

# People Living with HIV Needs Assessment

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## New Orleans Eligible Metropolitan Area

Louisiana Department of Health and Hospitals  
Office of Public Health

Version 2, September 2017

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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](mailto: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.

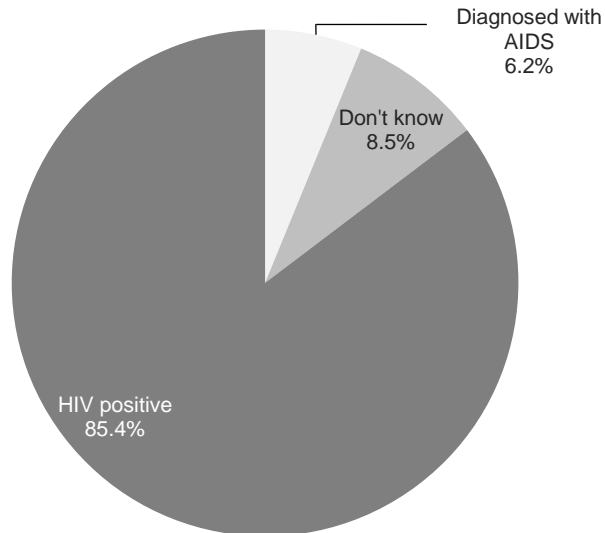
### **Survey Respondents**

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.

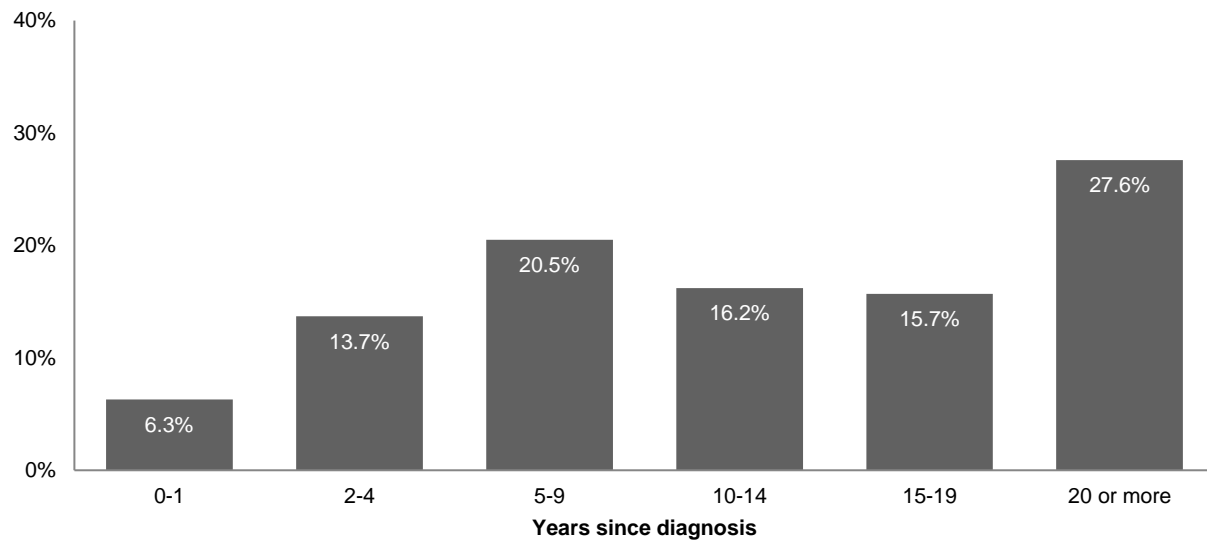
## A. Background

### HIV/AIDS Status

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

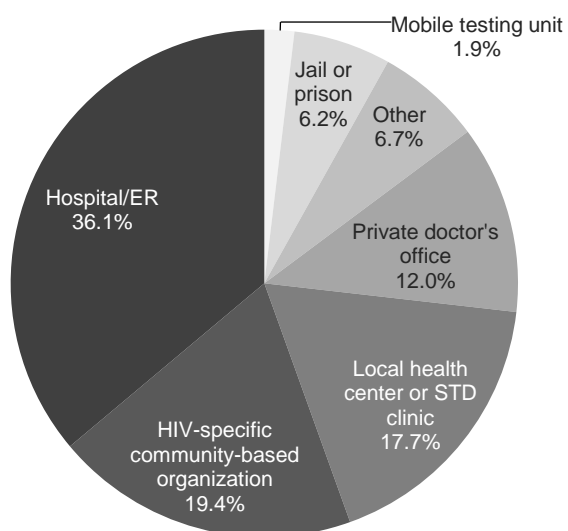


**Figure A2.** Length of Time Since HIV Diagnosis (n=395)



- 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.

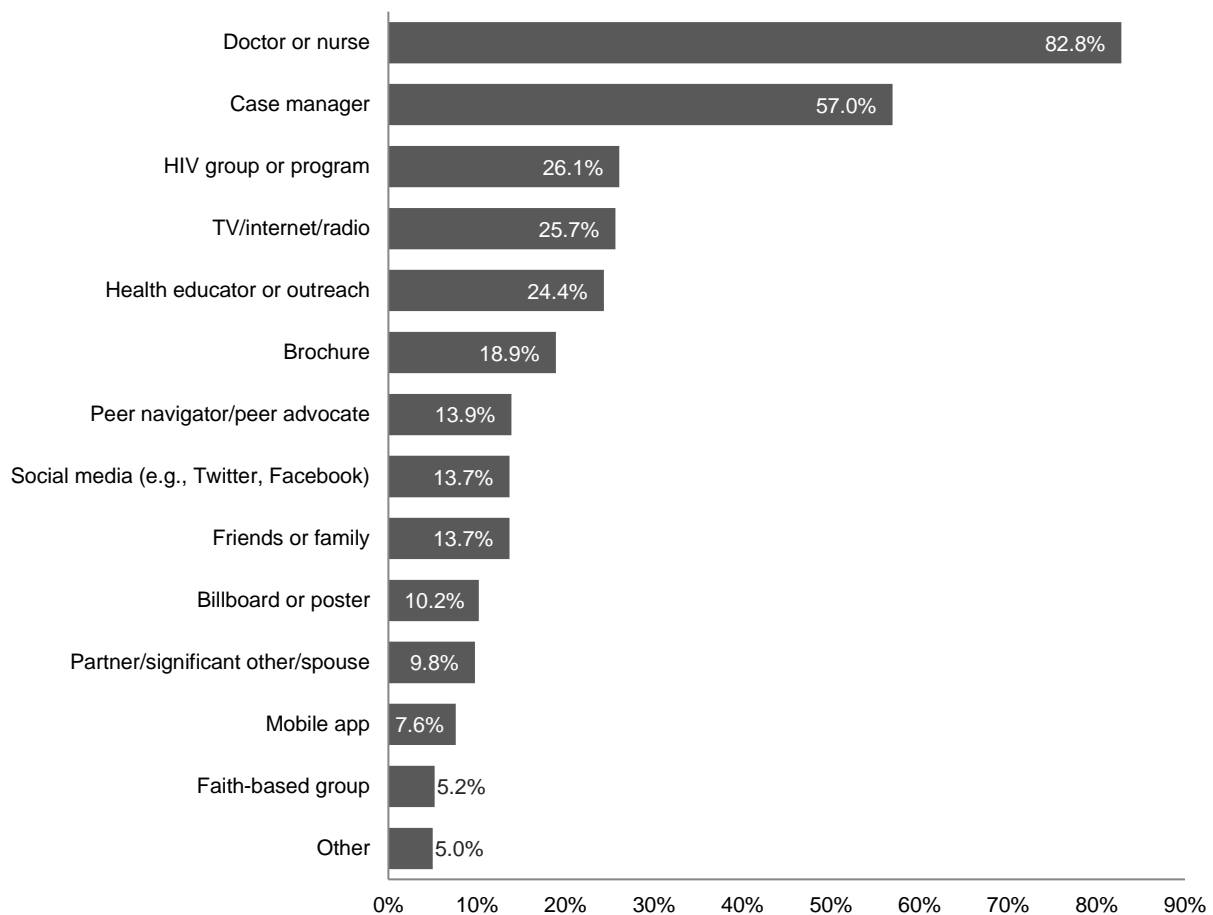
**Figure A3.** Place Where Respondents Were Told of HIV Diagnosis (n=418)



- 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%).

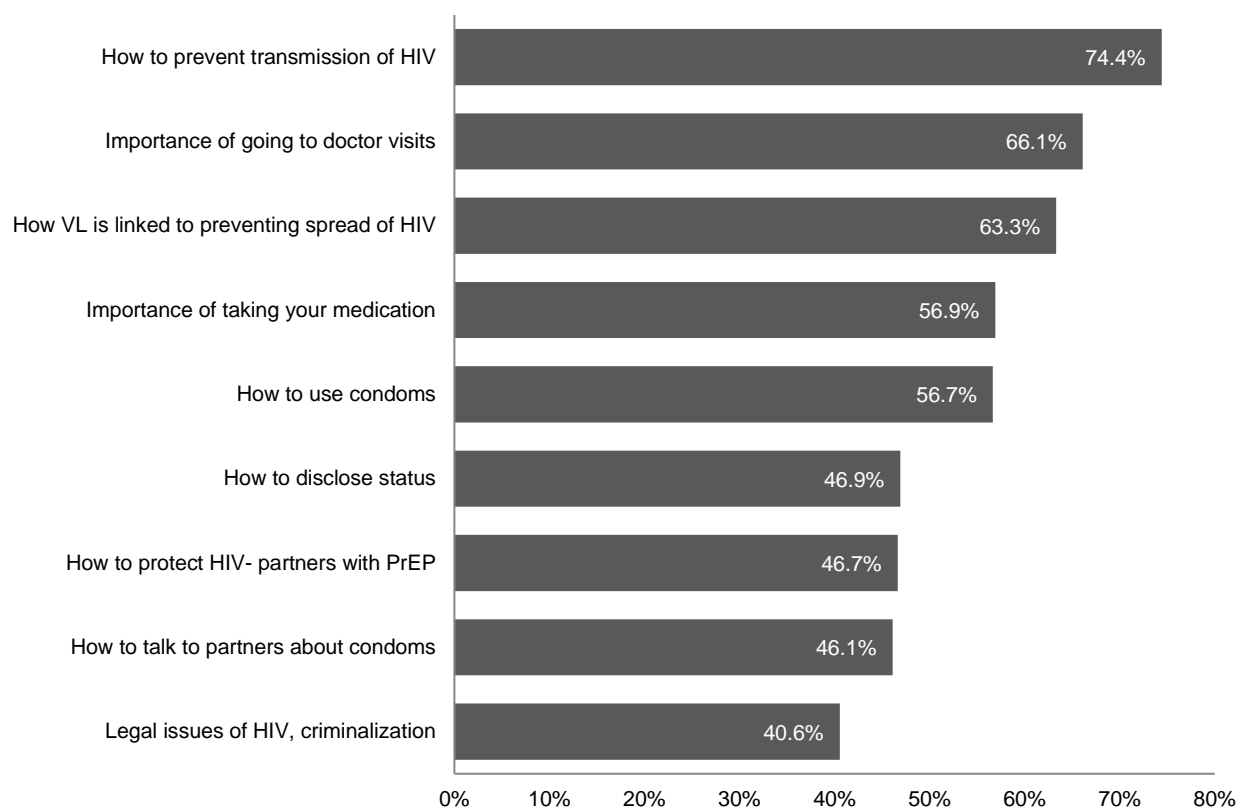
## HIV-Related Knowledge

**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

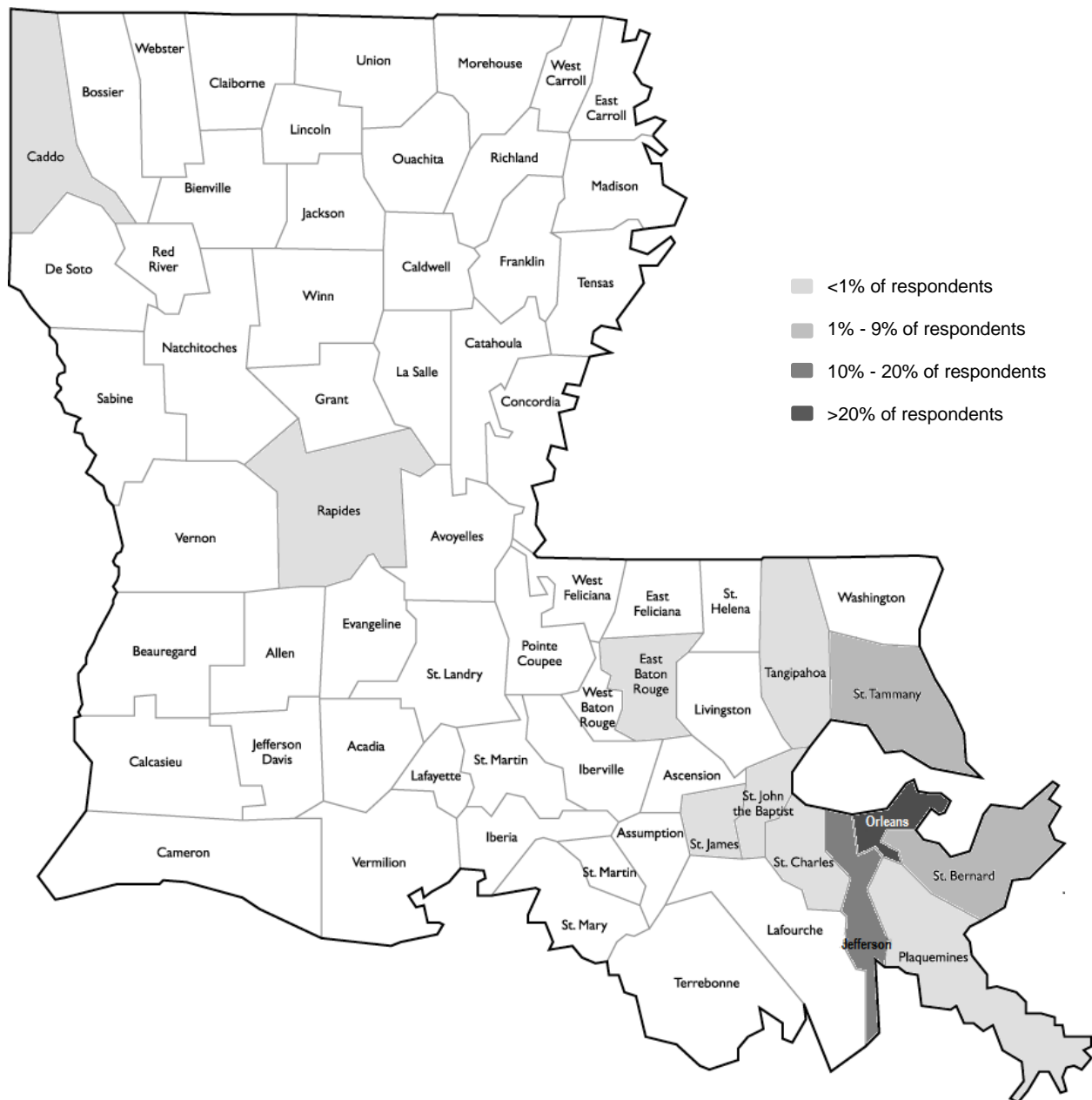
**Table A1.** Current Parish of Residence (n=404)

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

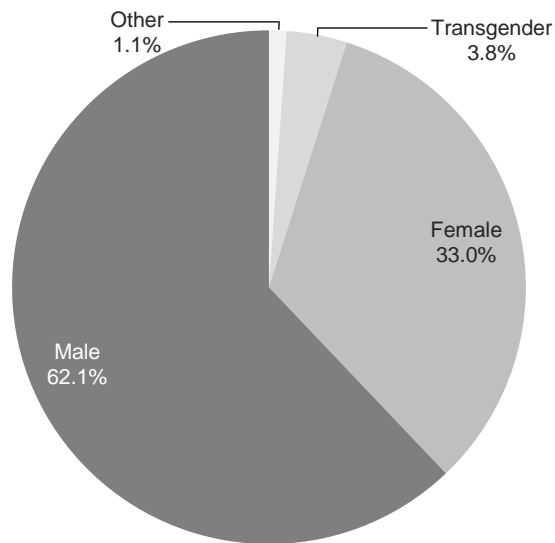
- All respondents were asked to indicate their ZIP code; a total of 404 respondents provided a response. *The U.S. Department of Housing and Urban Development United States Postal Services* (HUD USPS) 1st quarter 2017 ZIP Code Crosswalk File (Retrieved May 19, 2017 from [http://www.huduser.org/portal/datasets/usps\\_crosswalk.html](http://www.huduser.org/portal/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)

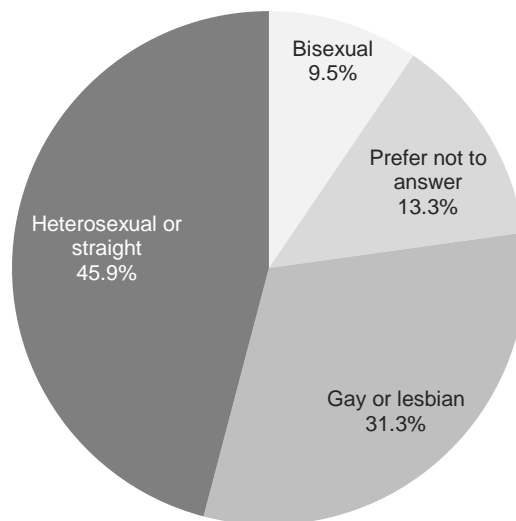


**Figure A7.** Gender of Respondents (n=449)

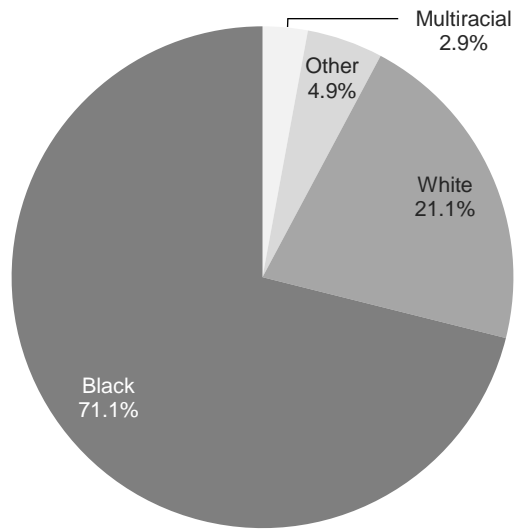


- The category *transgender* includes individuals who selected either *transgender: male to female* (3.6%) or *transgender: female to male* (0.2%).

