%

PH Facilities

TBRA

Outcomes by Type of Housing Assistance

	Percentage HOPWA Eligible Individuals	Percentage Other Members of the Household
American Indian/Alaskan Native	0,13%	0.00%
Asian	0,00%	0,00%
Black/ African American	66.50%	74,35%
Native Hawaiian/Other Pacific Islander	0,00%	0.00%
White	33.25%	25,65%
American Indian/Alaskan Native & White	0,00%	0.00%
Asian & White	0,00%	0.00%
Black/African American & White	0,00%	0,00%
American Indian/Alaskan Native & Black/African- American	0.00%	0.00%
Other Multi -Racial	0.12%	0.00%

### Percent of Households with a Median Income of 0-30% of the Area Median Income: 90%; Percent of Households with a Median Income 10%; Percent of households with a Median Income between 51-80% of the Area Median Income: 0%

	Percentage HOPWA Eligible Individuals	Percentage Other Members of the Household
merican Indian/Alaskan Native	0,13%	0,00%
sian	0,00%	0,00%
lack/ African American	66,50%	74,35%
ative Hawaiian/Other Pacific Islander	0.00%	0.00%
hite	33.25%	25,65%
merican Indian/Alaskan Native & White	0,00%	0.00%
sian & White	0,00%	0,00%
ack/African American & White	0.00%	0,00%
merican Indian/Alaskan Native & Black/African- merican	0.00%	0.00%
ther Multi -Racial	0.12%	0,00%
Ethnicity	Percentage of HOPWA Eligible Individuals	le Individuals

spanic/Latino
10

Age and Gender of HOPWA Eligible Individual

1000	90%	80%	70%	60°	50%	40%	30%	20%	10%	0%
1,0	51 or Older, 28%	51 or 0			31-50, 40%			8-30, 32%	Ē	Age
	G		SEE SEE	Male, 22%				ale: 33%	To the same of the	Gende
nder, 5%	Iransger									er

Gender of HOPWA Eligible Individuals: Female is 33%; Male is 62%; and Transgender is 5%, Age of HOPWA Eligible Individuals: Younger than 18 is 0%; 18-30 years is 32%; 31-50 years old is 40%; and 51 years and older is 28%,

Number of Dependents under Age of 18	
a Residing with the HOPW	
A Eligible Individual	
17	

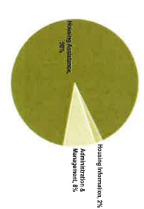
Number of ALL new individuals placed in 664 dds reported with Prior Uving Stuar # of homeless individuals newly placed in housing % of homeless individuals newly placed into housing Emergency sheller", and Translational 19% % who were veterans Of the 127 homeless individuals newly placed in housing: % who were chronically homeless

Access to Care and Support: Percent of Households who have a Housing Plan: 99%; Percent of Households who have had Contact with a Case Manager: 99%; Percent of Households who have had Contact with a Primary Care Provider: 99%; Percent of Households who Accessed or Maintained Medical Insurance: 99%; Percent of Households who Accessed or Maintained Income: 93%; Percent of Households who Obtained a Job: 29%.

Households Continuing in Permanent Housing at the End of the Operating Year Households in Permanent 88 % of Households Served: 96%

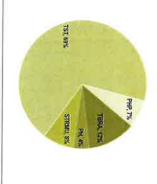
	For every dollar spent on the HOPWA program, this grantee leveraged	For every dolla		
		T		Total Leveraged Funds
		Leveraged Funds	Lox	
		\$4,120,165.05	Total Expenditures	To
	8%	\$363,427.61	Total	
		\$246,372,33		Project Sponsor Administration
		\$117,055.28		Grantee Administration
				Program Outcomes/Evaluation
		\$0.00		Technical Assistance
		\$0.00		Resource identification to establish, coordinate and develop housing assistance resources
				Administration and Management Services
	2%	\$104,170.38	572	Total
		\$104,170,38	572	Housing Information Services
	0%	\$0.00	00	Housing Information Services
			0	Adjustment for Household that received Supportive, Services from both types of Project Sponsors
		\$0.00	0	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.
		\$0.00	0	Supportive Services provided by project sportsont/subrecipient that also delivered HOPWA housing subsidy assistance
				Supportive Services
	2%	\$0,00	0	Total
		\$0,00	0	Facility-Based units being developed with capital funding but not yet opened (identify units of housing planned)
				Housing Development
\$4,706.92	%06	\$3,652,567.06	776	Total
			(5)	Adjustment for Household that received more than one type of Housing Subsidy Assistance
\$912.41		\$251,825.64	276	Permanent Housing Placement Services
\$6,861.85		\$2,833,943,53	413	Total Households and expenditures: Short- Term / Transitional Housing
\$0.00		\$0.00	0	Households in transitional/short-term facilities developed with capital funds, and placed in service during the operaling year
\$13,842.98		\$2,533,264,77	183	Households in transitional/short-term facilities that receive operating subsidies
\$1,307.30		\$300,678.76	230	Short Term Rent, Mortgage and Utility Assistance
\$6,160.85	12% of households served 16% of overall HOPWA with HOPWA Housing Housing Subsidy Assistance	\$566,797.89	92	Total Households and expenditures: Permanent Housing
\$0.00		\$0.00	0	Households in permanent housing facilities developed with capital funds, and placed in service during the operating year
\$14,742.64		\$162,169,00	11	Households in permanent housing facilities that receive operating subsidies/leased units
\$4,995,42		\$404,628.89	81	Tenant-based Rental Assistance
				Housing Assistance
Per Unit Cost	Percentage of Total Expenditures	Expenditures	Served	Type of Activity

## Percentage of Expenditures by Type of Activity



Expenditures by type of Activity; Housing Assistance is 90%; Housing Development is 0%; Supportive Services are 0%; Housing Information Services are 2% and Administration and Management Services are 8%.

## Percentage of Expenditures by Type of Housing Assistance



Expenditures by type of Housing Assistance: Tenant-based Rental Assistance (TBRA) 12%; Households in permanent housing facilities that receive operating subsidies/leasted units (PH) 4%; Households in permanent housing facilities developed with capital funds, and placed in service thing the operating year (PH Dev) 0%; Short Term Rent, Mortgage and Unitly Assistance (STRMU) 8%; Households in transitional/short-term facilities (TST) 65%; Households in transitional/short-term facilities developed with capital funds, and placed in service during the operating year 0%; Permanent Housing Placement Services (PHP) 7%.

## Percentage of Households Served by Type of Housing Assistance



Percentage of Households by type of Housing Assistance: Tenant-based Rental Assistance (TBRA) 10%; Households in permanent housing facilities that receive operating subsidies/leased units (PH) 2%; Households in permanent housing facilities developed with capital funds and placed into service during the operating year (PH Dev) 0%; Short Term Rent, Mortgage and Utility Assistance (STRAU) 30%; Households in transitionalished term facilities (TST) 29%; Households in transitionalished term facilities developed with capital funds, and placed into service during the operating year (TST Dev) 0%; Permanent Housing Placement Services (PHP) 34%;