

# People Living with HIV Needs Assessment

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## Statewide Report

Louisiana Department of Health and Hospitals  
Office of Public Health

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## Introduction

### Purpose of the Louisiana Statewide Needs Assessment

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

### Layout of the Report

This report presents the characteristics of survey respondents in the New Orleans Eligible Metropolitan Area (NO EMA), the Baton Rouge Transitional Grant Area (BR TGA), and Louisiana Public Health Regions III through IX, 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

Table 1 presents the *2017 Needs Assessment* targets by region and the resulting survey response rates. A convenience sample of 1,487 questionnaires was submitted to PRG. This represents 93% of the goal of 1,605 responses as set by OPH SHP.

**Table 1.** Statewide Needs Assessment Targets

Region	Target Number of Questionnaires	Number Returned	Percentage of Target
NO EMA	600	471	78.5%
BR TGA	400	468	117.0%
III	40	40	100.0%
IV	125	88	70.4%
V	85	84	98.8%
VI	75	75	100.0%
VII	145	145	100.0%
VIII	85	85	100.0%
IX	50	31	62.0%
<b>TOTAL</b>	<b>1,605</b>	<b>1,487</b>	<b>92.6%</b>

It is important to emphasize that the data presented in this report may not be representative of or generalizable to all PLWH across the state. There are two reasons for this. The primary reason is that the data are derived from a convenience sample. The PLWH who were surveyed are those who happened to be available and present at the data collection sites during the survey administration. They are also those who selected themselves into the sample (i.e., they were not randomly selected), which means they may systematically differ from those who did not. As a result, we cannot say that those in the sample are representative of any broader population (i.e., one that includes those who select out). Instead, the PLWH

included in the sample represent only those persons who responded or who would have responded if they had been similarly available. This limitation applies to the full statewide sample, as well as any regional subsample; the samples cannot be said to be representative of the PLWH population within each region or across Louisiana.

The statewide sample also may not be generalizable to the broader population of PLWH in Louisiana because the regional subsamples differ from the estimated distribution of PLWH across the state. Prior to data collection, the sampling area (Louisiana) was divided based on the *Louisiana Department of Health and Hospitals'* nine administrative regions. OPH SHP chose a target number of respondents for each region; however, the targets (and ultimately the regional samples) were not in proportion to the distribution of PLWH across the state. This is demonstrated in Table 2, which presents the estimated number and percentage of PLWH in each region for the state compared to the number and percentage of PLWH in each region for the sample. As shown in Table 2, BR TGA is overrepresented in the sample. BR TGA accounts for 31.5% of PLWH in the sample but only 23.7% of PLWH in the state. By contrast, NO EMA is underrepresented in the statewide sample, since it comprises 36.6% of PLWH in the state but only 31.7% of PLWH in the sample.

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

**Table 2.** Number of PLWH in Each Region

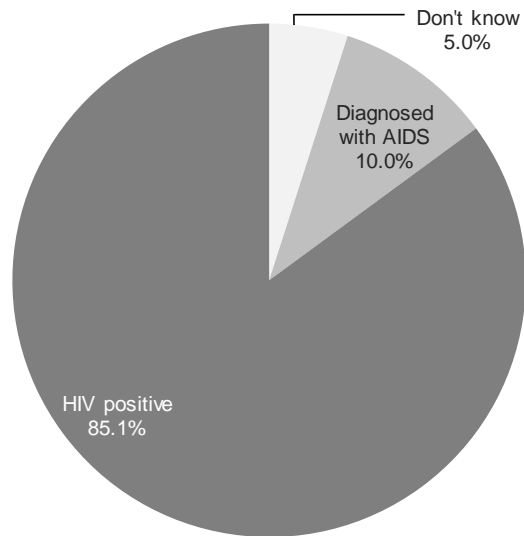
Region	2017 State Surveillance Data		2017 Needs Assessment Sample	
	Number of PLWH	Percentage of PLWH	Number in Sample	Percentage of Sample
NO EMA	8,342	36.6%	471	31.7%
BR TGA	5,401	23.7%	468	31.5%
III	908	4.0%	40	2.7%
IV	1,657	7.3%	88	5.9%
V	1,070	4.7%	84	5.6%
VI	974	4.3%	75	5.0%
VII	1,936	8.5%	145	9.8%
VIII	1,118	4.9%	85	5.7%
IX	1,380	6.1%	31	2.1%
<b>TOTAL</b>	<b>22,786</b>	<b>100.0%</b>	<b>1,487</b>	<b>100.0%</b>

"Number of PLWH" are as reported by state surveillance data in the June 30, 2017 *Louisiana HIV, AIDS, and Early Syphilis Surveillance Quarterly Report*. NO EMA and BR TGA include some parishes in Region III and Region IX.

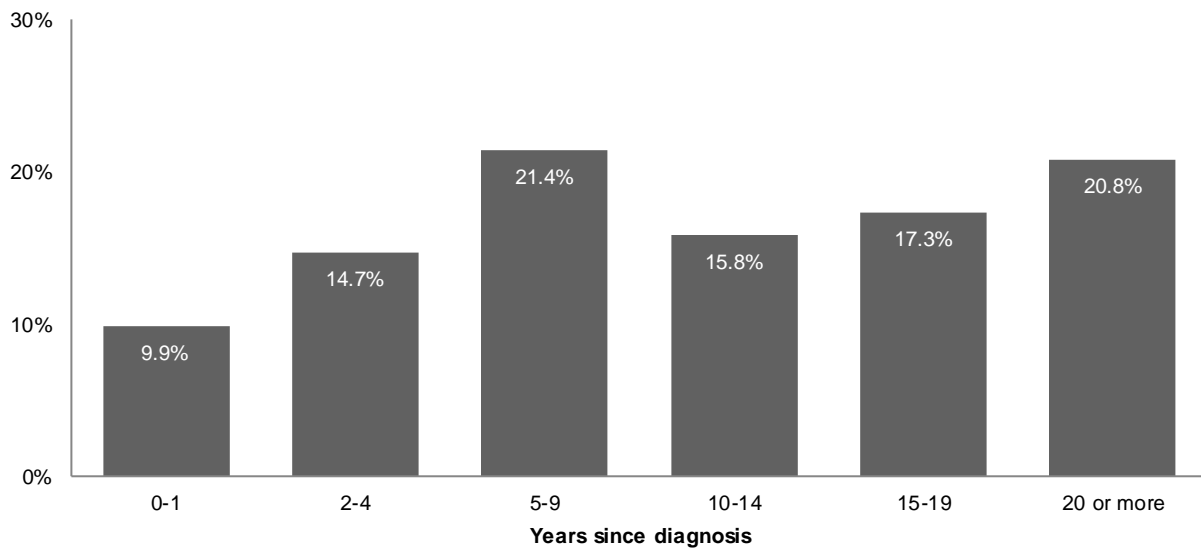
## A. Background

### HIV/AIDS Status

**Figure A1.** HIV/AIDS Status of Respondents (n=1394)

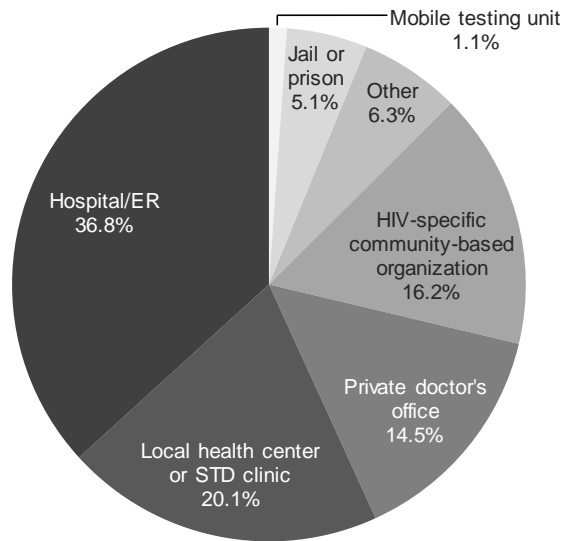


**Figure A2.** Length of Time Since HIV Diagnosis (n=1264)



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

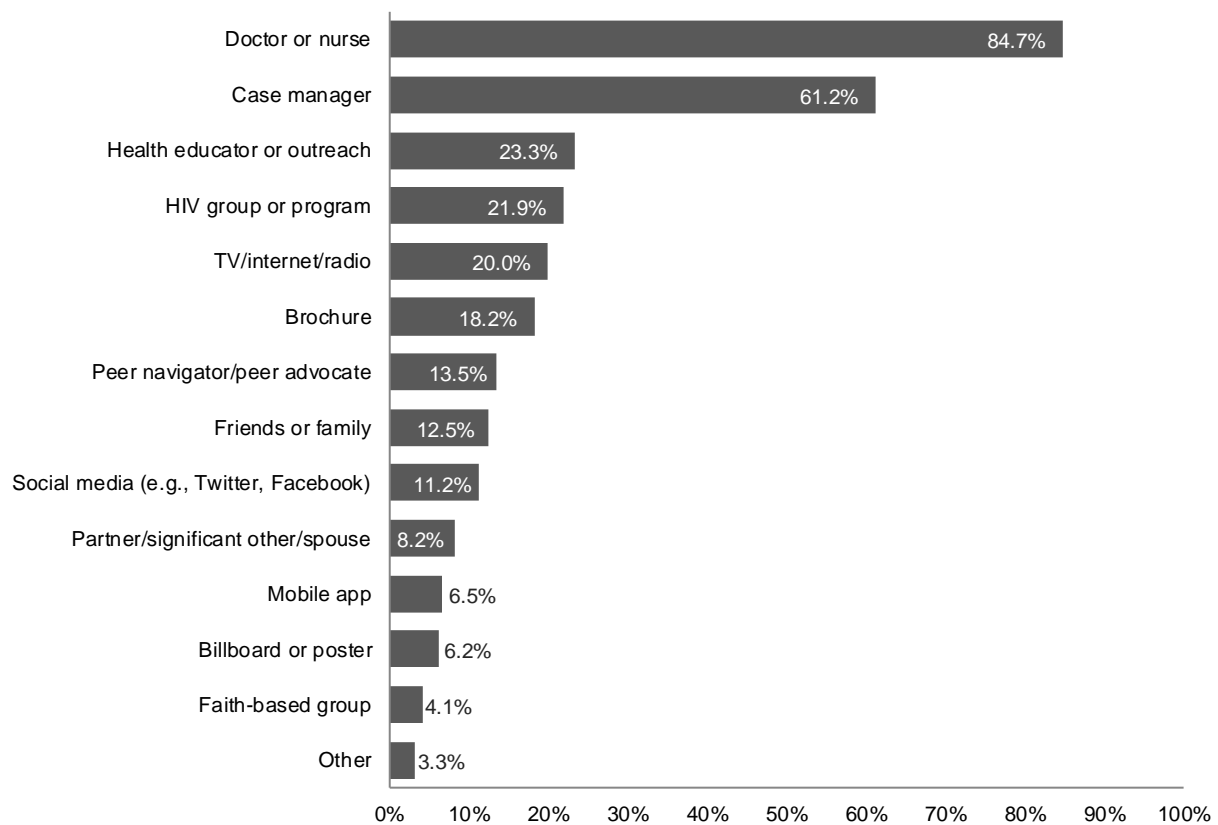
**Figure A3.** Place Where Respondents Were Told of HIV Diagnosis (n=1341)



- The category *other* includes individuals who specifically chose the response option *other* (3.0%) as well as those who selected *organizations providing other services* (3.4%).

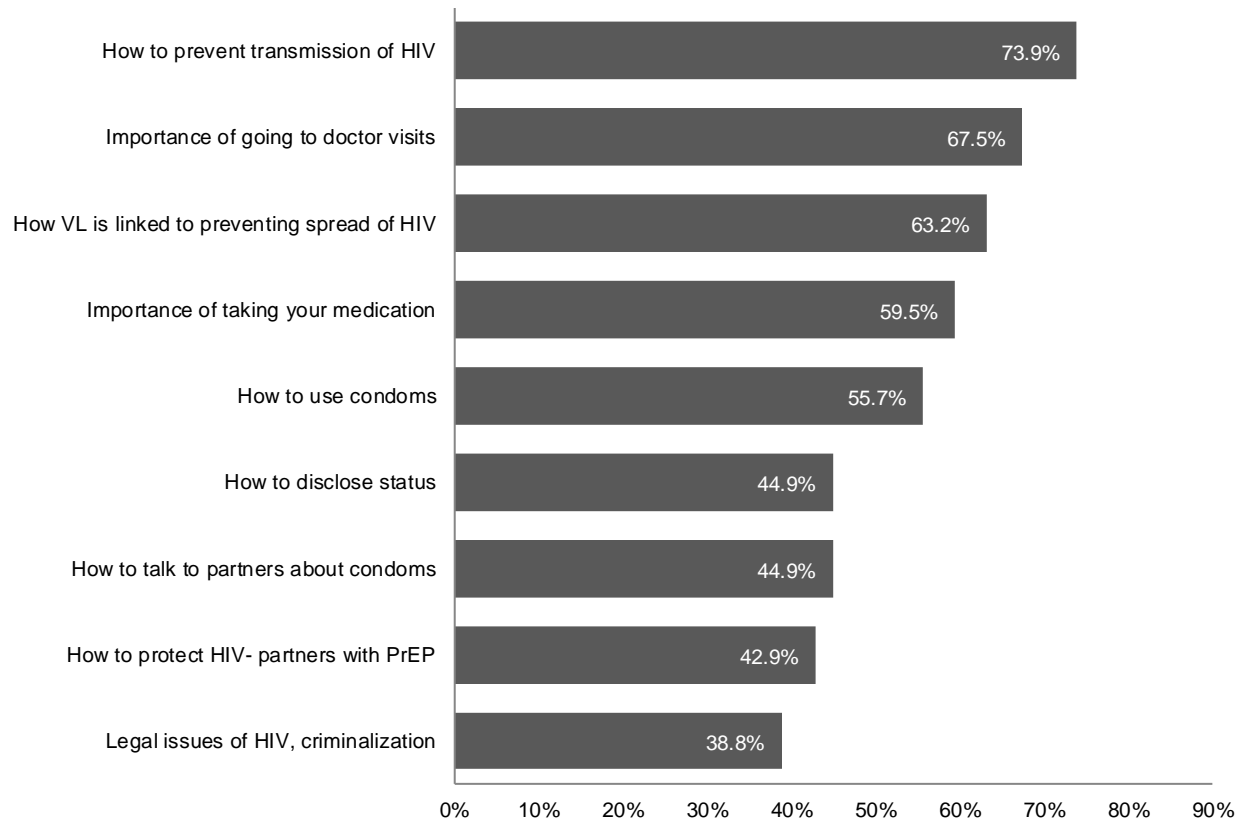
## HIV-Related Knowledge

**Figure A4.** Sources of HIV Information (n=1448)



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,448 individuals who responded to this question, 994 (68.6%) reported two or more sources of HIV information.

**Figure A5.** Knowledge of Issues Related to HIV (n=1211)



- Included in calculations but not presented in this figure are 98 individuals (8.1%) 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 1,211 individuals who responded to this question, 925 (76.4%) reported having knowledge of two or more issues related to HIV.
- Excluded from calculations are 195 individuals who selected *No one has explained any of these things to me in the last year* as well as one or more topics.



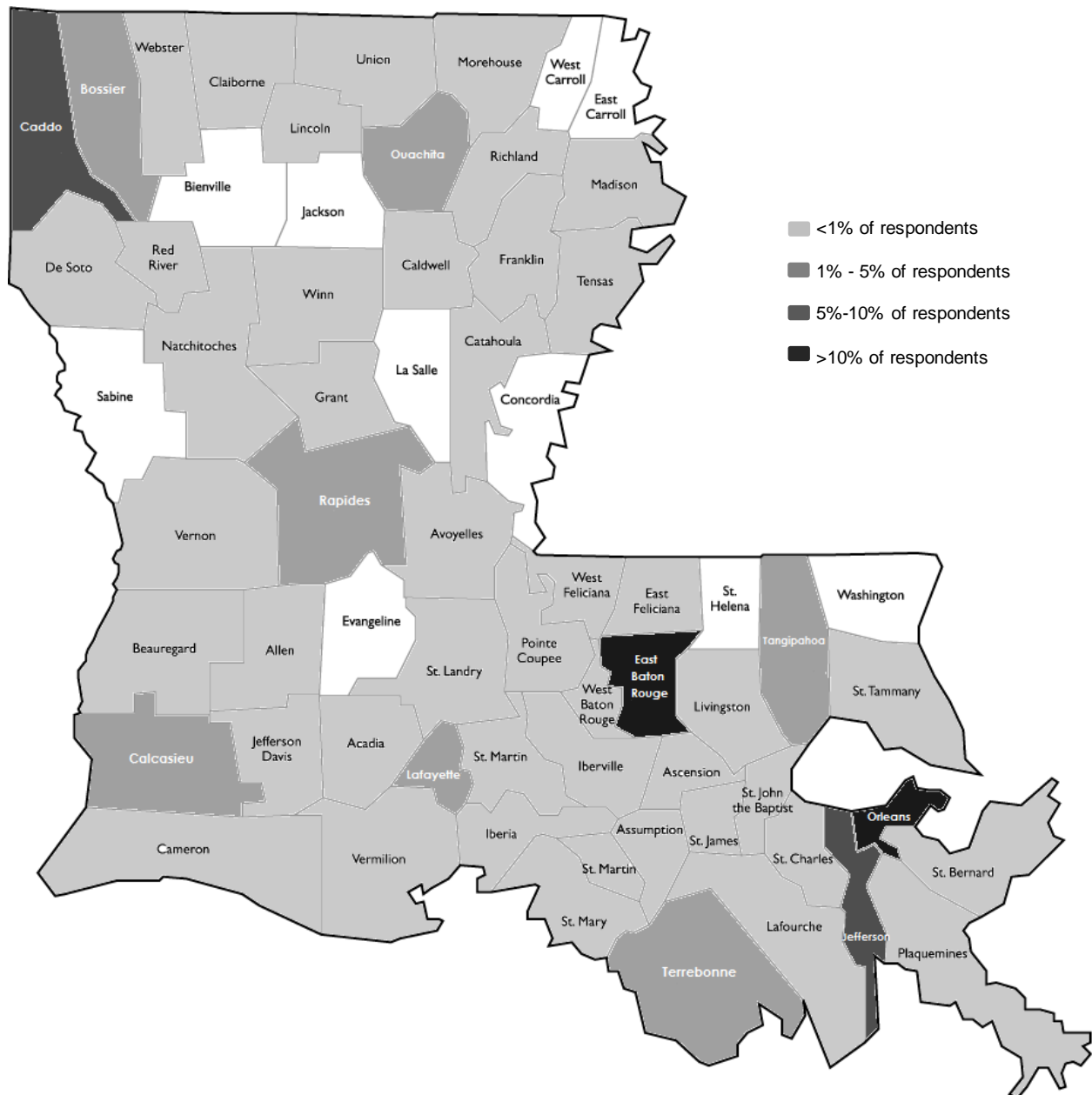
## Background Characteristics

**Table A1.** Current Parish of Residence (n=1339)

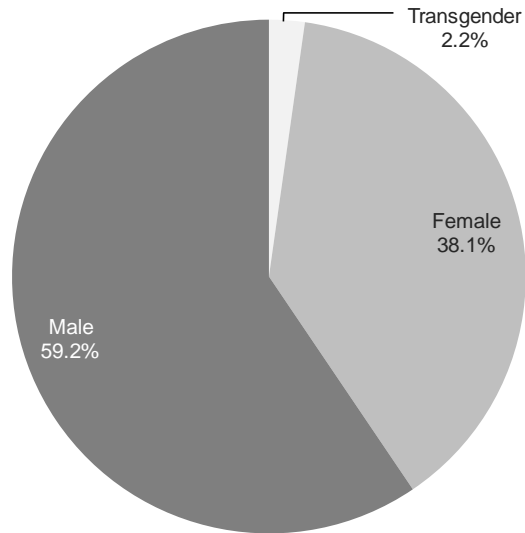
Parish	Number Reporting	Percent Reporting
East Baton Rouge	381	28.5%
Orleans	303	22.6%
Caddo	108	8.1%
Jefferson	74	5.5%
Rapides	62	4.6%
Calcasieu	54	4.0%
Lafayette	54	4.0%
Ouachita	49	3.7%
Tangipahoa	29	2.2%
Bossier	16	1.2%
Terrebonne	16	1.2%

- All respondents were asked to indicate their ZIP code; a total of 1,339 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 21 respondents (20002, 20094, 20506, 33334, 39466, 46219, 70027, 70042, 70045, 70108, 70110, 70132, 70226, 70332, 70418, 70603, 70667, 70702, 70813, 75206, and 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). To address this problem, we assigned a county/parish to a ZIP code if that county accounted for the majority of the population residing in that ZIP code. Out of the 1,339 respondents for whom we designated a parish of residence, 169 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 Acadia Parish, Allen Parish, Ascension Parish, Assumption Parish, Avoyelles Parish, Beauregard Parish, Caldwell Parish, Cameron Parish, Catahoula Parish, Claiborne Parish, DeSoto Parish, East Feliciana Parish, Franklin Parish, Grant Parish, Iberia Parish, Iberville Parish, Jefferson Davis Parish, Lafourche Parish, Lincoln Parish, Livingston Parish, Madison Parish, Morehouse Parish, Natchitoches Parish, Plaquemines Parish, Pointe Coupee Parish, Red River Parish, Richland Parish, St. Bernard Parish, St. Charles Parish, St. James Parish, St. John the Baptist Parish, St. Landry Parish, St. Martin Parish, St. Mary Parish, St. Tammany Parish, Tensas Parish, Union Parish, Vermilion Parish, Vernon Parish, Webster Parish, West Baton Rouge Parish, West Feliciana Parish, and Winn Parish.