**Figure A8.** Sexual Orientation (n=444)

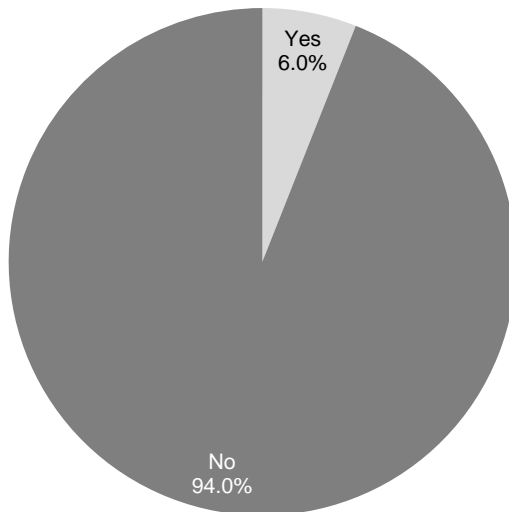


**Figure A9.** Race of Respondents (n=450)

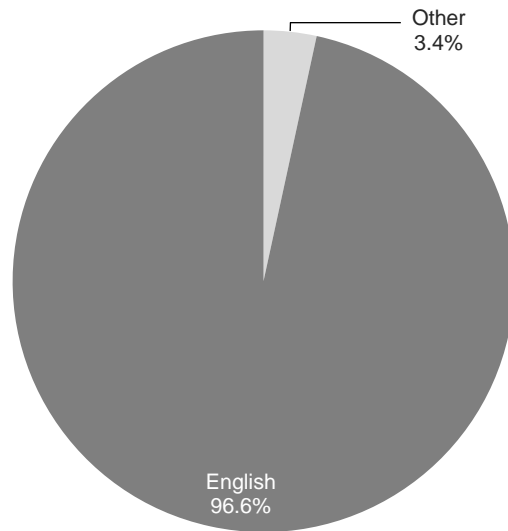


- The category *other* includes individuals who specifically chose *other* (4.0%), along with those who identified as *Native American* (0.7%) and *Asian or Pacific Islander* (0.2%).

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

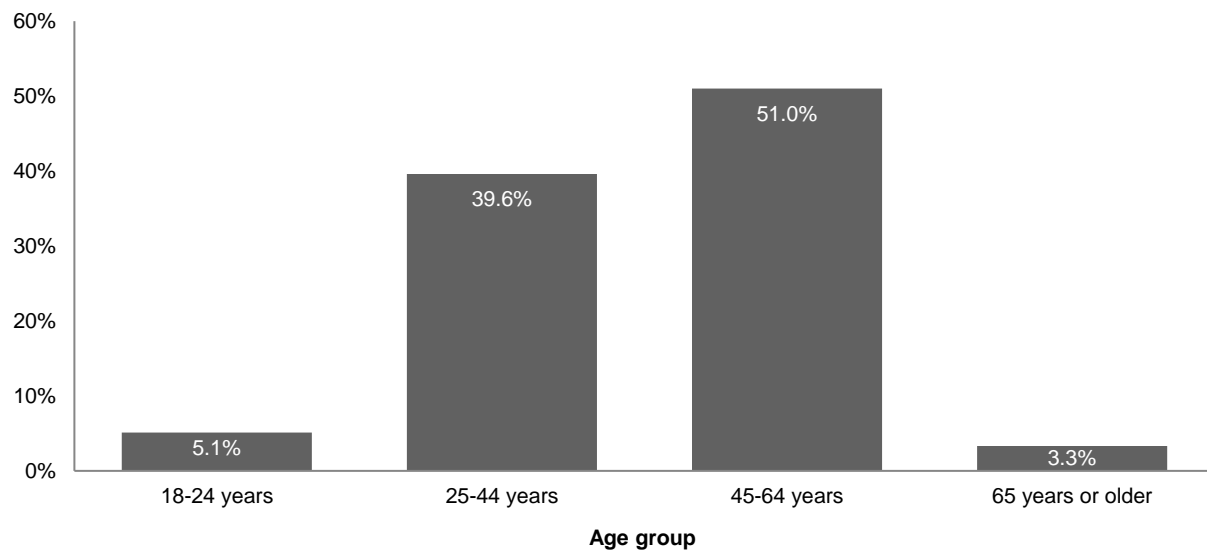


**Figure A11.** Primary Language of Respondents (n=437)



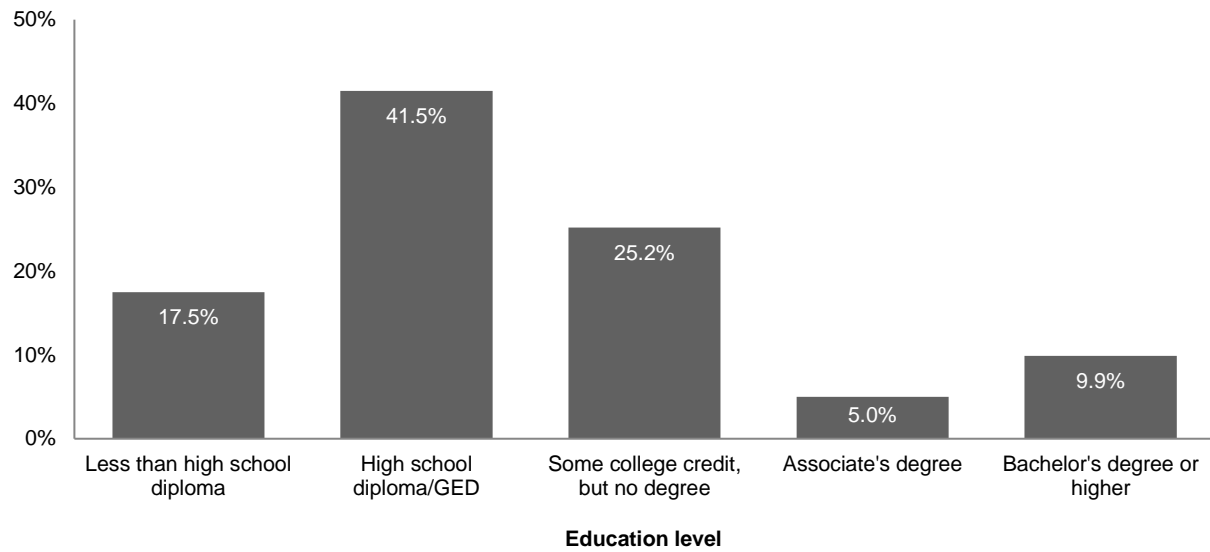
- The category *other* includes individuals who specifically chose *other* (0.9%), along with those who selected *Spanish* (2.5%).

**Figure A12.** Age of Respondents (n=449)



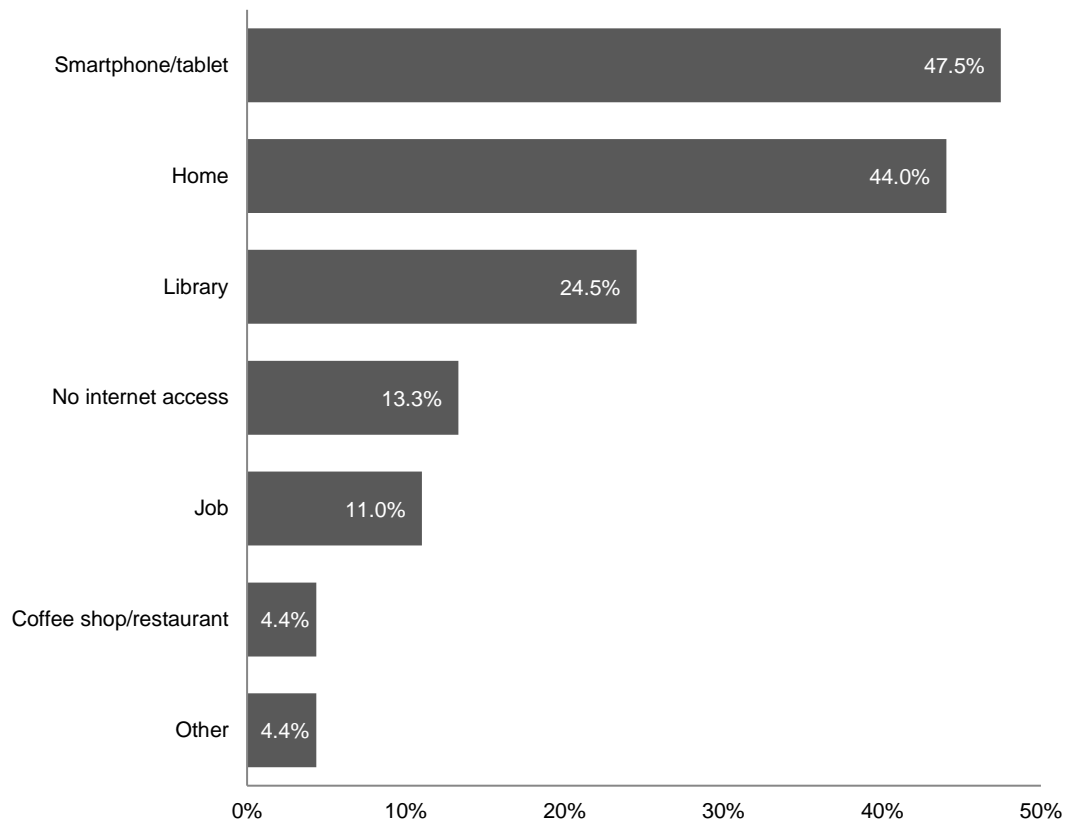
- Included in calculations but not presented in this figure are four individuals (0.9%) who reported being under 18 years of age.

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



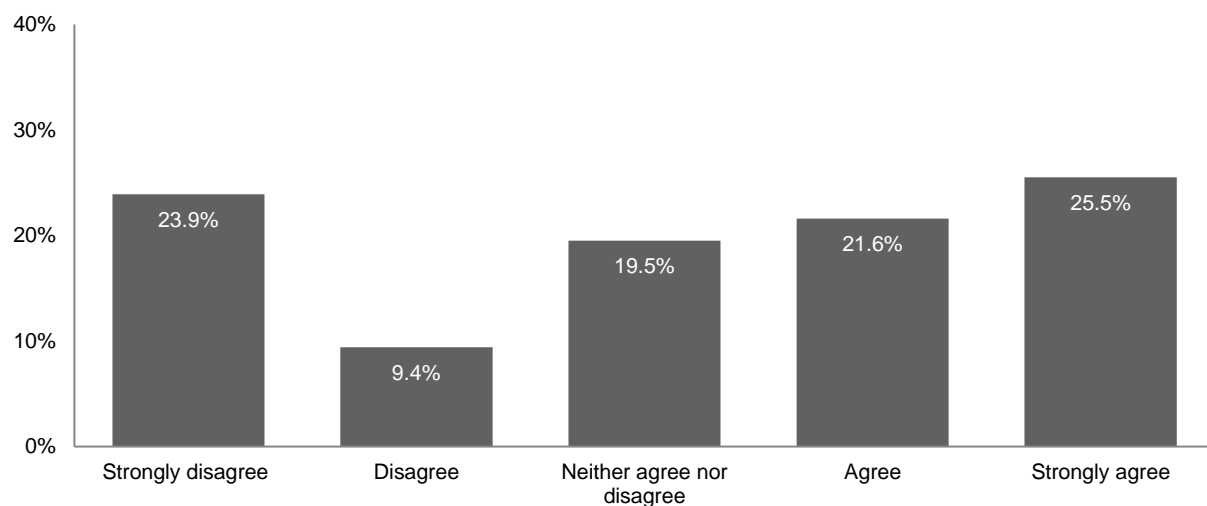
- Included in calculations but not presented in this figure are four individuals (0.9%) who selected *other*.

**Figure A14.** Access to Internet (n=436)



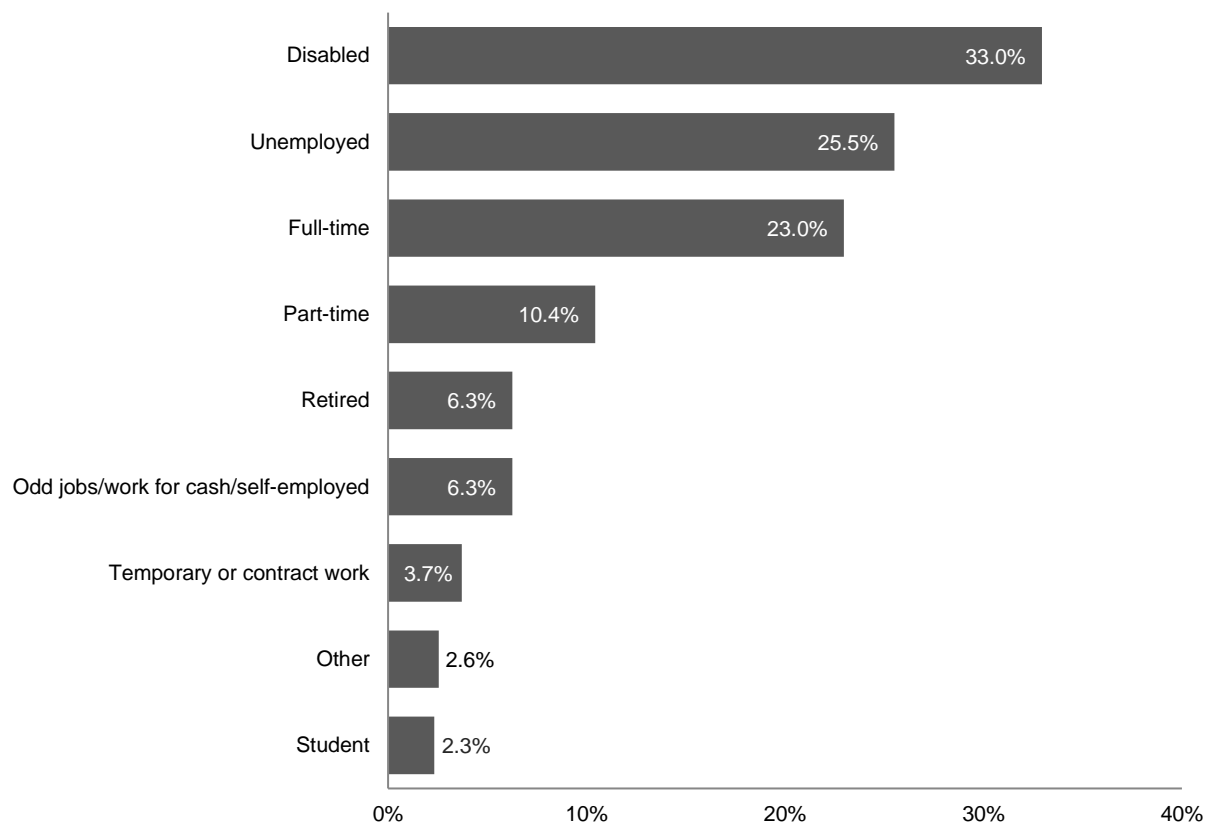
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 436 individuals who responded to this question, 140 (32.1%) reported multiple internet access types.
- Excluded from calculations are six individuals who reported not having access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

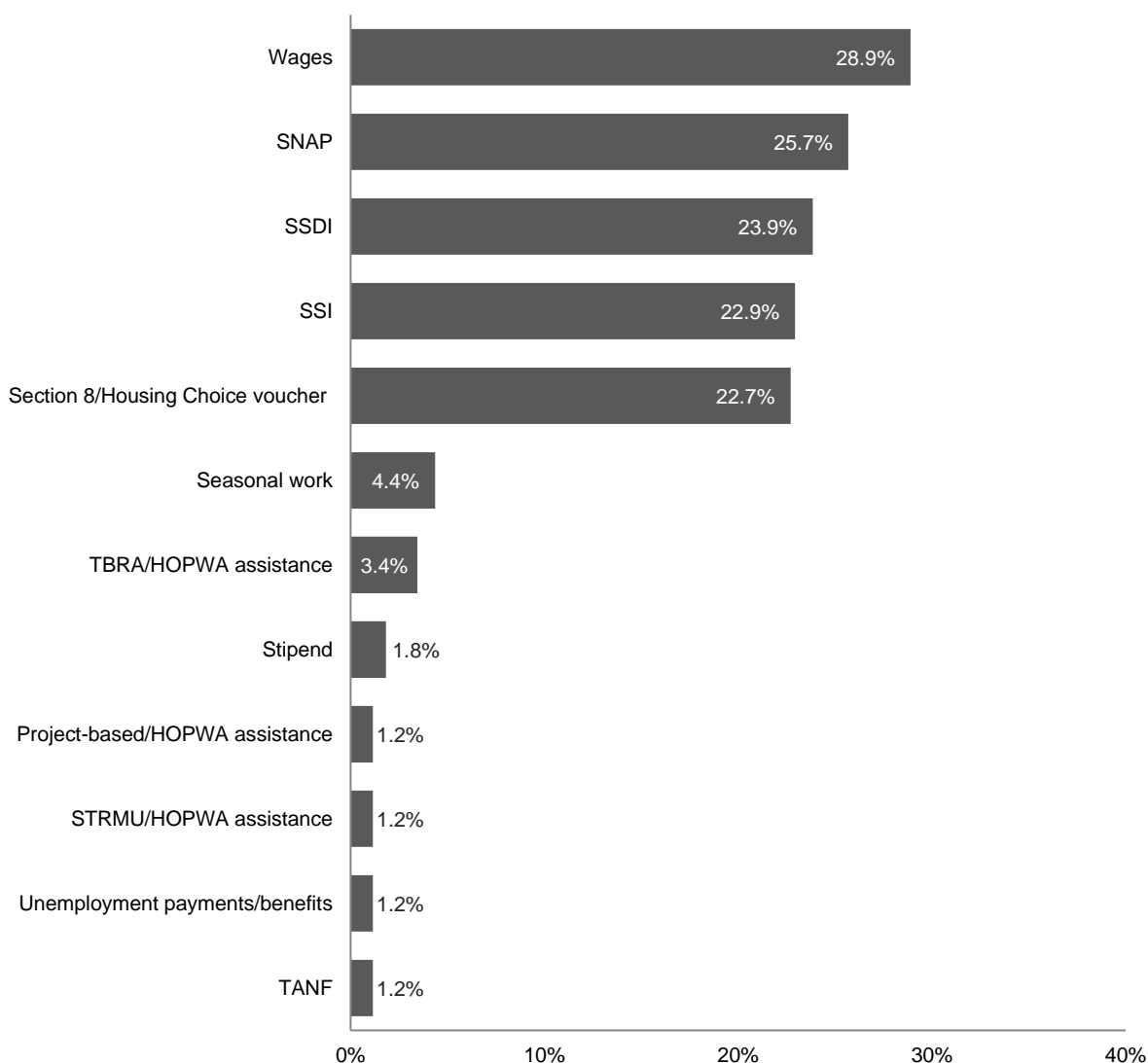
**Figure A17.** Household Income in Month Prior to Survey (n=369)



- 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.



