

PEOPLE LIVING WITH HIV NEEDS ASSESSMENT

BATON ROUGE TRANSITIONAL GRANT AREA

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

OFFICE OF PUBLIC HEALTH STD/HIV PROGRAM

FEBRUARY 2020

Submitted by:

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LIST OF ACRONYMS

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
CBOs	Community-Based Organizations
COBRA	Consolidated Omnibus Budget Reconciliation Act
FEMA	Federal Emergency Management Agency
HOPWA	Housing Opportunities for Persons with Aids
L-DAP	Louisiana Drug Assistance Program
LDH	Louisiana Department of Health
LIHEAP	Low Income Home Energy Assistance Program
MAT	Medication-Assisted Treatment
OPH SHP	Louisiana Department of Health's Office of Public Health STD, HIV, and Hepatitis program
PrEP	Pre-Exposure Prophylaxis
PRG	The Policy & Research Group
PTSD	Post-Traumatic Stress Disorder
SNAP	Supplemental Nutrition Assistance Program
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
STRMU	Short-Term Rent, Mortgage, and Utility
TANF	Temporary Assistance for Needy Families
TBRA	Tenant-Based Rental Assistance

LIST OF PARTNERS

Care South Medical and Dental Baton Rouge Clinic
CrescentCare Legal Services Baton Rouge
Family Services of Greater Baton Rouge
HIV AIDS Alliance for Region Two
Our Lady of the Lake Early Prevention Clinic
Volunteers of America of Greater Baton Rouge

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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 *2019 Louisiana Needs Assessment* is to gain an understanding of the current care service needs of People Living with HIV (PLWH) in the nine administrative regions of Louisiana. In particular, the *2019 Louisiana Needs Assessment* aims to provide an estimate of the extent of PLWH's unmet primary care and HIV-related support service needs, experiences in accessing services, perceived barriers to access, and some insight into their HIV-related knowledge.

LAYOUT OF THE REPORT

This report presents the characteristics of survey respondents in the Baton Rouge Transitional Grant Area (BR TGA) and provides basic aggregate results of responses provided to survey questions. Rounding accounts for slight discrepancies in calculations between the figures and table notes in the report.

A description of the methods used to conduct the *2019 Louisiana Needs Assessment* can be found in Appendix B; specifically, we provide a detailed explanation of data sources, data management procedures, and variable constructions. A copy of the survey instrument can be found in Appendix C.

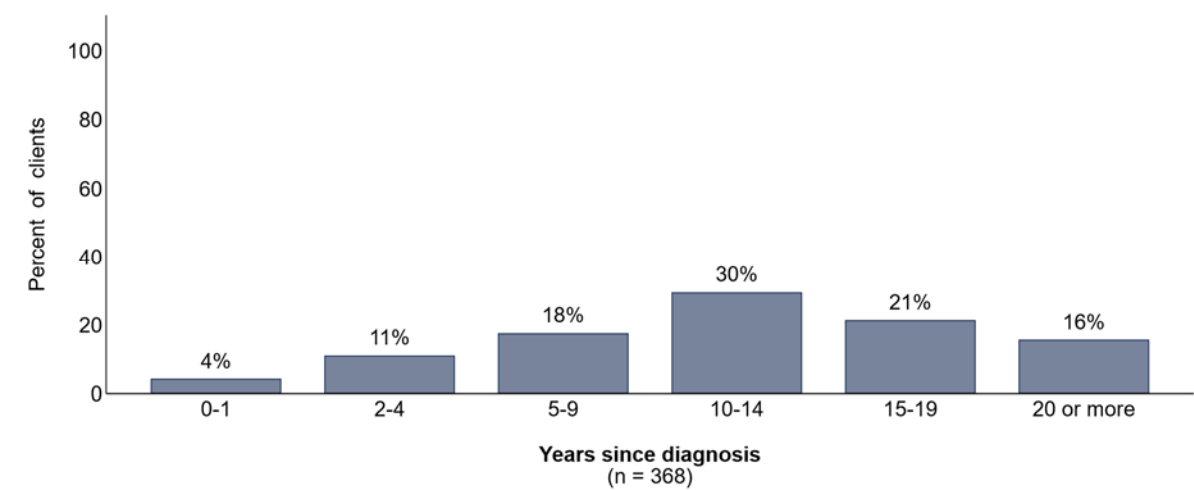
SURVEY RESPONDENTS

A convenience sample of 393 questionnaires was submitted to PRG after the data collection period (October 8, 2019 to January 3, 2020). This represents 71% of the goal of 550 responses as set by OPH SHP.

SECTION A. BACKGROUND

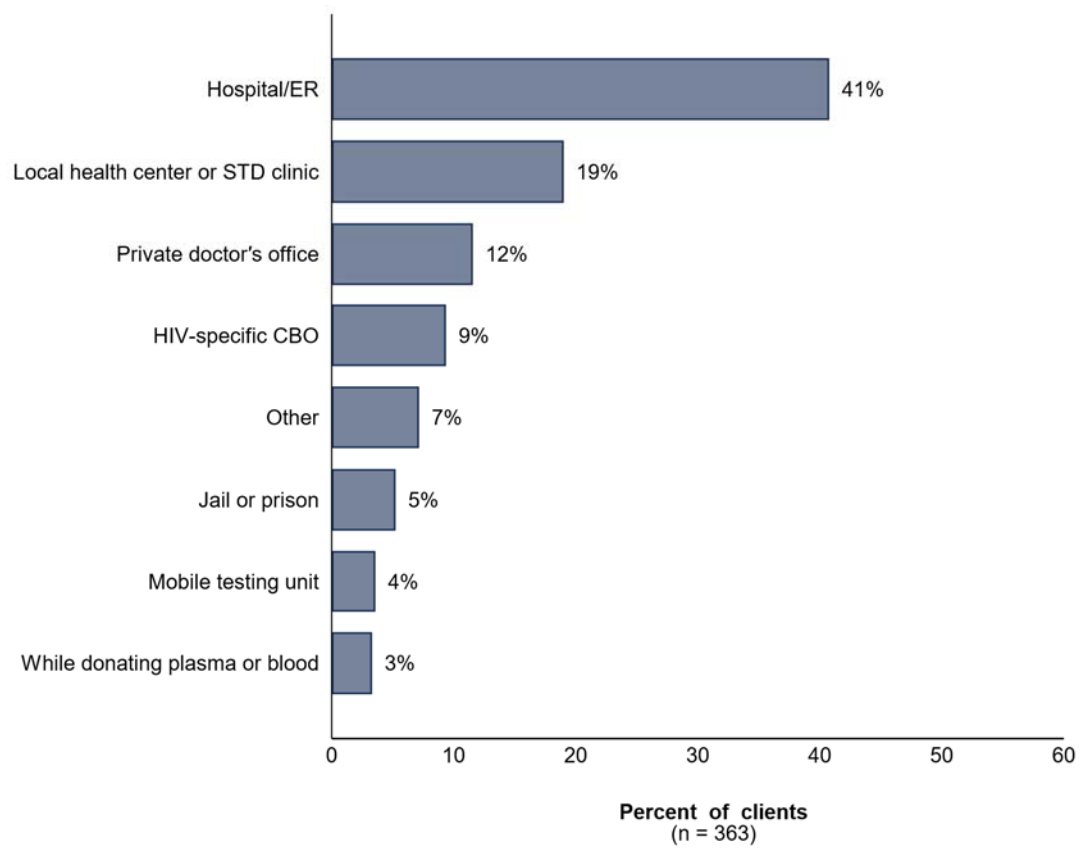
HIV STATUS

Figure A1. Length of Time Living with HIV



- Included in the 20 or more column are 4 respondents who reported being diagnosed with HIV prior to 37 years ago (diagnosis began in 1982); length of time since HIV diagnosis reported were 38, 49, 66, and 71 years.

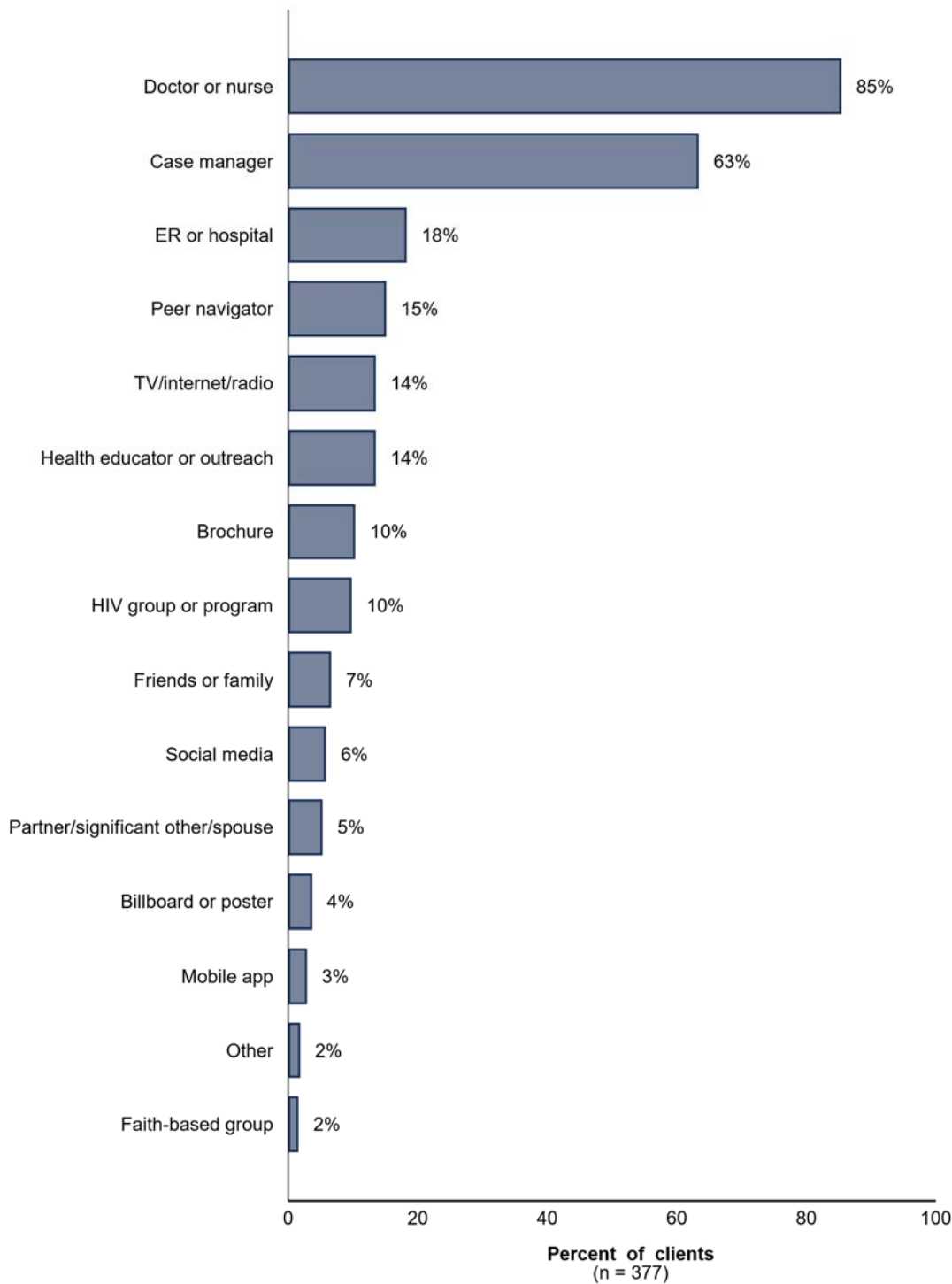
Figure A2. Place Where Respondents Were Told of HIV Diagnosis



- The category *other* includes 12 individuals who specifically chose the response option *other* (3.3%) as well as 14 individuals who selected *organizations providing other services* (3.9%).

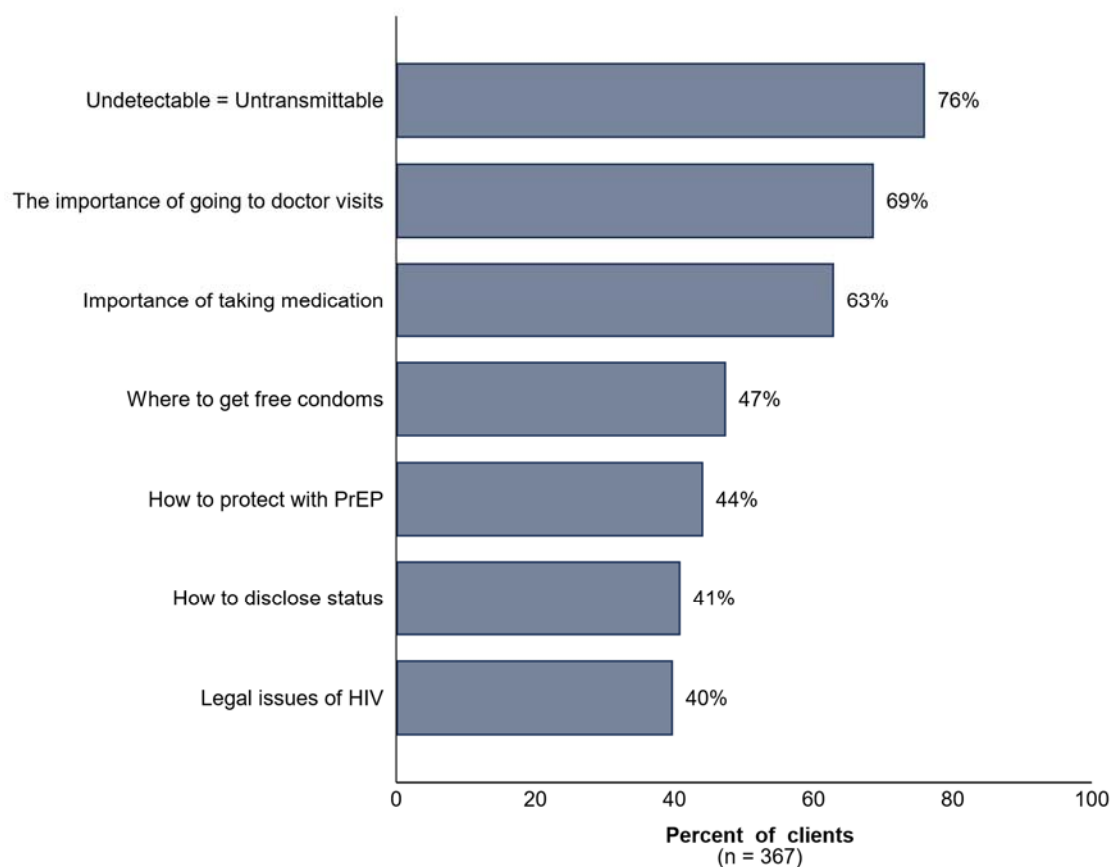
HIV-RELATED KNOWLEDGE

Figure A3. Sources of HIV Information



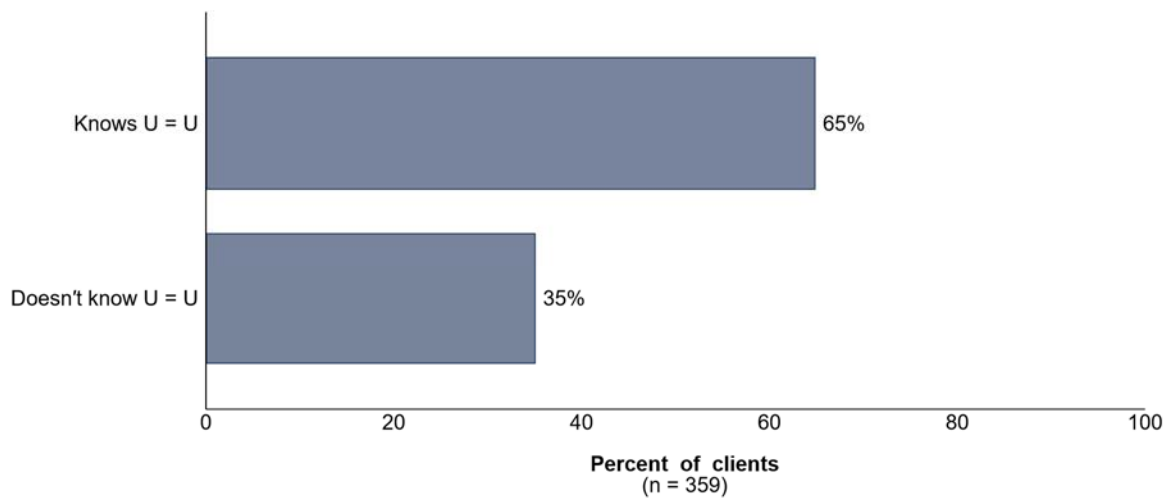
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 377 individuals who responded to this question, 272 (72.1%) reported two or more sources of HIV information.

Figure A4. Information Received on HIV Transmission and Related Issues in the Past Year



- Included in calculations but not presented in this figure are 22 individuals (6.0%) who selected *no, 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 367 individuals who responded to this question, 272 (74.1%) reported having knowledge of two or more issues related to HIV.