**Figure A6.** Map of Current Parish of Residence (n=1339)

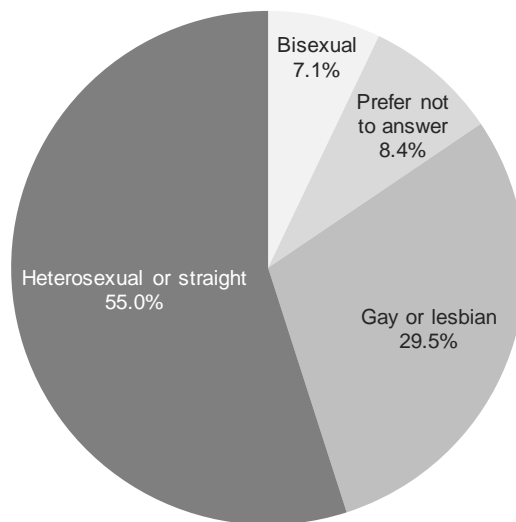


**Figure A7.** Gender of Respondents (n=1438)

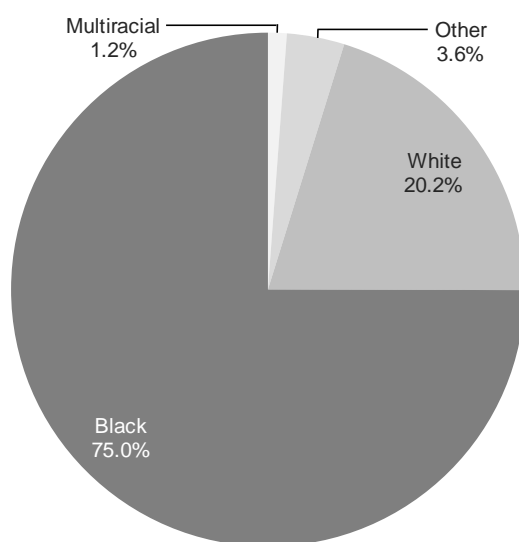


- Included in calculations but not presented in this figure are seven individuals (0.5%) who selected *other*.
- The category *transgender* includes individuals who selected *transgender: male to female* (2.2%) and *transgender: female to male* (0.1%).

**Figure A8.** Sexual Orientation (n=1423)

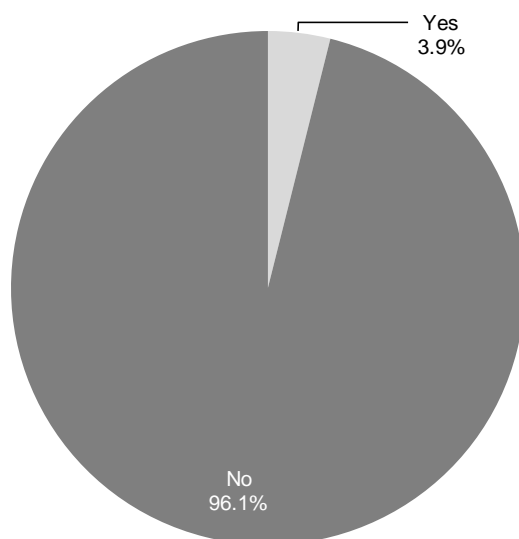


**Figure A9.** Race of Respondents (n=1438)

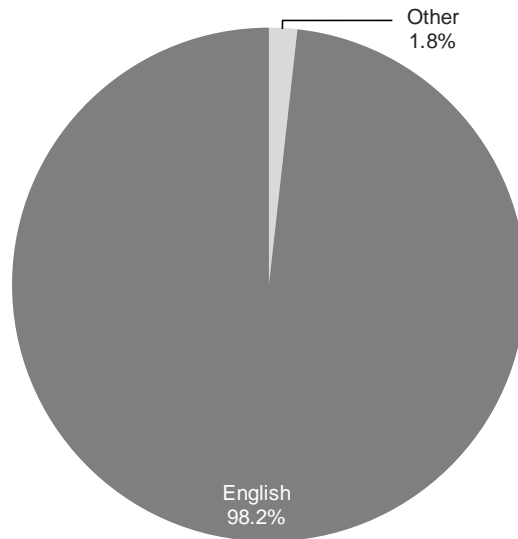


- The category *other* includes individuals who specifically chose *other* (2.2%), along with those who identified as *Native American* (0.9%) and *Asian or Pacific Islander* (0.6%).

**Figure A10.** Respondent Ethnicity: Latino/Hispanic (n=1406)

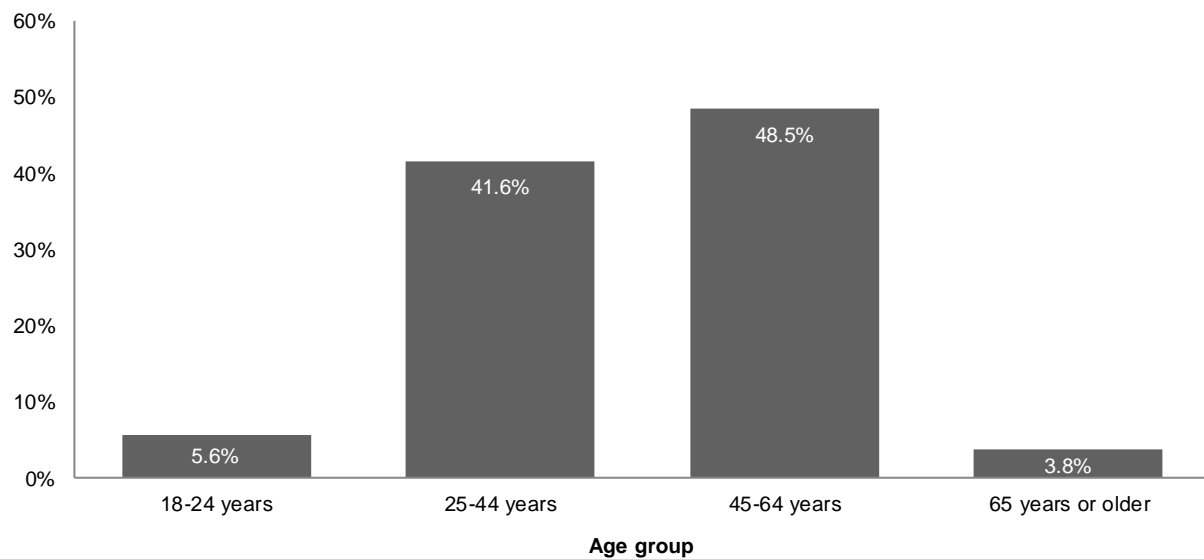


**Figure A11.** Primary Language of Respondents (n=1415)



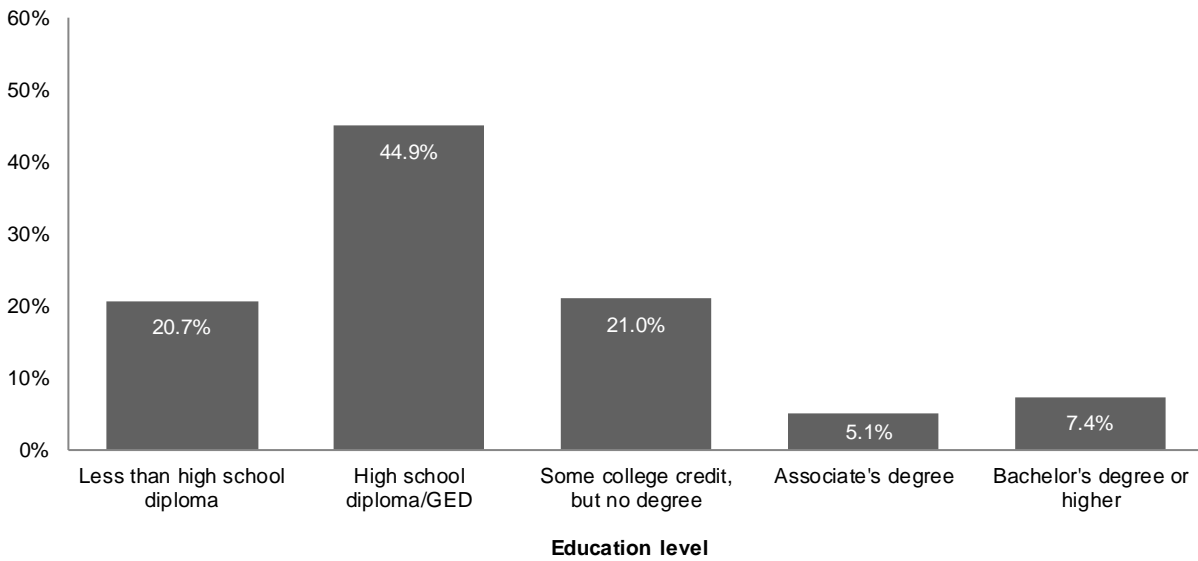
- The category *other* includes individuals who specifically chose *other* (0.5%), along with those who selected Spanish (1.3%).

**Figure A12.** Age of Respondents (n=1441)



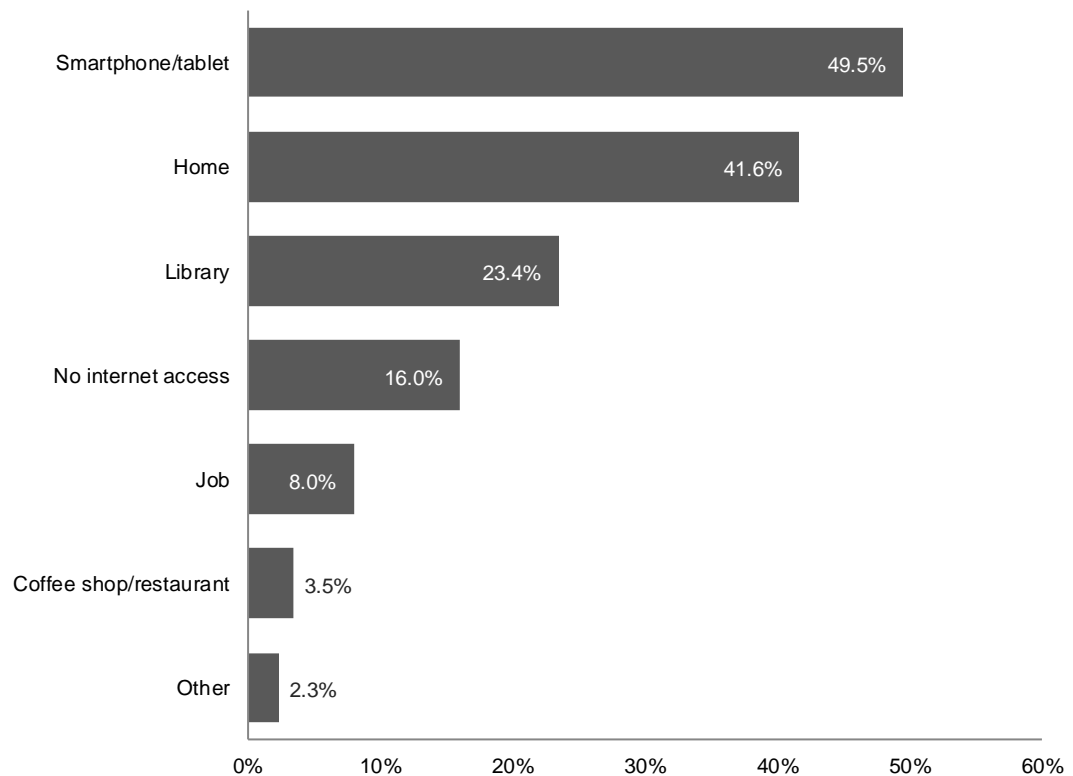
- Included in calculations but not presented in this figure are seven individuals (0.5%) who reported being under 18 years of age.

**Figure A13.** Highest Level of Education Completed by Respondents (n=1384)



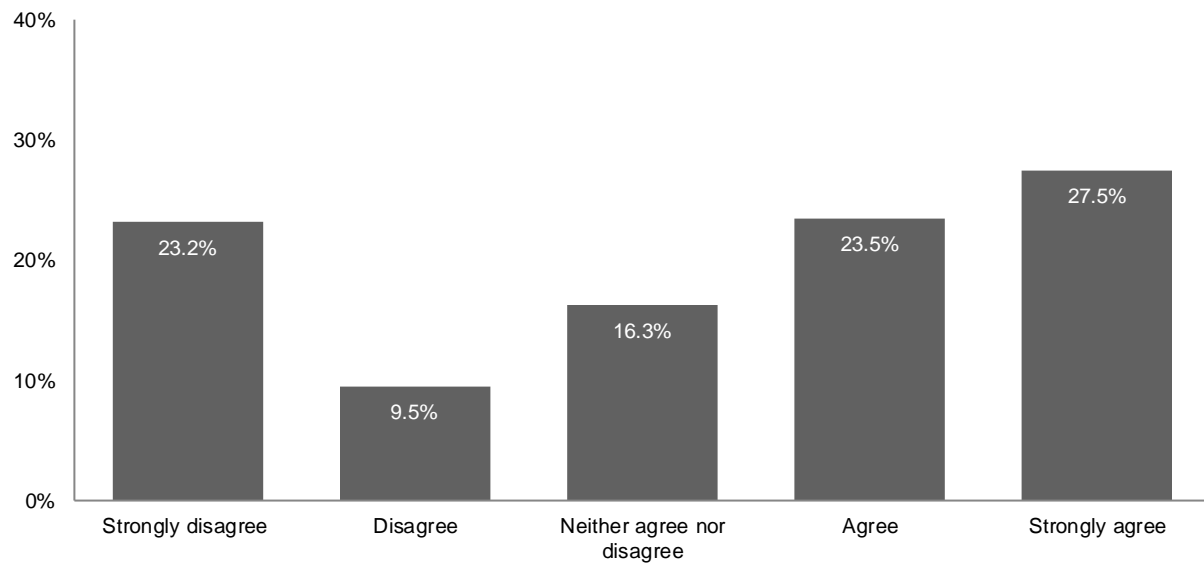
- Included in calculations but not presented in this figure are 13 individuals (0.9%) who selected *other*.

**Figure A14.** Access to Internet (n=1412)



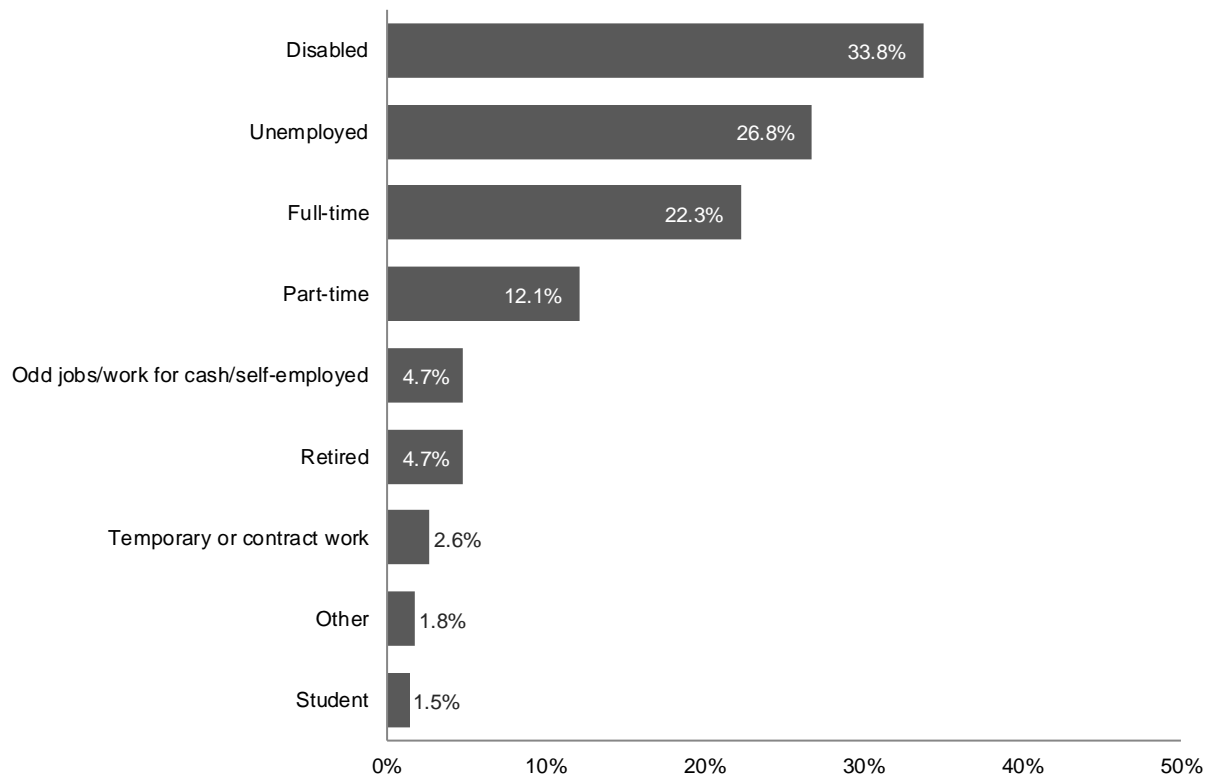
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,412 individuals who responded to this question, 435 (30.8%) reported two or more internet access types.
- Excluded from calculations are 11 individuals who indicated they had no internet access as well as at least one access type.

**Figure A15.** Agree or Disagree: *I feel comfortable using a computer.* (n=1405)



## Employment

**Figure A16.** Current Employment Status (n=1419)

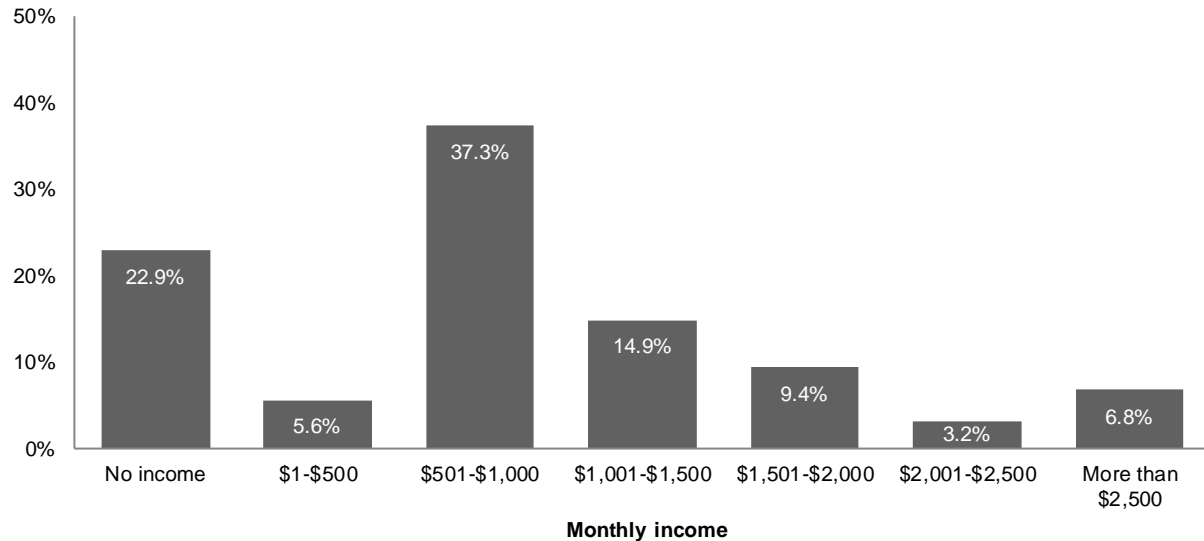


- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,419 individuals who responded to this question, 127 (8.9%) reported having two or more employment situations in the last six months.
- Excluded from calculations are five individuals who indicated they were unemployed and selected at least one employment category.