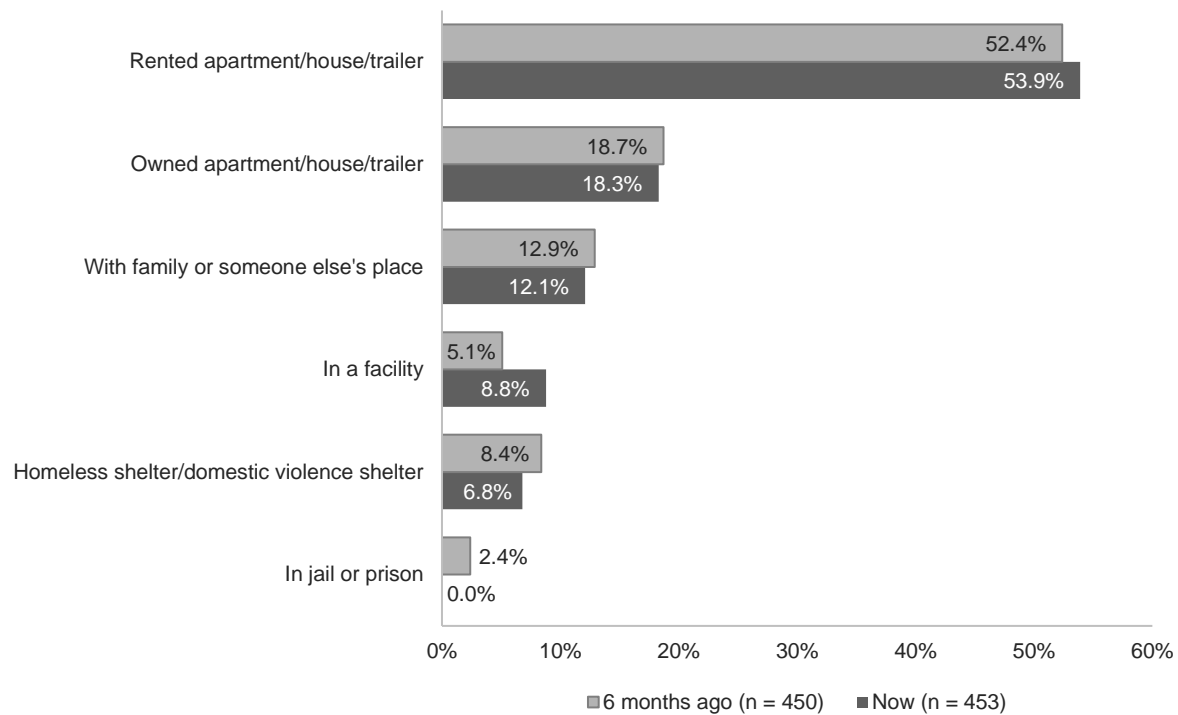
**Figure A18.** Sources of Income and Assistance (n=436)



- 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.

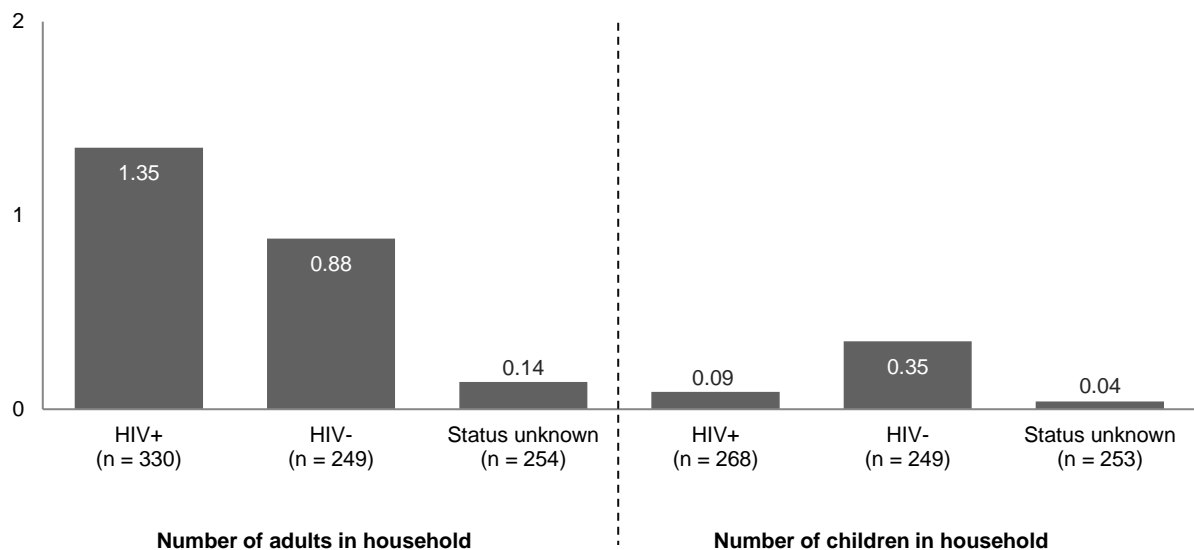
## Housing

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



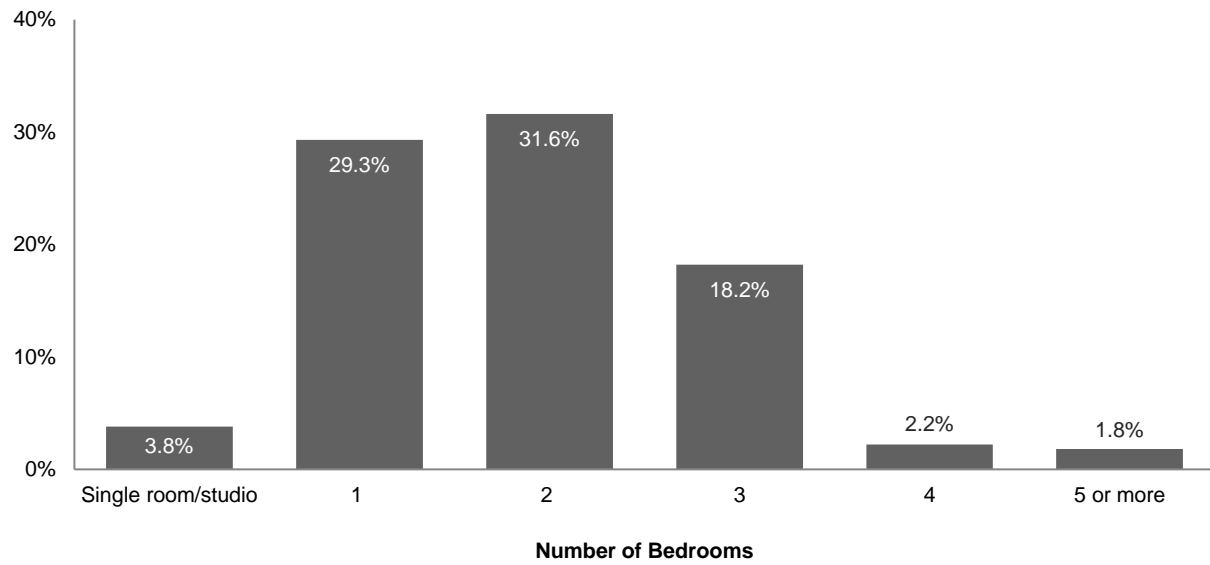
- The questionnaire asked respondents to only select one housing option for each time point. If respondents lived in more than one place during these time periods, they were instructed to select the housing type where they lived most often.

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



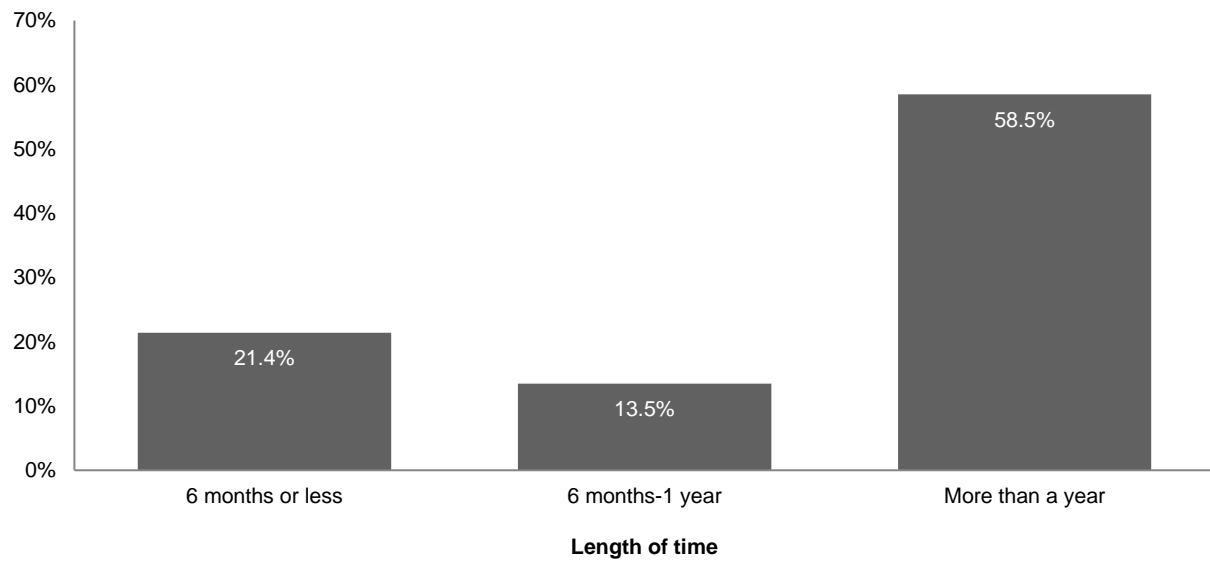
- Excluded from calculations are 78 *adult* responses and 68 *children* responses because the number of adults and/or children who are HIV+ or HIV- did not match the total number of adults and/or children in the household.

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



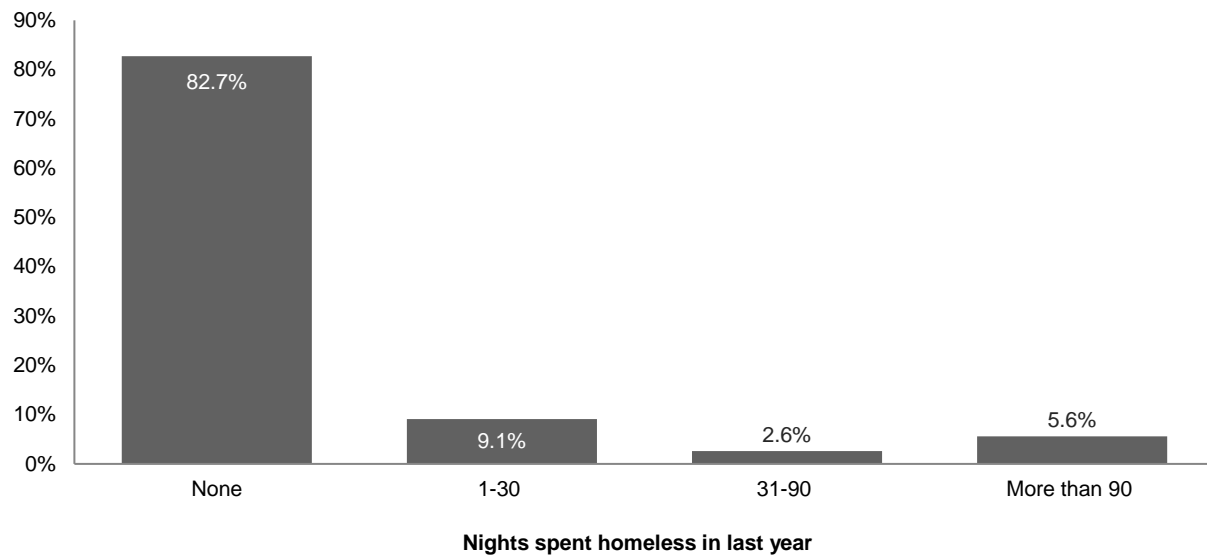
- Included in calculations but not presented in this figure are 59 individuals (13.1%) who selected *Not applicable, I don't live in an apartment, house, or trailer.*

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

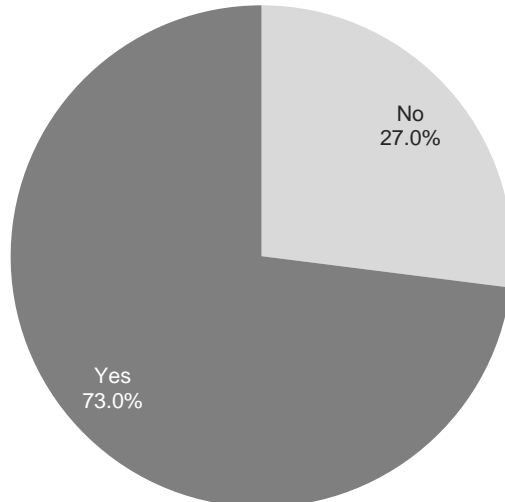


- Included in calculations but not presented in this figure are 29 individuals (6.6%) who selected *Not applicable, I'm homeless.*

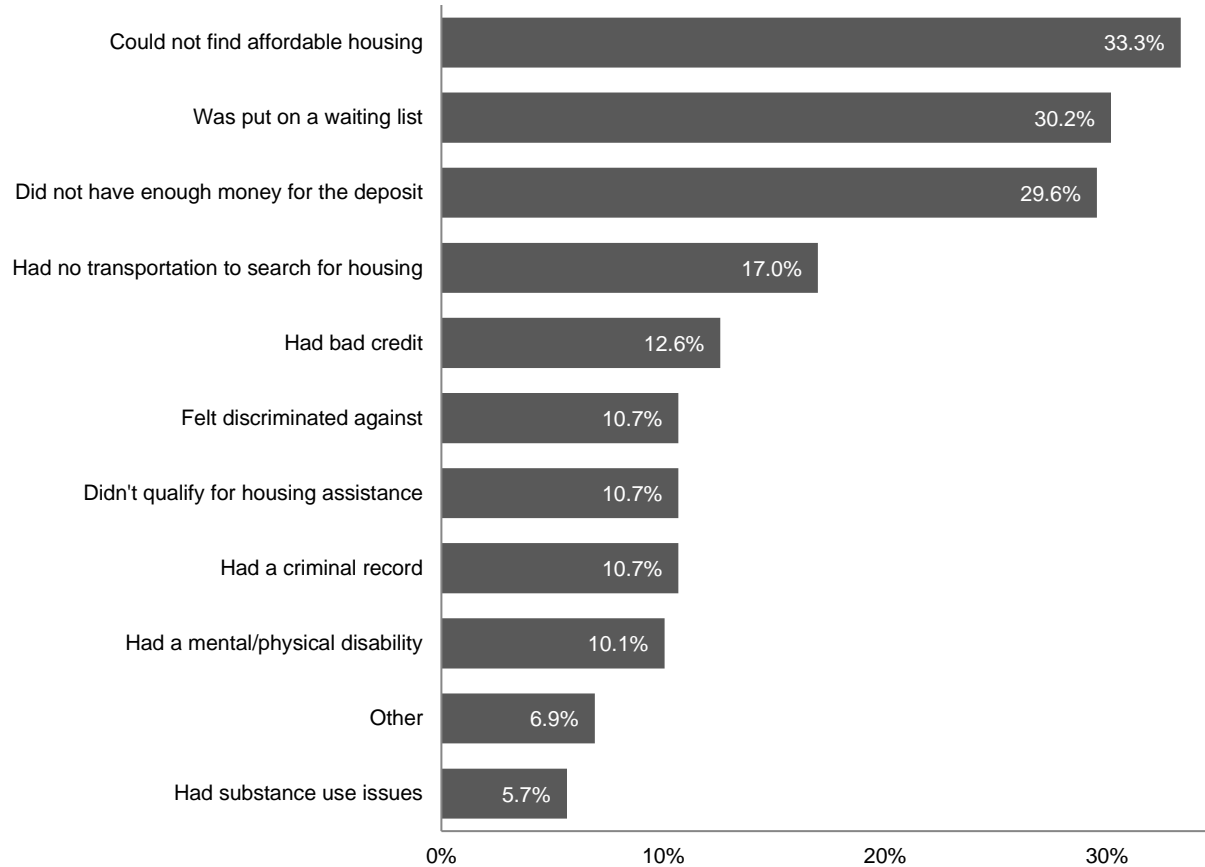
**Figure A23.** Nights Spent Homeless or Without a Place to Sleep in Last Year (n=342)