Figure A5. Knows that HIV Undetectable = Untransmittable (U = U)



BACKGROUND CHARACTERISTICS

Figure A6. Map of Current Parish of Residence (n = 366)

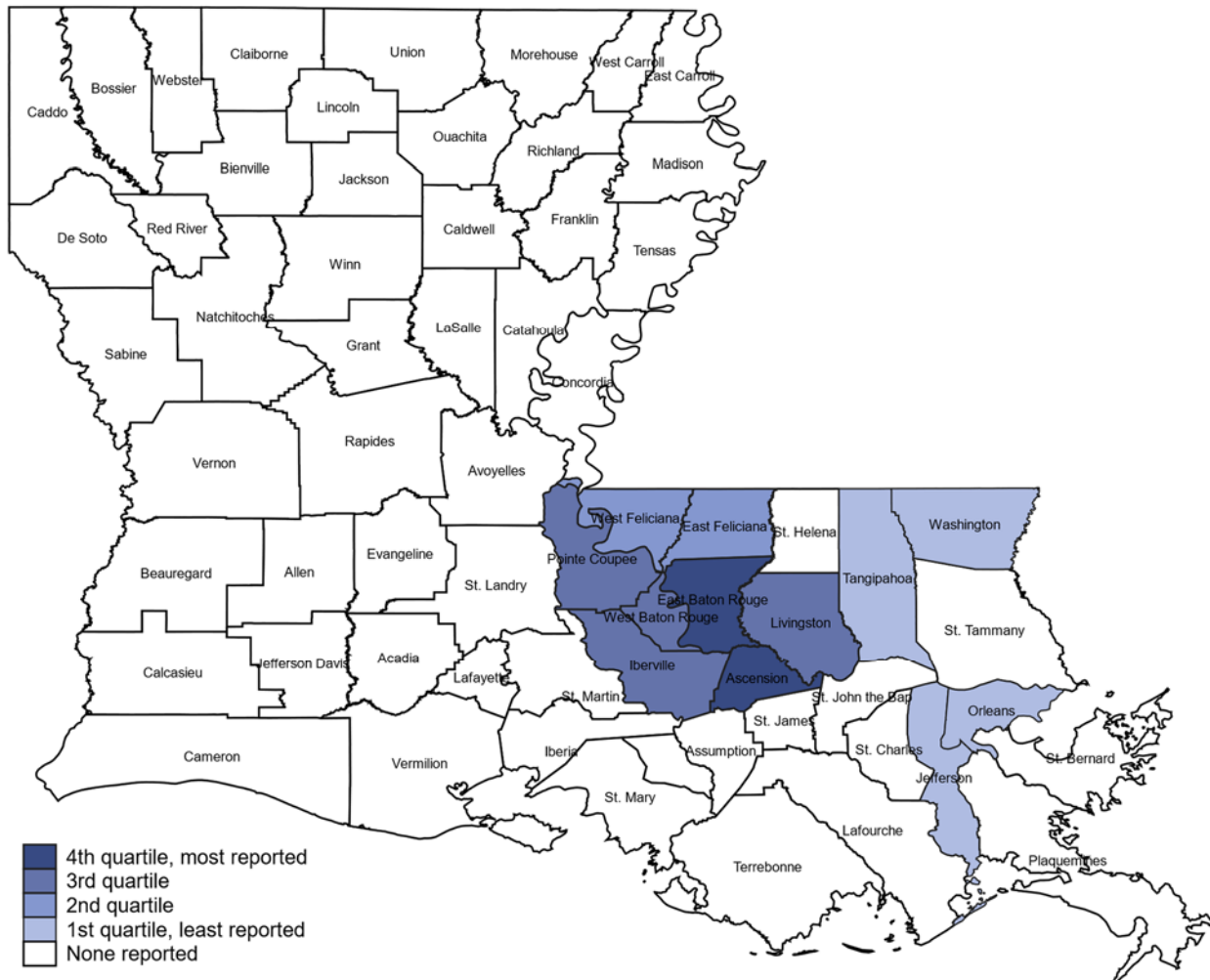
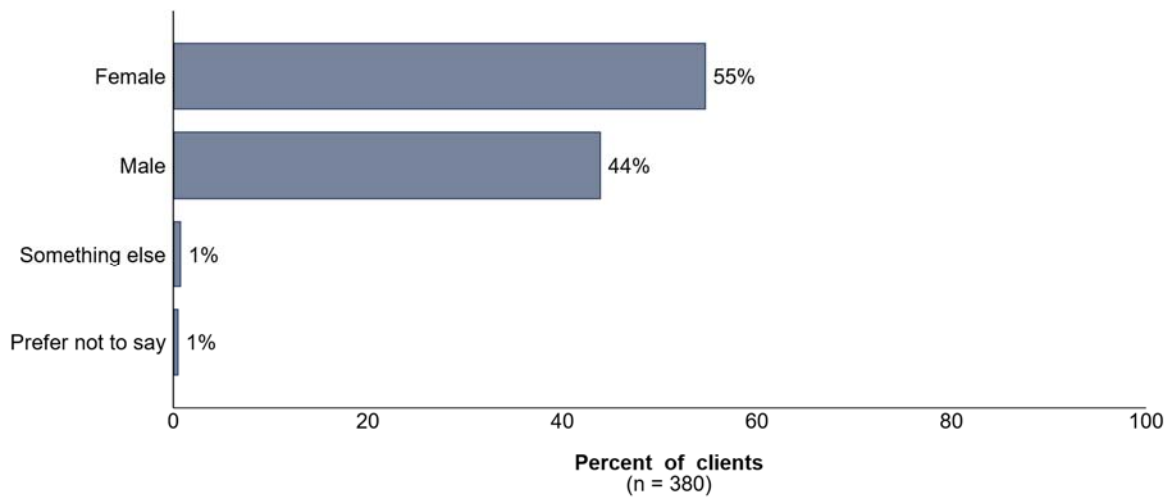


Table A1. Current Parish of Residence (n = 366)

Parish	Number Reporting	Percent Reporting
East Baton Rouge	323	88.3%
Ascension	9	2.5%
Pointe Coupee	6	1.6%
West Baton Rouge	6	1.6%
Iberville	5	1.4%
Livingston	5	1.4%

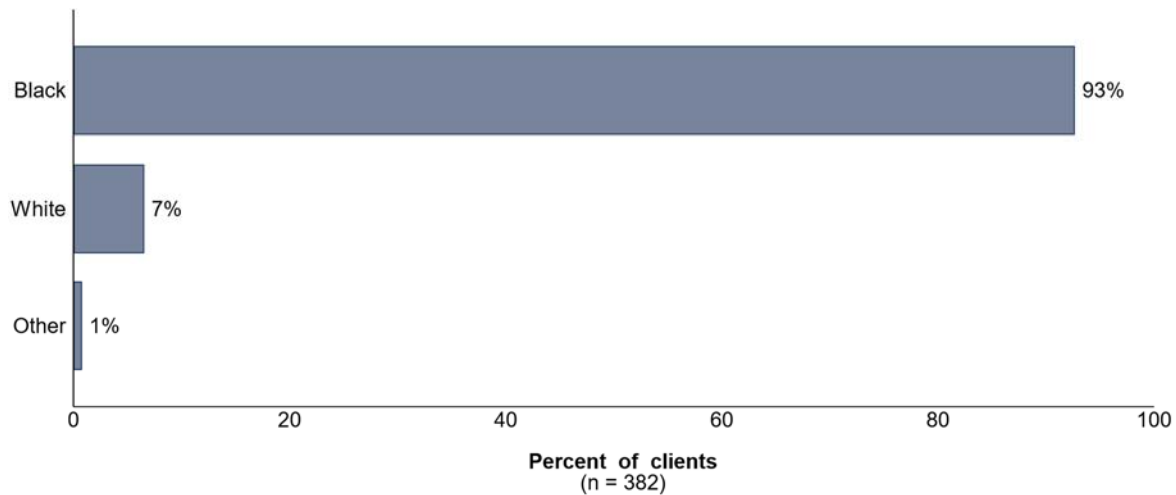
- Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in East Feliciana Parish, West Feliciana Parish, Orleans Parish, Tangipahoa Parish, Jefferson Parish, or Washington Parish.

Figure A7. Gender of Respondents



- Three hundred and seventy-five individuals responded to the subsequent question on whether or not they identify as transgender; of those, 17 individuals (4.5%) responded yes.

Figure A8. Race of Respondents



- The category *other* includes individuals who specifically chose *other* ($n = 2$), along with those who identified as *Multiracial* ($n = 1$)

Figure A9. Latino/Latina/Latinx/Hispanic

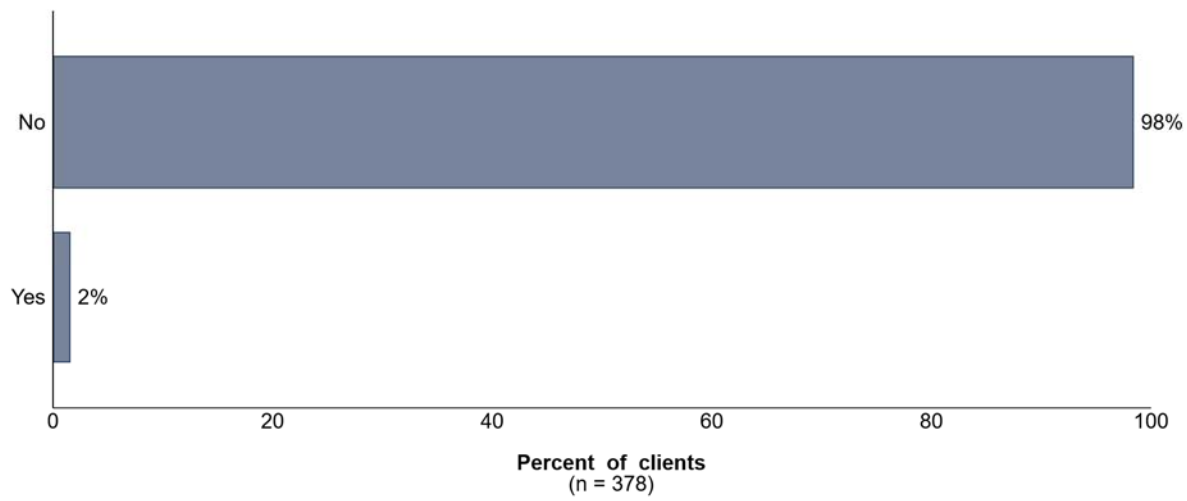


Figure A10. Primary Language

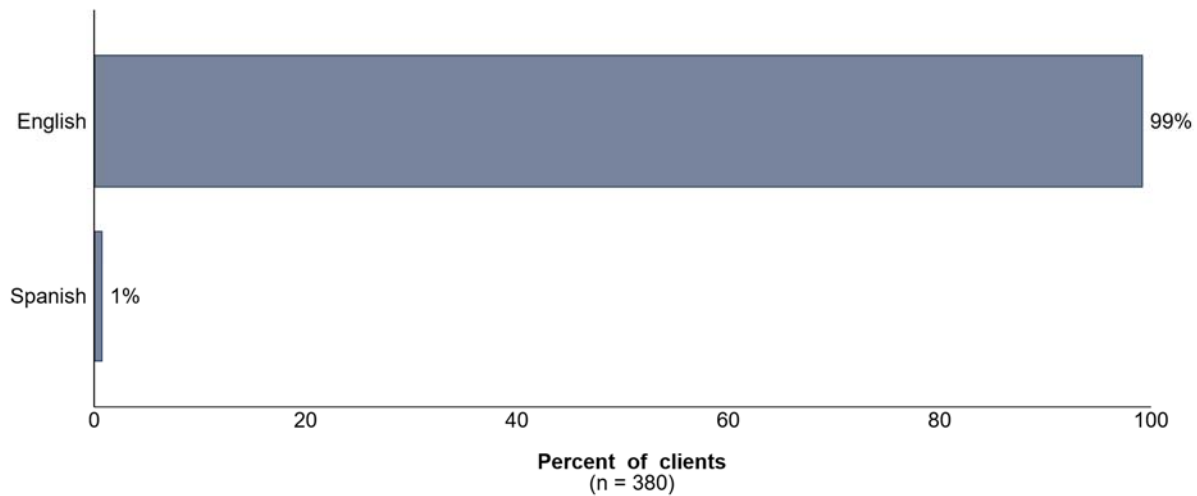
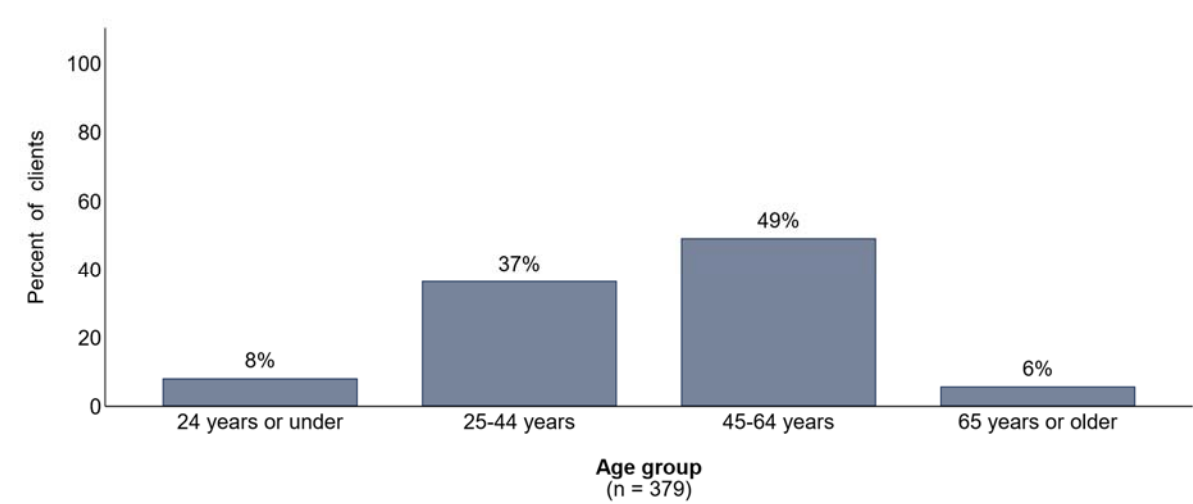
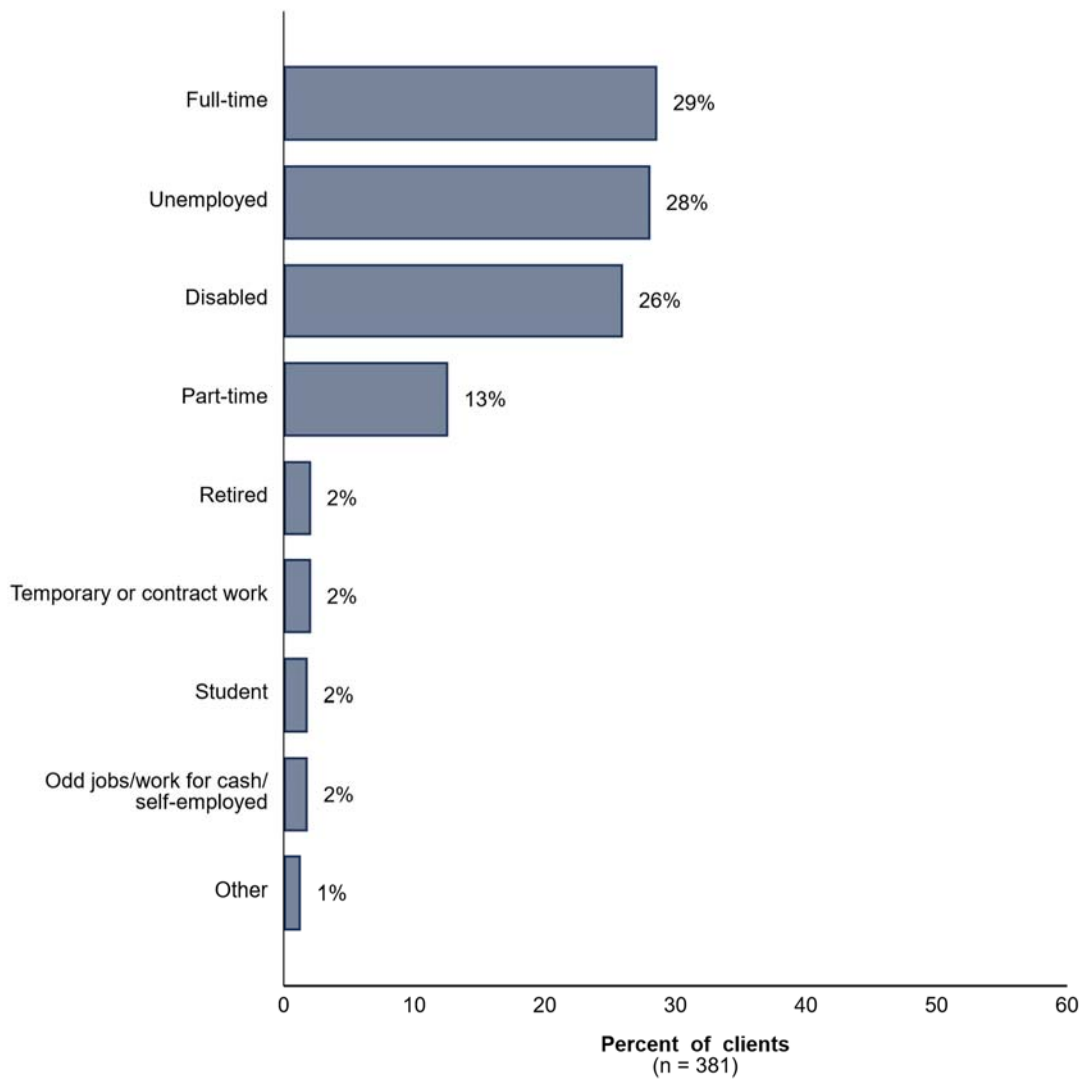