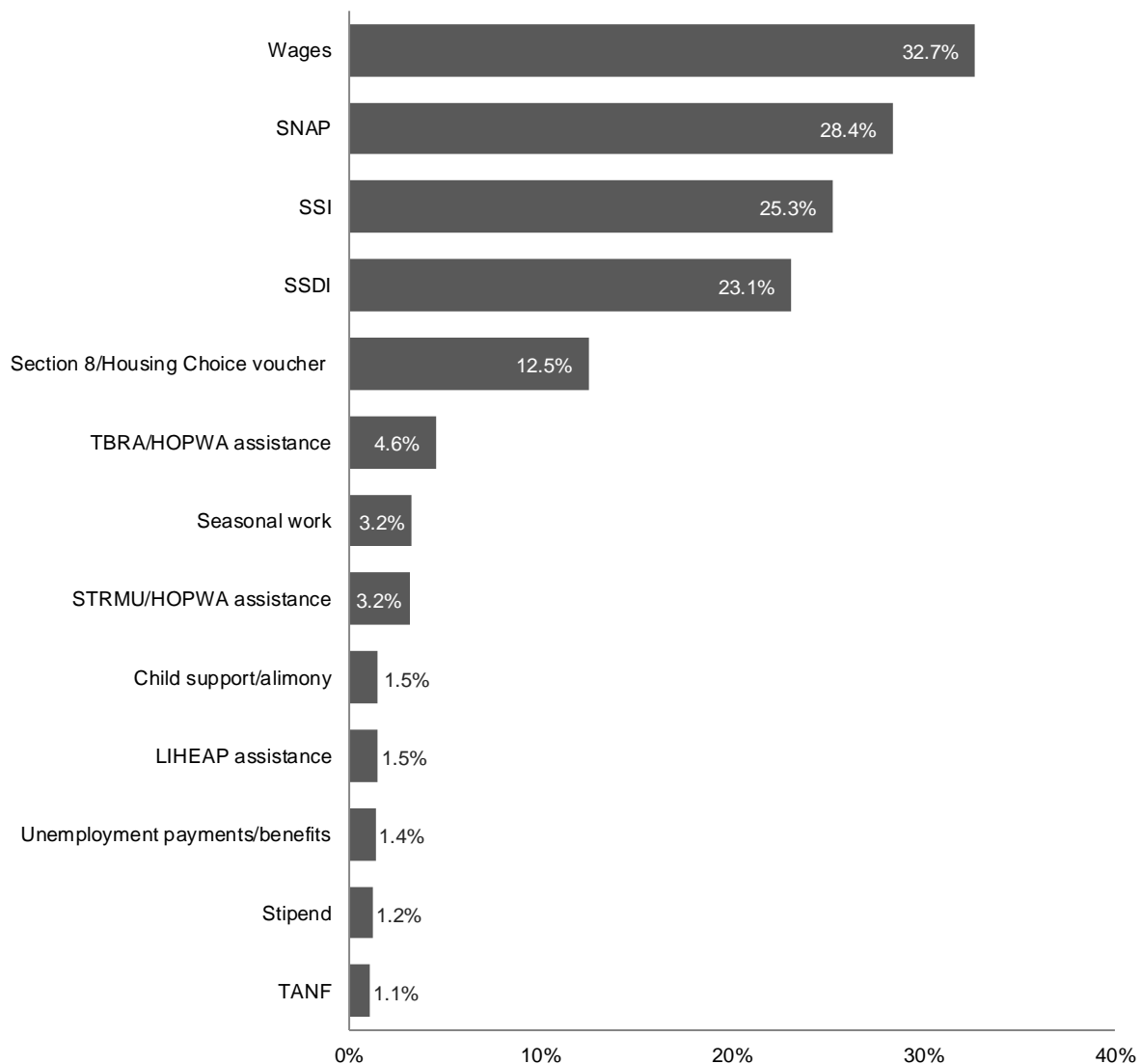
## Income

**Figure A17.** Household Income in Month Prior to Survey (n=1272)



- Included in calculations and presented in this figure are 32 outliers reported by 44 respondents in the *more than \$2,500* category. The reported monthly income for these 22 respondents are: \$5,000 (entered three times); \$5,100; \$5,200; \$5,500 (entered twice); \$6,000; \$6,150; \$7,560; \$7,800; \$8,000; \$10,000; \$10,038; \$11,148; \$11,400; \$13,000; \$13,600; \$14,000 (entered four times); \$14,435; \$15,000; \$17,000; \$18,000; \$20,000; \$21,000; \$22,000 (entered twice); \$23,000; \$24,000 (entered three times); \$25,000 (entered three times); \$30,000 (entered twice); \$31,000; \$32,500; \$45,000; \$49,000; and \$60,000.
- Excluded from calculations are two individuals who provided an income amount (\$700 and \$780) and selected *no income*.

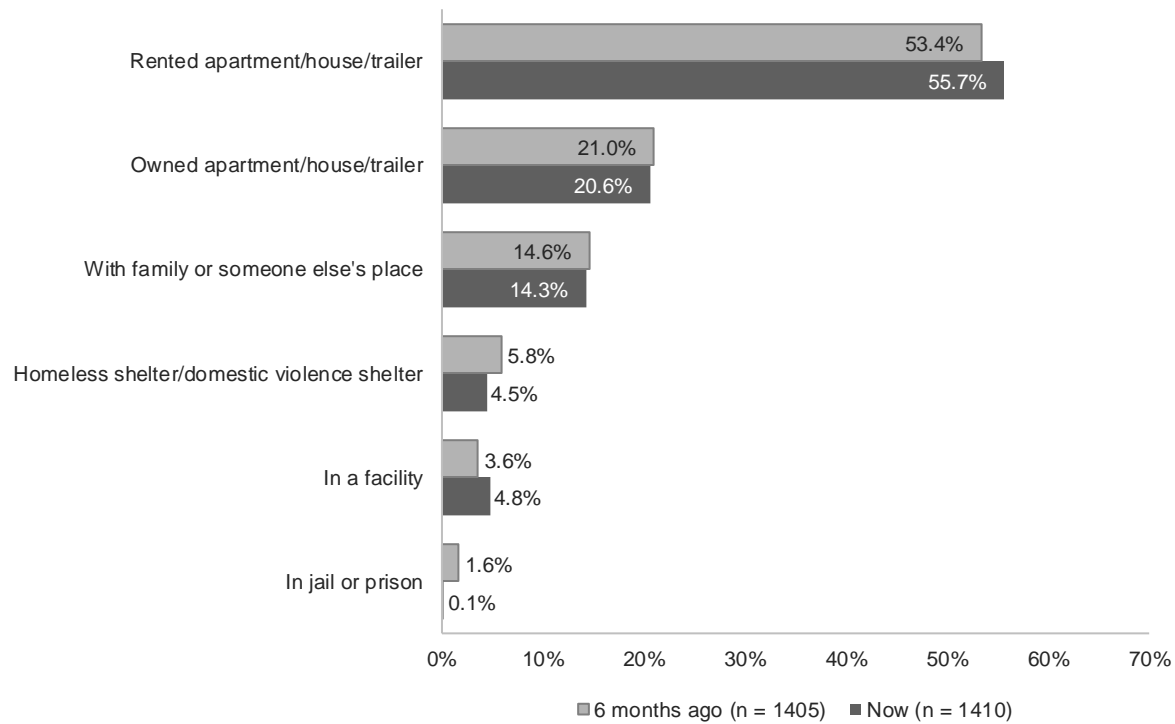
**Figure A18. Sources of Income and Assistance (n=1398)**



- Abbreviations: SNAP = Supplemental Nutrition Assistance Program, SSI = Supplemental Security Income, SSDI = Social Security Disability Income, TBRA = Tenant-Based Rental Assistance, HOPWA = Housing Opportunities for Persons with AIDS, STRMU = Short-term Rent, Mortgage, and Utility, LIHEAP = Low Income Home Energy Assistance Program, TANF = Temporary Assistance for Needy Families.
- Included in calculations but not presented in this figure are 520 individuals (37.2%) who selected *none of these*, 12 individuals (0.9%) who reported receiving *project-based/HOPWA assistance*, 8 individuals (0.6%) who reported receiving *FEMA assistance*, and 7 individuals (0.5%) who reported receiving *veteran's housing*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,398 individuals who responded to this question, 543 (38.8%) reported receiving two or more forms of income and assistance.
- Excluded from calculations are six individuals who reported receiving at least one source of income and assistance and *none of these*.

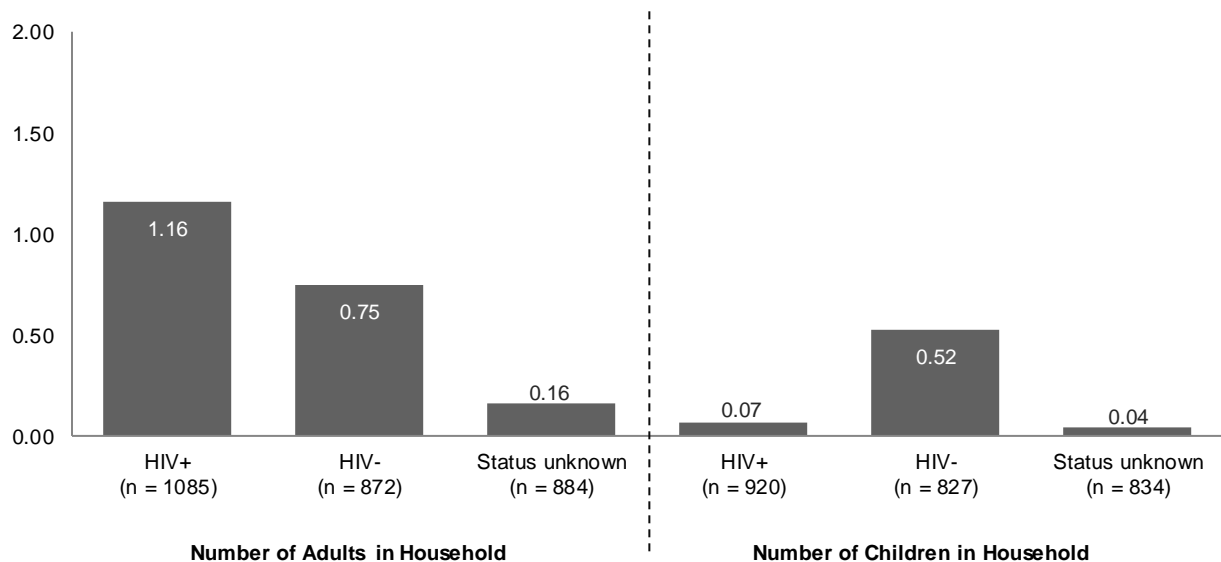
## Housing

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



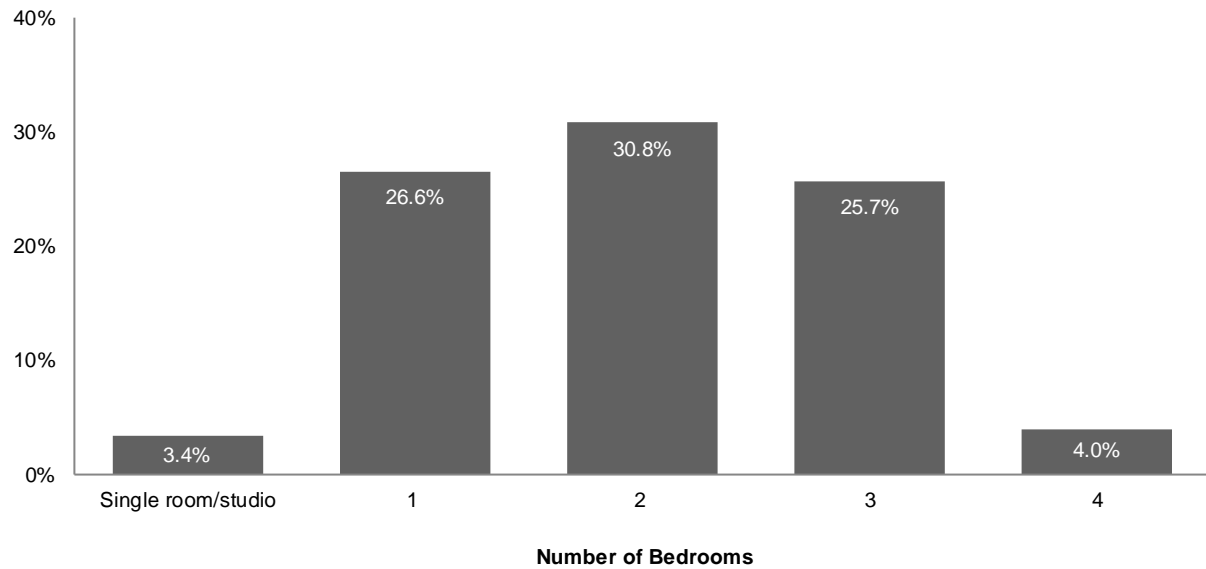
- The questionnaire asked respondents to only select one housing option for each time point. If respondents lived in more than one place during these time periods, they were instructed to select the housing type where they lived most often.

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



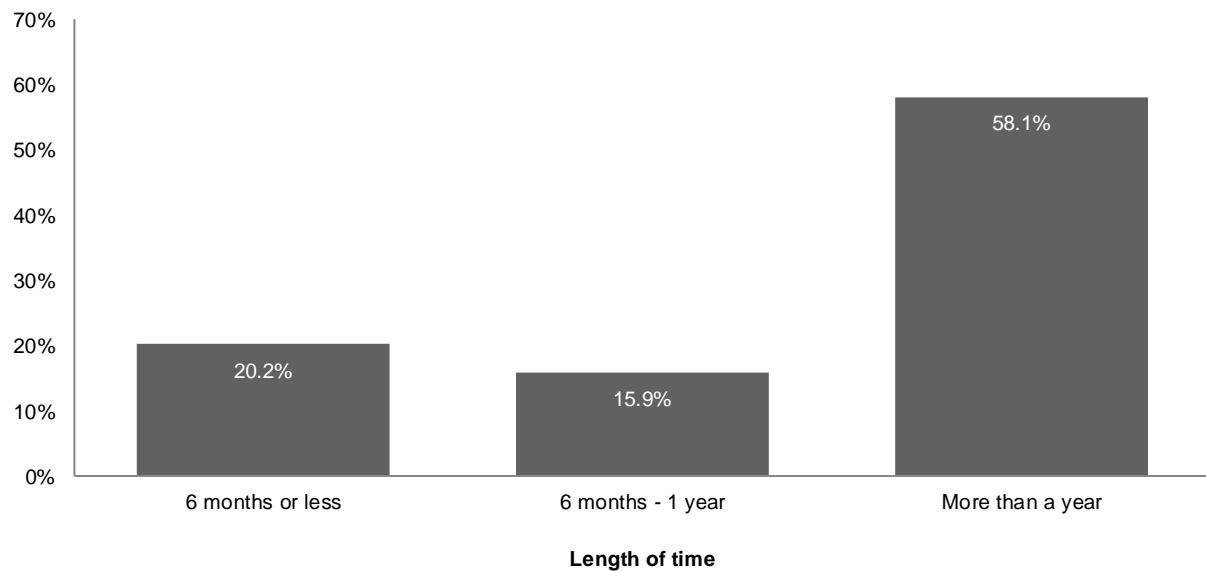
- Excluded from calculations are 204 *adult* responses and 179 *children* responses because the number of adults and/or children who are HIV+ or HIV- did not match the total number of adults and/or children in the household.

**Figure A21.** Number of Bedrooms in Respondents' Residences (n=1423)



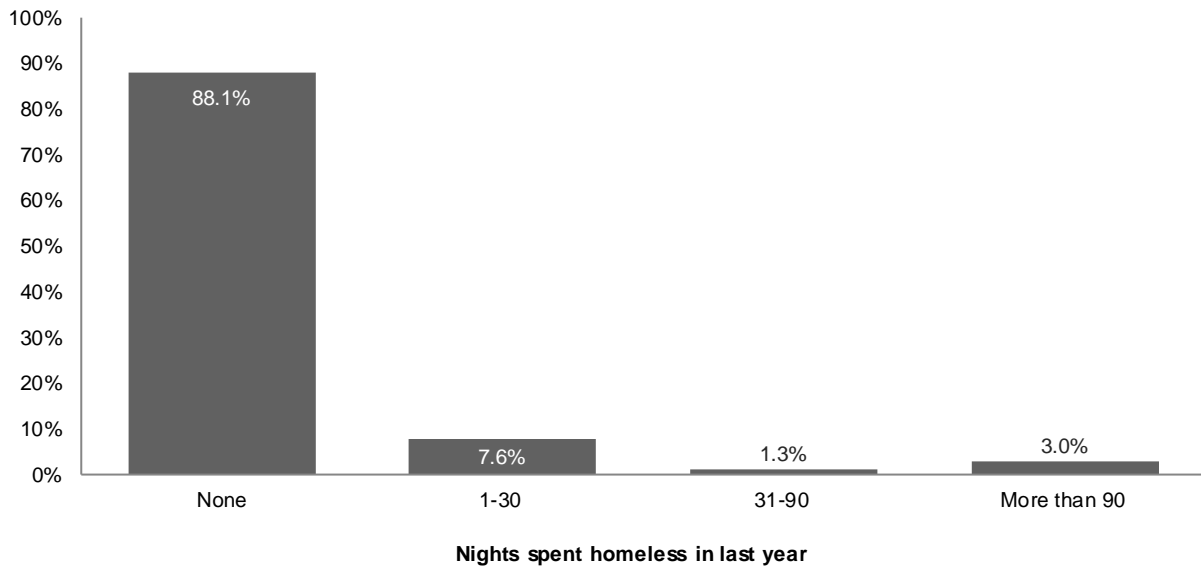
- Included in calculations but not presented in this figure are 124 individuals (8.7%) who selected *Not applicable, I don't live in an apartment, house, or trailer* and 12 individuals (0.8%) who selected *5+ bedrooms*.

**Figure A22.** Length of Time at Current Residence (n=1418)

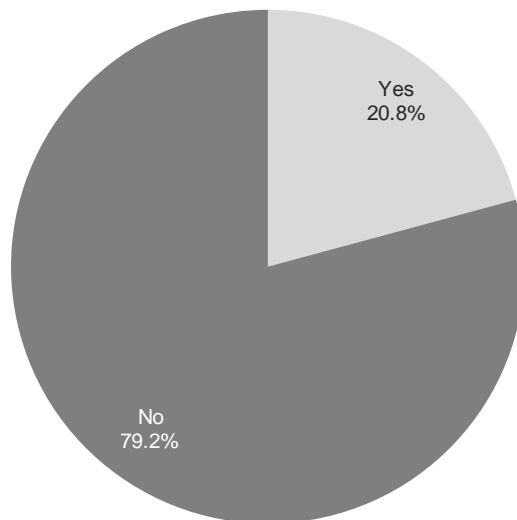


- Included in calculations but not presented in this figure are 82 individuals (5.8%) who selected *Not applicable, I'm homeless*.