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

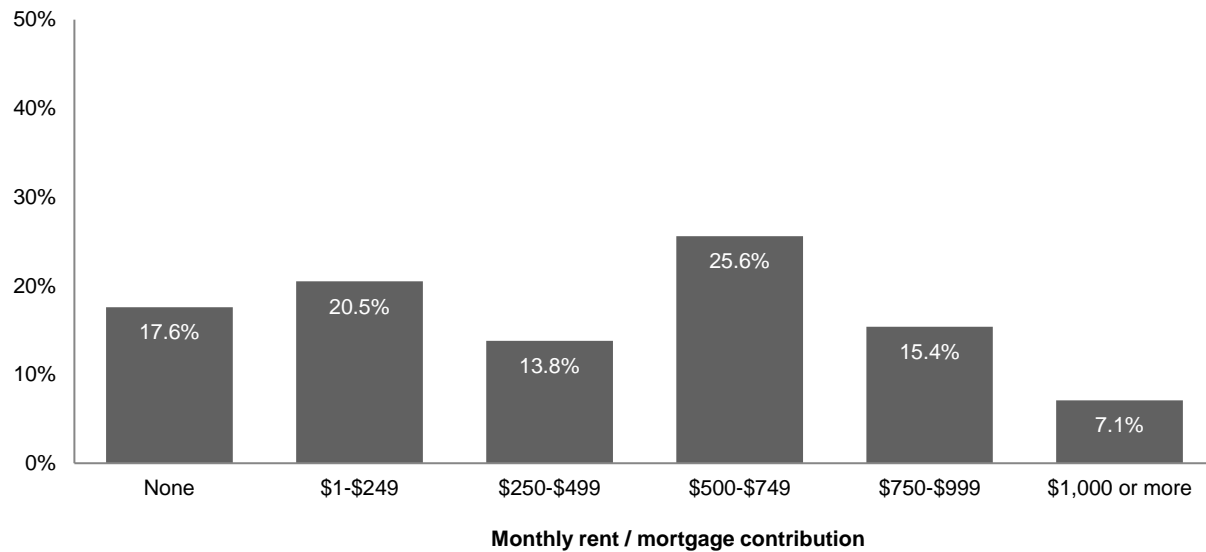


**Figure A25. Barriers to Obtaining Housing (n=159)**



- 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)



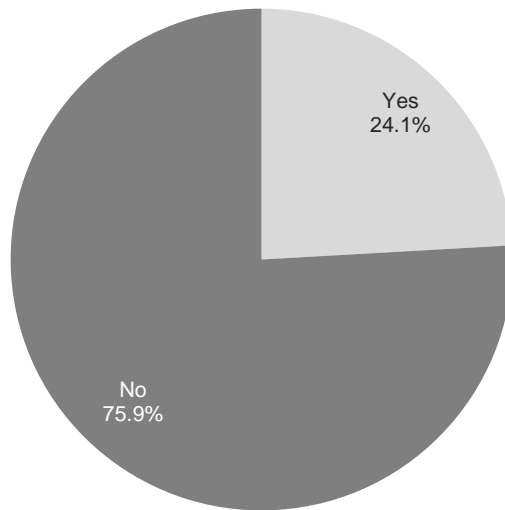
- Of the 312 individuals who reported that they do contribute to their rent/mortgage, 275 responded to a question about utilities. Out of these 275 individuals, out-of-pocket rent/mortgage payments included *water* (46.9%), garbage (34.9%), electric (47.3%), gas (24.7%), or no utilities (40.0%). An additional 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)

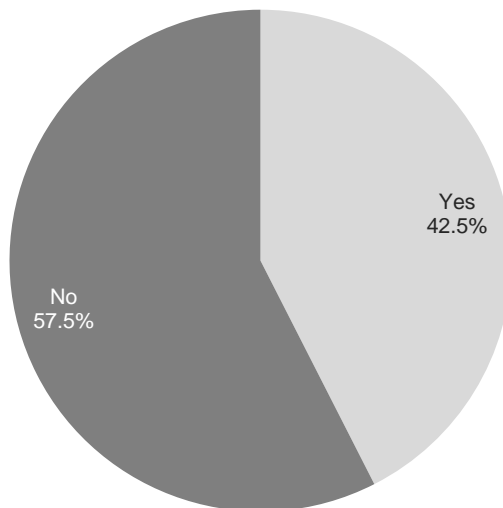


- Included in calculations but not presented in this figure are 100 individuals (27.1%) who selected *none*.

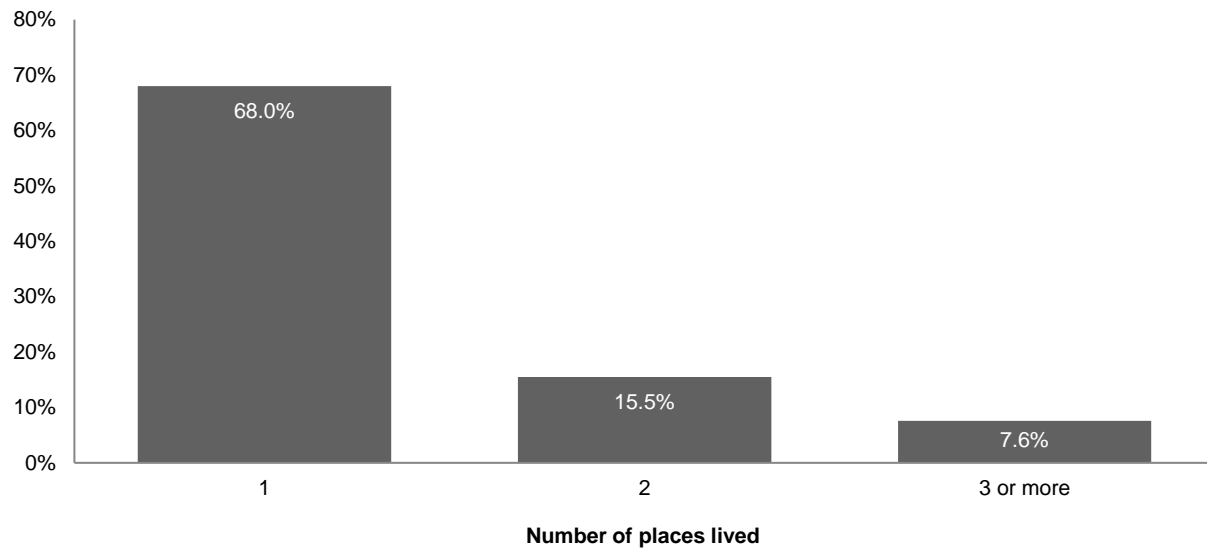
**Figure A28.** Had to Move Due to Inability to Afford Home (n=453)



**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)



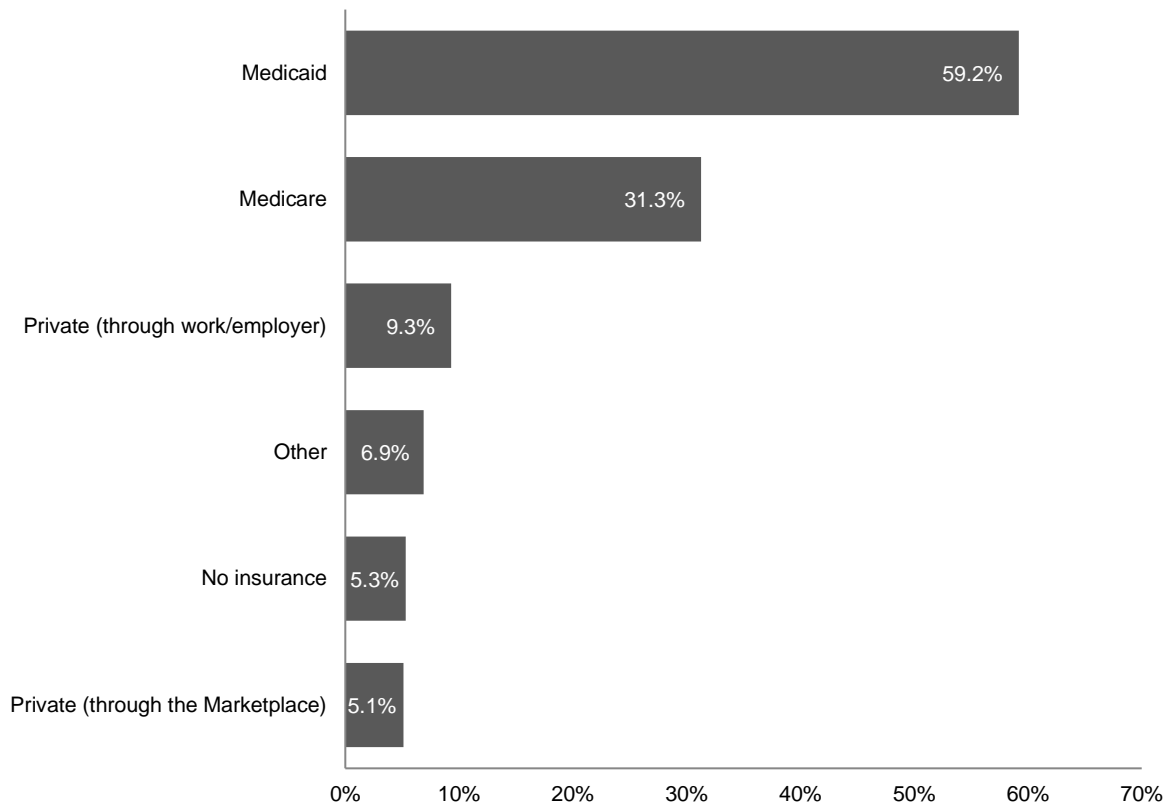
- Included in calculations but not presented in this figure are 36 individuals (8.9%) who provided a response of zero places of residence in the past six months.



## B. Medical Care

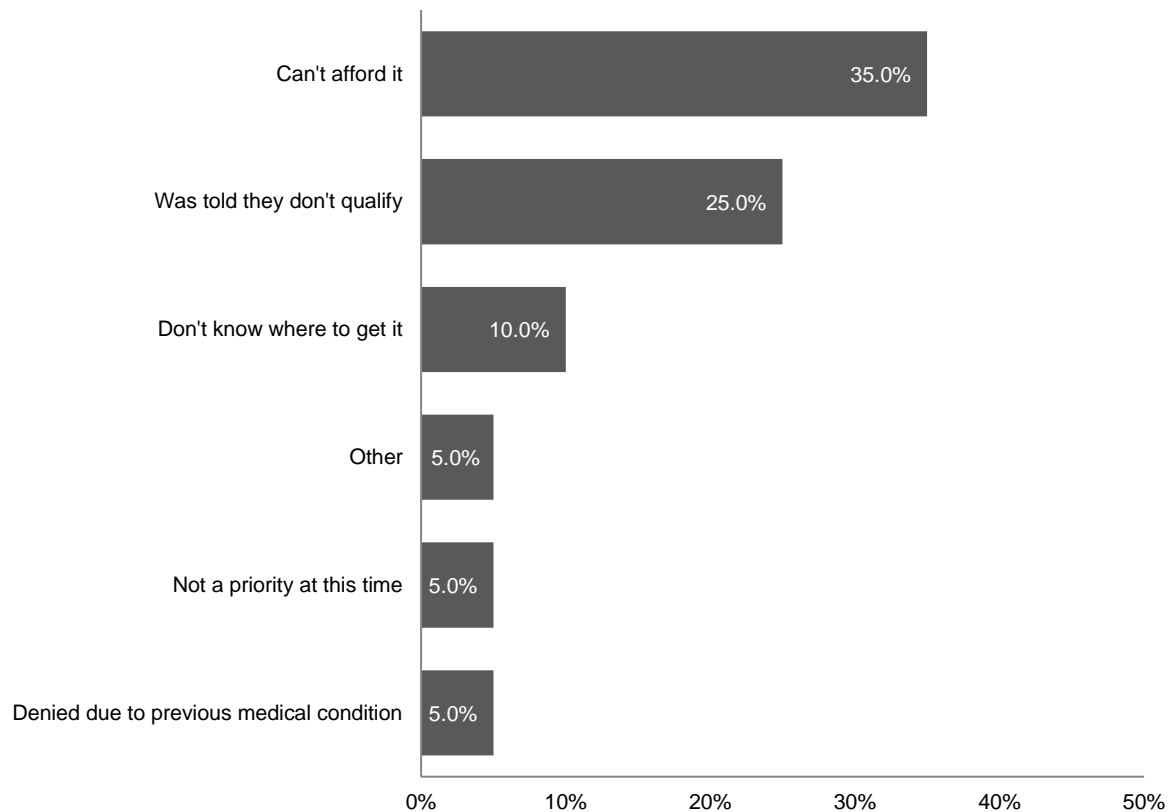
### Health Insurance and Medical Coverage

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



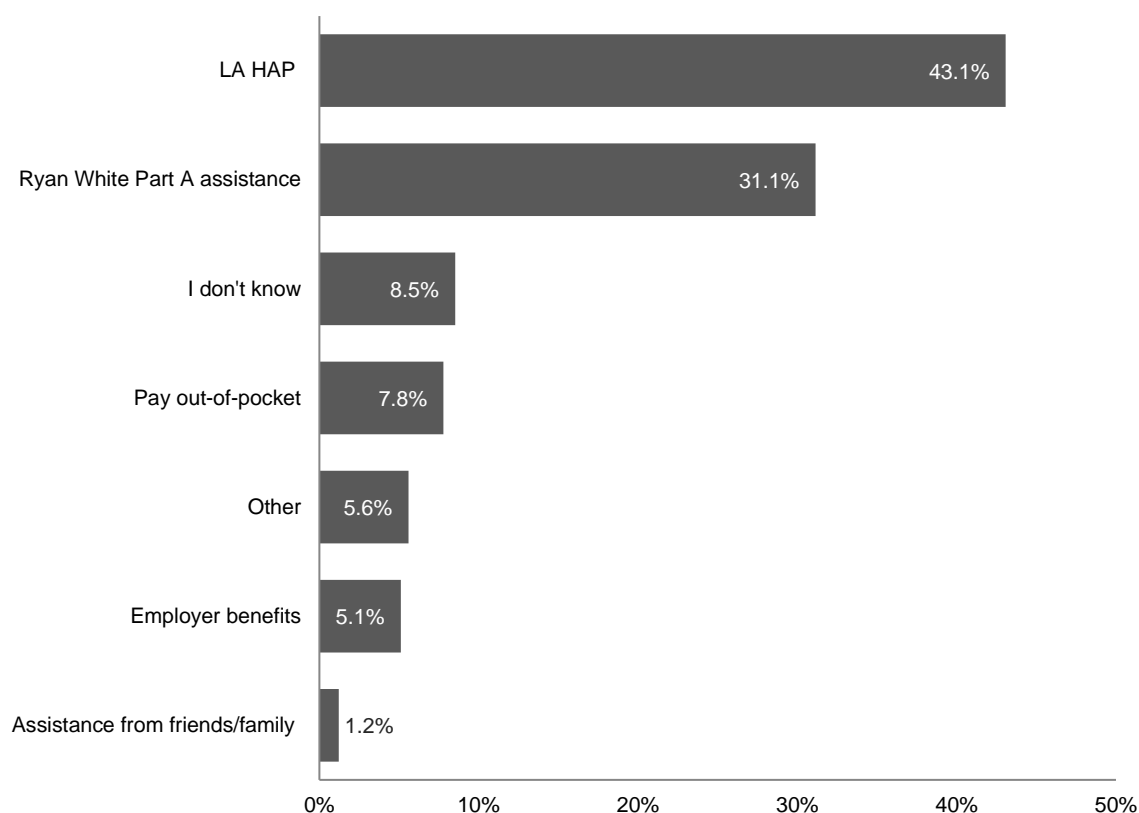
- Included in calculations but not presented in this figure are three individuals (0.7%) who selected *Veteran's Administration (VA)*, three individuals (0.7%) who selected *private insurance through parent or spouse*, and one individual (0.2%) who selected *COBRA (continuation of insurance paid through 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.