Figure A11. Age of Respondents



EMPLOYMENT

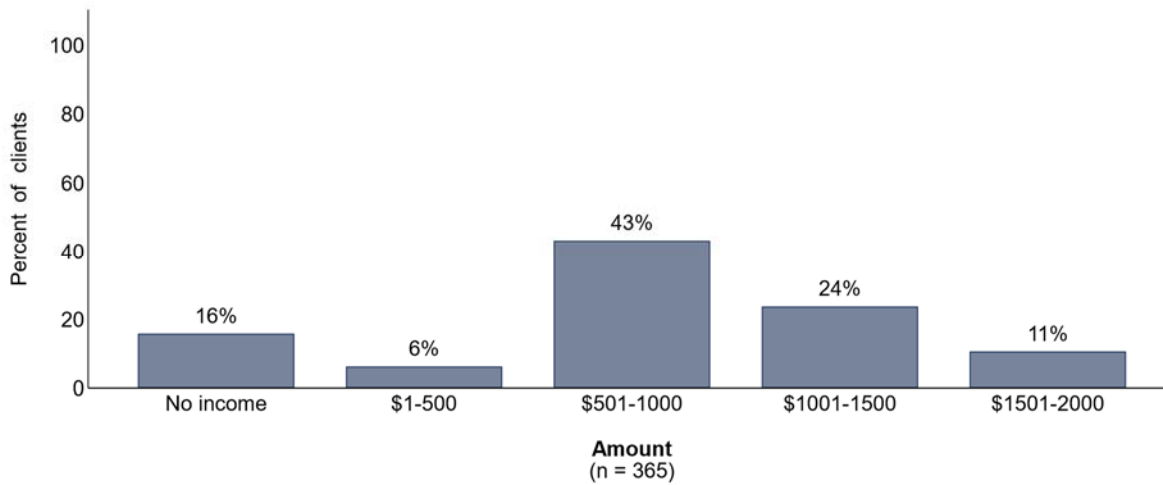
Figure A12. Employment Status



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 381 individuals who responded to this question, 16 (4.2%) reported two or more categories of employment.

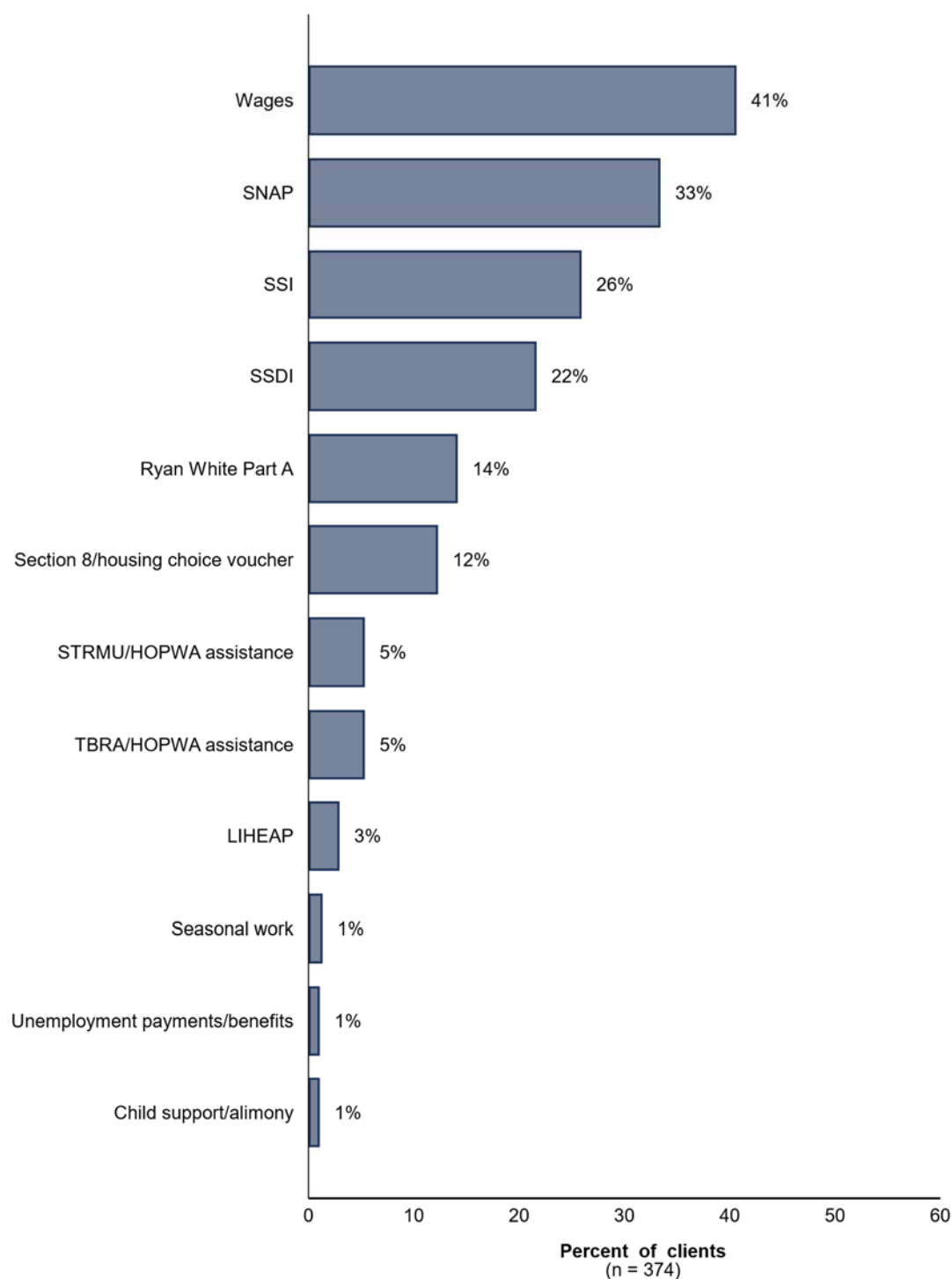
INCOME

Figure A13. Household Income in Month Prior to Survey



- Included in calculations and presented in this figure are 10 outliers reported by 15 respondents in the *More than \$2,000* category. The reported monthly incomes for these 15 respondents range from \$3,500 to \$42,000.

Figure A14. Sources of Income and Assistance



- Included in calculations but not presented in this figure are 62 individuals (16.6%) who selected *I didn't receive any wages, financial assistance, or housing assistance in the last six months*, 3 individuals (0.8%) who reported receiving *project-based assistance/HOPWA*, and 2 individuals (0.5%) who reported receiving a stipend. No individuals selected *veteran's housing, TANF, or FEMA*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 374 individuals who responded to this question, 82 (21.9%) reported receiving two or more forms of income and assistance.

HOUSING

Figure A15. Housing at the Time of Survey and 6 Months Prior to Survey

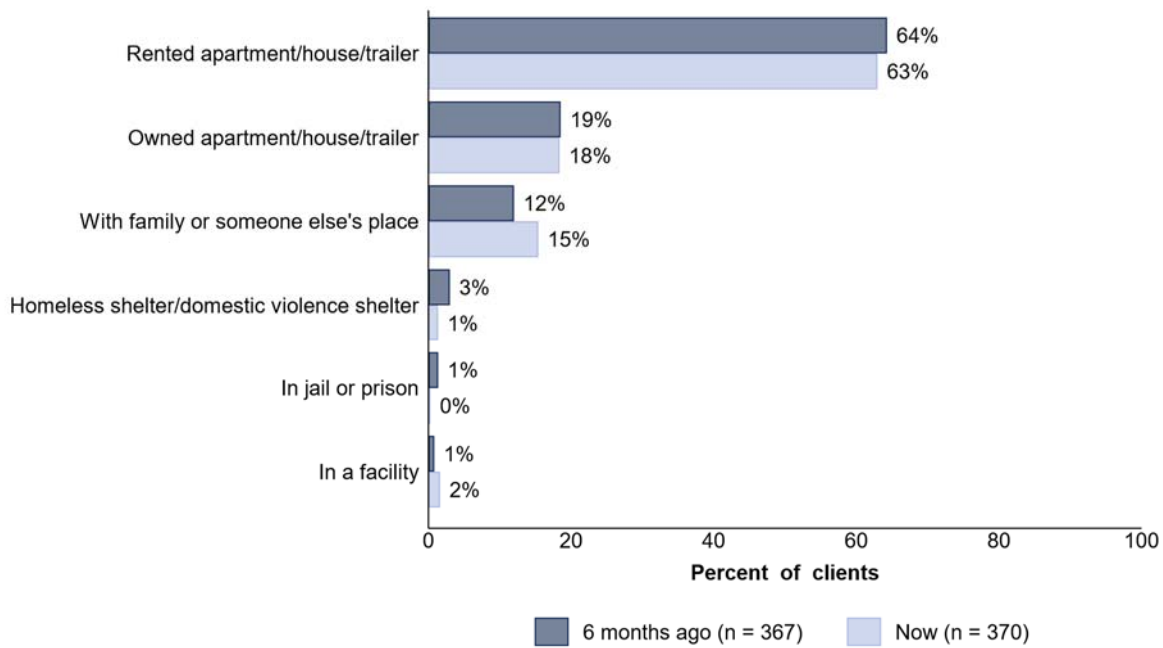
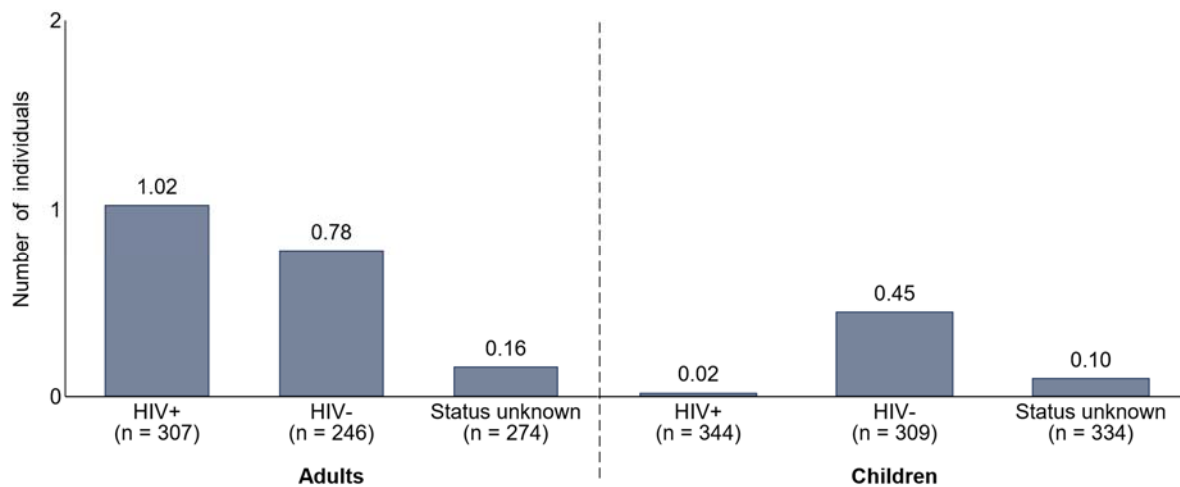


Figure A16. Average Number of Adults and Children in Household by HIV Status



- All clients who responded to the questions on HIV status of children in the household are included in this figure; of the 319 individuals who responded to the question *how many children (under age 18) live in your household*, 215 (67.4%) indicated 0 children.

Figure A17. Number of Bedrooms in Respondents' Residences

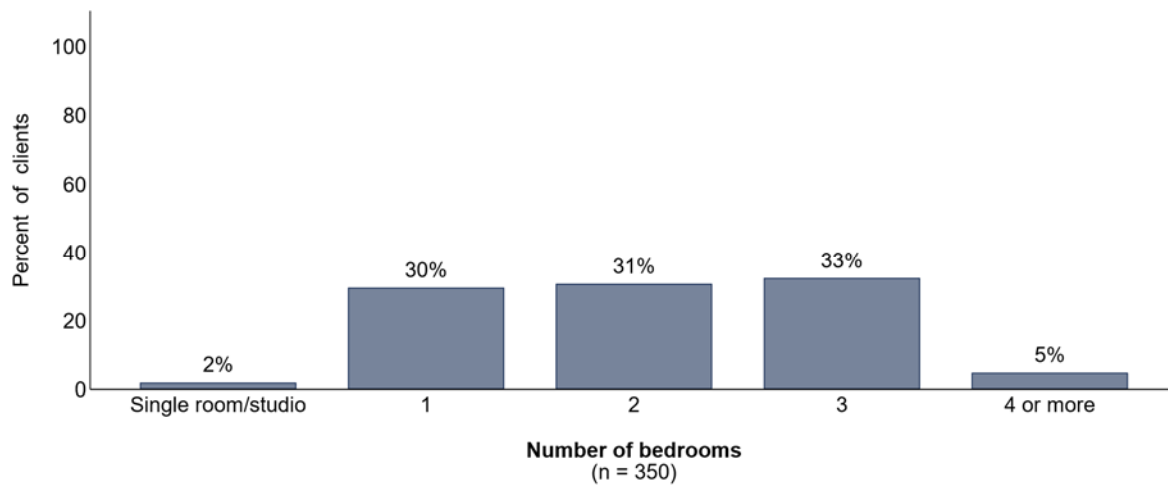


Figure A18. Length of Time at Current Residence

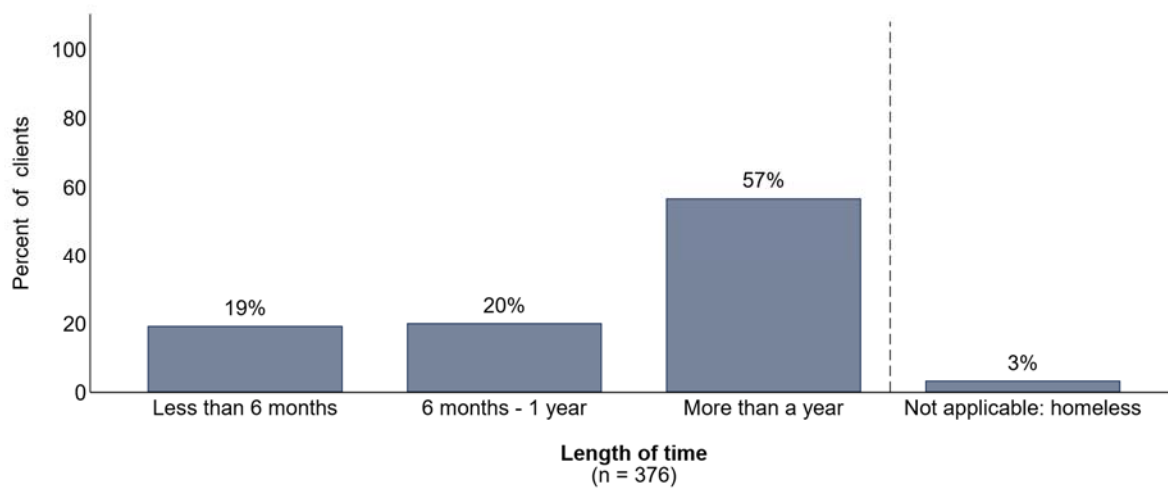


Figure A19. Nights Spent Homeless or Without a Place to Sleep in the Last 12 Months