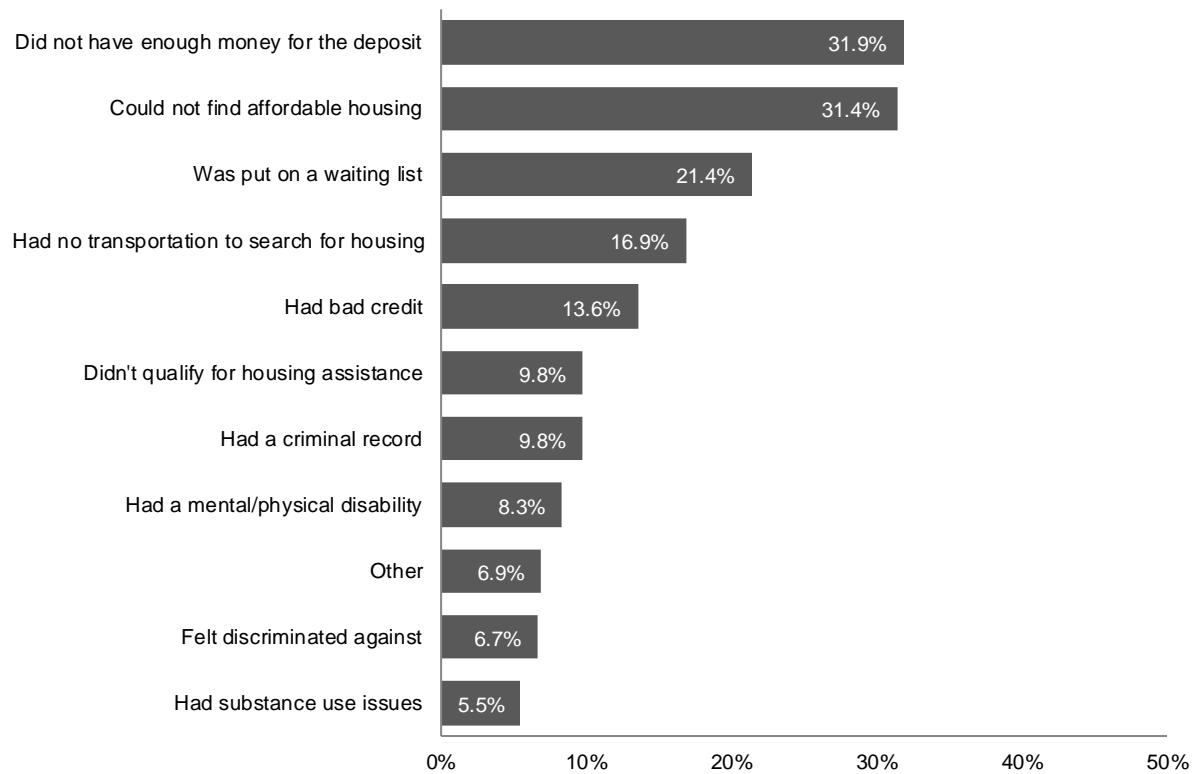
**Figure A23.** Nights Spent Homeless or Without a Place to Sleep in Last Year (n=1178)



**Figure A24.** Had Trouble Obtaining Housing in the Last 6 months (n=1231)

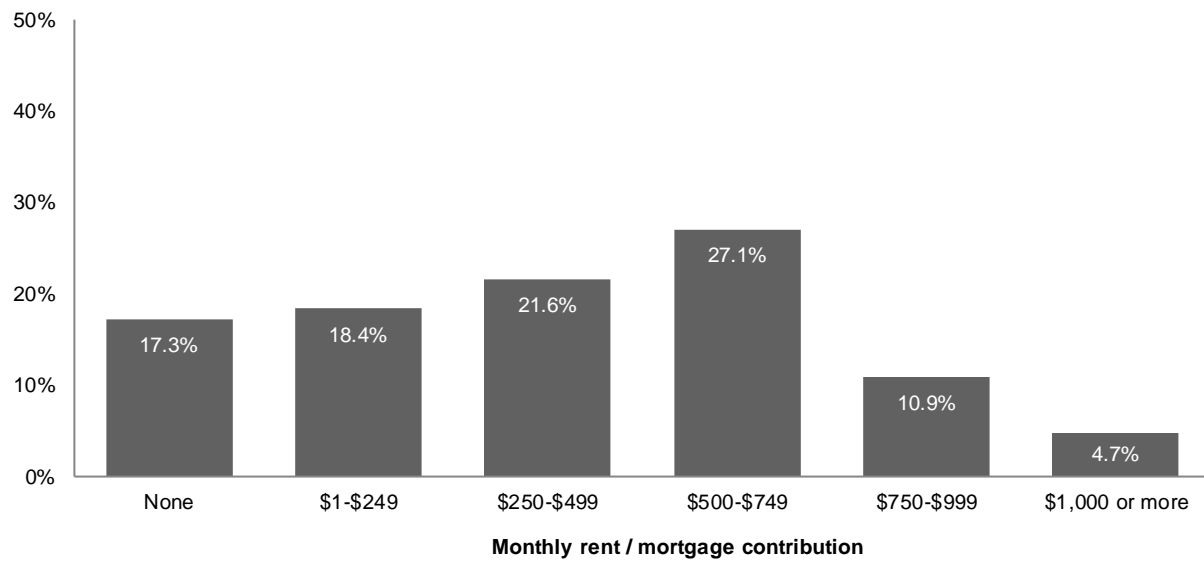


**Figure A25. Barriers to Obtaining Housing (n=420)**



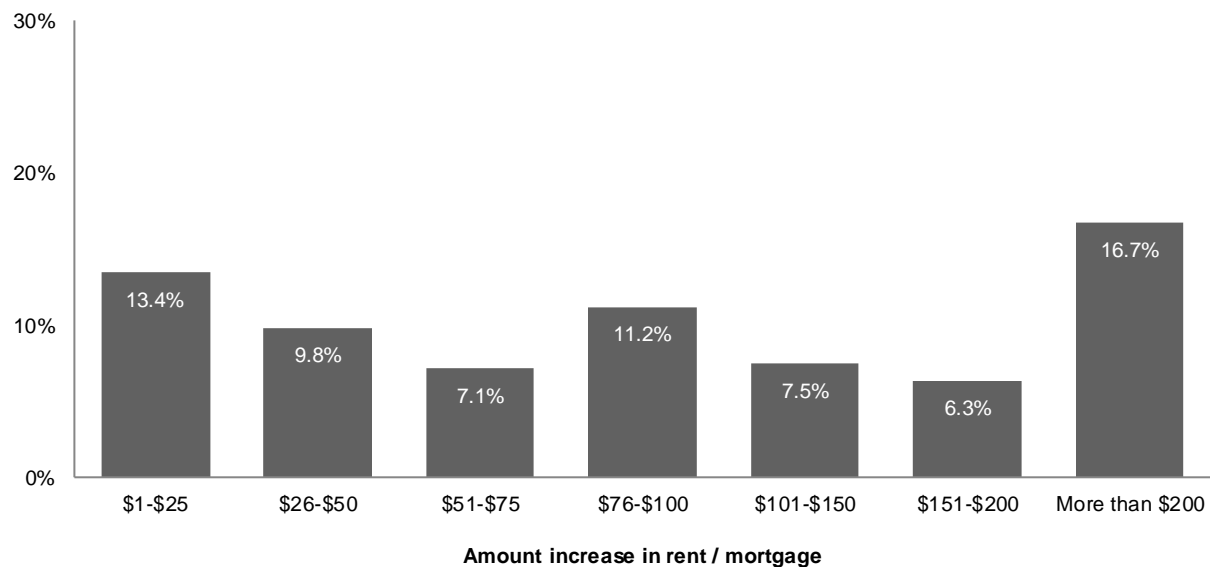
- Included in calculations but not presented in this figure are 145 individuals (34.5%) who selected *I did not have any problems*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 420 individuals who responded to this question, 143 (34.0%) reported experiencing two or more barriers to obtaining housing.
- Excluded from calculations are 45 individuals who indicated they had experienced barriers to finding housing and had not experienced any barriers to finding housing.

**Figure A26.** Rent/Mortgage Contribution Paid Out-of-Pocket (n=1082)



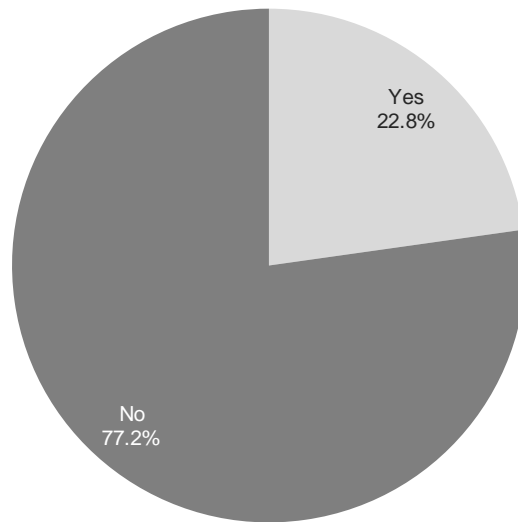
- Of the 1,082 individuals who reported that they do contribute to their rent/mortgage, 970 responded to a question about utilities. Out of these 970 individuals, out-of-pocket rent/mortgage payments included water (40.6%), garbage (27.8%), electric (40.0%), gas (22.7%), or no utilities (48.0%). An additional 277 individuals responded to a question about utilities, but did not identify their out-of-pocket rent/mortgage contribution. Out of these 277 individuals, out-of-pocket rent/mortgage payments included water (39.0%), garbage (24.9%), electric (54.2%), gas (26.0%), or no utilities (37.2%).
- Included in calculations and presented in this figure are three outliers reported by four respondents in the \$1,000 or more category. The reported monthly contribution for these respondents are \$2,100 (entered twice); \$10,000; and \$19,999.

**Figure A27.** Increase per Month in Rent/Mortgage That Would Cause Respondents to Move (n=1191)

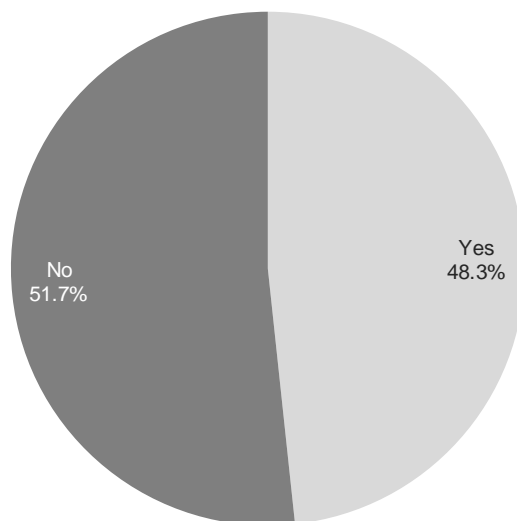


- Included in calculations but not presented in this figure are 333 individuals (28.0%) who selected *none*.

**Figure A28.** Had to Move Due to Inability to Afford Home (n=1423)

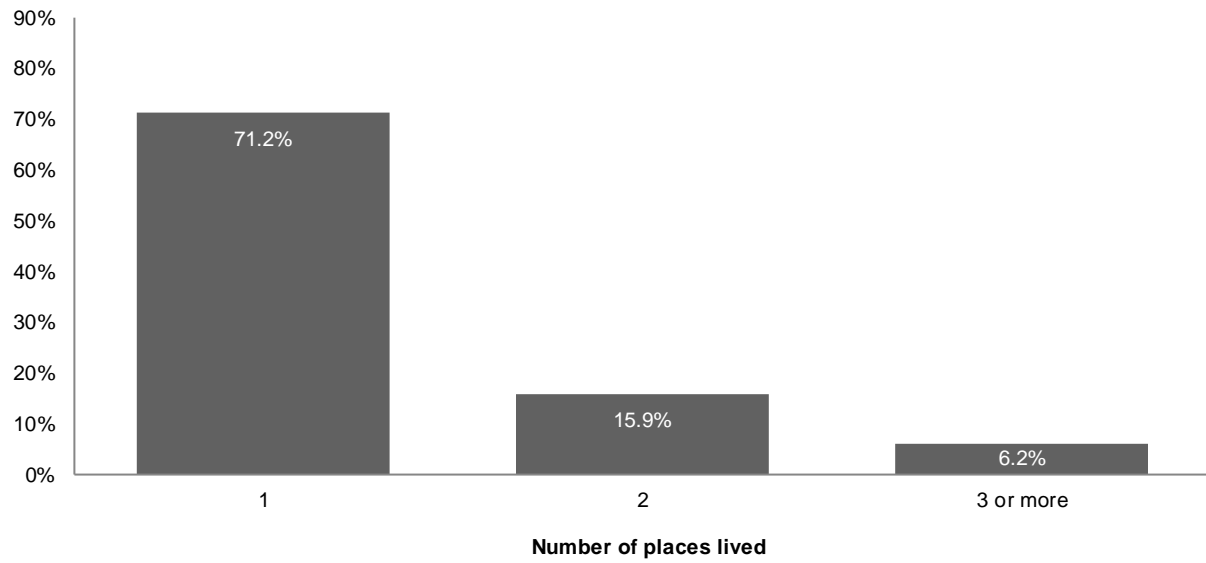


**Figure A29.** Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past Year (n=1420)





**Figure A30.** Number of Places Lived in Past Six Months (n=1338)

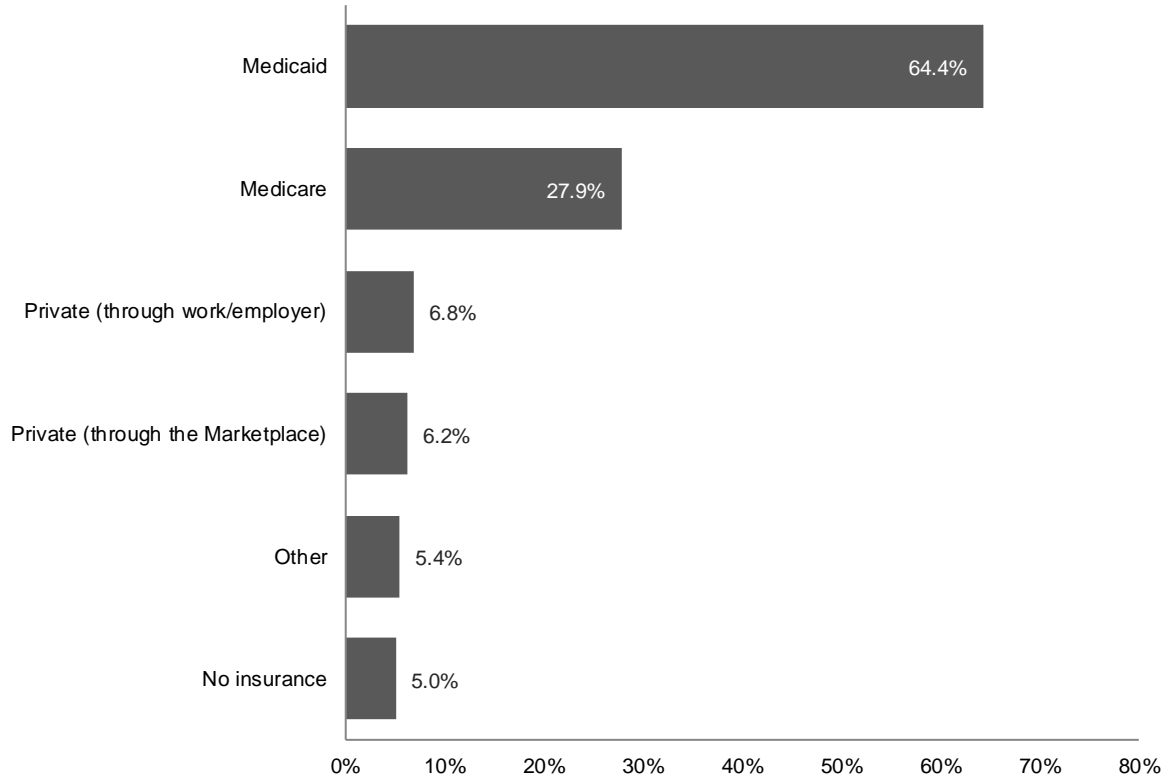


- Included in calculations but not presented in this figure are 90 individuals (6.7%) who provided a response of zero places of residence in the past six months.

## B. Medical Care

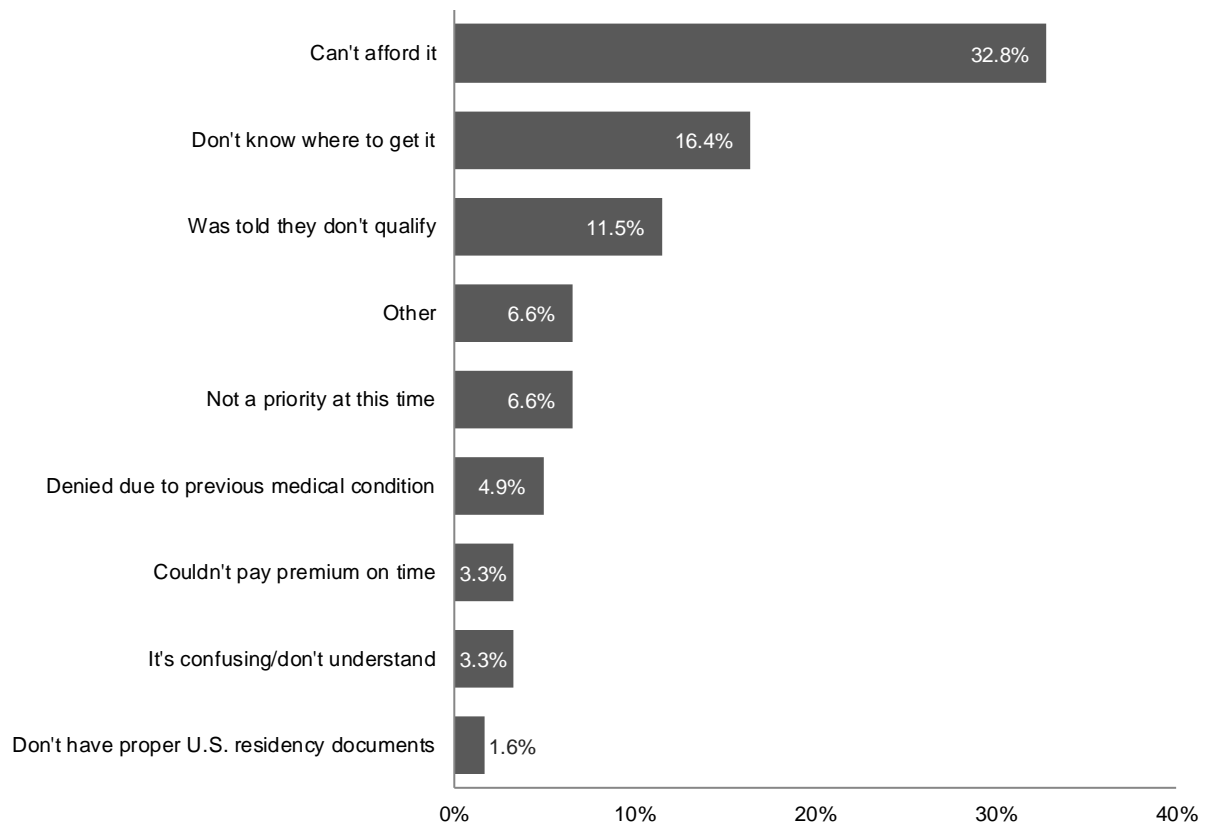
### Health Insurance and Medical Coverage

**Figure B1.** Sources of Health Insurance for HIV/AIDS Medical Care (n=1434)



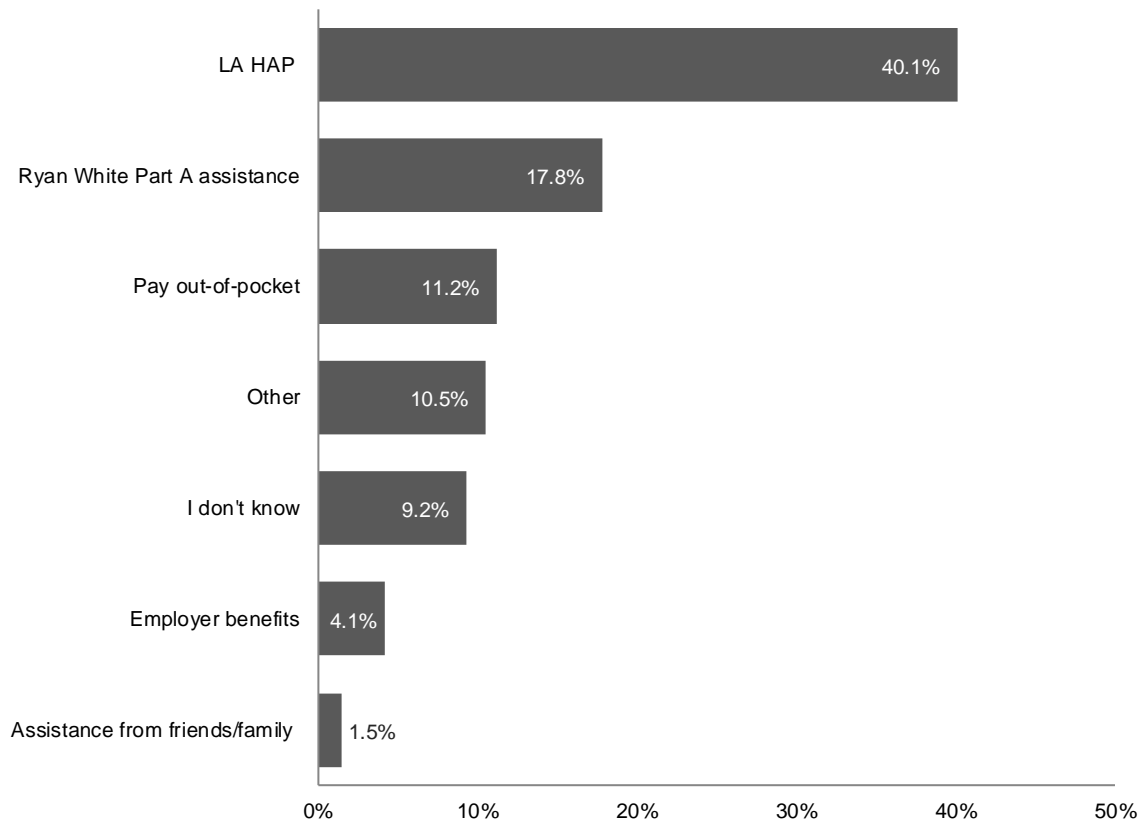
- Included in calculations but not presented in this figure are 11 individuals (0.8%) who selected *Veteran's Administration (VA)*, 10 individuals (0.7%) who selected *private insurance through parent or spouse*, and 3 individuals (0.2%) who selected *COBRA*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,434 individuals who responded to this question, 234 (16.3%) reported having two or more sources of health insurance for their HIV/AIDS medical care.
- Excluded from calculations are 18 individuals who indicated having no insurance as well as at least one source of health insurance.