**Figure B2.** Barriers to Obtaining Health Insurance Coverage (n=20)



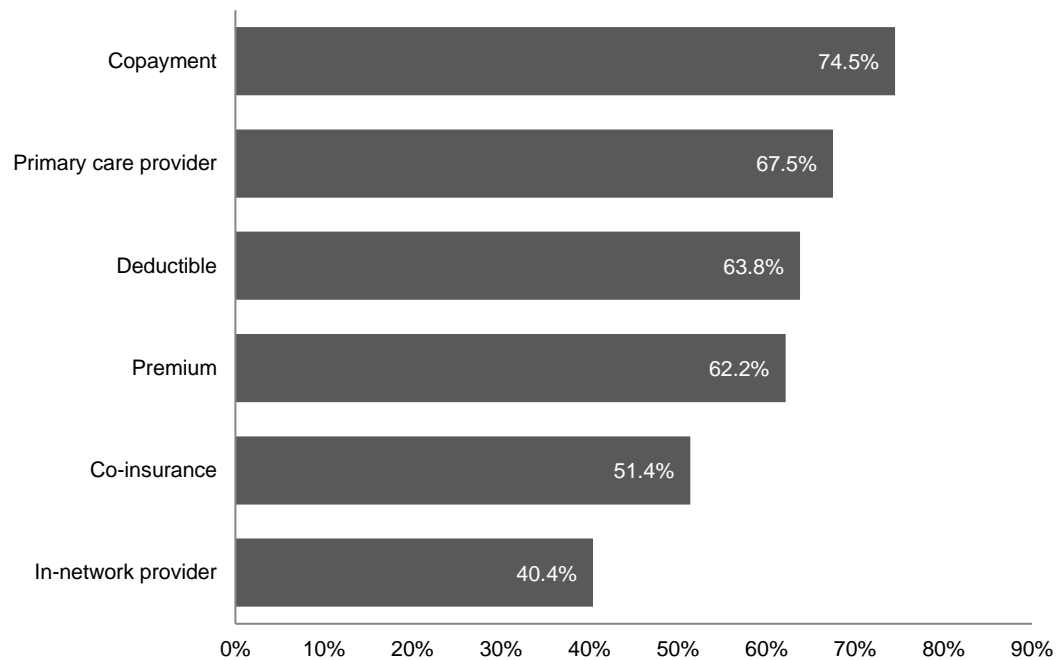
- Included in calculations but not presented in this figure are five individuals (25.0%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 20 individuals who responded to this question, 2 (10.0%) reported 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.

**Figure B3.** Method of Payment for Monthly Insurance Premium (n=411)



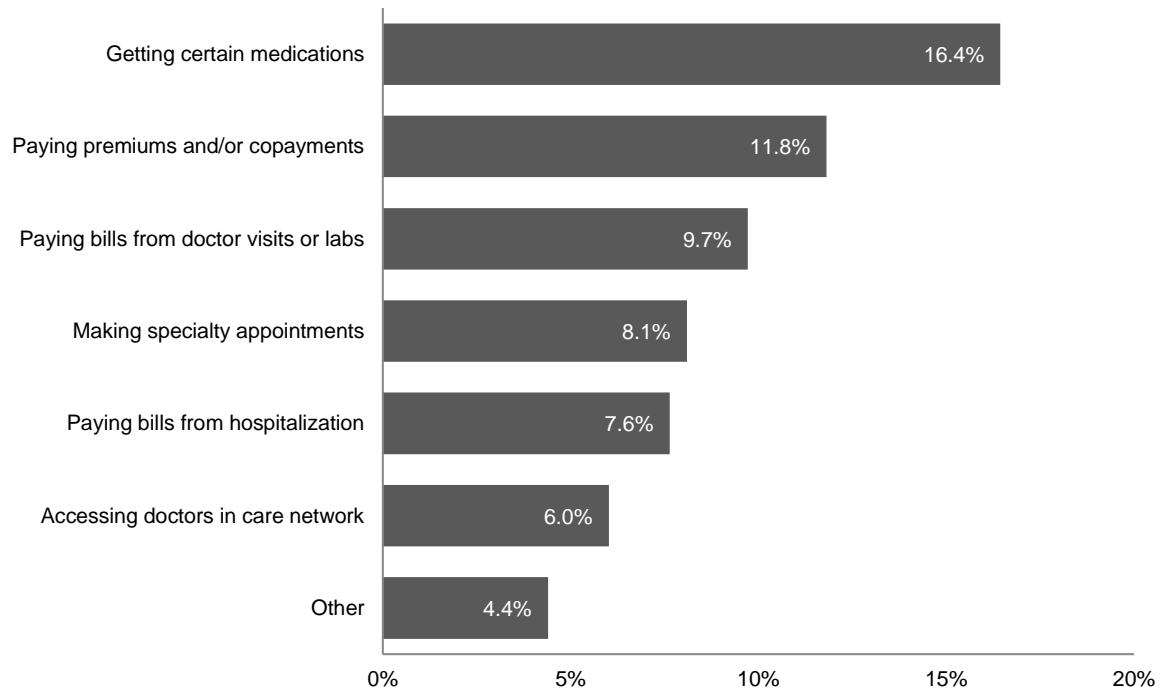
- Abbreviation: LA HAP = Louisiana Health Access Program
- Included in calculations but not presented in this figure are 2 individuals (0.5%) who selected *tax subsidies* and 60 individuals (14.6%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the 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.

**Figure B4.** Percent of Respondents Who Report Understanding Common Insurance Terms (n=428)



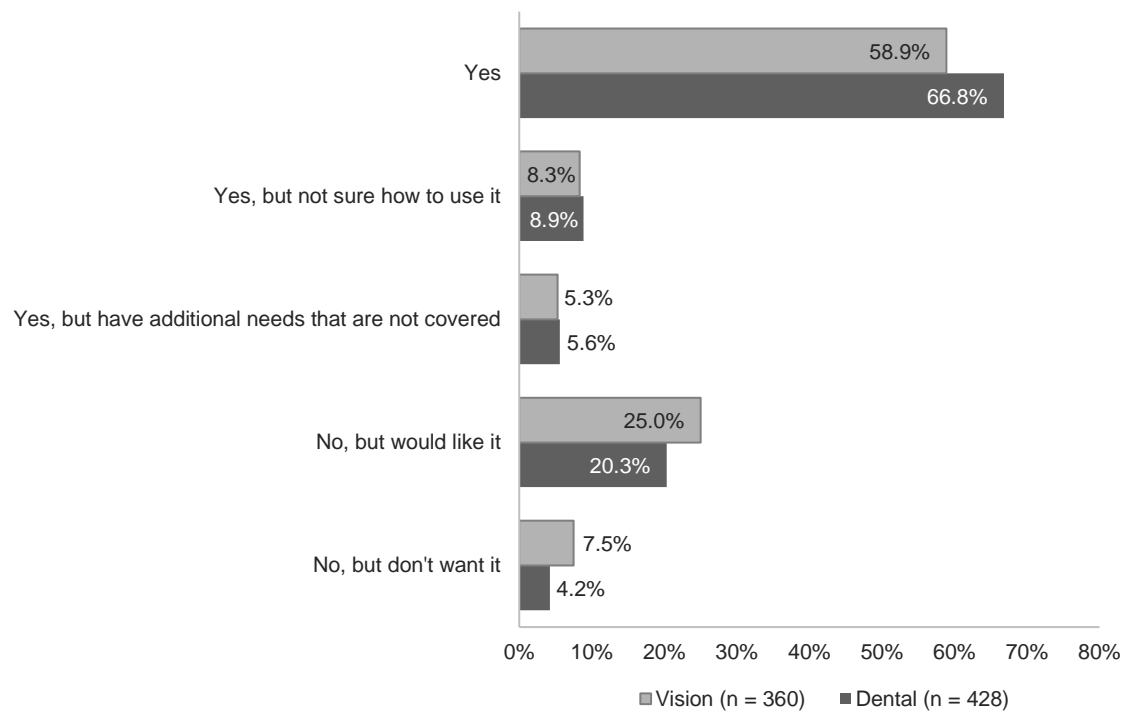
- Included in calculations but not presented in this figure are 50 individuals (11.7%) who selected *none of these*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 428 individuals who responded to this question, 309 (72.2%) reported 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.

**Figure B5.** Problems Encountered with Health Insurance (n=432)



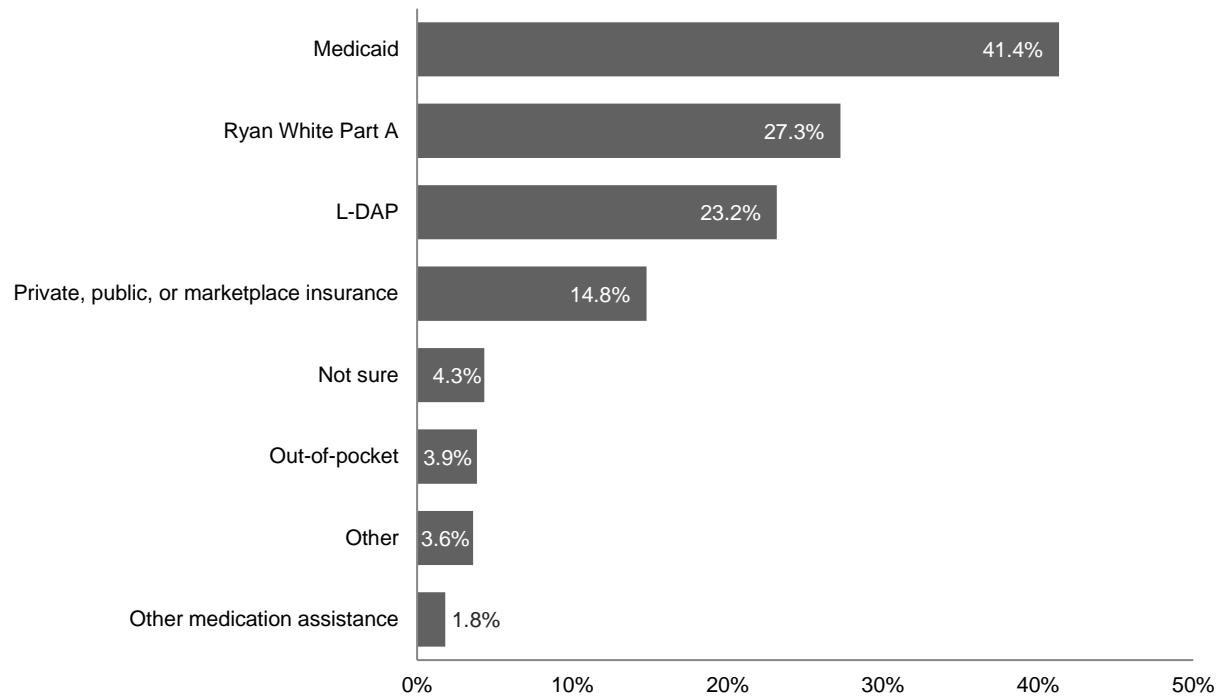
- Included in calculations but not presented in this figure are 269 individuals (62.3%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 432 individuals who responded to this question, 65 (15.0%) 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).

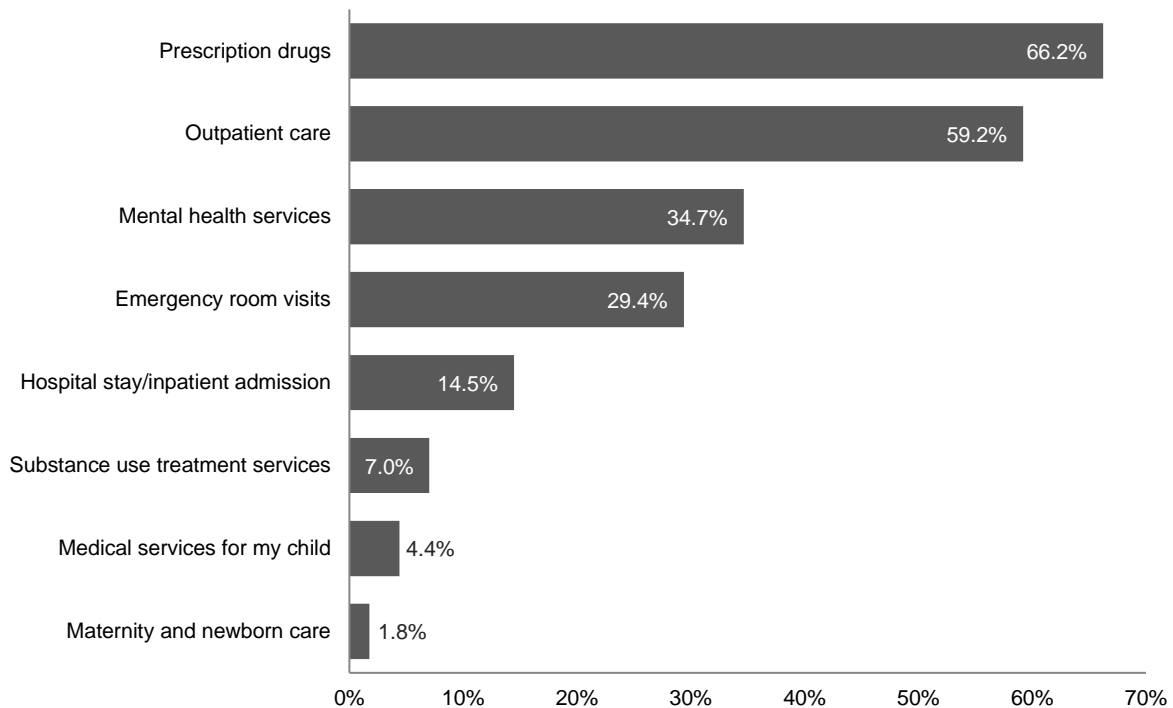
**Figure B7.** Method of Payment for Medications (n=440)



- 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)



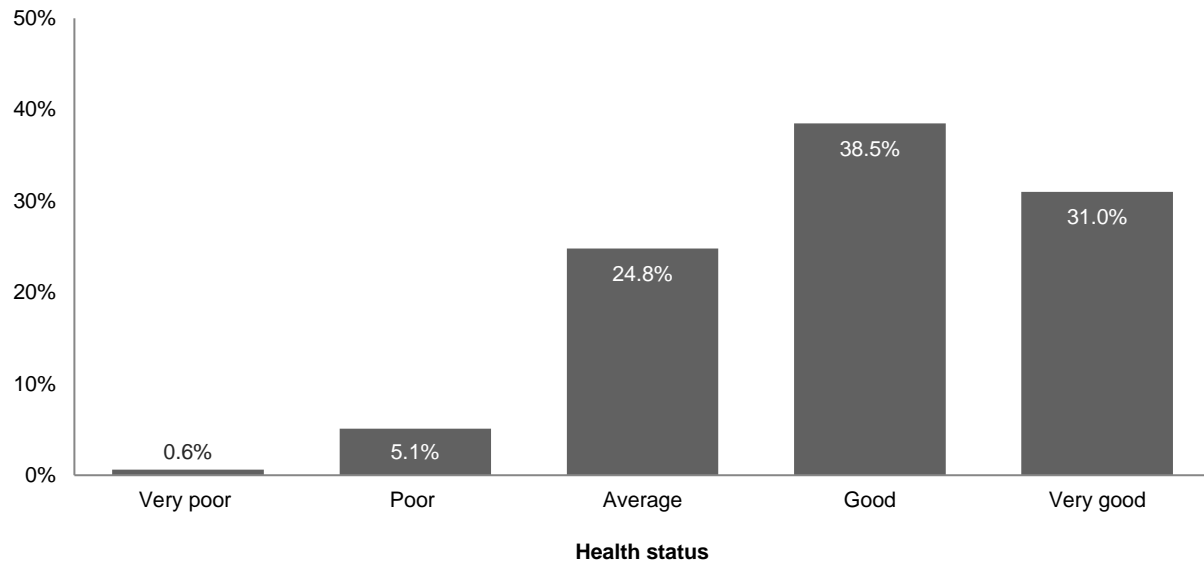
- Included in calculations but not presented in this figure are 62 individuals (13.6%) who selected *I did not need any of these services*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 456 individuals who responded to this 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.