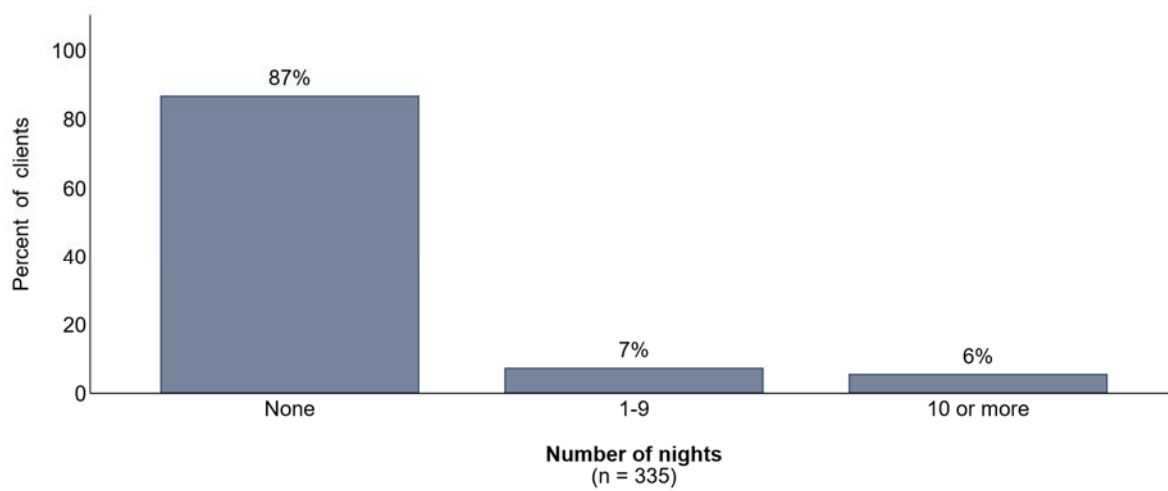


Figure A20. Had Trouble Obtaining Housing in the Last 12 Months

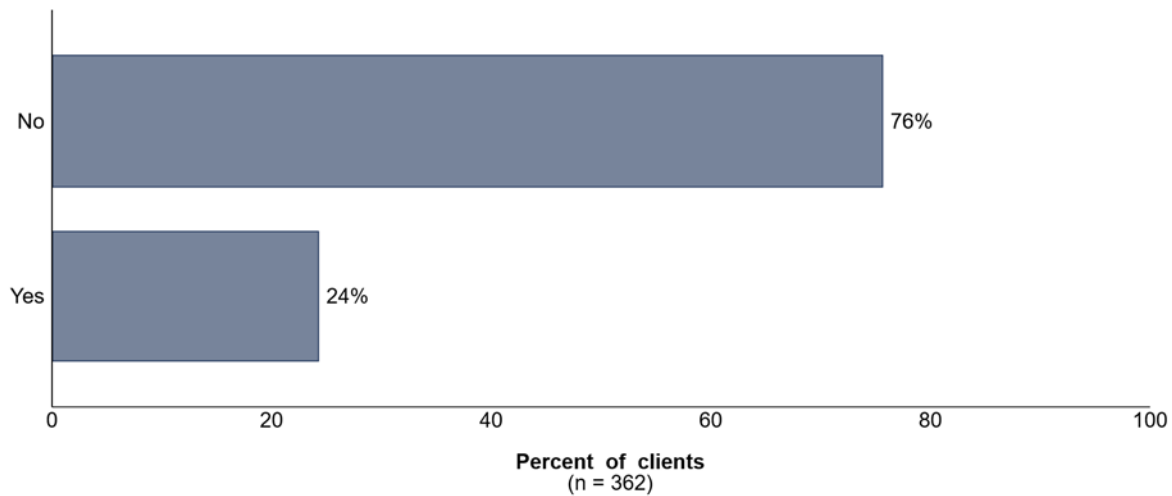
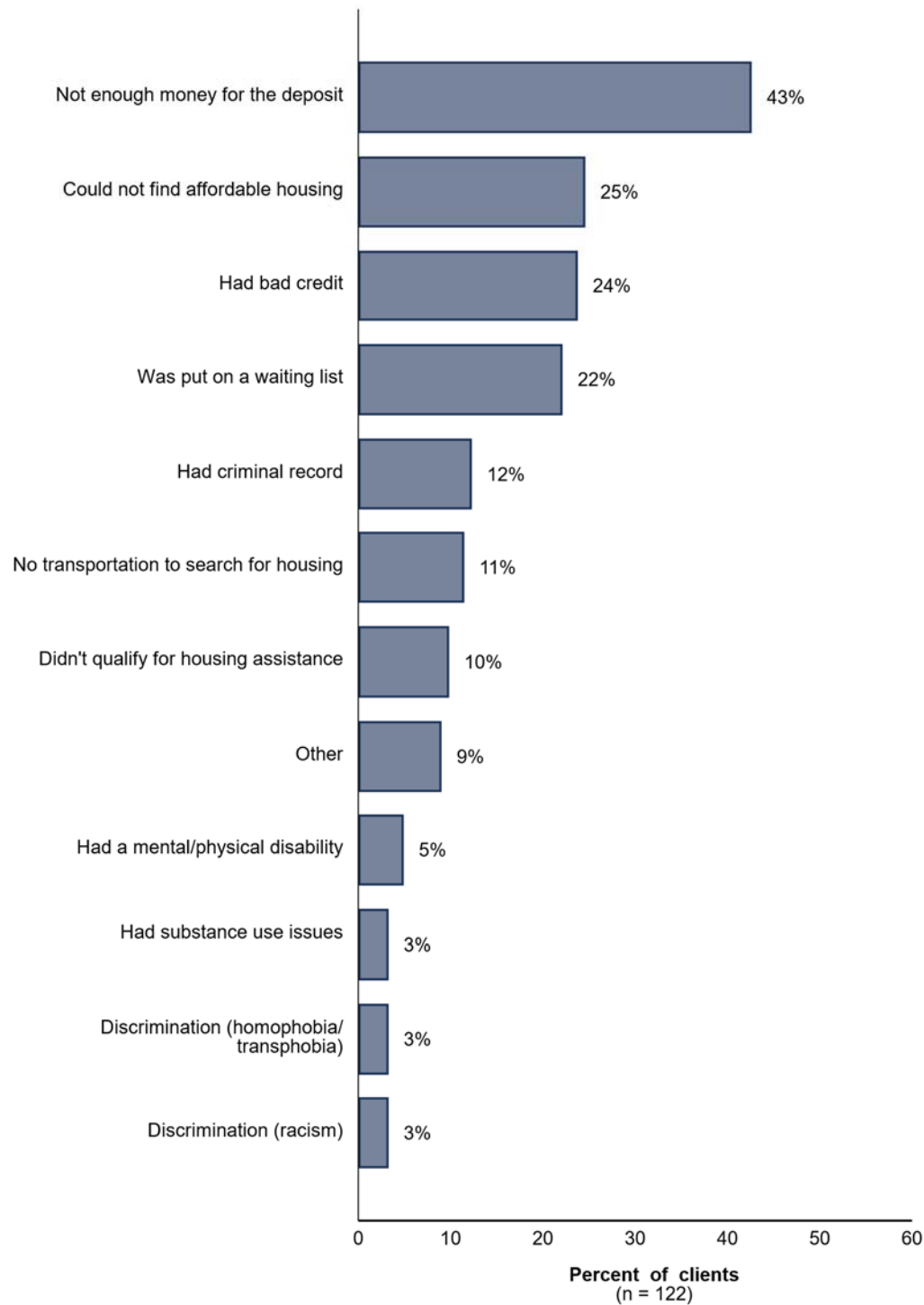
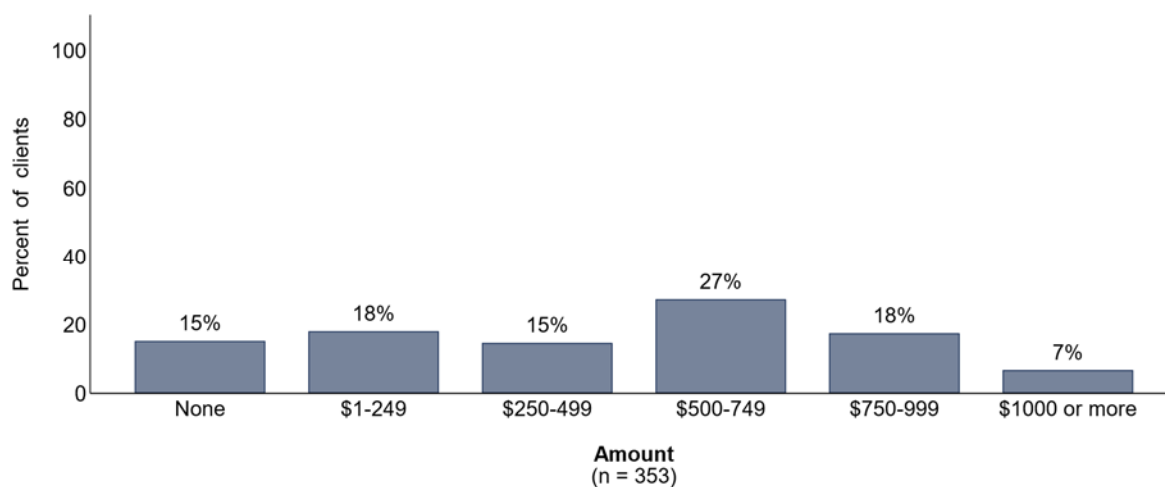


Figure A21. Barriers to Obtaining or Remaining in Housing



- Included in calculations but not presented in this figure are 41 individuals (33.6%) who selected *I did not have any problems* and 1 individual (0.8%) who selected *gentrification*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 122 individuals who responded to this question, 55 (45.1%) reported experiencing two or more barriers to obtaining housing.

Figure A22. Rent/Mortgage Contribution Paid “Out-of-Pocket”



- Of the 353 individuals who reported that they do contribute to their rent/mortgage, 293 responded to a question about utilities. Out of these 293 individuals, out-of-pocket rent/mortgage payments included *water* (55.0%), *garbage* (35.8%), *electric* (49.2%), *gas* (29.4%), or *no utilities* (33.5%). An additional 16 individuals responded to a question about utilities but did not identify their monetary out-of-pocket rent/mortgage contribution. Out of these 16 individuals, out-of-pocket rent/mortgage payments included *water* (56.3%), *garbage* (37.5%), *electric* (37.5%), *gas* (50.0%), or *no utilities* (37.5%).

Figure A23. Increase per Month in Rent/Mortgage That Would Cause Respondents to Move

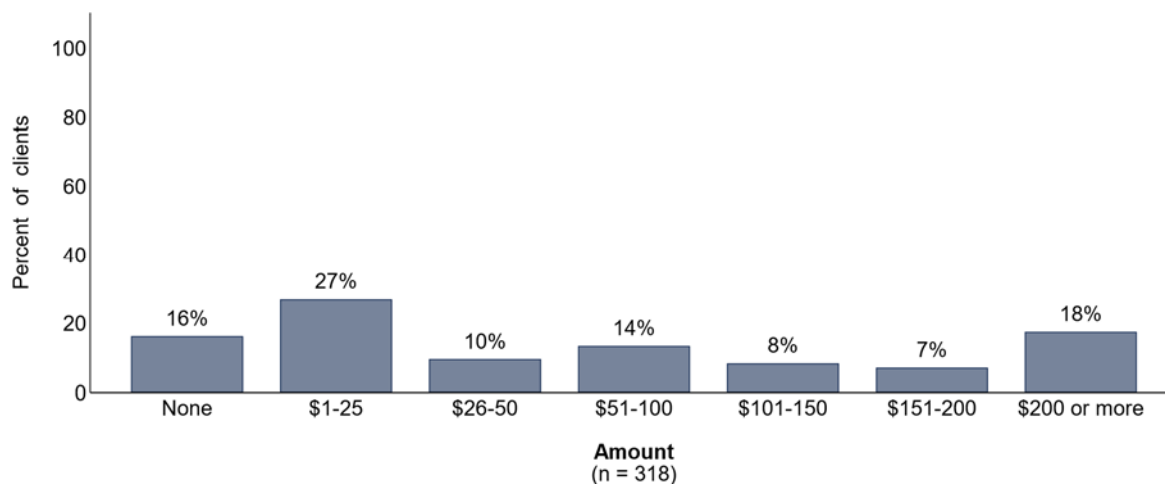


Figure A24. Had to Move Because Could No Longer Afford Home

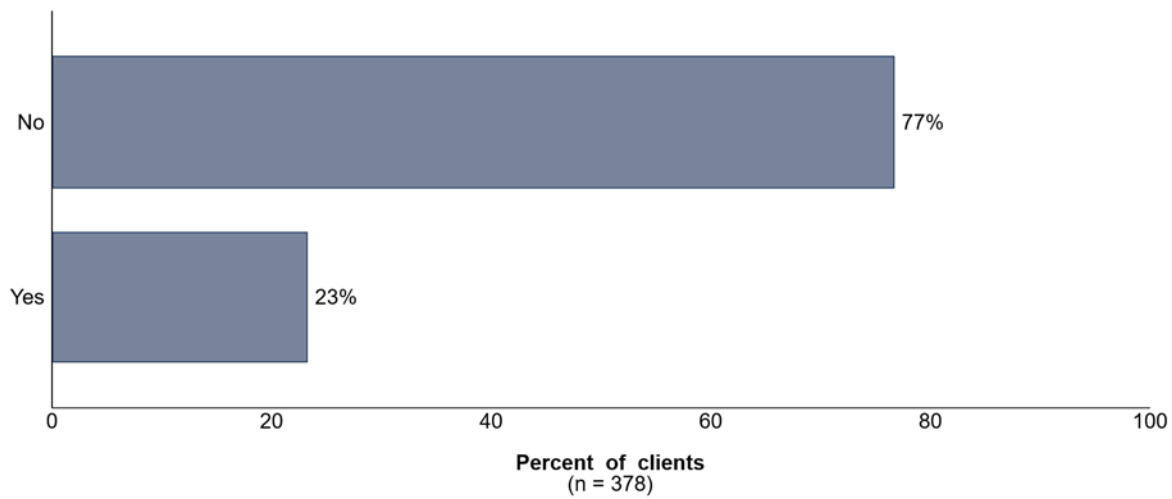


Figure A25. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Last 12 Months

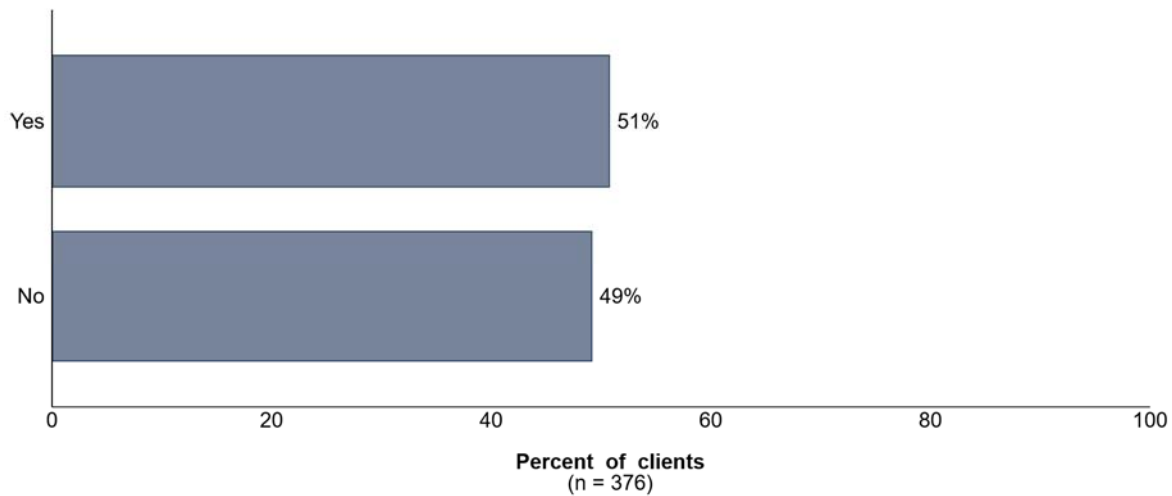
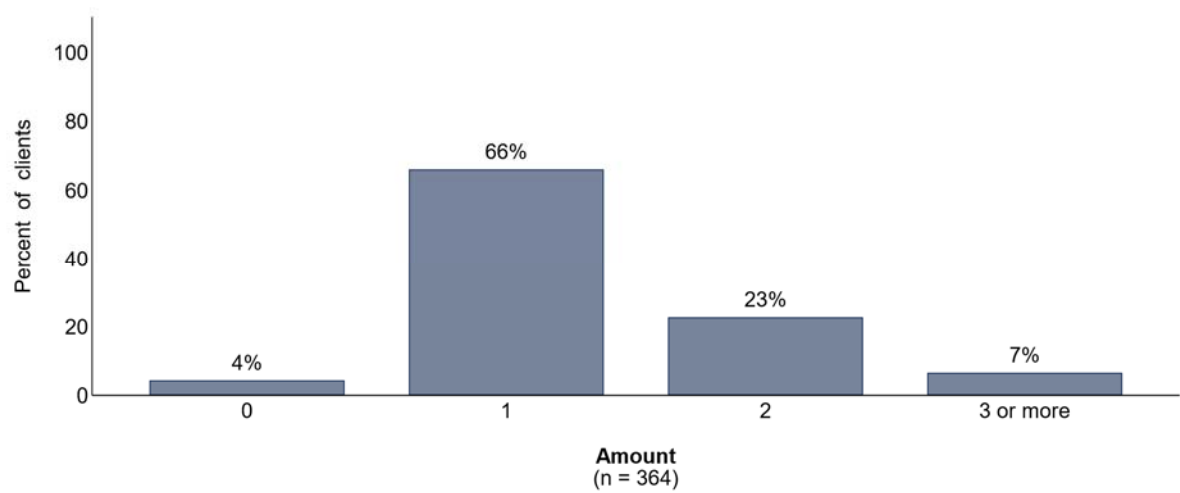