**Figure B2.** Barriers to Obtaining Health Insurance Coverage (n=61)



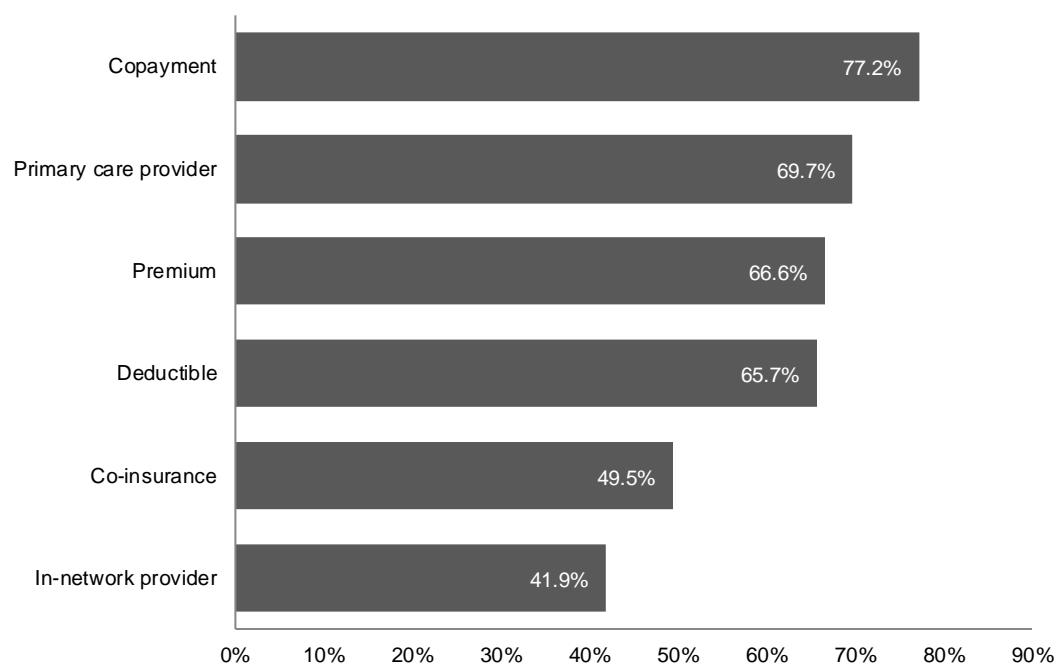
- Included in calculations but not presented in this figure are 20 individuals (32.8%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 61 individuals who responded to this question, 7 (11.5%) reported two or more barriers.
- No individuals selected *don't have computer or internet access*.
- The sample for this figure is limited to individuals who responded that they do not have health insurance coverage. Excluded from calculations are 19 individuals 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=1309)



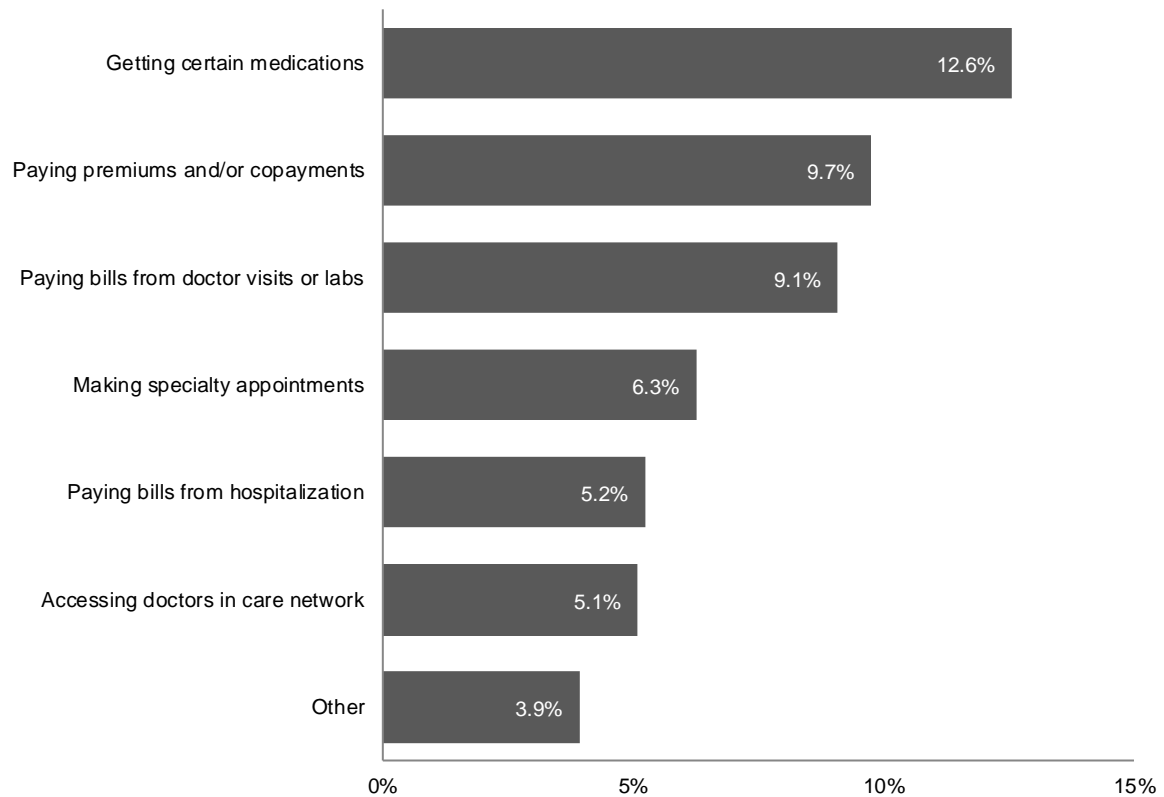
- Abbreviation: LA HAP = Louisiana Health Access Program
- Included in calculations but not presented in this figure are 9 individuals (0.7%) who selected *tax subsidies* and 228 individuals (17.4%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,309 individuals who responded to this question, 139 (10.6%) 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 15 individuals 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=1355)



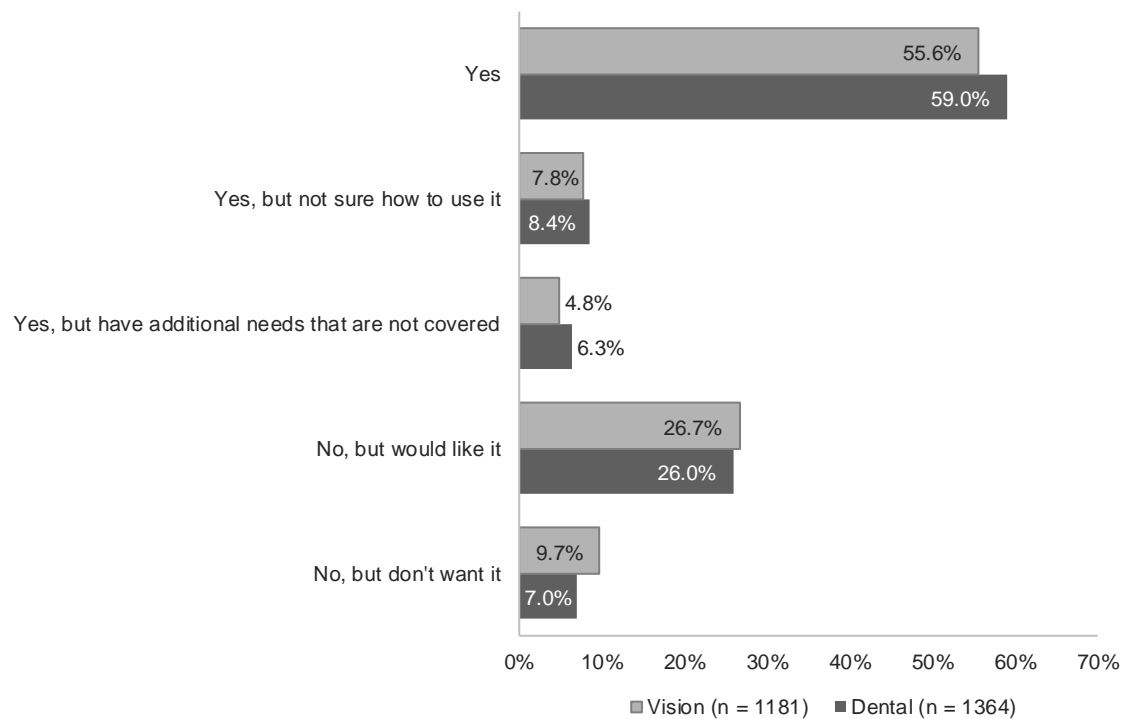
- Included in calculations but not presented in this figure are 135 individuals (10.0%) who selected *none of these*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,355 individuals who responded to this question, 1,021 (75.4%) reported knowledge of two or more terms.
- Excluded from calculations are 62 individuals 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=1376)



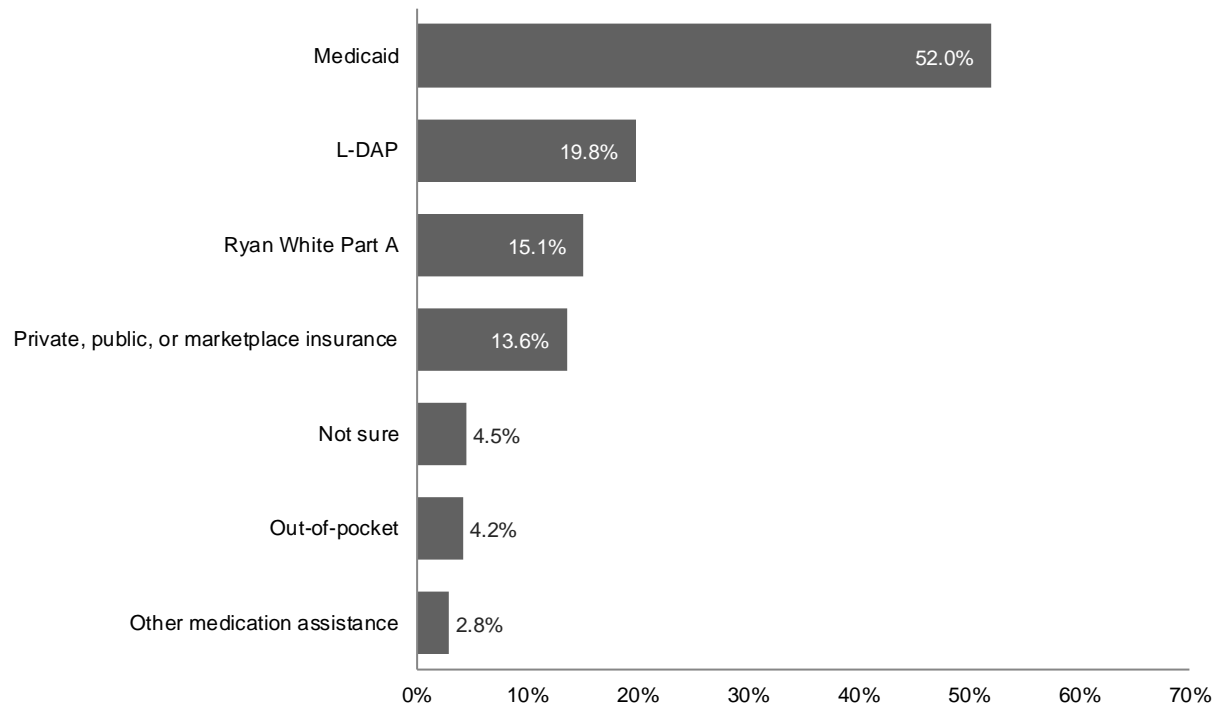
- Included in calculations but not presented in this figure are 946 individuals (68.8%) who selected *not applicable*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,376 individuals who responded to this question, 162 (11.8%) reported two or more problems.
- Excluded from calculations are 13 individuals 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 1,181 individuals who responded to the *Vision* category, 52 (4.4%) selected two or more responses. Out of the 1,364 individuals who responded to the *Dental* category, 82 (6.0%) selected two or more responses.
- Excluded from calculations are individuals who selected at least one *yes* and at least one *no* response option (37 and 40 individuals for *Dental* and *Vision* categories, respectively).

**Figure B7.** Method of Payment for Medications (n=1391)

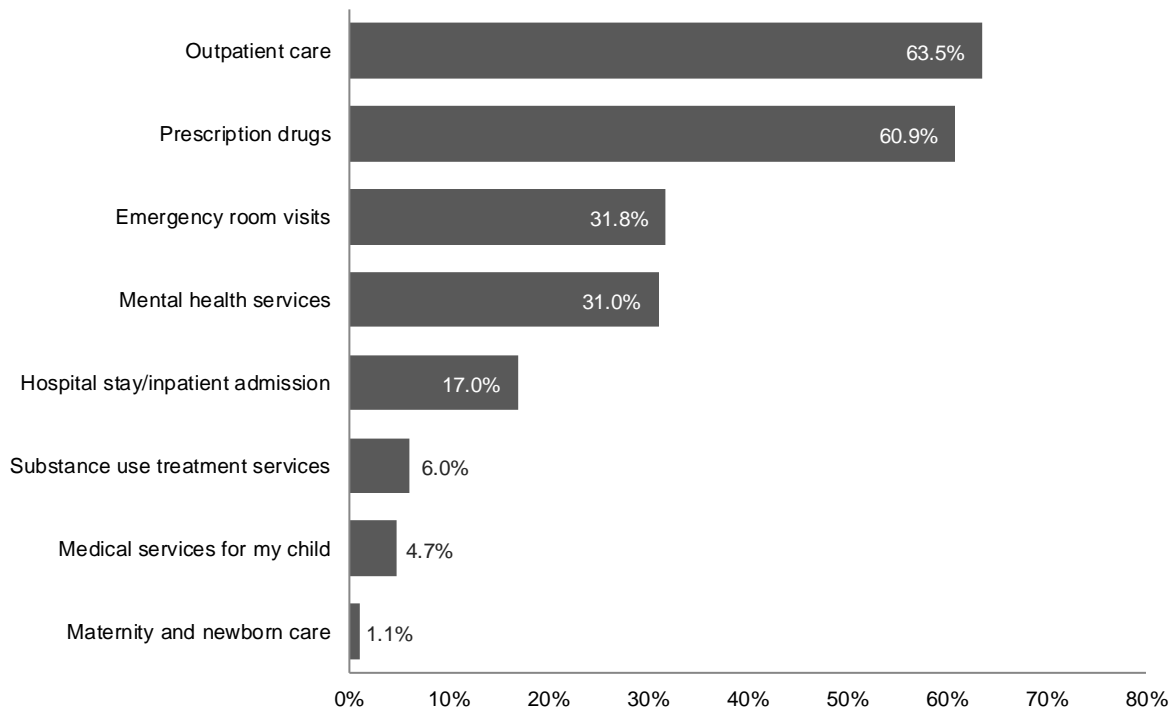


- Abbreviation: L-DAP = Louisiana Drug Assistance Program
- Included in calculations but not presented in this figure are 34 individuals (2.4%) who selected *other* and 49 individuals (3.5%) who selected *not applicable*.
- Respondents were instructed to select only one response option on the questionnaire. 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 1,391 individuals who responded to this question, 216 (15.5%) reported two or more methods of payment.
- Excluded from calculations are five individuals who selected *not applicable* as well as at least one method of payment.



## Medical Services

**Figure B8.** Medical Services Needed in Last Year (n=1428)

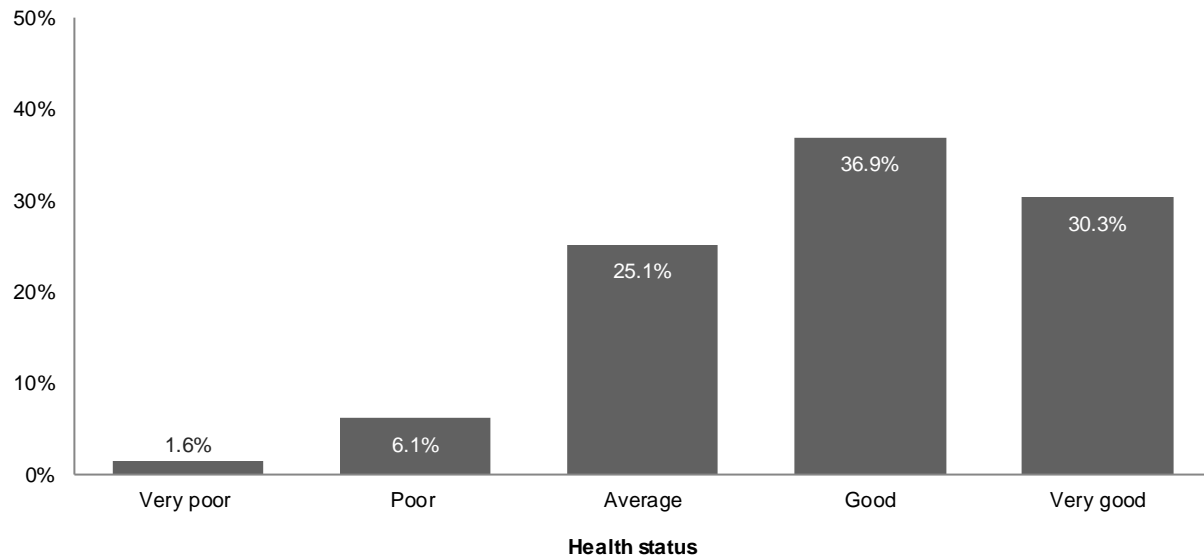


- Included in calculations but not presented in this figure are 205 individuals (14.4%) who selected *I did not need any of these services*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,428 individuals who responded to this question, 875 (61.3%) reported a need for two or more services.
- Excluded from calculations are 11 individuals who selected *I did not need any of these services* as well as at least one medical service.

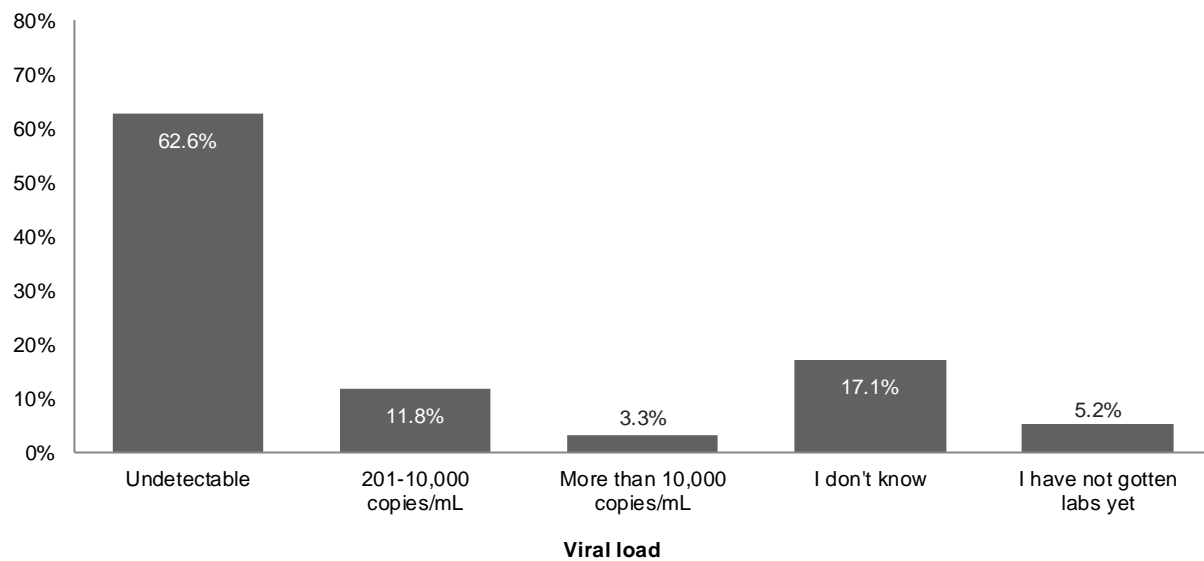
## C. Health and Health Behaviors

### Overall Health

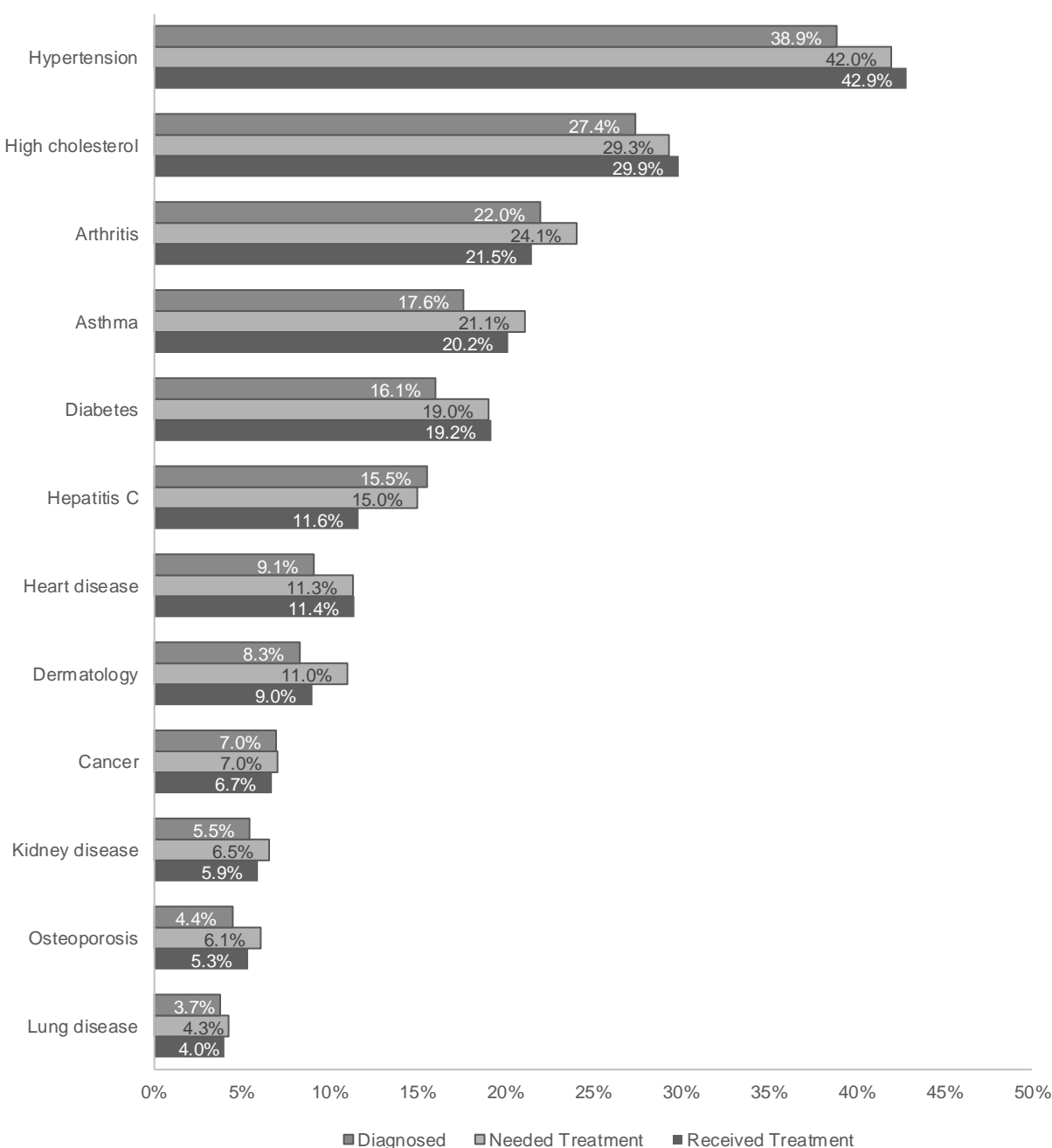
**Figure C1.** Self-Reported Overall Health Status (n=1469)