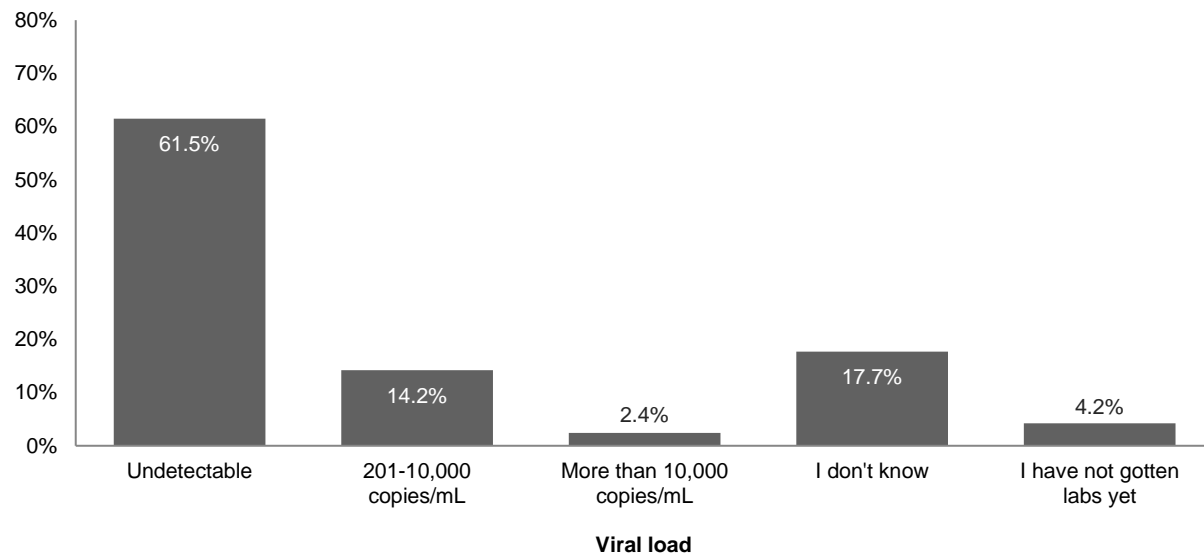
## C. Health and Health Behaviors

### Overall Health

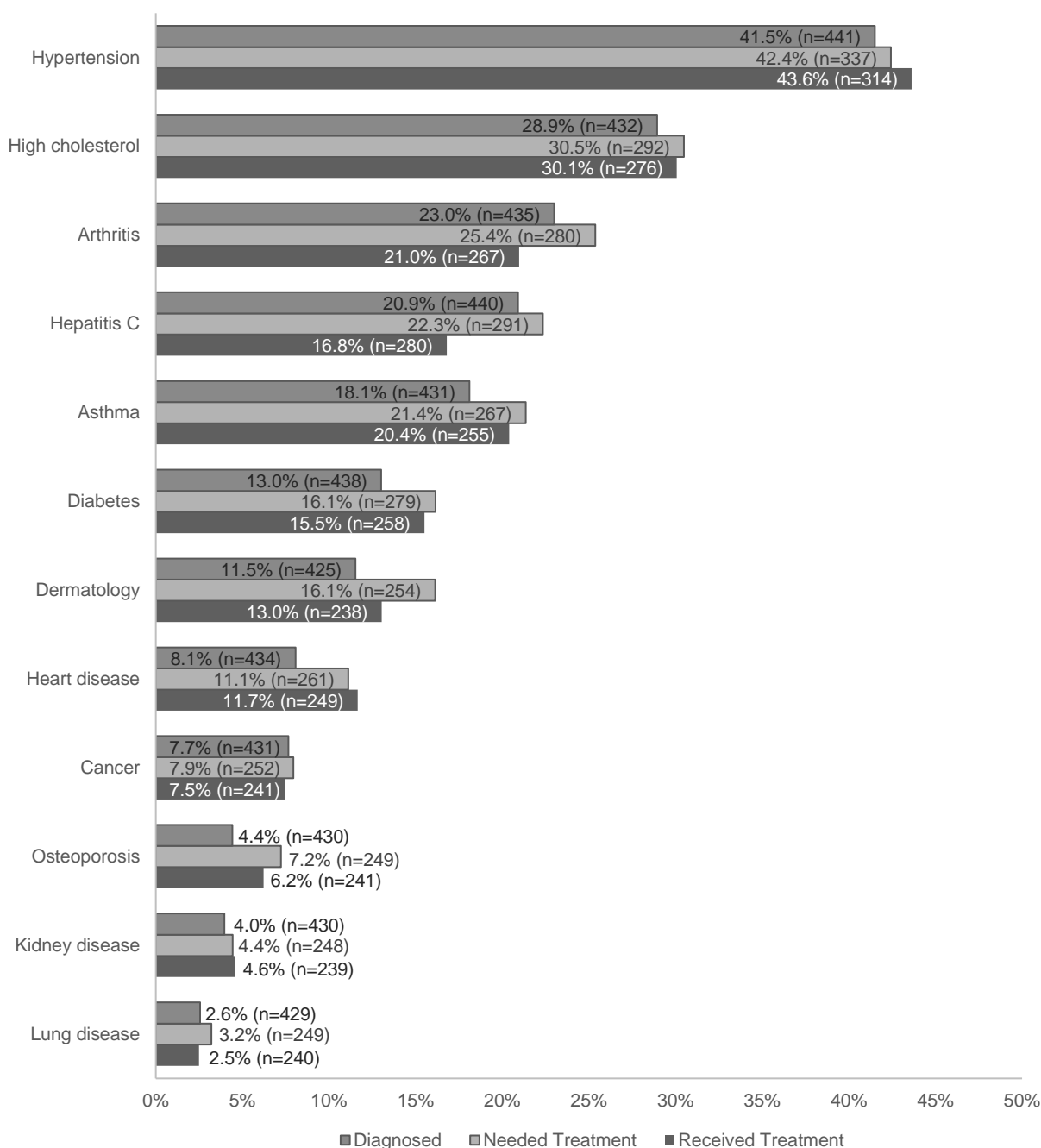
**Figure C1.** Self-Reported Overall Health Status (n=468)



**Figure C2.** Current Viral Load (n=452)

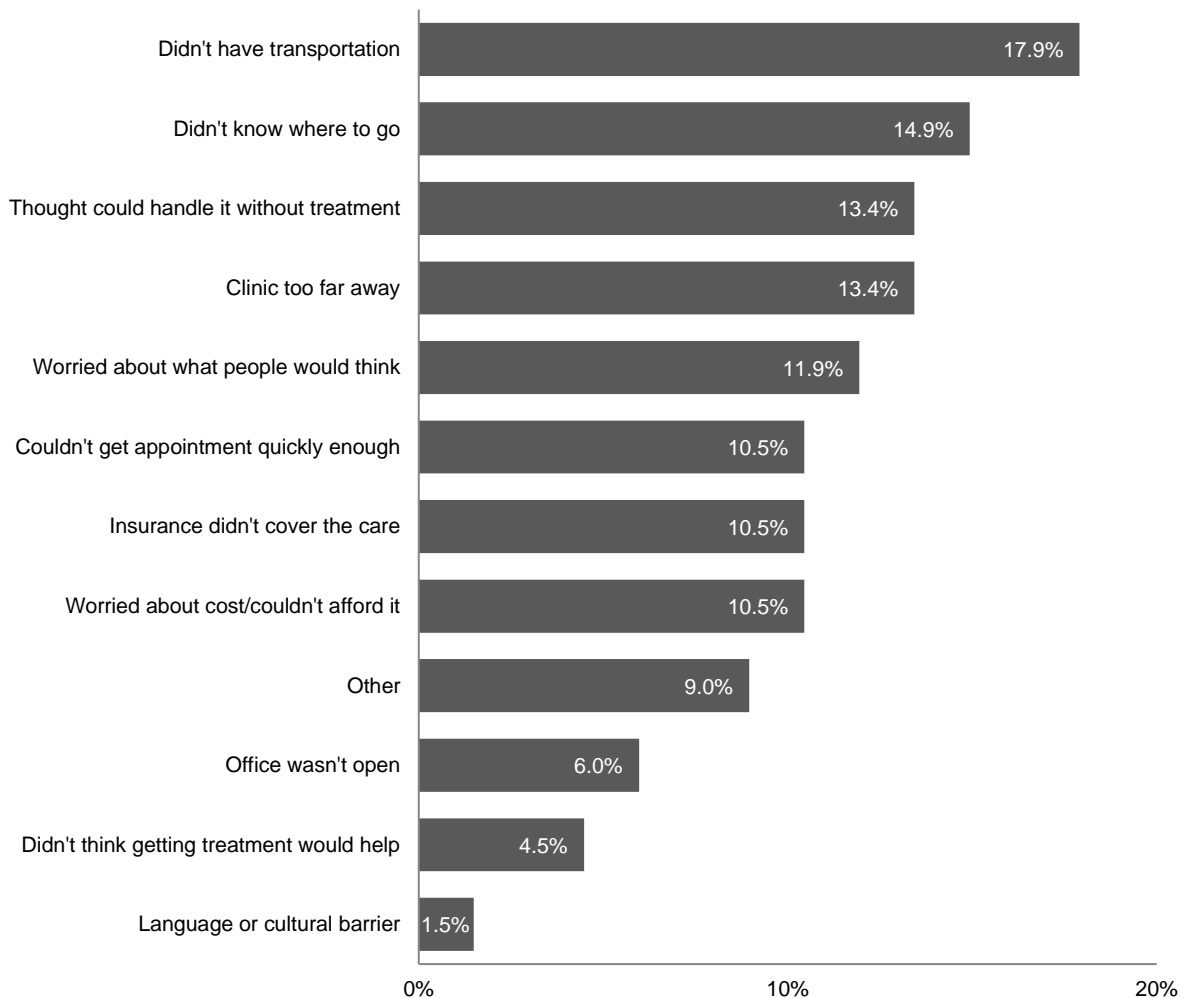


**Figure C3. Medical Diagnoses and Treatment**



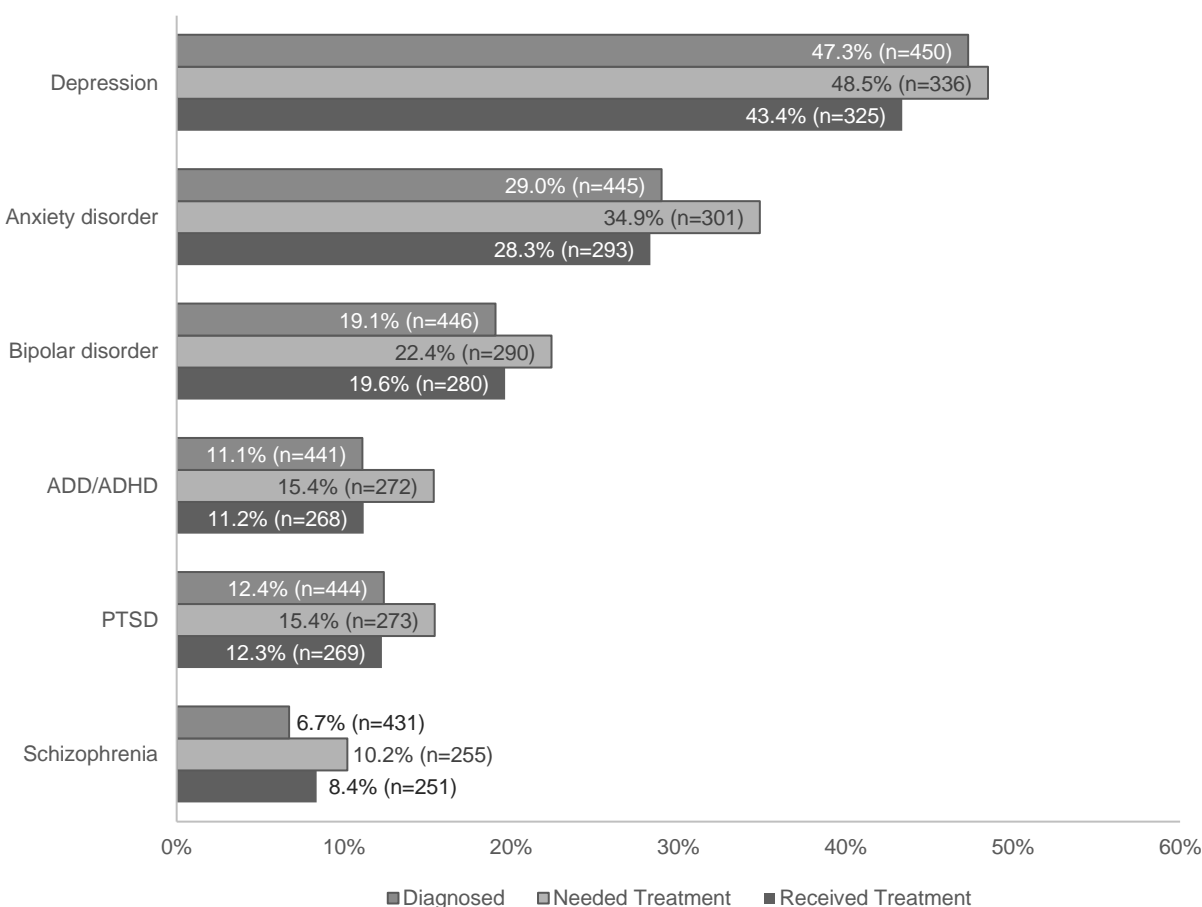
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- Included in calculations but not presented in this figure are 23 individuals (4.9%) who indicated 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.

**Figure C4.** Reasons Didn't Receive Needed Medical Care (n=67)



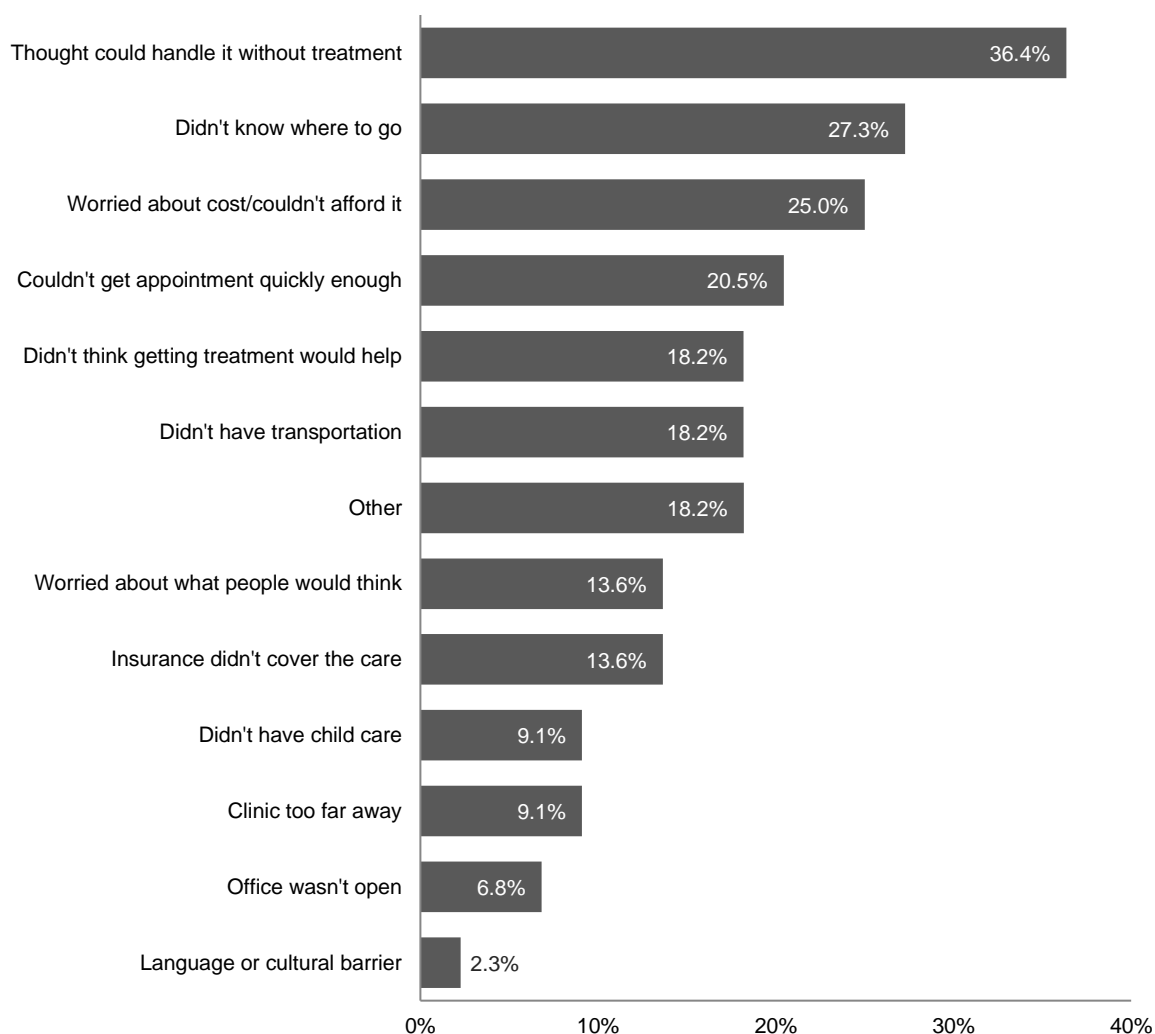
- Included in calculations but not presented in this figure are 33 individuals (49.3%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 67 individuals who responded to this question, 14 (20.9%) selected 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.

**Figure C5. Mental Health Diagnoses and Treatment**



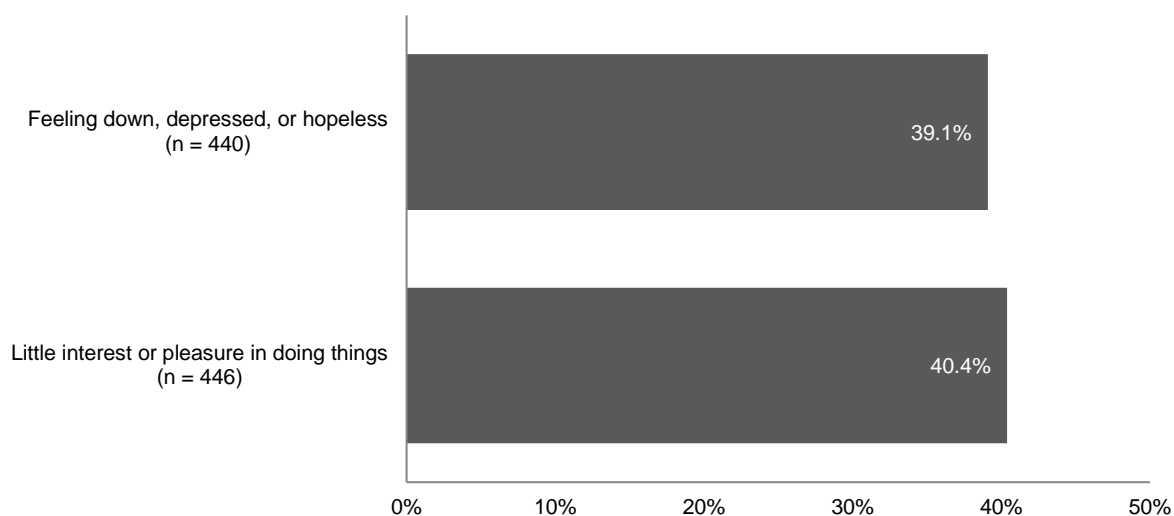
- Abbreviations: ADD/ADHD= Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, PTSD = Post-Traumatic Stress Disorder
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents 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.