Figure A26. Number of Places Lived in Last 12 Months



SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

Figure B1. Health Insurance Status

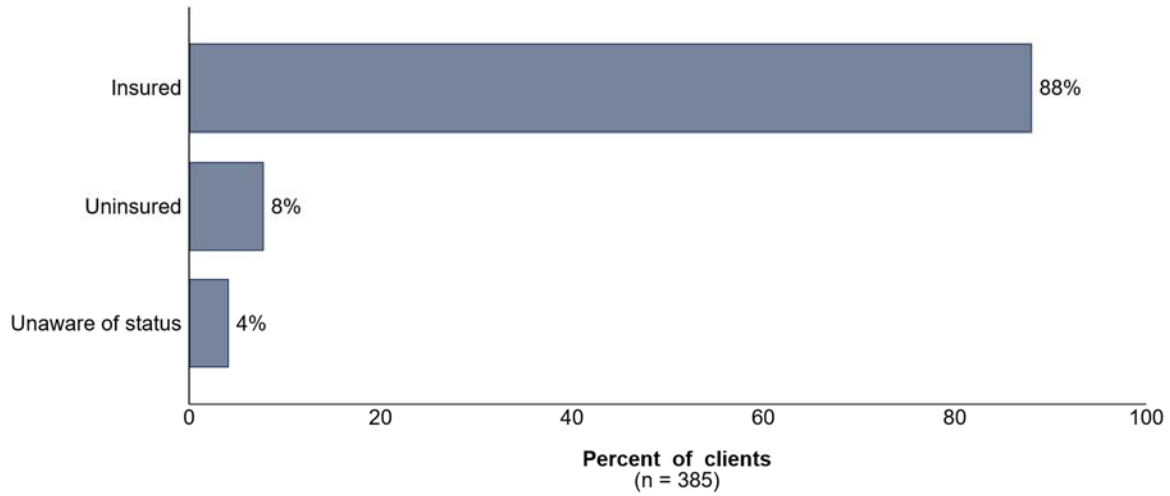
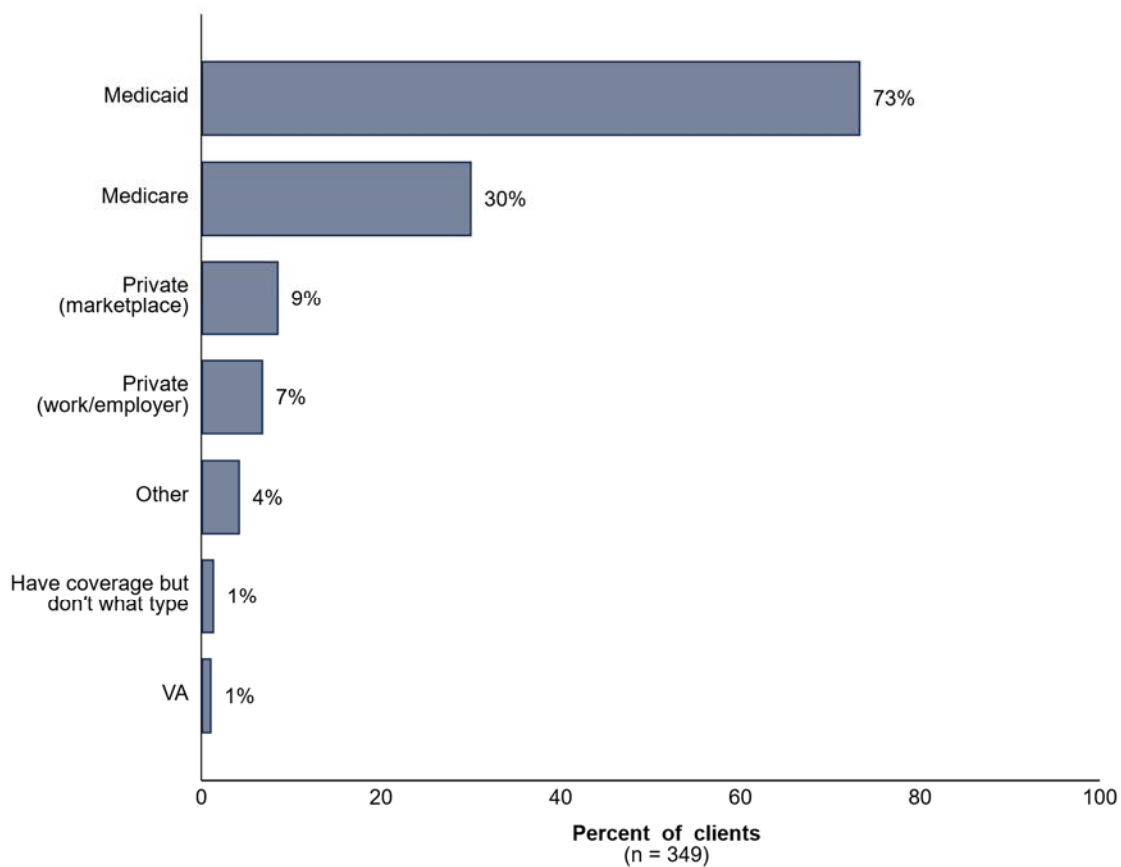
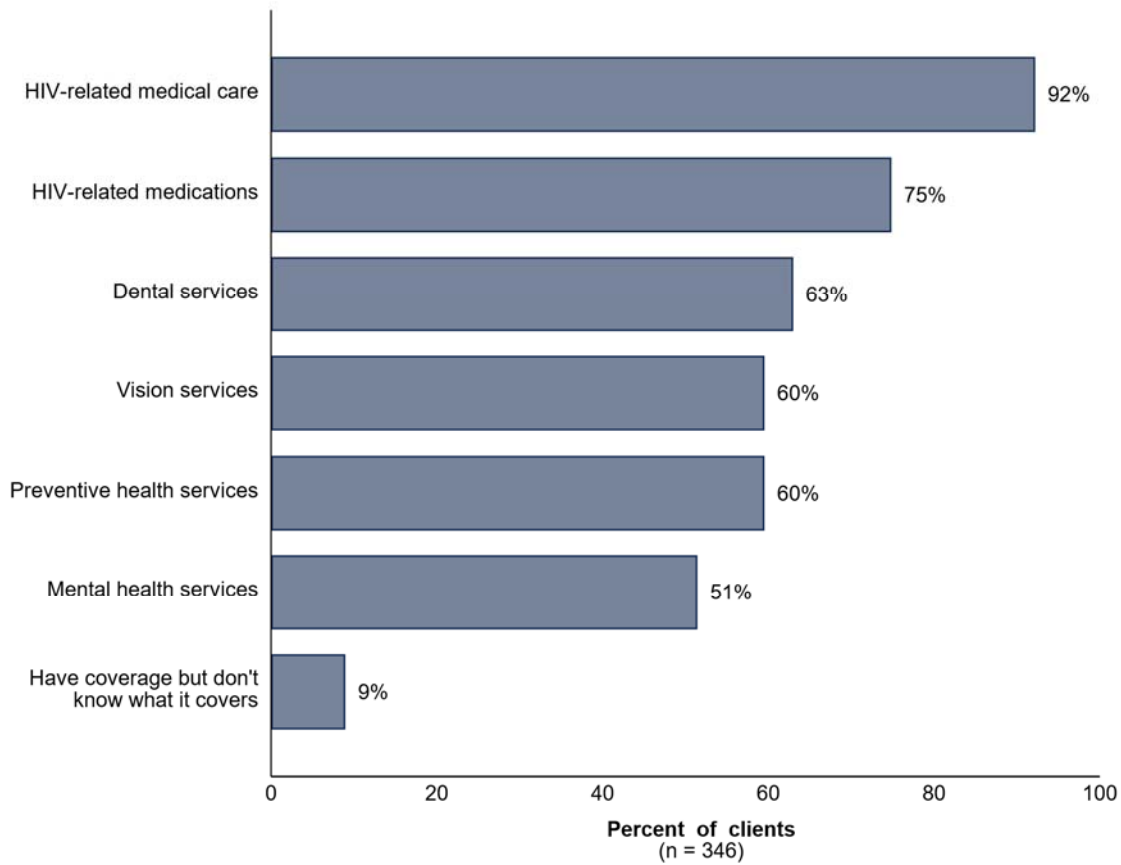


Figure B2. Sources of Health Insurance



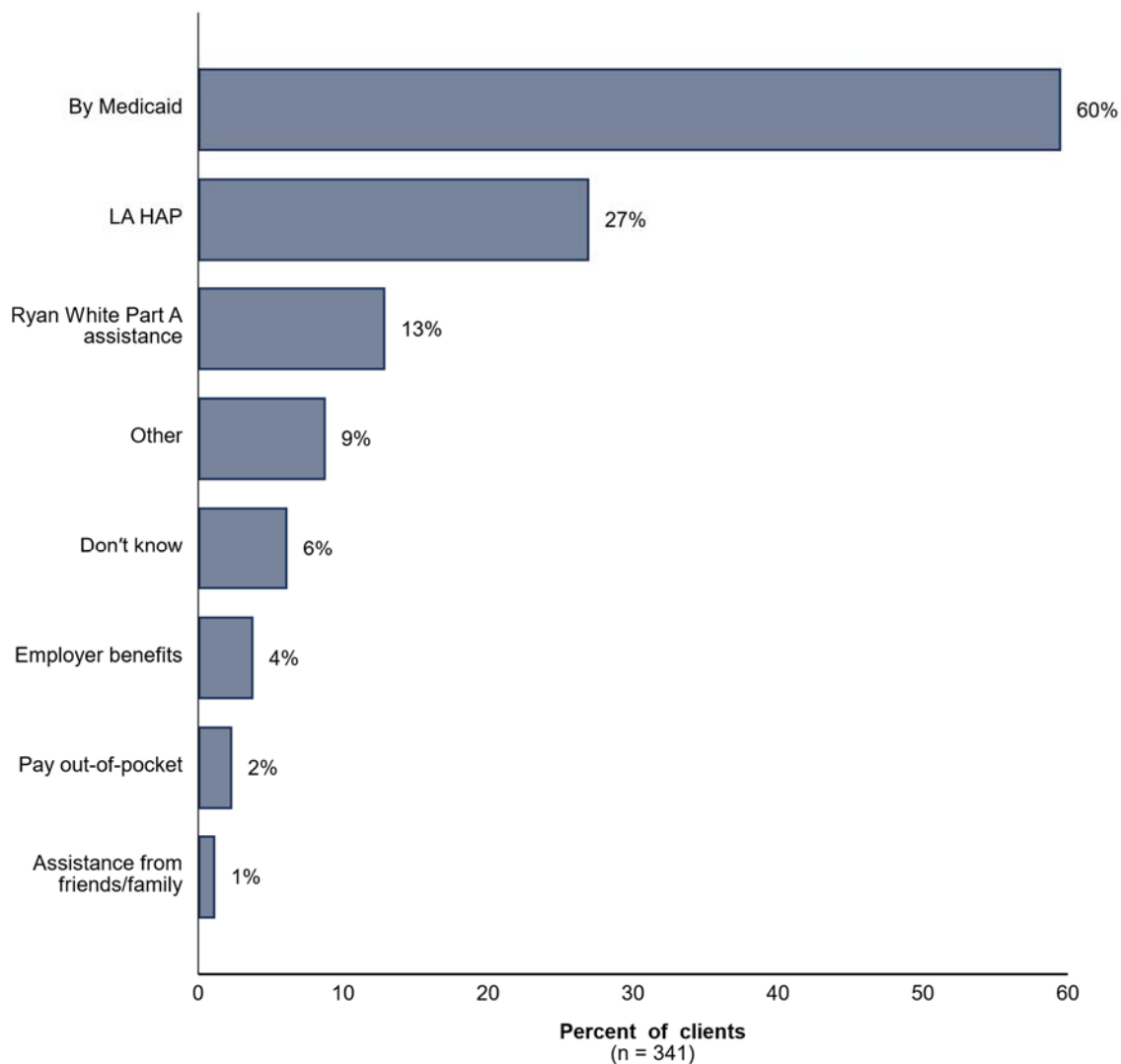
- Included in calculations but not presented in this figure are three individuals (0.9%) who selected *private plan through parent or spouse*, three individuals (0.9%) who selected *TRICARE or other military health care* and one individual (0.3%) who selected *COBRA* (i.e., continuation of insurance paid through last employer).
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 349 individuals who responded to this question, 88 (25.2%) reported having two or more sources of health insurance.

Figure B3. Health Insurance Coverage



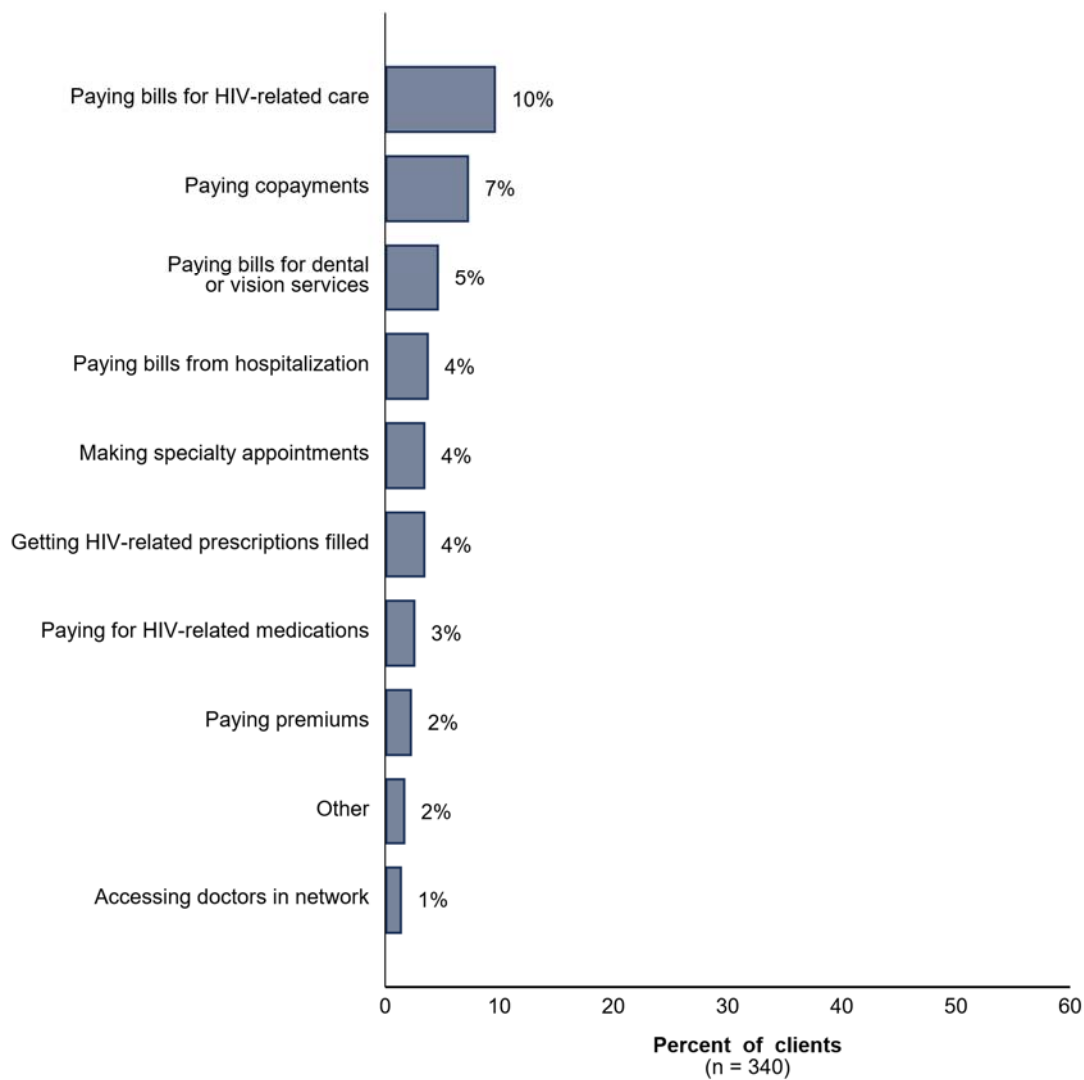
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 346 individuals who responded to this question, 301 (87.0%) reported having health insurance coverage for two or more types of medical services.