**Figure C2.** Current Viral Load (n=1428)

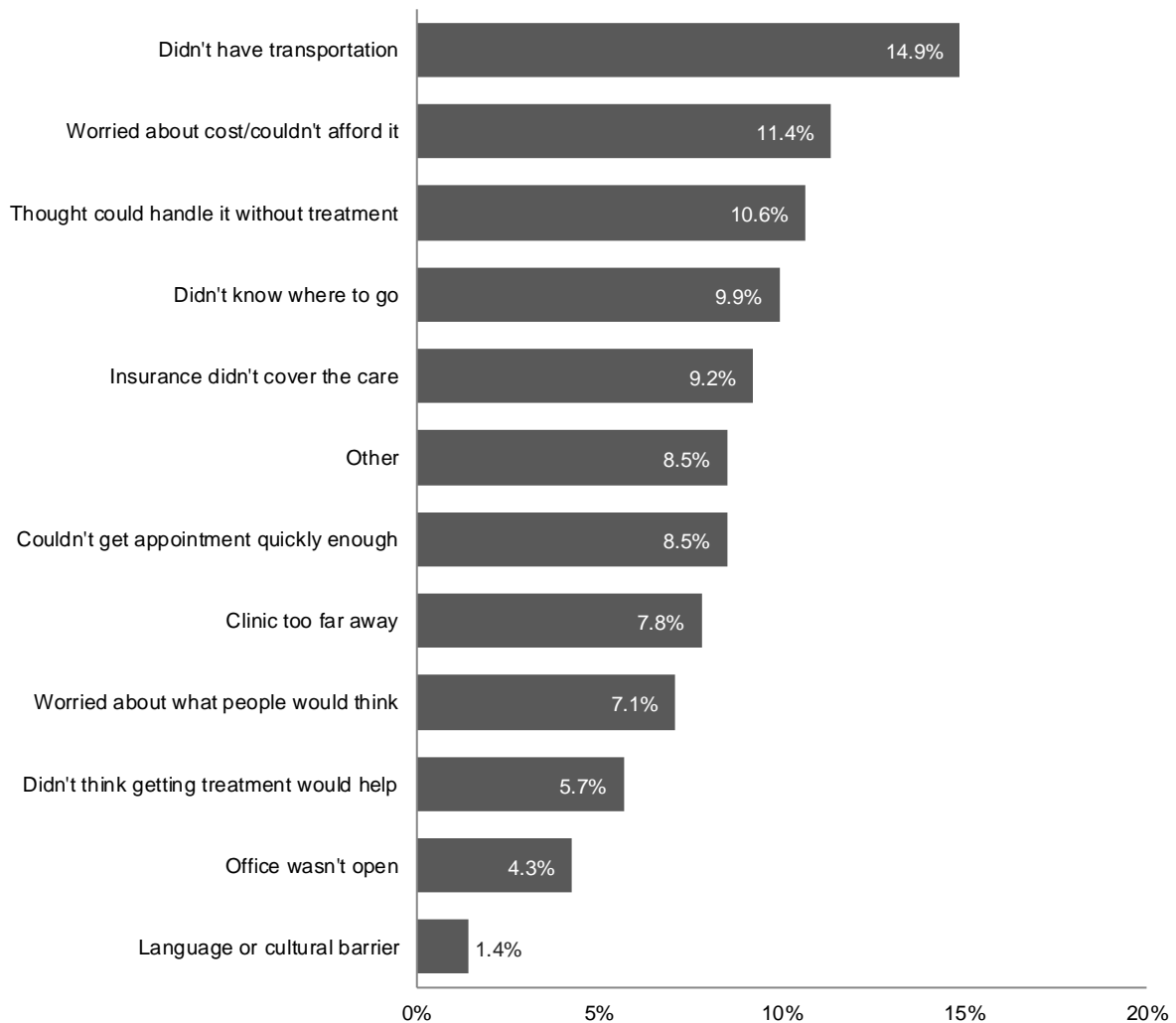


**Figure C3. Medical Diagnoses and Treatment**



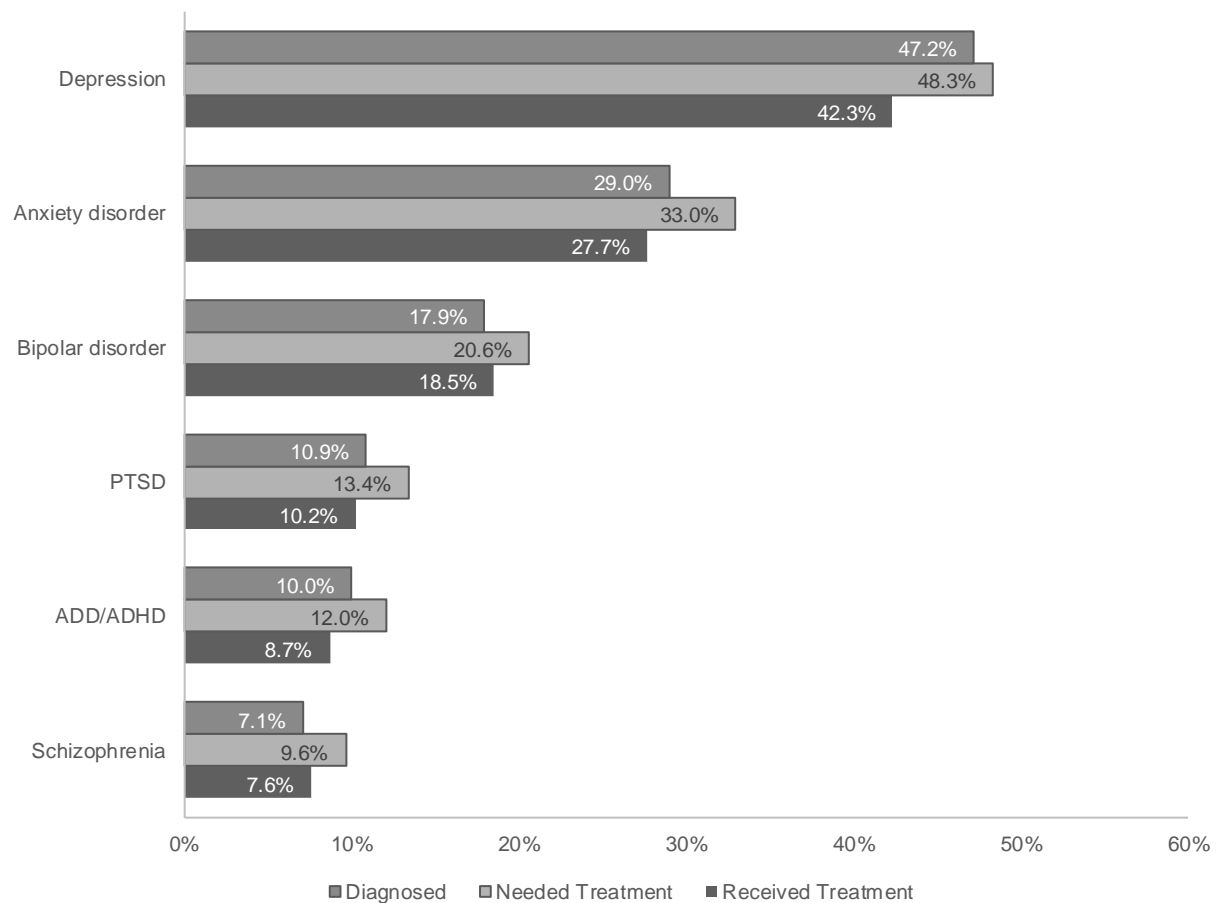
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- The following are the sample sizes for *diagnosed*, *needed treatment*, and *received treatment*, respectively, by condition: *Hypertension* (1,405; 1,036; 1,005), *High cholesterol* (1,399; 955; 931), *Arthritis* (1,393; 919; 888), *Asthma* (1,383; 872; 843), *Diabetes* (1,396; 909; 876), *Hepatitis C* (1,406; 892; 868), *Heart disease* (1,396; 850; 825), *Dermatology* (1,375; 819; 791), *Cancer* (1,391; 827; 806), *Kidney disease* (1,393; 826; 809), *Osteoporosis* (1,397; 822; 805), and *Lung disease* (1,392; 822; 798).
- Included in calculations but not presented in this figure are 59 individuals who indicated that they had none of the listed medical diagnoses. In addition, 66 individuals indicated that they were diagnosed with some other medical condition, 56 individuals indicated that they needed treatment for some other medical condition, and 58 individuals indicated that they received treatment for some other medical condition.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Six hundred fifty-four respondents reported two or more medical diagnoses.

**Figure C4.** Reasons Didn't Receive Needed Medical Care (n=141)



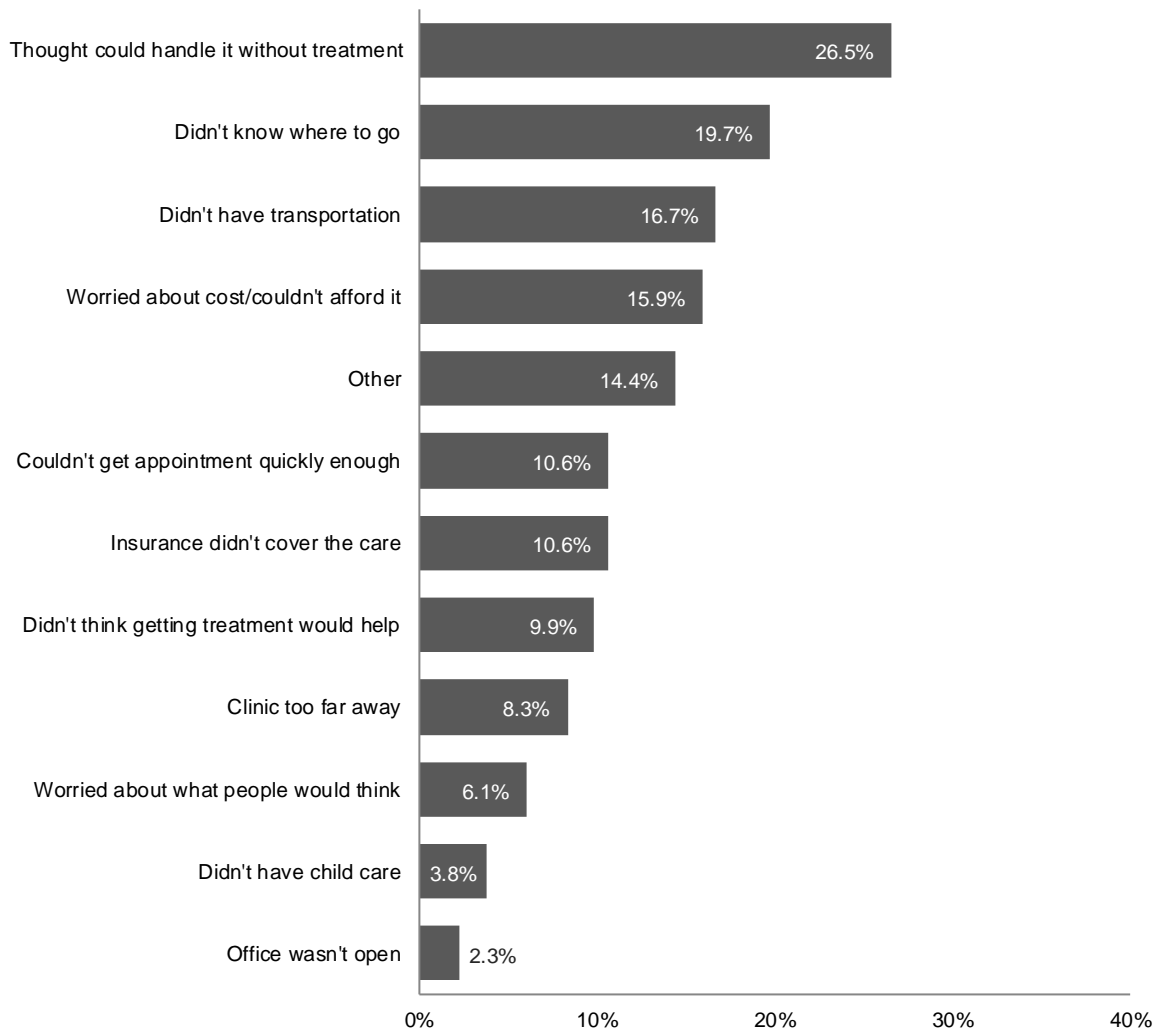
- Included in calculations but not presented in this figure are 71 individuals (50.4%) who selected *not applicable* and 1 individual (0.7%) who selected *didn't have child care*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 141 individuals who responded to this question, 26 (18.4%) selected two or more reasons.
- Excluded from calculations are four individuals who selected *not applicable* as well as at least one reason.

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



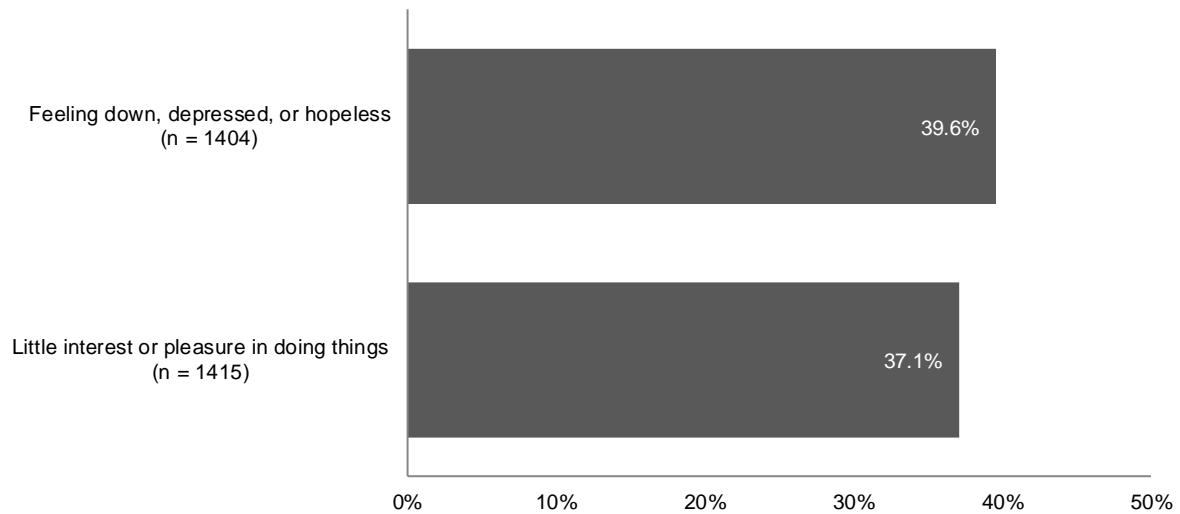
- Abbreviations: PTSD = Post-Traumatic Stress Disorder, ADD/ADHD= Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder.
- Respondents were asked to indicate whether or not they were diagnosed with the listed conditions and whether they needed treatment and received treatment. Not all respondents answered all questions.
- The following are the sample sizes for *diagnosed*, *needed treatment*, and *received treatment*, respectively, by condition: *Depression* (1,397; 1,070; 1,044), *Anxiety disorder* (1,387; 953; 944), *Bipolar disorder* (1,383; 917; 907), *PTSD* (1,381; 859; 853), *ADD/ADHD* (1,372; 864; 853), and *Schizophrenia* (1,350; 831; 816).
- Included in calculations but not presented in this figure are 79 individuals who indicated that they had none of the listed mental health diagnoses. In addition, 19 individuals indicated that they were diagnosed with some other mental health condition, 12 individuals indicated that they needed treatment for some other mental health condition, and 9 individuals indicated that they received treatment for some other mental health condition.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Four hundred eighty-nine respondents reported two or more mental health diagnoses.

**Figure C6.** Reasons Didn't Receive Needed Mental Health Care (n=132)

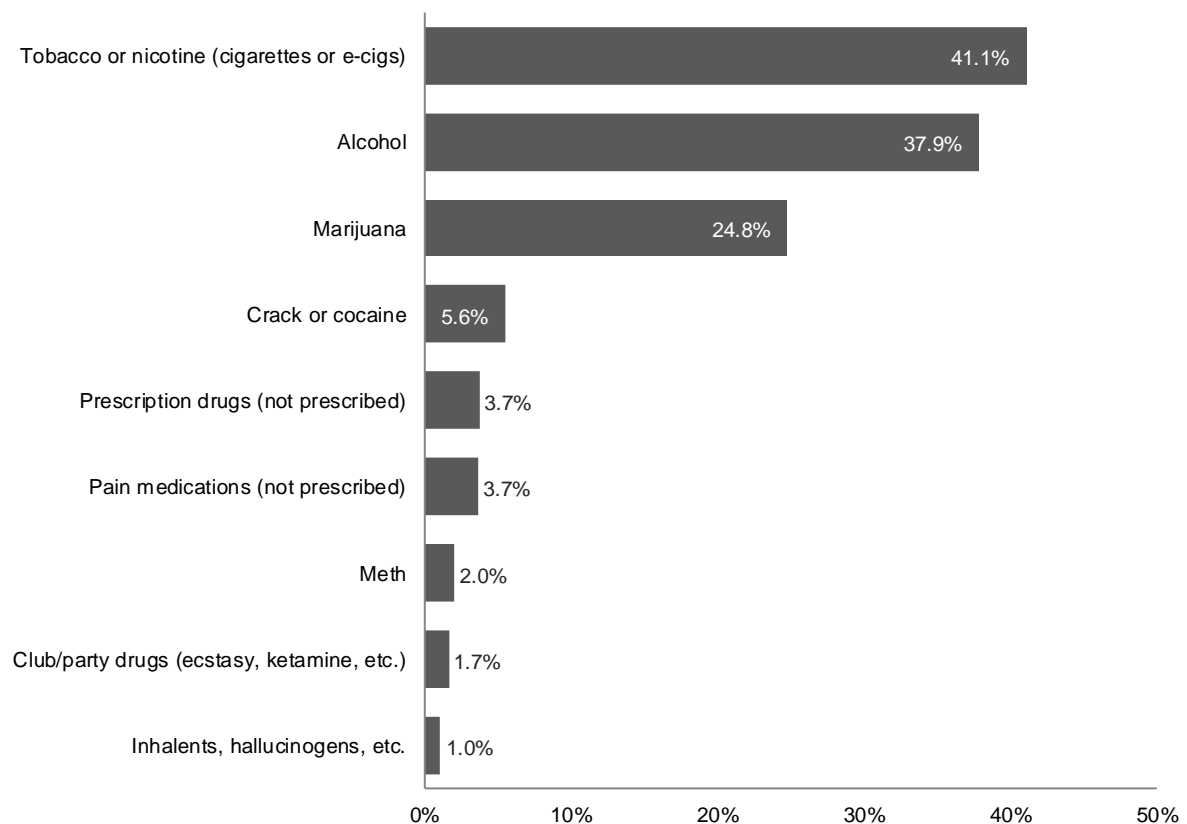


- Included in calculations but not presented in this figure are 39 individuals (29.6%) who selected *not applicable* and 1 individual (0.8%) who selected *language or cultural barrier*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 132 individuals who responded to this question, 42 (31.8%) selected two or more reasons.
- Excluded from calculations are four individuals who selected not applicable and at least one reason for not receiving needed medical care.