**Figure C6.** Reasons Didn't Receive Needed Mental Health Care (n=44)

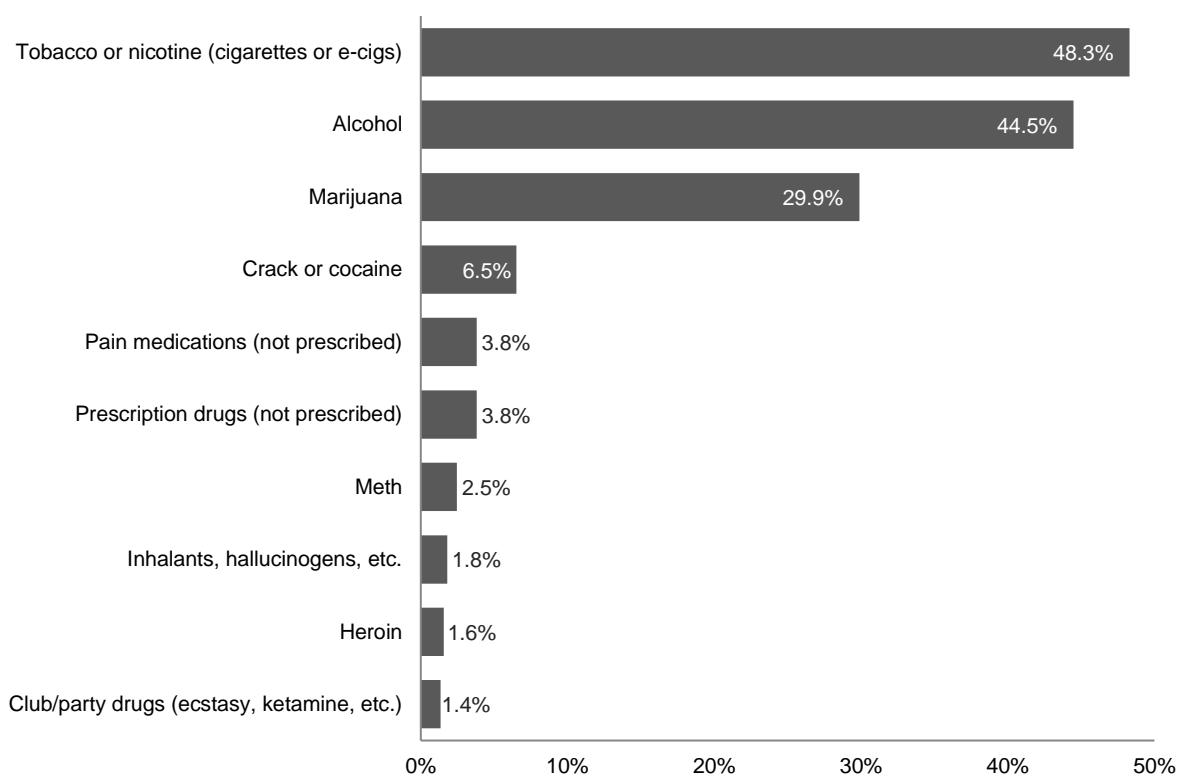


- Included in calculations but not presented in this figure are eight individuals (18.2%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 44 individuals who responded to this question, 20 (45.5%)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



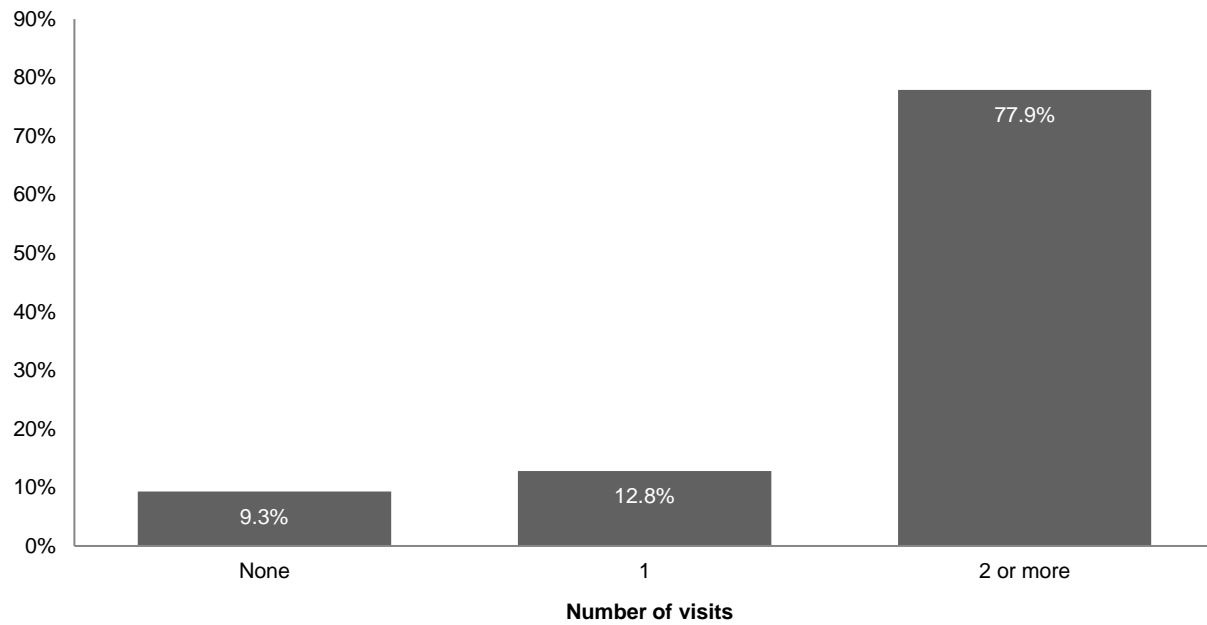
**Figure C8.** Self-Reported Substance Use in the Past 12 Months (n=445)



- 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.

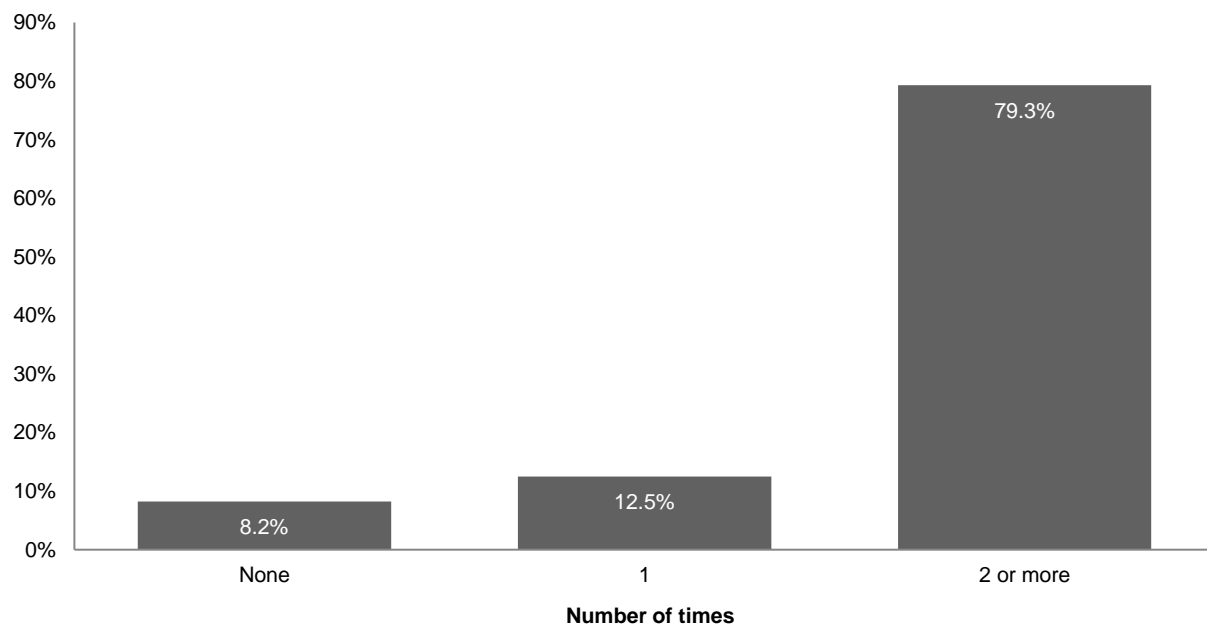
## Health Seeking Behavior

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

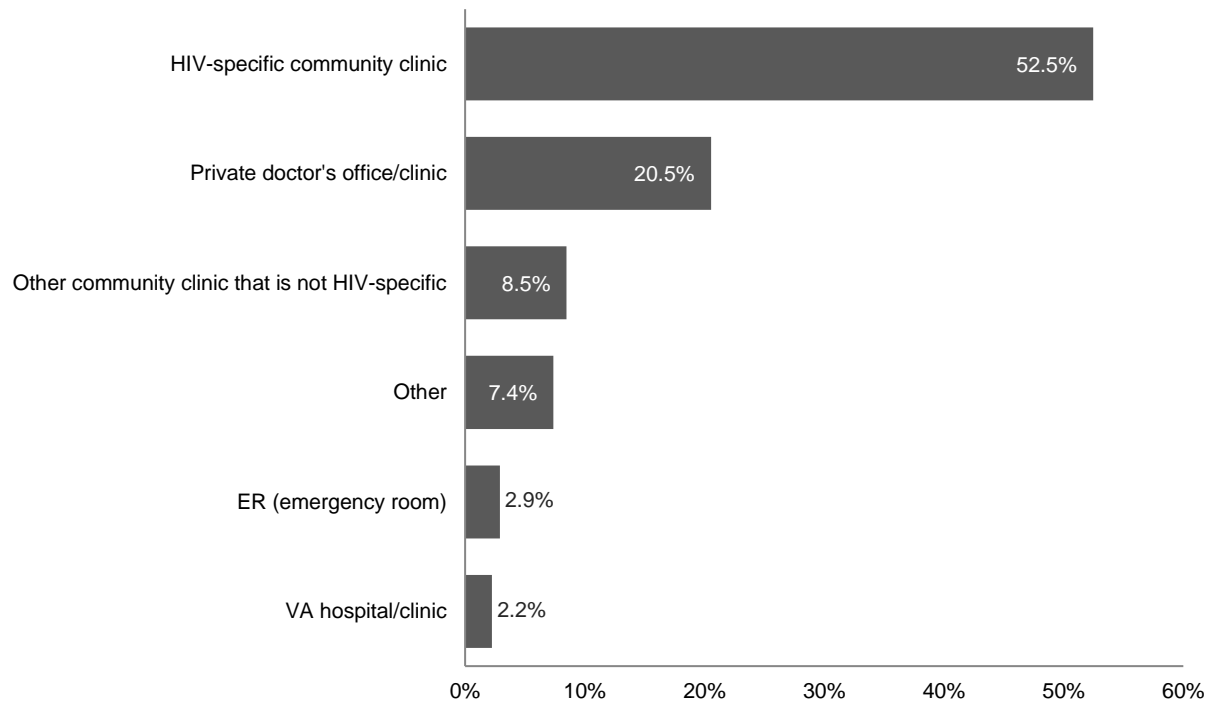


- Excluded from calculations are 12 individuals who selected *Not applicable, I don't have an HIV care provider.*

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



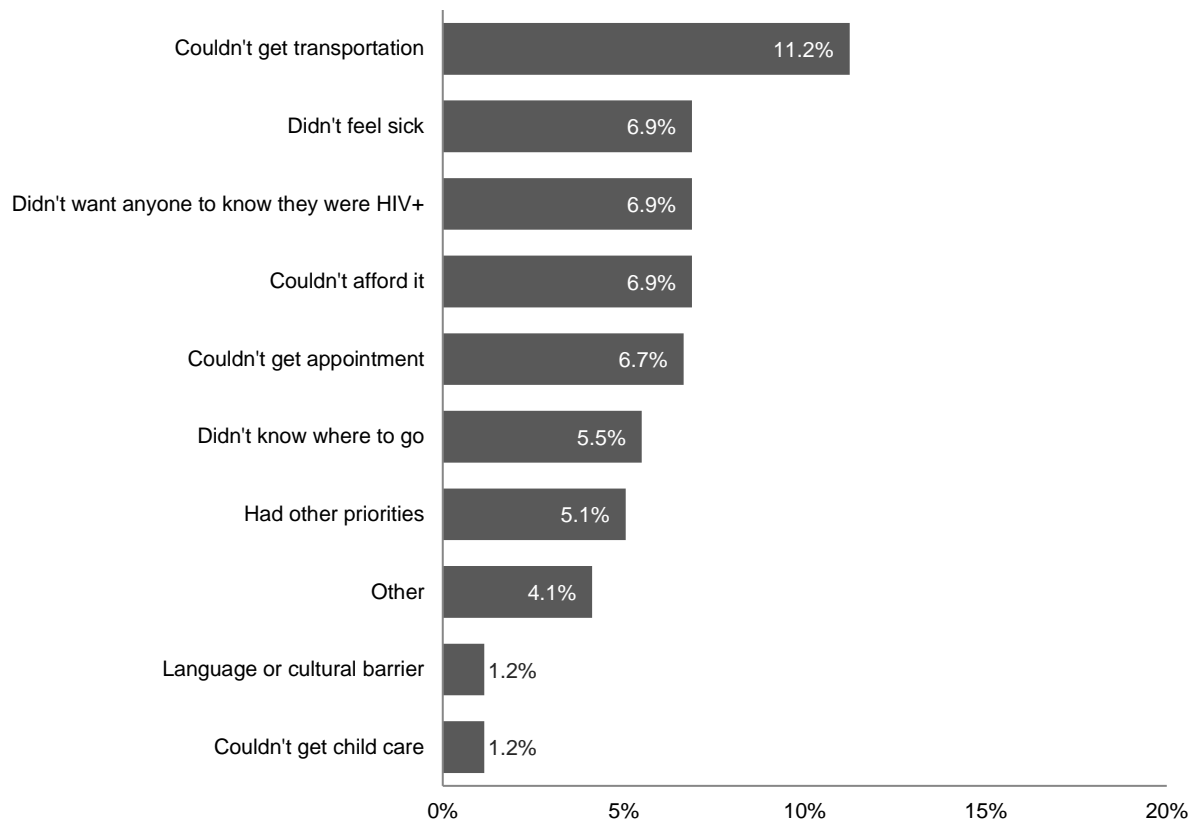
**Figure C11.** Places Where Respondent Regularly Receives HIV-Related Medical Care (n=448)



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

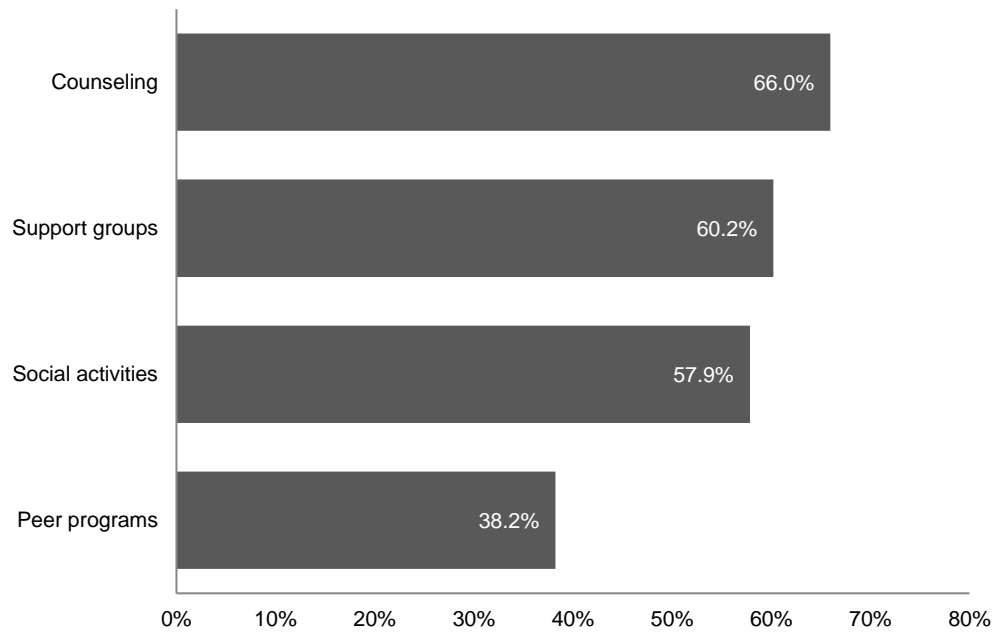


**Figure C12.** Barriers to Receiving Needed Medical Care (n=436)



- 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.

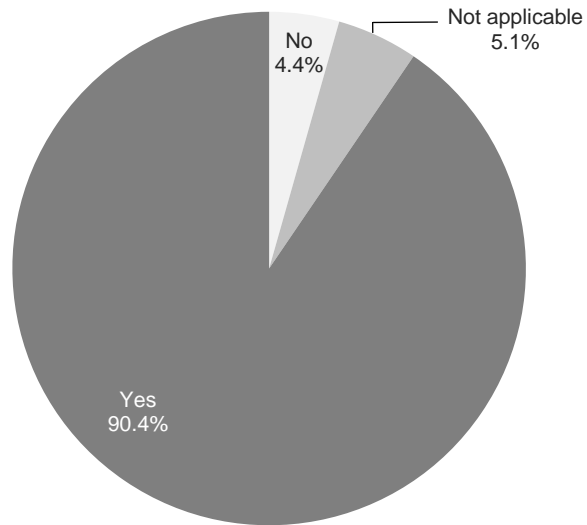
**Figure C13.** Interest in Psychosocial Support (n=382)



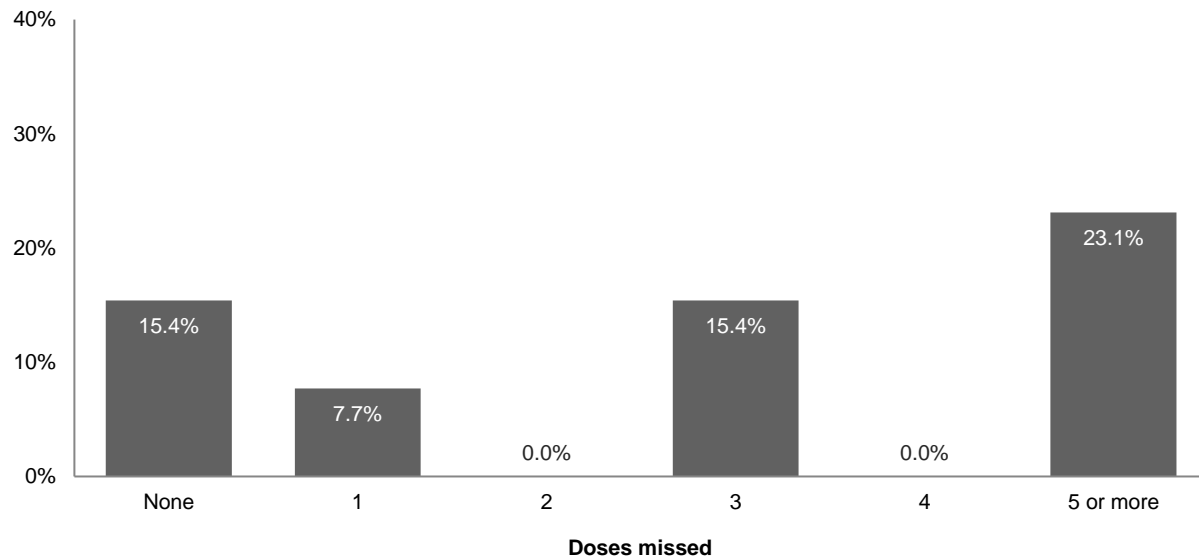
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 382 individuals who responded to this question, 211 (55.2%) expressed interest in two or more types of support.