Figure B4. Method of Payment for Monthly/Quarterly/Semiannual Insurance Premium



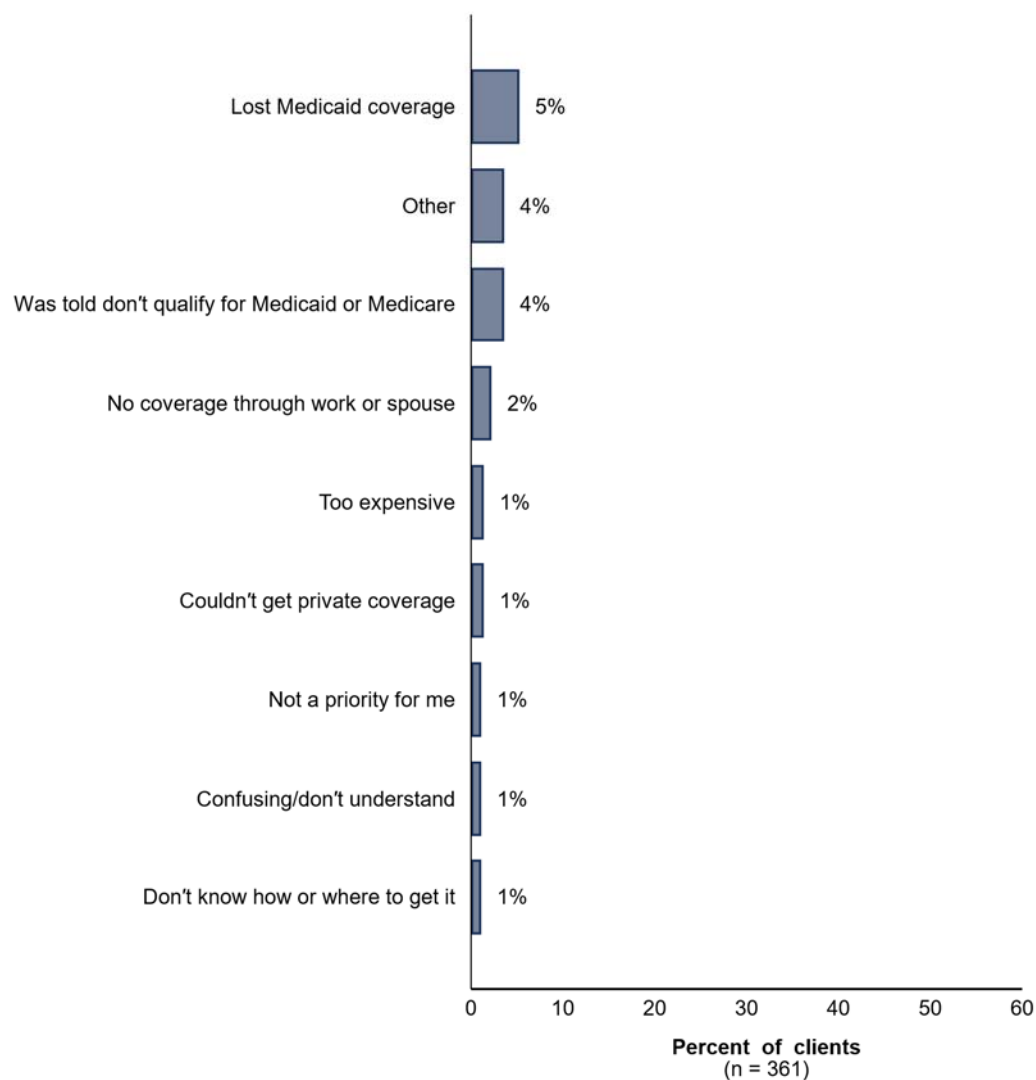
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 341 individuals who responded to this question, 58 (17.0%) reported two or more methods of payment for premiums.

Figure B5. Problems Encountered with Health Insurance



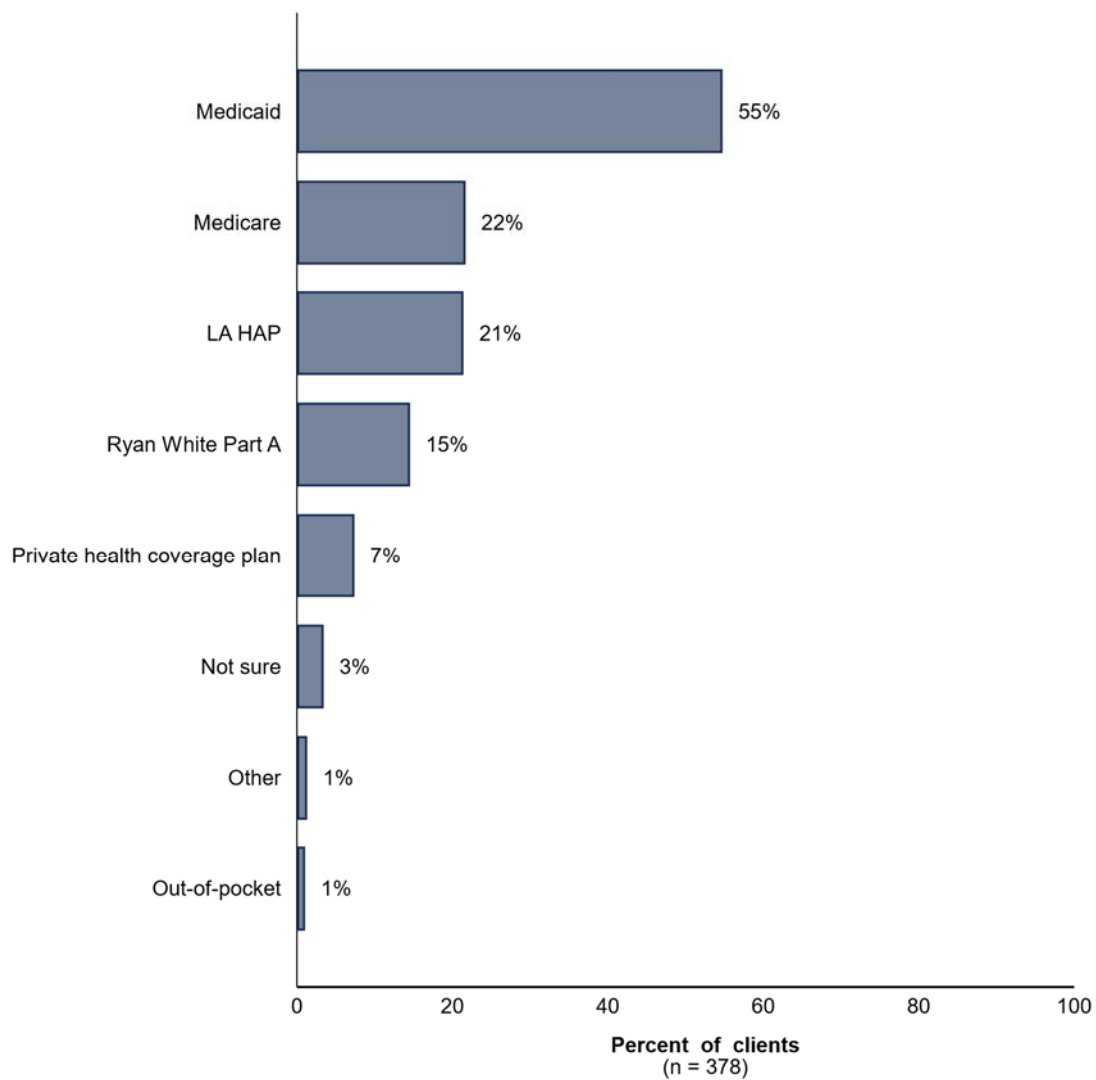
- Included in calculations but not presented in this figure are 258 individuals (75.9%) who selected *None of these. I haven't had any problems with my insurance or health care plan(s).*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 340 individuals who responded to this question, 32 (9.4%) reported two or more problems.

Figure B6. Barriers to Obtaining HIV-Related Health Insurance Coverage



- Notably, 301 individuals (83.4%) selected *not applicable: I've had consistent HIV-related health coverage for the past 12 months*; these individuals are included in calculations but not presented in this figure. No individuals selected *lost plan because the premium was not paid on time*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 361 individuals who responded to this question, 12 (3.3%) reported two or more barriers.

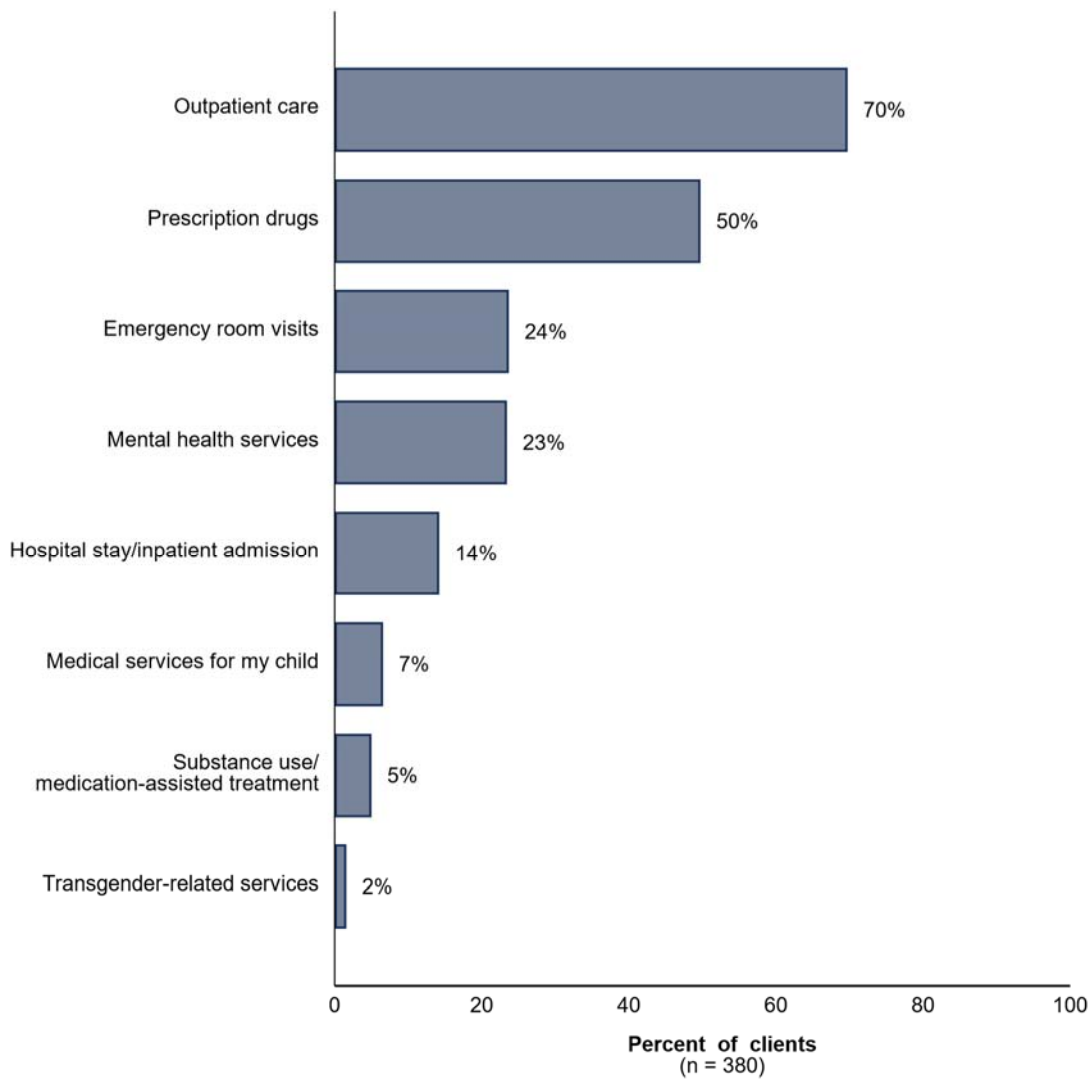
Figure B7. Method of Payment for HIV-Related Medications



- Included in calculations but not presented in this figure are 31 individuals (8.2%) who selected *not applicable: I haven't been prescribed any medications*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of 378 individuals who responded to this question, 106 (28.0%) reported two or more methods of payment.

MEDICAL SERVICES

Figure B8. Medical Services Needed in the Past 12 Months



- Included in calculations but not presented in this figure are 51 individuals (13.4%) who selected *I did not need any of these services*. No individuals selected *maternity and newborn care*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 380 individuals who responded to this question, 212 (55.9%) reported a need for two or more services.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

Figure C1. Overall Health

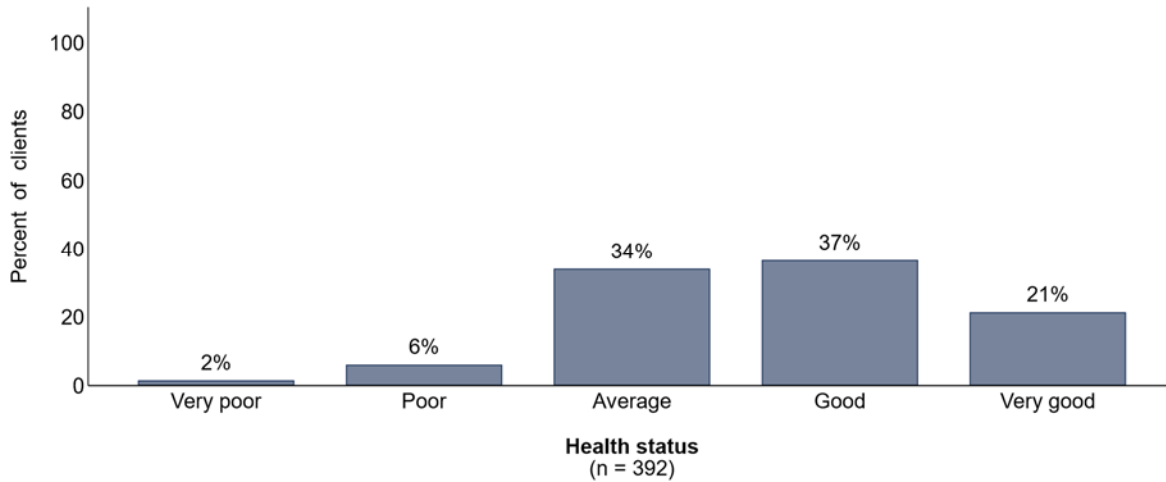


Figure C2. Current Viral Load

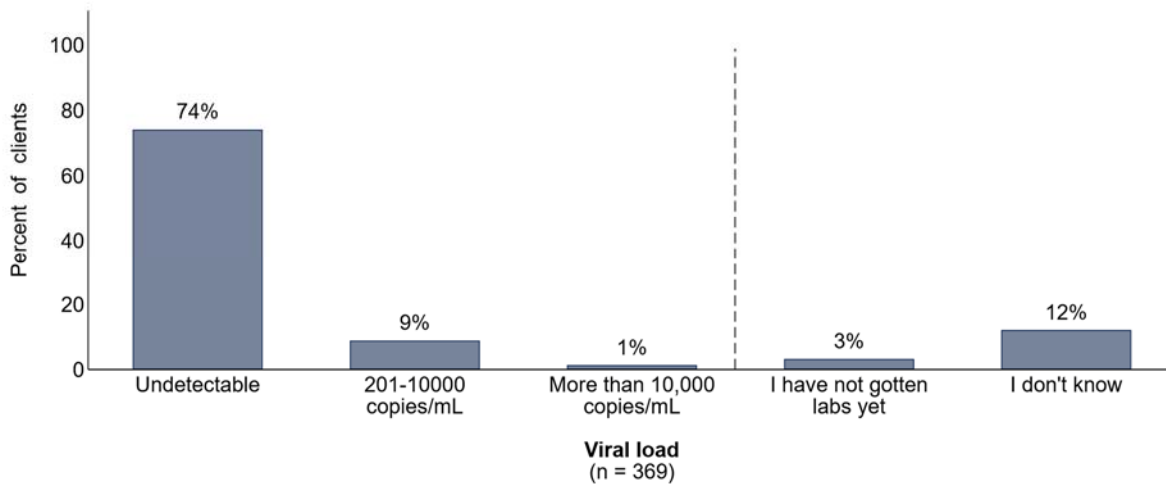
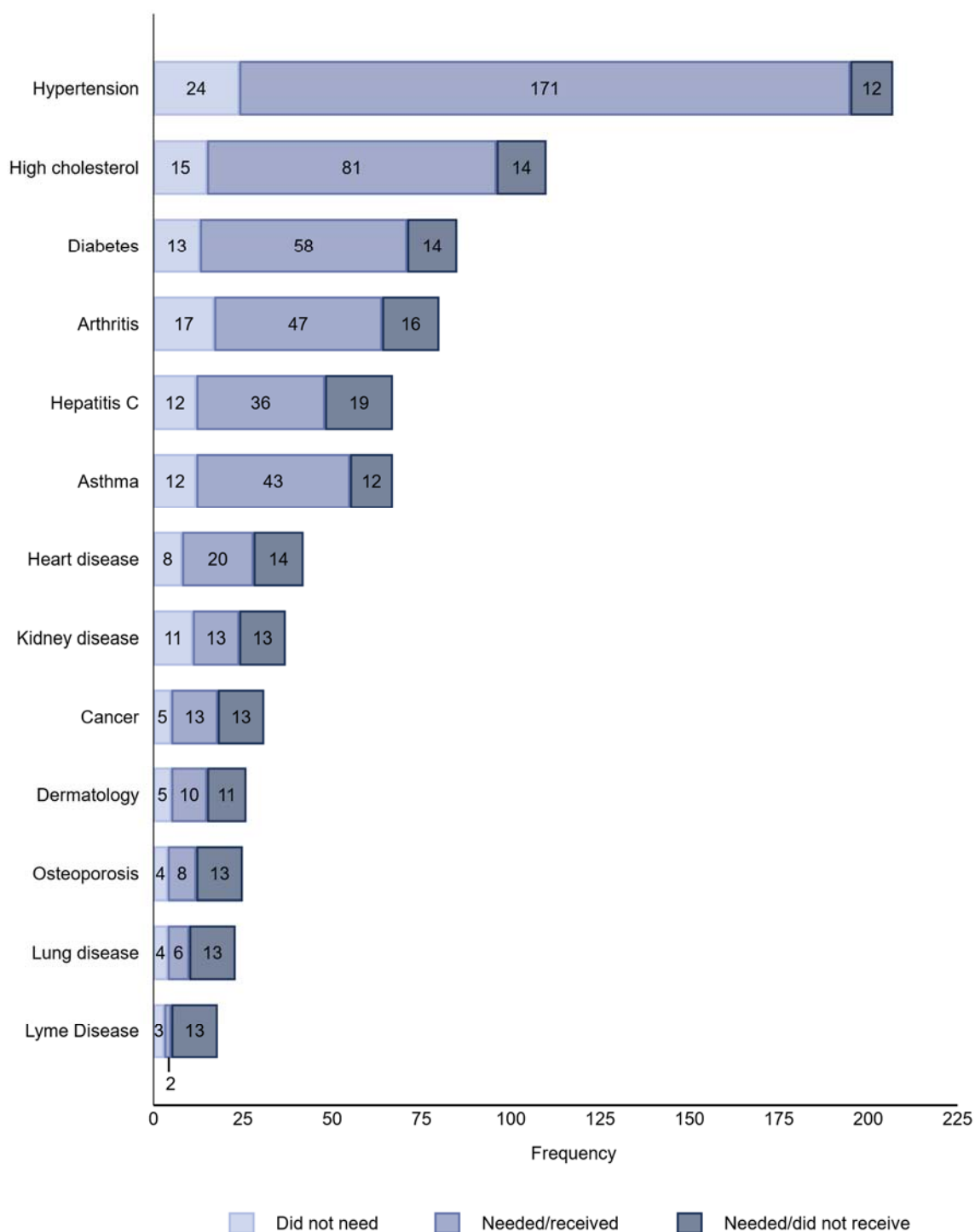
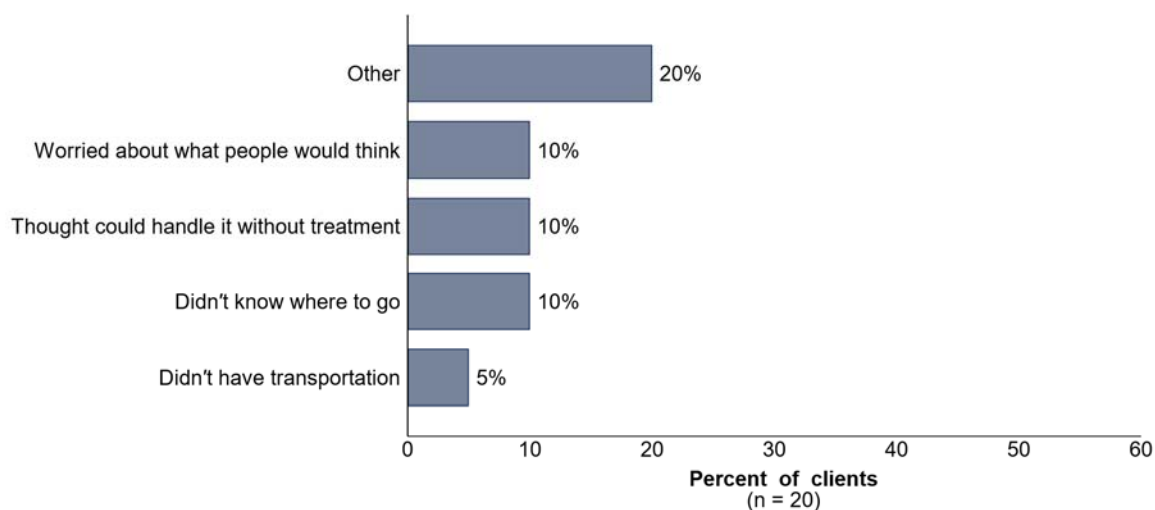