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



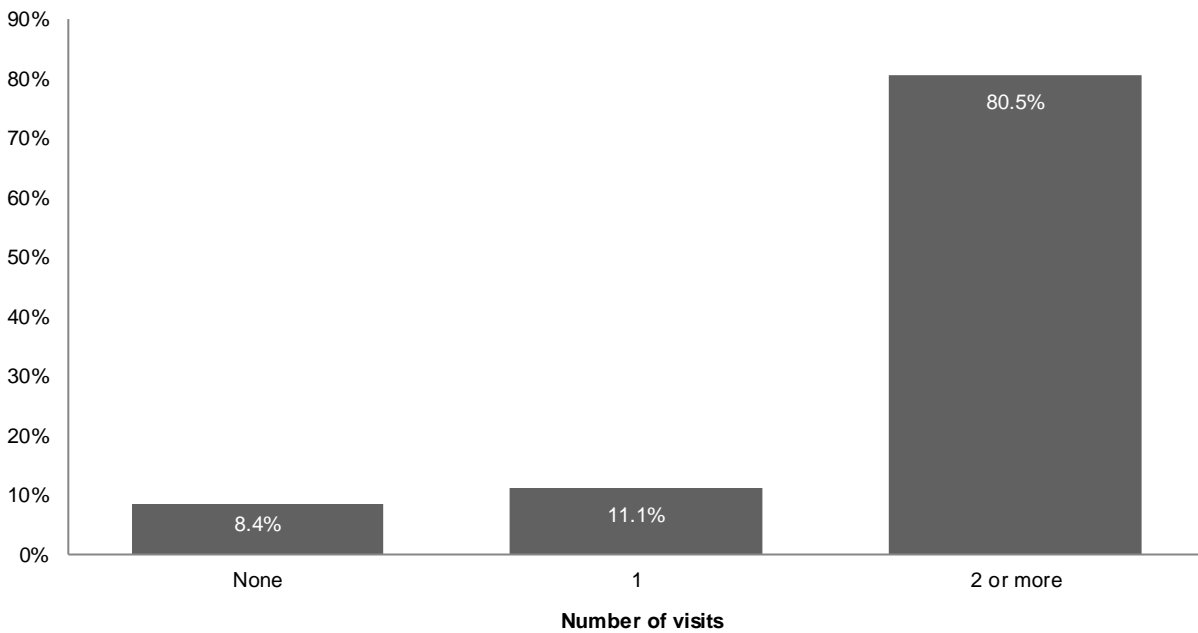
**Figure C8. Self-Reported Substance Use in the Past 12 Months (n=1424)**



- Included in calculations but not presented in this figure are 499 individuals (35.0%) who selected *none*, 12 individuals (0.8%) who selected *heroin*, and 10 individuals (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 1,424 individuals who responded to this question, 497 (34.9%) reported using two or more substances.
- Excluded from calculations are 11 individuals who reported using at least one of the listed substances as well none of the listed substances.

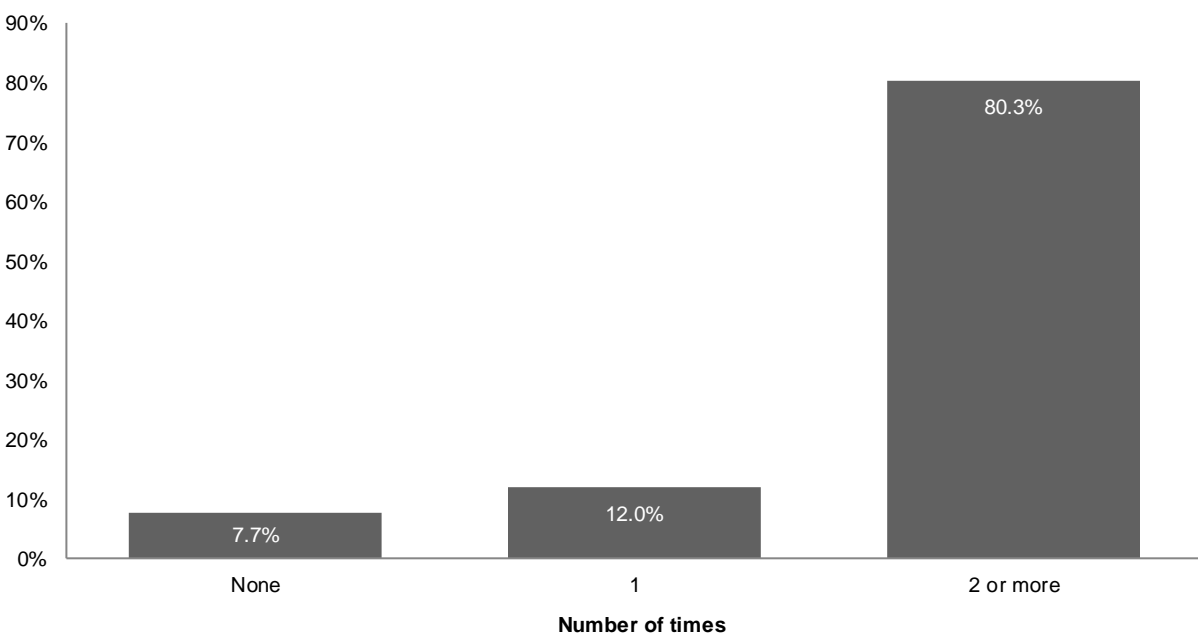
## Health Seeking Behavior

**Figure C9.** HIV-Specific Primary Medical Care Visits in Past Year (n=1428)



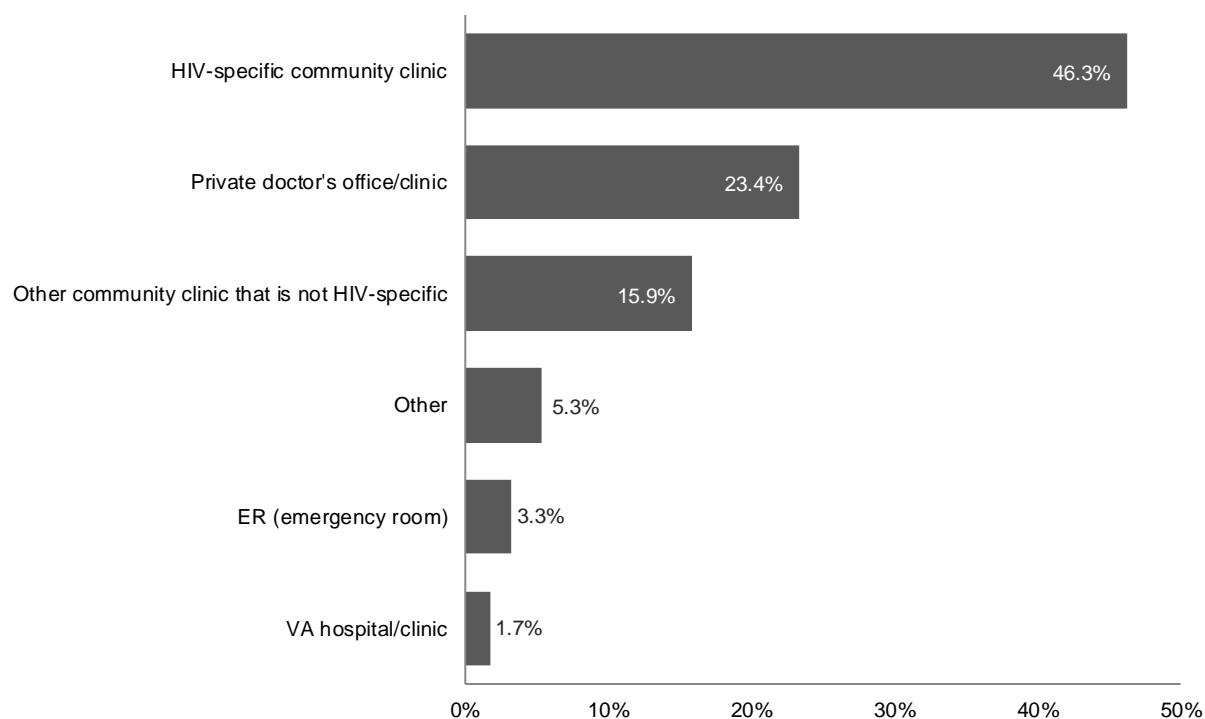
- Excluded from calculations are 34 individuals who selected *Not applicable, I don't have an HIV care provider*.

**Figure C10.** Discussed HIV-Related Medical Care with Medical Professional in the Last Year (n=1461)



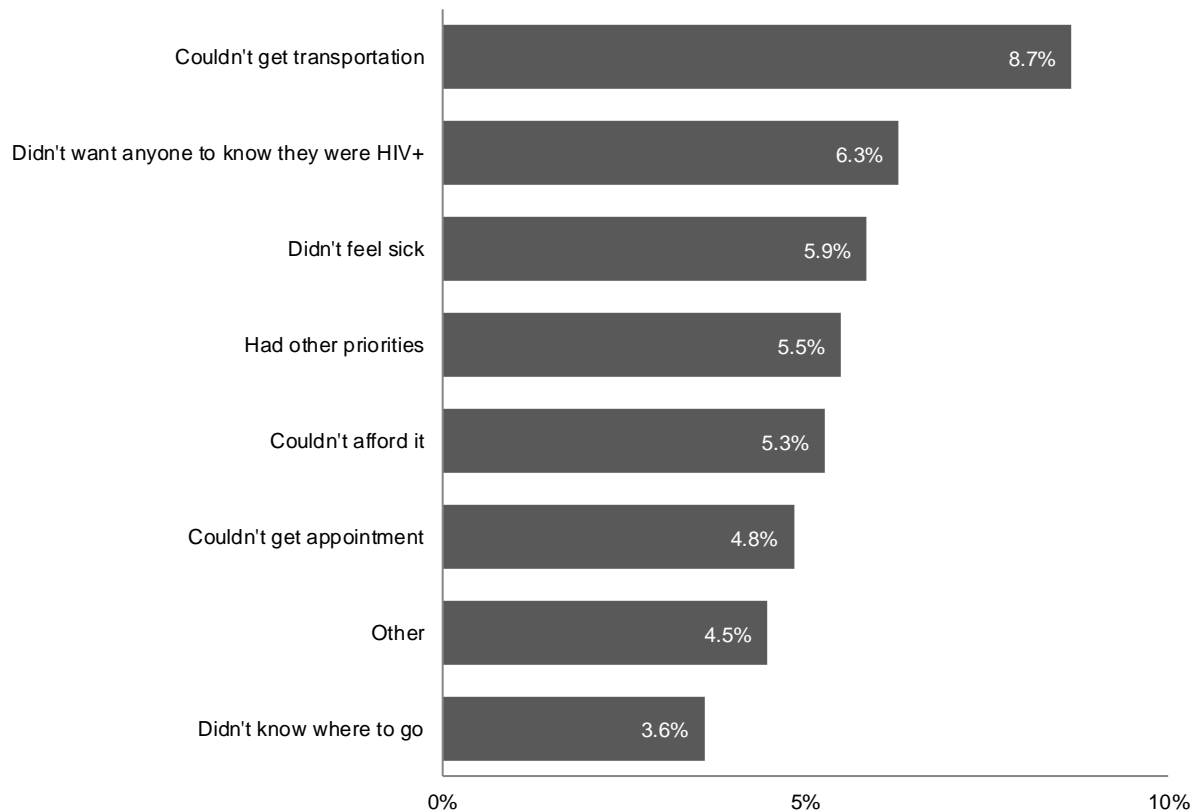


**Figure C11.** Places Where Respondent Regularly Receives HIV-Related Medical Care (n=1411)



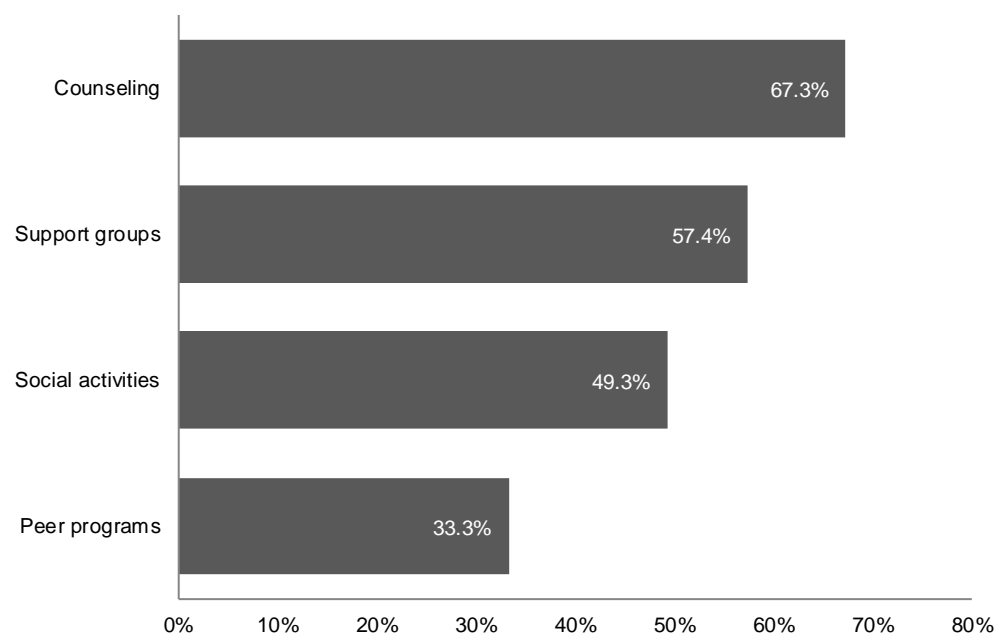
- Included in calculations but not presented in this figure are 59 individuals (4.2%) who selected *not applicable*.

**Figure C12.** Barriers to Receiving Needed Medical Care (n=1384)



- Included in calculations but not presented in this figure are 923 individuals (66.7%) who selected *not applicable*, 13 individuals (0.9%) who selected *couldn't get child care*, and 10 individuals (0.7%) who selected *language or cultural barrier*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,384 individuals who responded to this question, 111 (8.0%) selected two or more barriers.
- Excluded from calculations are 13 individuals who selected *not applicable* and at least one barrier.

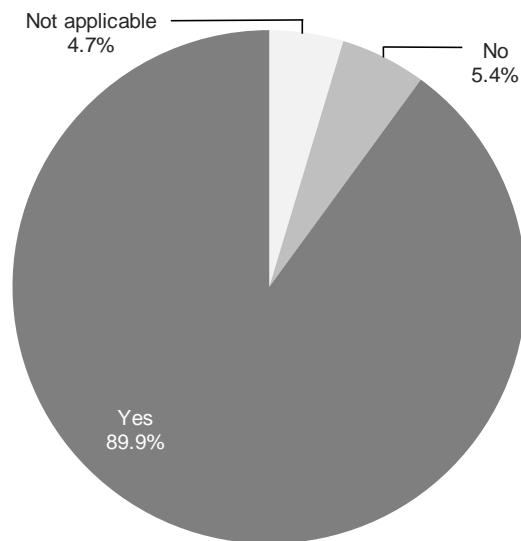
**Figure C13.** Interest in Psychosocial Support (n=1112)



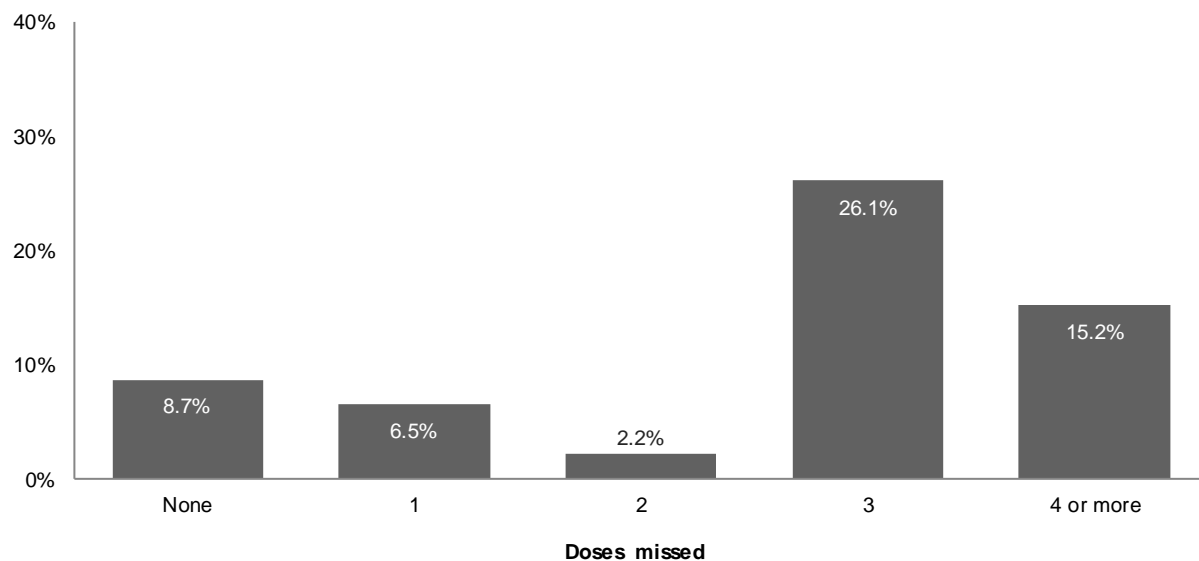
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,112 individuals who responded to this question, 565 (50.8%) expressed interest in two or more types of support.

## HIV Medication and Medical Adherence

**Figure C14.** Currently Taking HIV Medications Prescribed by a Doctor (n=1372)

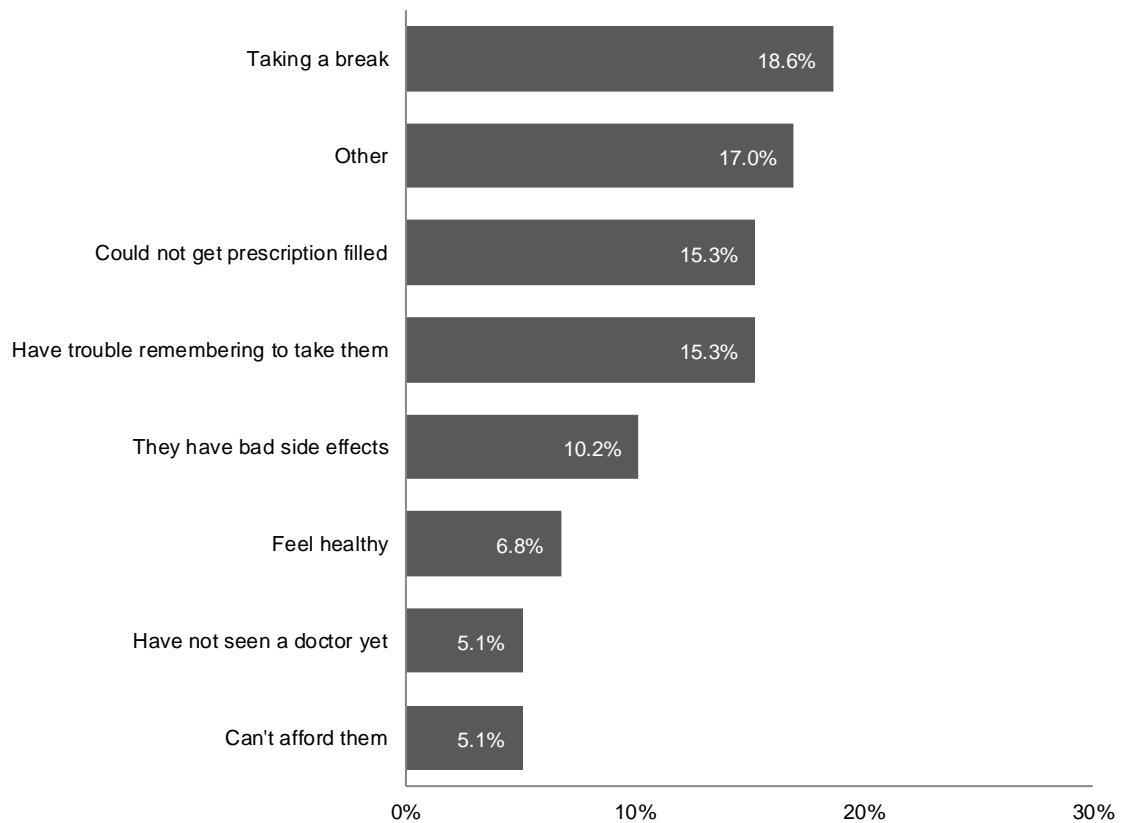


**Figure C15.** Number of Doses Missed in Last Three Days (n=46)



- Included in calculations but not presented in this figure are 19 individuals (41.3%) who selected *don't know* and were subsequently asked to estimate the percentage of doses missed in the last three days. Four individuals reported 0-25% of doses missed, three individuals reported 26-50% of doses missed, one individual reported 51-75% of doses missed, and three individuals reported 76-100% of doses missed.