## HIV Medication and Medical Adherence

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

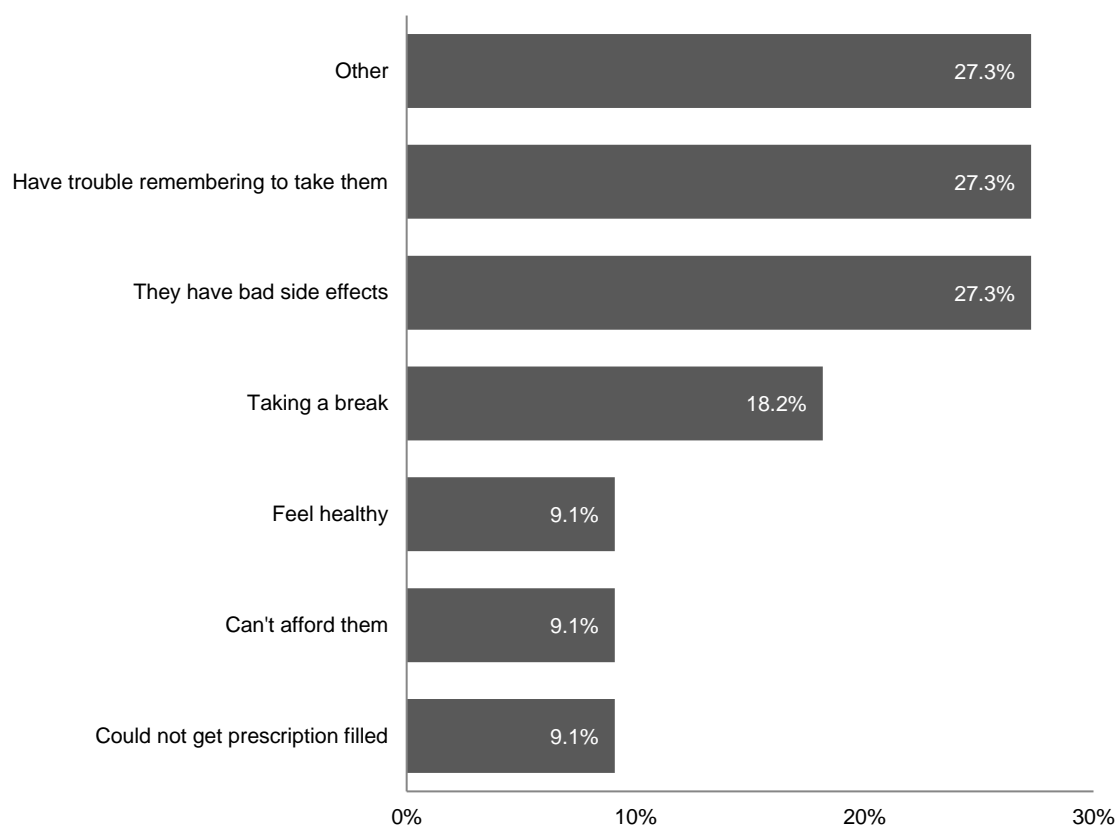


**Figure C15.** Number of Doses Missed in Last Three Days (n=13)



- 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.

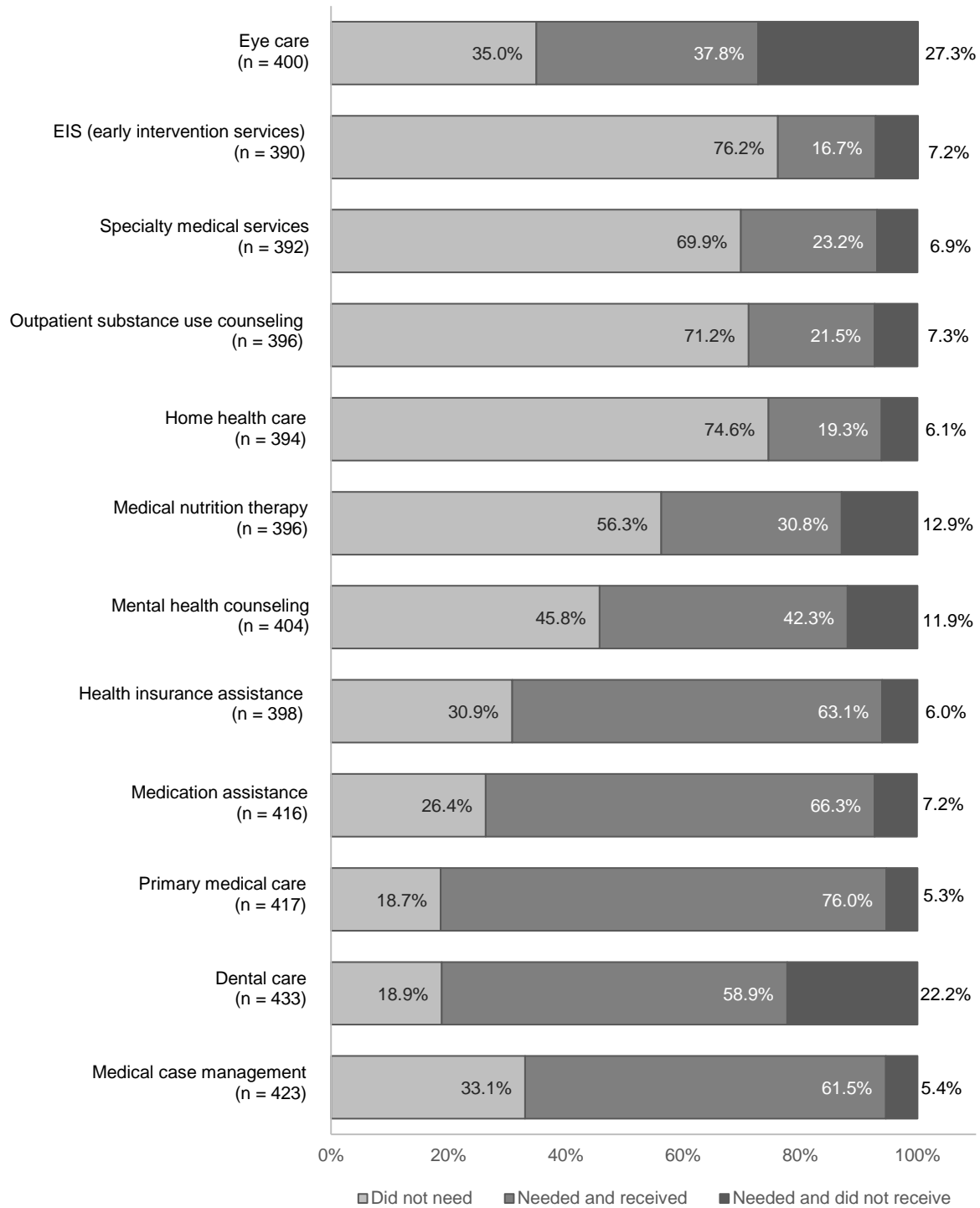
**Figure C16.** Reasons for Not Taking HIV/AIDS Medication (n=11)



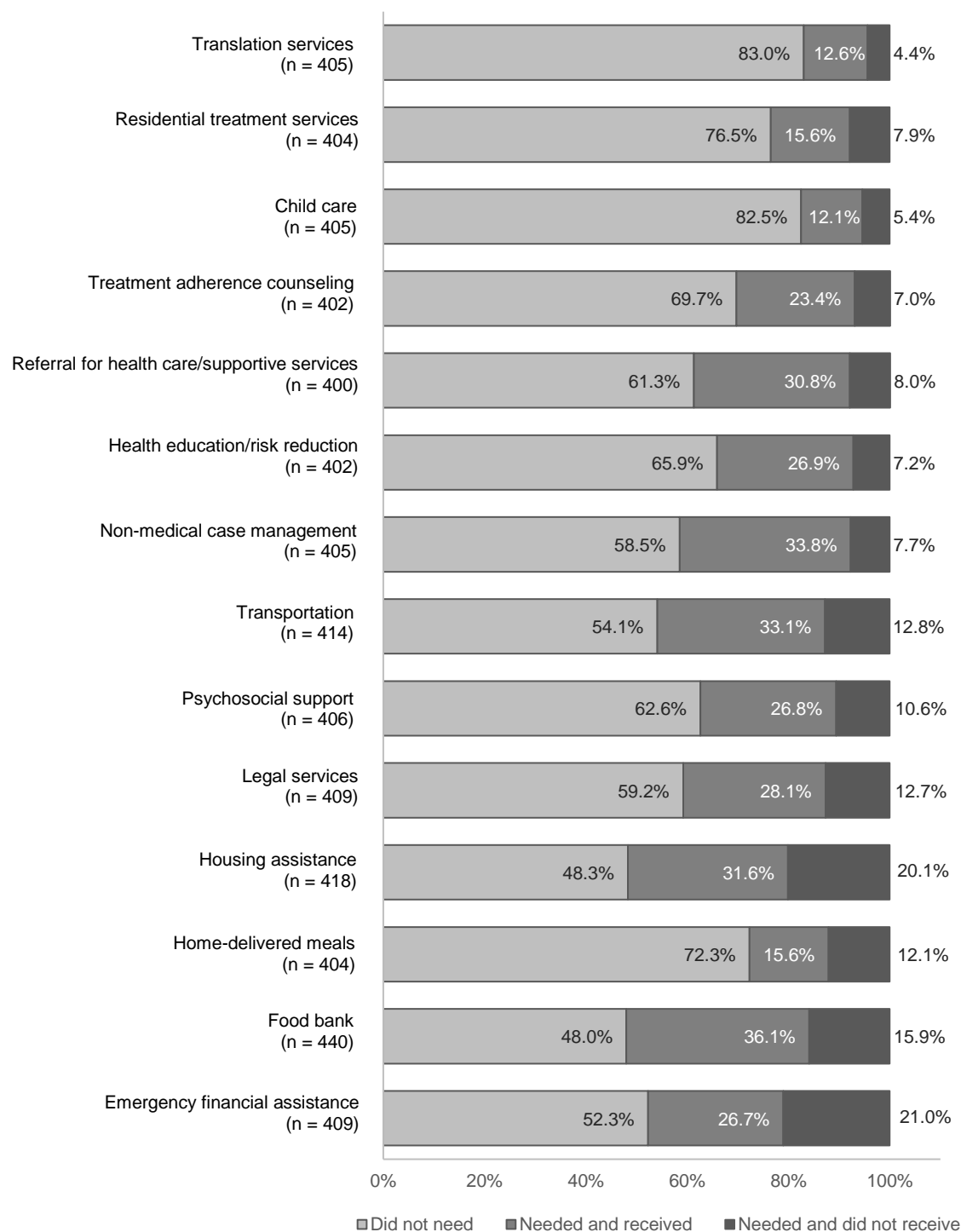
- Included in calculations but not presented in this figure is one individual (9.1%) who selected *N/A: I have not been prescribed any medications*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 11 individuals who responded 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

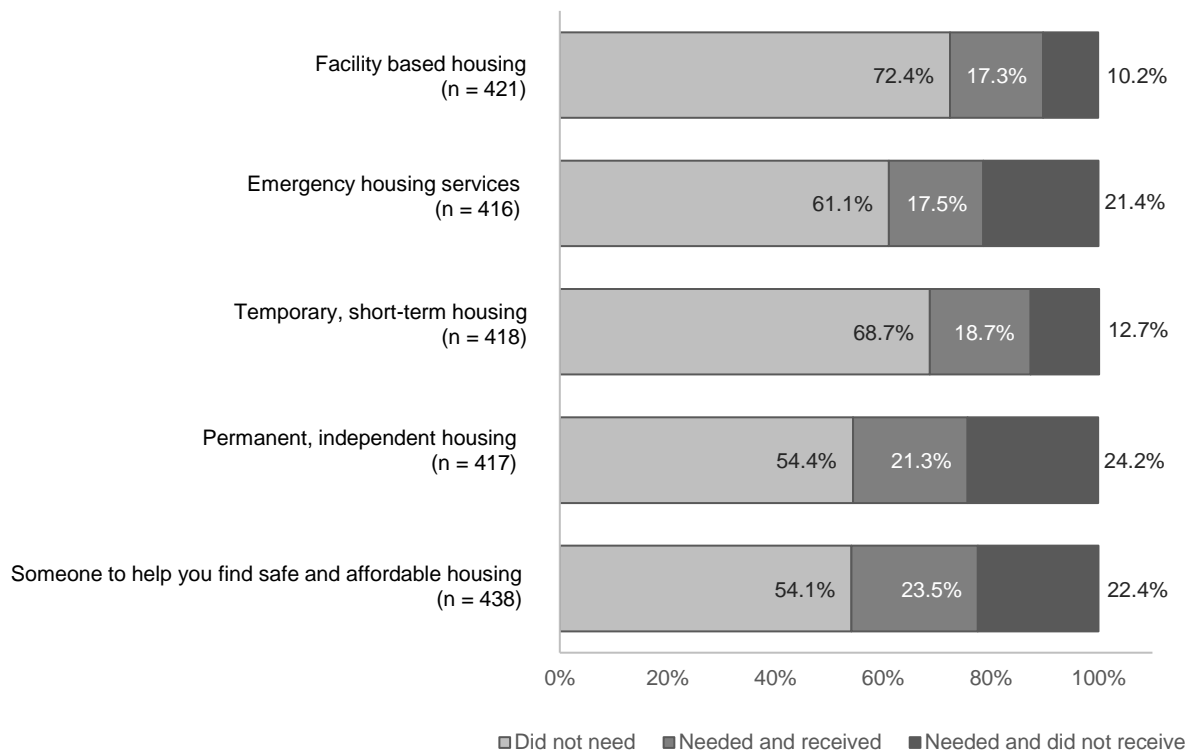
**Figure D1. Need and Receipt of Core Medical Services**



**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%

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



**Table A.2.** Services Ranked by Gap

Ranking	Service	Total responses (n)	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
1	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.

**Figure B.1.** Map of Louisiana with New Orleans Metropolitan Statistical Area in Gray



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 strictly voluntary. If you do not want to complete the survey, it will not affect the services you receive. You may stop the survey at any time or skip any questions that you do not want to answer.

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

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

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

Yes. As a 'thank you' for completing this survey, you will be entered to win 1 of 5 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

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

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

→ Answer question 1a and skip question 1b

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

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

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

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

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

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

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

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

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



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

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

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

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

## MEDICAL CARE

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

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

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

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

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

- ☐ None  
☐ One  
☐ Two or more

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

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

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

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

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

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

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

Little interest or pleasure in doing things

- ☐ Yes  
☐ No

Feeling down, depressed, or hopeless

- ☐ Yes  
☐ No

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

- ☐ Support groups      ☐ Counseling      ☐ Social activities      ☐ Peer programs

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

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

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

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

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

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

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

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

## HIV MEDICATION

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

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

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

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

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

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

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

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

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

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

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

## NEEDED SERVICES

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

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

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

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

## HOUSING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ☐ Yes  
☐ No → Skip to question 28

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

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

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

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

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

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

## GENERAL INFORMATION

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

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

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

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

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

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

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

\_\_\_\_ \_

**36.** Where did you receive your HIV diagnosis? *Select one answer.*

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

**37.** What is your zip code? \_\_\_\_\_

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

- ☐ Male
- ☐ Female
- ☐ Transgender: male to female
- ☐ Transgender: female to male
- ☐ Other (tell us: \_\_\_\_\_)

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

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

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

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

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

- ☐ Yes
- ☐ No

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

- ☐ English
- ☐ Spanish
- ☐ Other (tell us: \_\_\_\_\_)

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

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

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

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

**45.** Please indicate how strongly you agree or disagree with the following statement:  
**I feel comfortable using a computer.**

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

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

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



## INCOME

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

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

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

\$ \_\_\_\_\_    ☐ No income

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

Wages

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

Financial Assistance

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

Housing Assistance

- ☐ Section 8/Housing Choice Assistance Program Voucher
- ☐ Veteran's Housing
- ☐ Tenant Based Rental Assistance (TBRA)/HOPWA assistance
- ☐ Short Term rent mortgage utility assistance (STRMU)/ HOPWA assistance
- ☐ Project-based assistance/HOPWA assistance
- ☐ FEMA
- ☐ LIHEAP
- ☐ None of these

**THE END!**

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