Figure C3. Medical Diagnoses



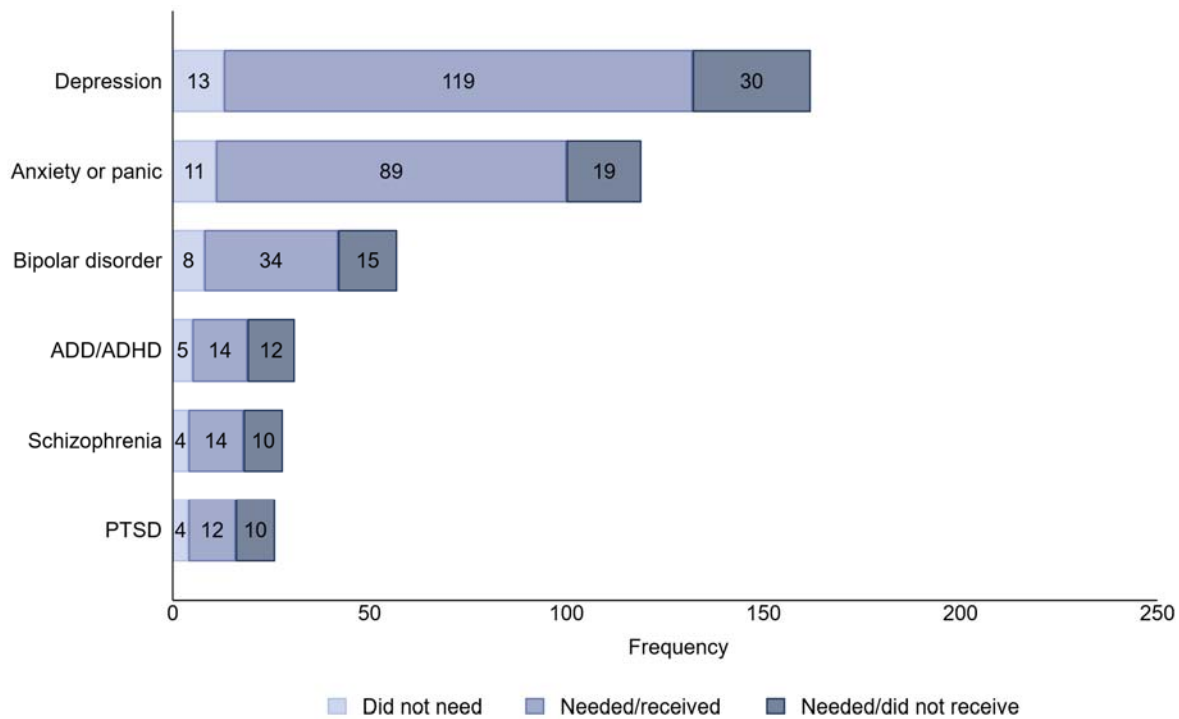
- Included in calculations but not presented in this figure are 18 individuals who indicated that they were diagnosed with some other medical condition, of which 4 did not need treatment, 13 needed/received treatment, and 1 needed/did not receive treatment. Six individuals indicated a second 'other' medical condition, of which 3 did not need treatment, 2 needed/received treatment, and 1 needed/did not receive treatment. Three individuals indicated being diagnosed with a third 'other' medical condition, of which 3 did not need treatment.
- One hundred and eighty-four respondents reported two or more medical diagnoses.

Figure C4. Reasons Didn't Receive Needed Medical Care



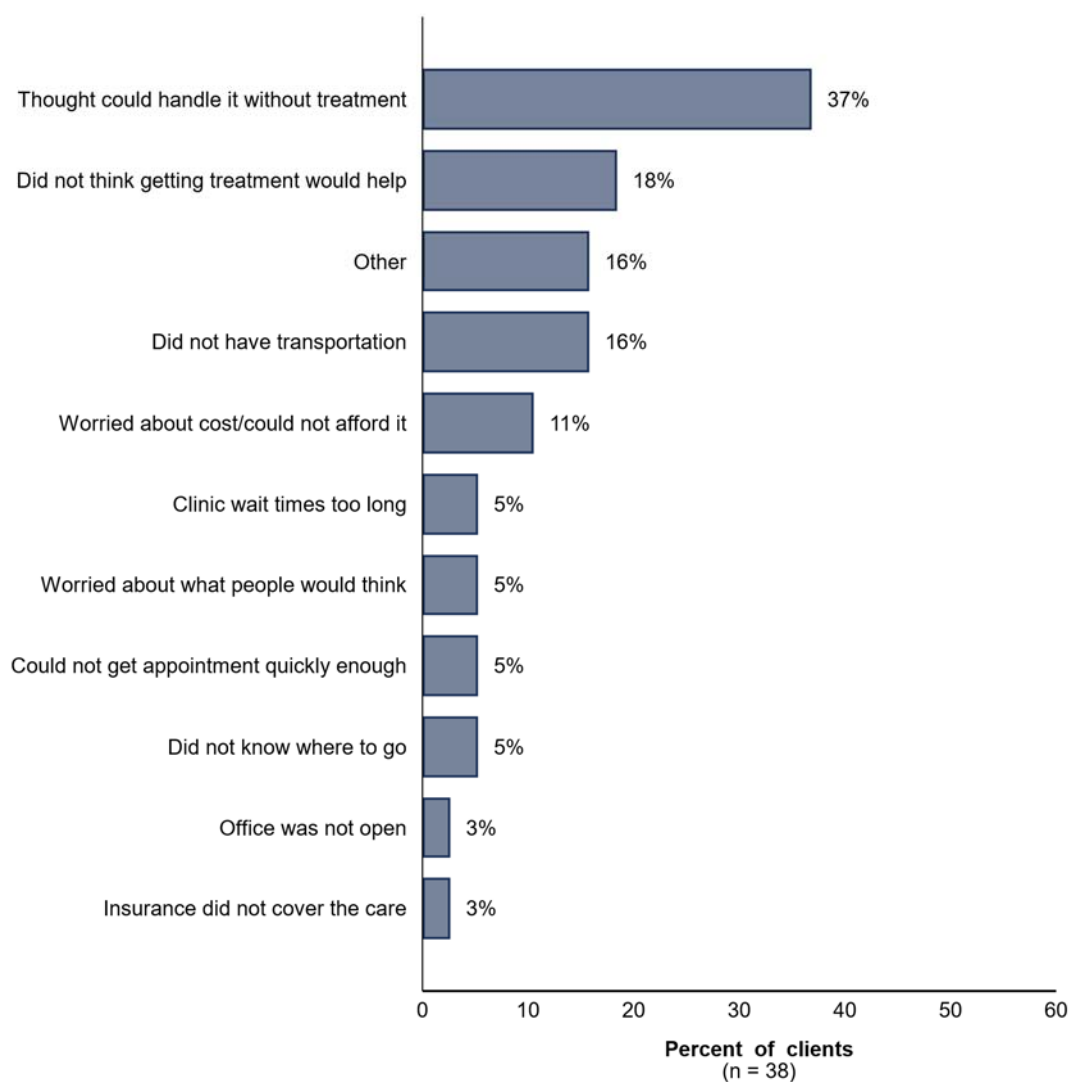
- Included in calculations but not presented in this figure are 10 individuals (50.0%) who selected *not applicable, I did receive the needed medical care*. No respondents selected *I was worried about the cost/I couldn't afford it, my insurance didn't cover the care, the clinic is too far away, I didn't have childcare, the office wasn't open when I could get there, I couldn't get an appointment quickly enough, I didn't think getting treatment would help, I had a language or cultural barrier, or clinic wait times were too long*.
- Presented in the figure are four clients who selected other with the specific write-in responses of "didn't want to go," "waiting on prescription," and "lack of information."
- 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, 1 (5.0%) selected two or more reasons.

Figure C5. Mental Health Diagnoses



- Included in calculations but not presented in this figure are five individuals who indicated that they were diagnosed with some other mental health condition, of which one did not need treatment, two needed/received treatment, and two needed/did not receive treatment.
- One hundred and ten respondents reported two or more mental health diagnoses.

Figure C6. Reasons Didn't Receive Needed Mental Health Care



- Included in calculations but not presented in this figure are 10 individuals (26.3%) who selected *not applicable, I did receive the needed medical care*. No respondents selected *clinic is too far away, didn't have childcare, or had a 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 38 individuals who responded to this question, 12 (31.6%) selected two or more reasons.

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

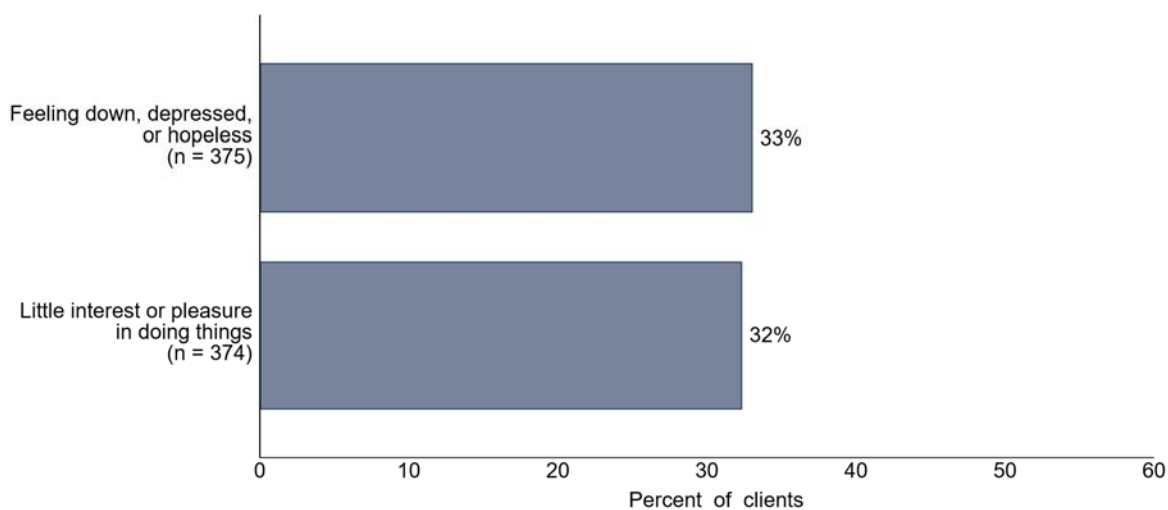
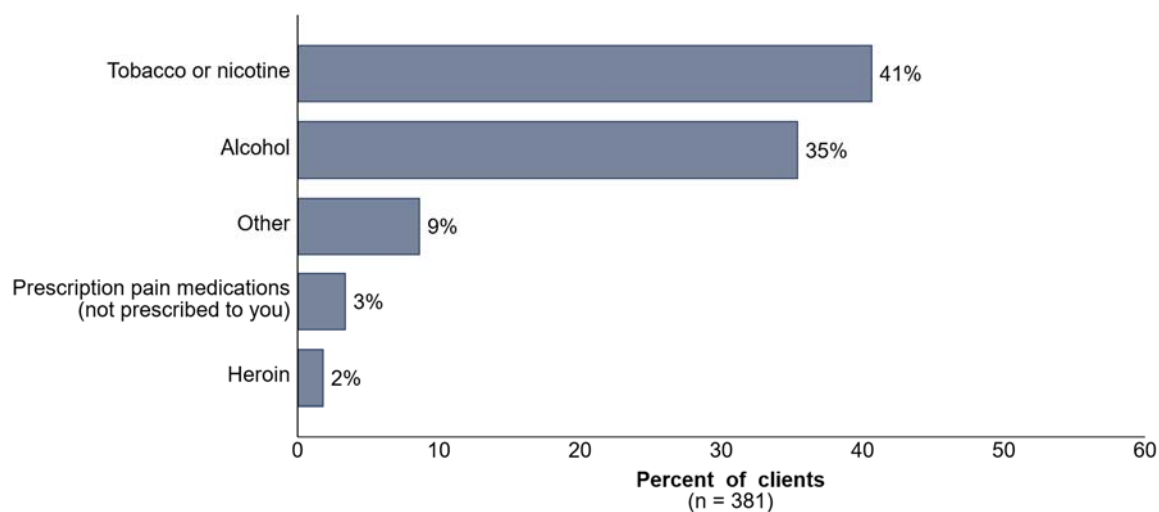


Figure C8. Self-Reported Substance Use in Past 12 Months



- Included in calculations but not presented in this figure are 146 individuals (38.3%) who selected *I haven't used any of these in the past 12 months*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 381 respondents who indicated they used at least one of these substances, 83 (21.8%) reported using two or more substances.