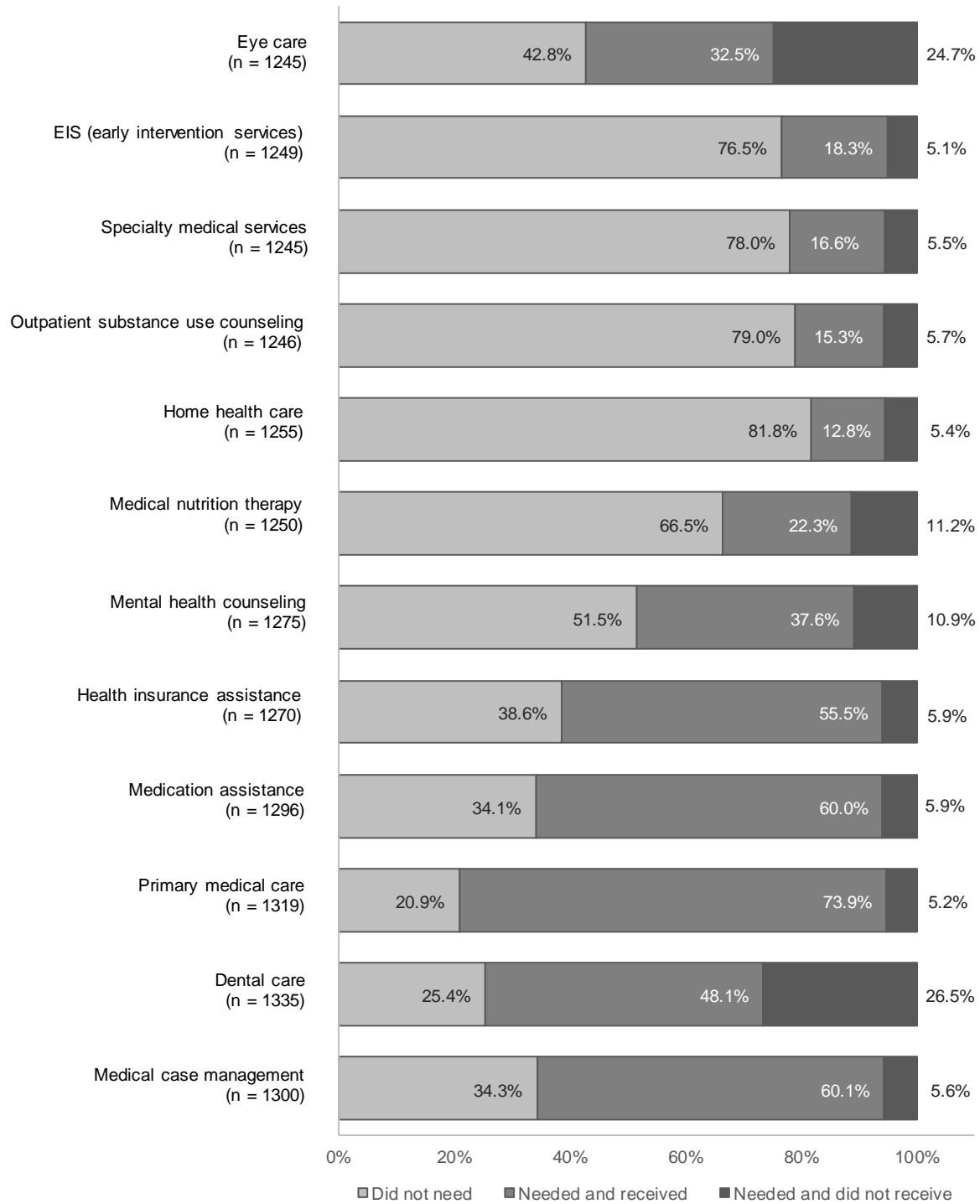
**Figure C16.** Reasons for Not Taking HIV/AIDS Medication (n=59)



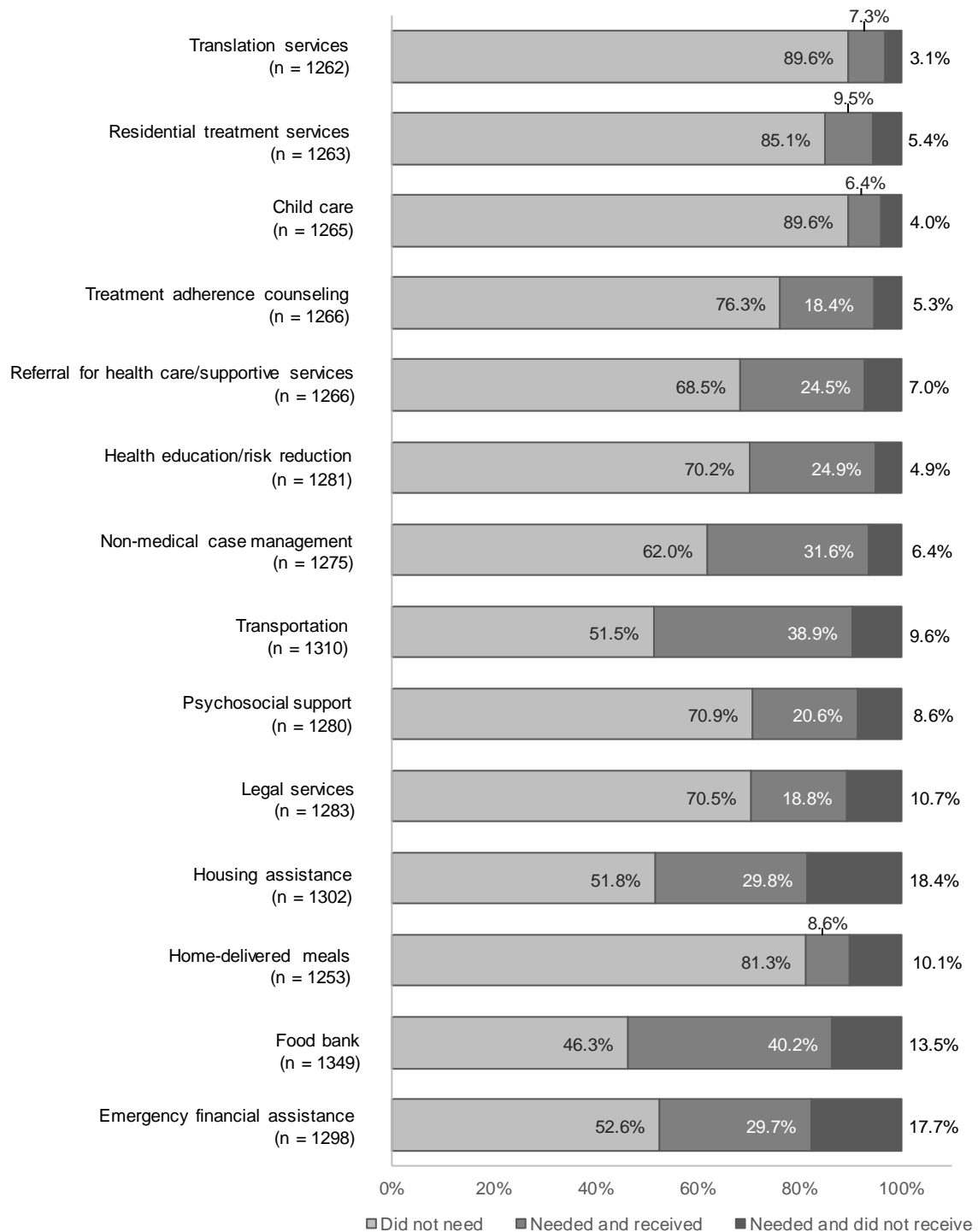
- Included in calculations but not presented in this figure are 15 individuals (25.4%) who selected *N/A: I have not been prescribed any medications*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 59 individuals who responded to this question, 8 (13.6%) selected two or more reasons.
- Excluded from calculations are six individuals who selected a reason for not taking medications as well as *I haven't been prescribed any medication*.

## D. Need and Use of Services

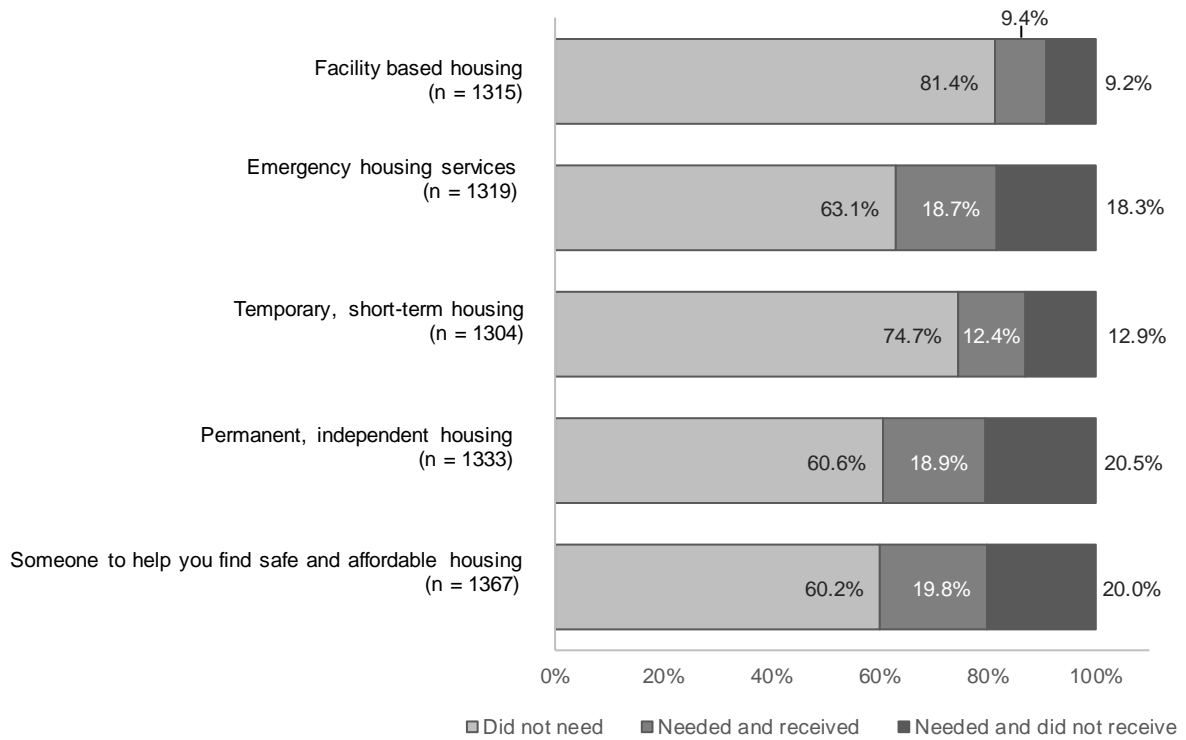
**Figure D1. Need and Receipt of Core Medical Services**



**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	Primary medical care	1,319	1,044	79%
2	Dental care	1,335	996	75%
3	Medication assistance	1,296	854	66%
4	Medical case management	1,300	854	66%
5	Health insurance assistance	1,270	780	61%
6	Eye care	1,245	712	57%
7	Food bank	1,349	724	54%
8	Transportation	1,310	636	49%
9	Mental health counseling or therapy	1,275	618	48%
10	Housing assistance	1,302	628	48%
11	Emergency financial assistance	1,298	615	47%
12	Help finding safe and affordable housing	1,367	544	40%
13	Permanent, independent housing	1,333	525	39%
14	Non-medical case management	1,275	485	38%
15	Emergency housing services	1,319	487	37%
16	Medical nutrition therapy	1,250	419	34%
17	Referral for health care/support services	1,266	399	32%
18	Health education/risk reduction	1,281	382	30%
19	Legal services	1,283	378	29%
20	Psychosocial support	1,280	373	29%
21	Temporary, short-term housing	1,304	330	25%
22	Treatment adherence counseling	1,266	300	24%
23	Early intervention services (EIS)	1,249	293	23%
24	Specialty medical services	1,245	274	22%
25	Substance use counseling or therapy (outpatient)	1,246	262	21%
26	Home delivered meals	1,253	235	19%
27	Facility-based housing	1,315	244	19%
28	Home health care	1,255	228	18%
29	Residential treatment services	1,263	188	15%
30	Child care	1,265	132	10%
31	Translation services	1,262	131	10%

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

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

Ranking	Service	Total responses (n)	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
1	Dental care	1335	354	27%
2	Eye care	1245	308	25%
3	Permanent, independent housing	1333	273	20%
4	Help finding safe and affordable housing	1367	273	20%
5	Housing assistance	1302	240	18%
6	Emergency housing services	1319	241	18%
7	Emergency financial assistance	1298	230	18%
8	Food bank	1349	182	13%
9	Temporary, short-term housing	1304	168	13%
10	Medical nutrition therapy	1250	140	11%
11	Mental health counseling or therapy	1275	139	11%
12	Legal services	1283	137	11%
13	Home delivered meals	1253	127	10%
14	Transportation	1310	126	10%
15	Facility-based housing	1315	121	9%
16	Psychosocial support	1280	110	9%
17	Referral for health care/support services	1266	89	7%
18	Non-medical case management	1275	82	6%
19	Health insurance assistance	1270	75	6%
20	Medication assistance	1296	76	6%
21	Substance use counseling or therapy (outpatient)	1246	71	6%
22	Medical case management	1300	73	6%
23	Specialty medical services	1245	68	5%
24	Home health care	1255	68	5%
25	Residential treatment services	1263	68	5%
26	Treatment adherence counseling	1266	67	5%
27	Primary medical care	1319	69	5%
28	Early intervention services (EIS)	1249	64	5%
29	Health education/risk reduction	1281	63	5%
30	Child care	1265	51	4%
31	Translation services	1262	39	3%

- 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 the NO EMA, the BR TGA and Regions III through IX. The survey was conducted at 24 sites that provide HIV/AIDS-related medical care and services using a self-administered questionnaire.

Clients from the NO EMA were eligible to take the survey over a five-week period, from May 1 to June 9, 2017. Survey administration was managed by the *New Orleans Regional AIDS Planning Council* (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 promoted the *2017 Louisiana Needs Assessment* at their local sites and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets.

Clients from the BR TGA were eligible to take the survey over a six-week period, from June 5 to July 15, 2017. Survey administration was managed by the *Baton Rouge Ryan White Program Office* (Ryan White). As incentives for their participation, clients from the BR TGA who participated in the survey were entered into a raffle to win one of five \$100 Walmart gift cards. Peer advocates promoted the *2017 Needs Assessment* at their local sites and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets.

Clients from Regions III through IX were eligible to take the survey over a seven-week period, from July 10 to August 25, 2017. Survey administration was managed by OPH SHP. As incentives for their participation, clients from Regions III through IX were given a \$10 CVS gift card. Site representatives promoted the *2017 Needs Assessment* at their local sites and in the community, assisted clients in completing the questionnaire, and distributed and documented gift cards.

Below we describe 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 the NO EMA, the BR TGA, and Regions III through IX in 2015, with feedback from OPH SHP, NORAPC, and the *Office of Health Planning and AIDS Funding*.

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

The instrument distributed in Regions III through IX can be found in Appendix D. The NO EMA and BR TGA instruments were identical, apart from distinct logos, administration date ranges, and incentive information on the cover page. The following incentive information was provided on the NO EMA and BR TGA instruments, respectively: “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!”; “As a ‘thank you’ for completing this survey, you will be entered to win 1 of 5 \$100 Walmart gift cards. The raffle drawing will take place in mid-July at the Ryan White Part A office, once all surveys have been completed.

*Winners will then be contacted to receive their gift cards!” For a copy of the respective instruments, please see the 2017 People Living with HIV Needs Assessment for the NO EMA and the BR TGA.*

## Sample

Ryan White funding structures were used to organize the administration of the 2017 Louisiana Needs Assessment. OPH SHP specified a convenience sampling method in the initial Request for Proposal. In the NO EMA, NORAPC determined that the desired sample size would be 600 people, stratified by site. The 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). In the BR TGA, OPH SHP determined that the desired sample size would be 400 people. The BR TGA includes all parishes in Region II (East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, and Iberville), one parish from Region III (Ascension), and two parishes from Region IX (Livingston and St. Helena). In Regions III through IX, OPH SHP determined that the desired sample size would be 605 people, stratified by region. Figure B.1 provides a map of these regions.

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



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in Louisiana, but rather a subset of that population who were asked and responded to the questionnaire. Any PLWH who walked into any one of the participating sites and was at least 18 years old during the administration period was eligible to complete the 2017 Needs Assessment Survey.

NORAPC, *Ryan White*, and OPH SHP staff were in regular communication with each local site during survey administration to review progress toward meeting the targeted sample.

## **Partners**

The *2017 Needs Assessment* was conducted with the cooperation of 24 sites across the state. Sites were responsible for distributing questionnaires and raffle tickets or gift cards (depending on the incentive method being used at the site) to clients and tracking the distribution of incentives. A partner list is provided in Appendix C.

During the NO EMA survey administration, peer survey administrators were assigned to work in each partner site; 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 site 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.

During the BR TGA survey administration period, peer advocates were assigned to work in each partner site; their role was to manage administration of questionnaires and distribution of raffle tickets, as well as serve as the point of contact during data collection for *Ryan White*. Peer advocates were employees of each site who routinely conduct peer-based early intervention services. The peer advocates' responsibilities included promoting the *2017 Needs Assessment* at their local site and in the community, helping clients complete the survey, collecting all surveys, and distributing and documenting raffle tickets.

During the Regions III through IX survey administration period, site representatives were designated at each partner site to serve as the primary contacts for the *2017 Needs Assessment*; their role was to manage administration of questionnaires and distribution of gift cards. The site representatives' responsibilities included promoting the *2017 Needs Assessment* at their local site and in the community, helping clients complete the survey, collecting all surveys, distributing and documenting gift cards, and mailing completed questionnaires to PRG on a weekly basis.

## **Training**

All peer survey administrators who were involved with the administration of the NO EMA *2017 Louisiana Needs Assessment* received training at NORAPC. Peer advocates who were involved with the administration of the BR TGA *2017 Louisiana Needs Assessment* received instruction from *Ryan White* staff. Staff from OPH SHP provided training for all participating sites in Regions III through IX during a statewide conference call held on June 29, 2017.

Trainings covered survey administration, an overview of the questionnaire, management of incentives, logistics and planning, and appropriate ways to engage clients.

## **Administration**

For the NO EMA needs assessment, all materials necessary to begin collecting data, including questionnaires and raffle tickets, were provided by NORAPC to the partner sites. For the BR TGA needs assessment, all data collection materials were provided by *Ryan White* to the partner sites. For Regions III through IX, OPH SHP provided data collection materials, including questionnaires and incentives, to the

participating sites. Data were collected from May 1 to June 9, 2017 in the NO EMA, from June 5 to July 15, 2017 in the BR TGA, and from July 10 to August 25, 2017 in Regions III through IX. Each site was provided with the specific number of questionnaires needed to reach their targeted number of questionnaires.

During the data collection period, each client who visited a participating site was offered the chance to take the *2017 Louisiana Needs Assessment* questionnaire. Participation was completely voluntary, and clients could decide whether they wanted to participate in the raffle. Representatives at each site 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 sites. 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, a site representative would read each question and mark the corresponding response.

Once the client completed his/her questionnaire, the site representative performed quality checks on a specific set of questions. Clients were then given the opportunity to fill out a raffle ticket or provided a gift card as a gesture of appreciation for their time and participation. Completed surveys were placed in secure envelopes and dropped off or mailed to PRG weekly.

## **Data Entry and Cleaning**

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped into stacks by site. Each questionnaire in a stack was entered into an online *Remark Web Survey* data form that was created by PRG.<sup>1</sup> 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).

---

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

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 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**

### **New Orleans Eligible Metropolitan Area**

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

### **Baton Rouge Transitional Grant Area**

HIV/AIDS Alliance for Region Two, Inc.  
Family Services of Greater Baton Rouge  
Care South  
Crescent Care  
Volunteers of America  
Our Lady of the Lake Early Intervention Clinic

### **Region III**

Crescent Care

### **Region IV**

Acadiana CARES

### **Region V**

Southwest Louisiana AIDS Council

### **Region VI**

Central Louisiana AIDS Support Services

### **Region VII**

The Philadelphia Center

### **Region VIII**

Greater Ouachita Coalition Providing AIDS Resources and Education

### **Region IX**

Volunteers of America Greater New Orleans



# 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 July 10, 2017 through August 11, 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 receive a \$10 gift card to CVS

## HEALTH INSURANCE

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

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

→ Answer question 1a and skip question 1b

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

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

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

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

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

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

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

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

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

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

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

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

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

## MEDICAL CARE

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

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

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

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

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

- ☐ None  
☐ One  
☐ Two or more

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

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

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

- ☐ Not applicable, I haven't had to go without any needed medical care
 ☐ I had other things on my mind/other priorities  
☐ I didn't know where to go
 ☐ I didn't want anyone to know I was living with 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

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

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> <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
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!