HEALTH SEEKING BEHAVIOR

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

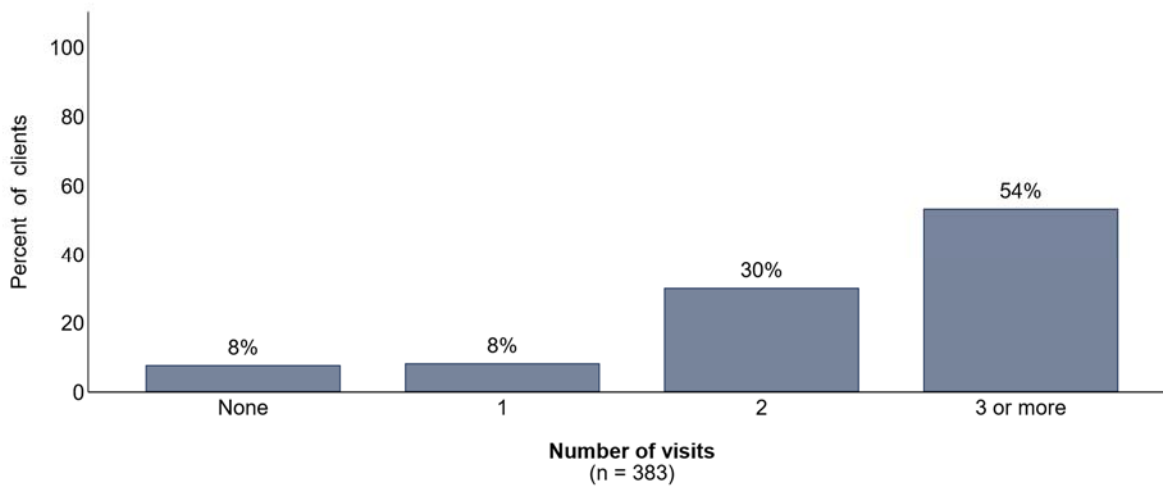
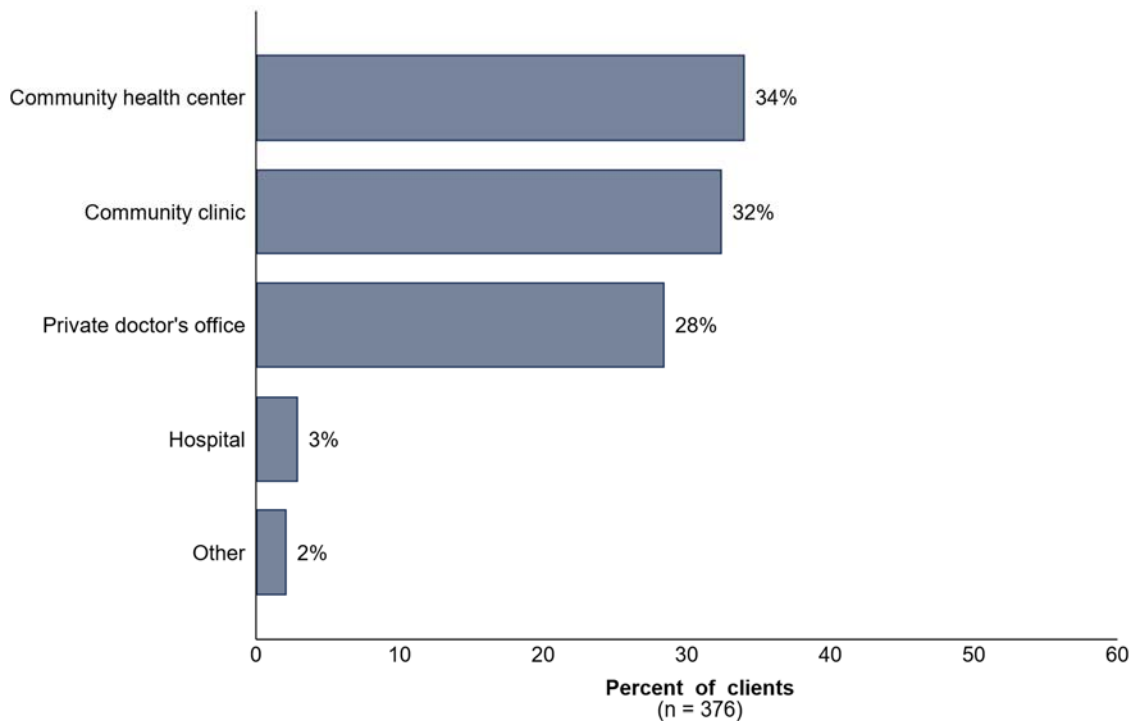
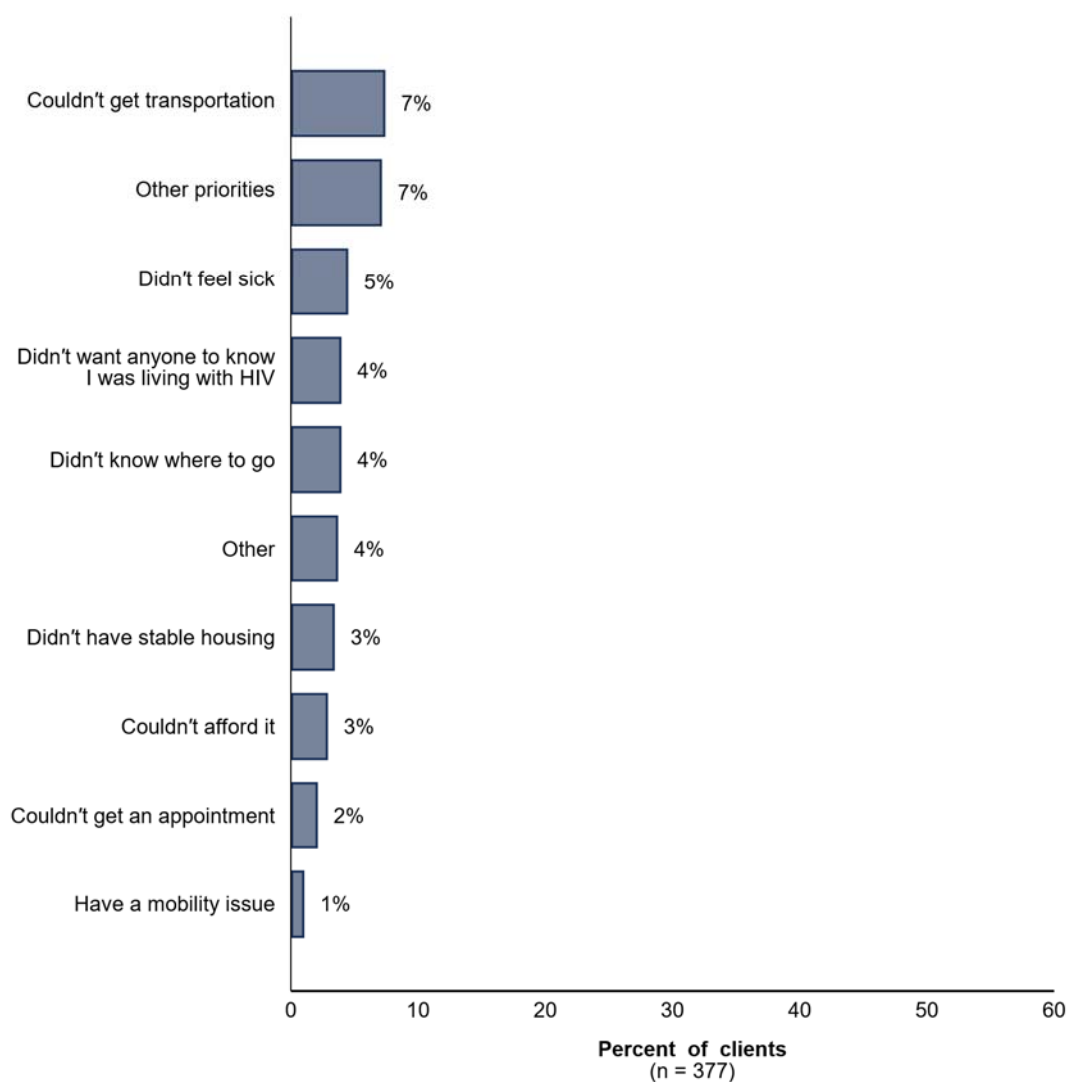


Figure C10. Places Where Respondent Regularly Receives Medical Care, Including HIV-Related Care



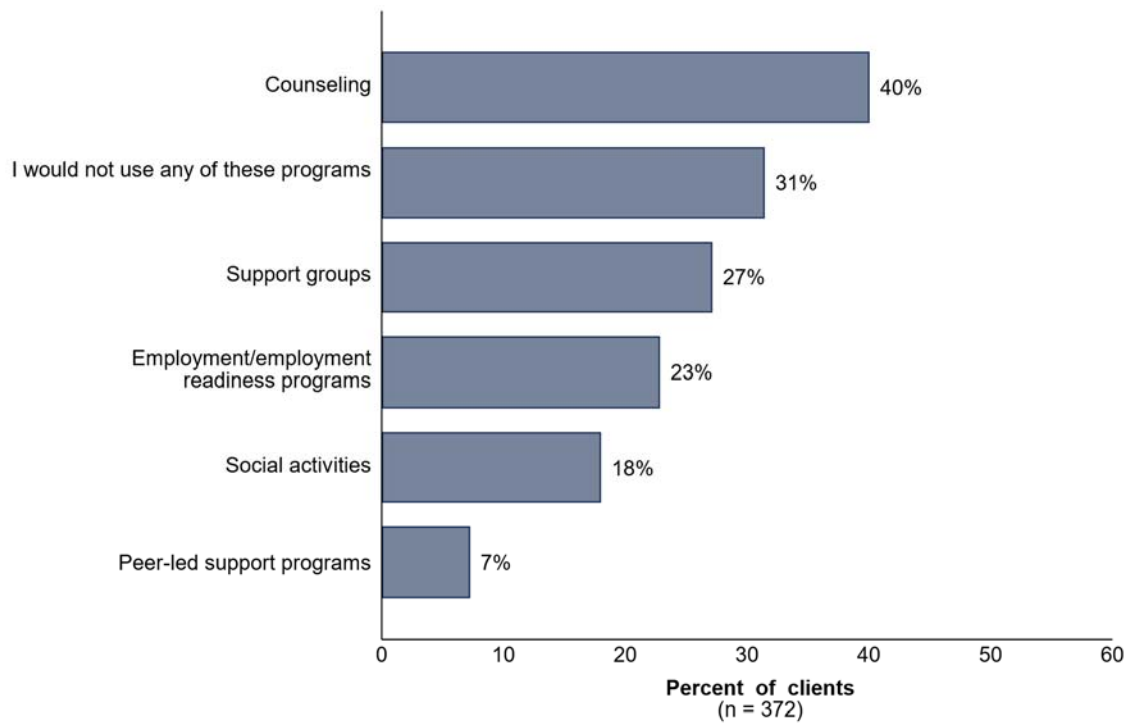
- The category *other* includes 7 individuals who specifically chose the response option *other* (1.9%) as well as 1 individual who selected *VA hospital/clinic* (0.3%).

Figure C11. Barriers to Receiving Needed Medical Care



- Included in calculations but not presented in this figure are 254 individuals (67.4%) who selected *not applicable: I haven't had to go without any needed medical care*, 2 individuals (0.5%) who selected *I couldn't get childcare*, and 2 individuals (0.5%) who selected *I had a language or cultural barrier*. No individuals selected *vision or hearing impairment*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 377 individuals who responded to this question, 22 (5.8%) selected two or more barriers.

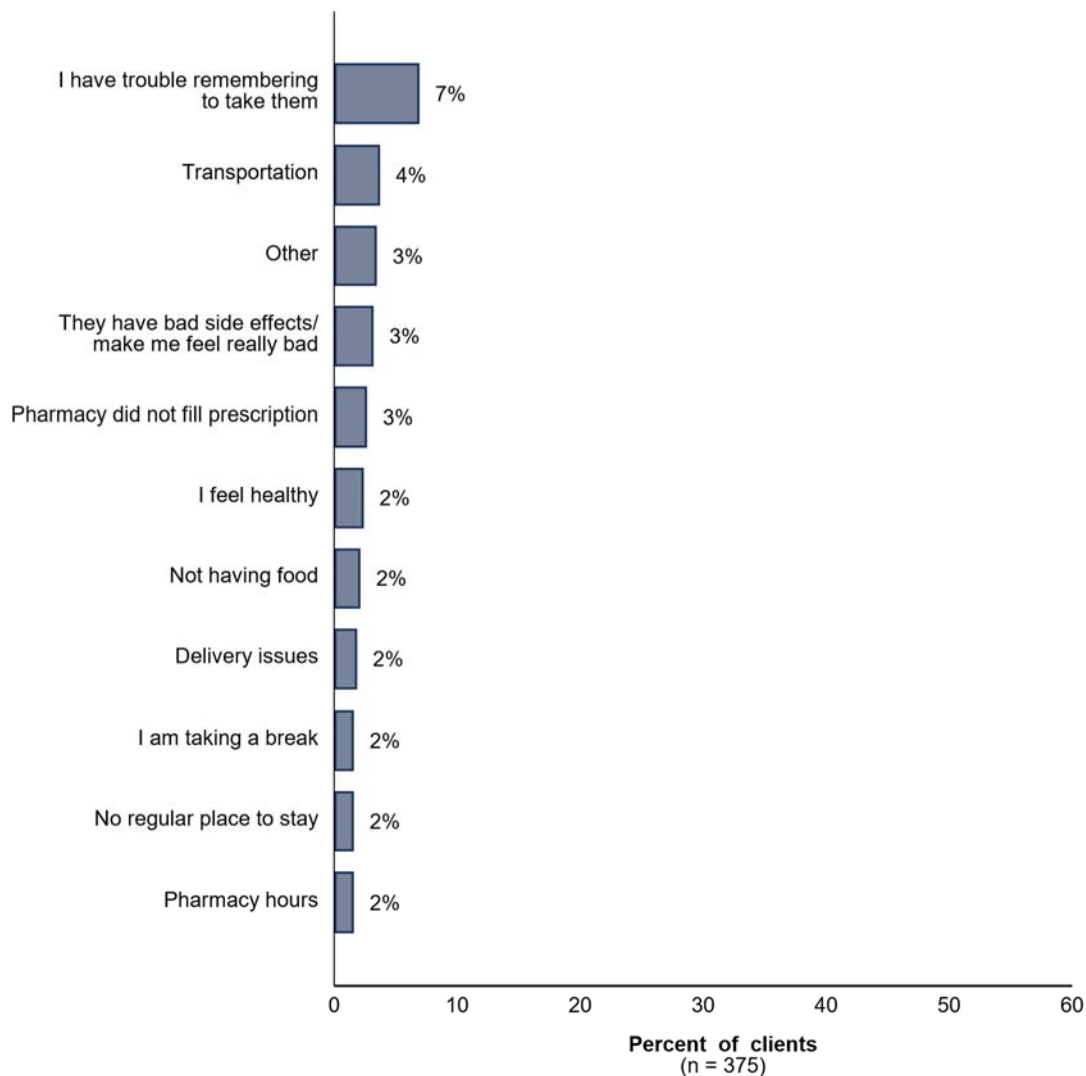
Figure C12. Interest in Psychosocial Support



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 372 individuals who responded to this question, 109 (29.3%) expressed interest in two or more types of support.

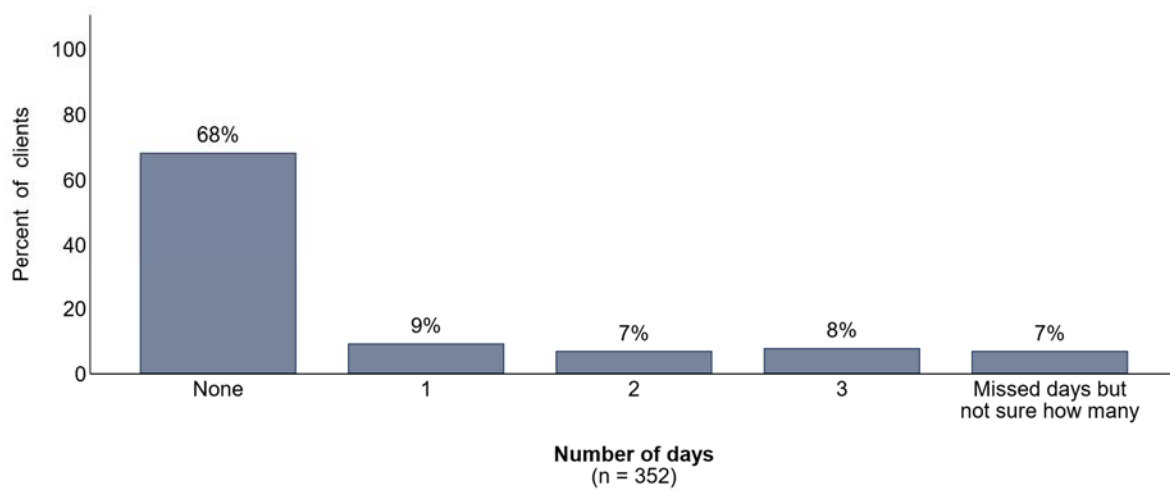
HIV MEDICATION AND MEDICAL ADHERENCE

Figure C13. Reasons for Not Taking HIV Medication in the Past 12 Months



- Included in calculations but not presented in this figure are 91 individuals (24.3%) who selected *not applicable: I haven't been prescribed any medications* and 209 individuals (55.7%) who selected *none of these. I have taken my HIV medications as prescribed for the past 12 months*. Also included in calculations but not presented in the figure are two individuals (0.5%) who selected *I can't afford them*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 375 individuals who responded to this question, 24 (6.4%) selected two or more reasons.

Figure C14. Number of Days Missed in Last Three Days



- Respondents were subsequently asked to estimate the percentage of doses missed in the last three days. Of the 24 respondents who indicated that they missed days but were not sure how many, 4 indicated *not applicable*, 16 reported 0-25%, 2 reported 26-50%, 1 reported 51-75%, and 1 reported 76-100%.

SECTION D. NEED AND USE OF SERVICES

Figure D1. Need and Receipt of Core Medical Services

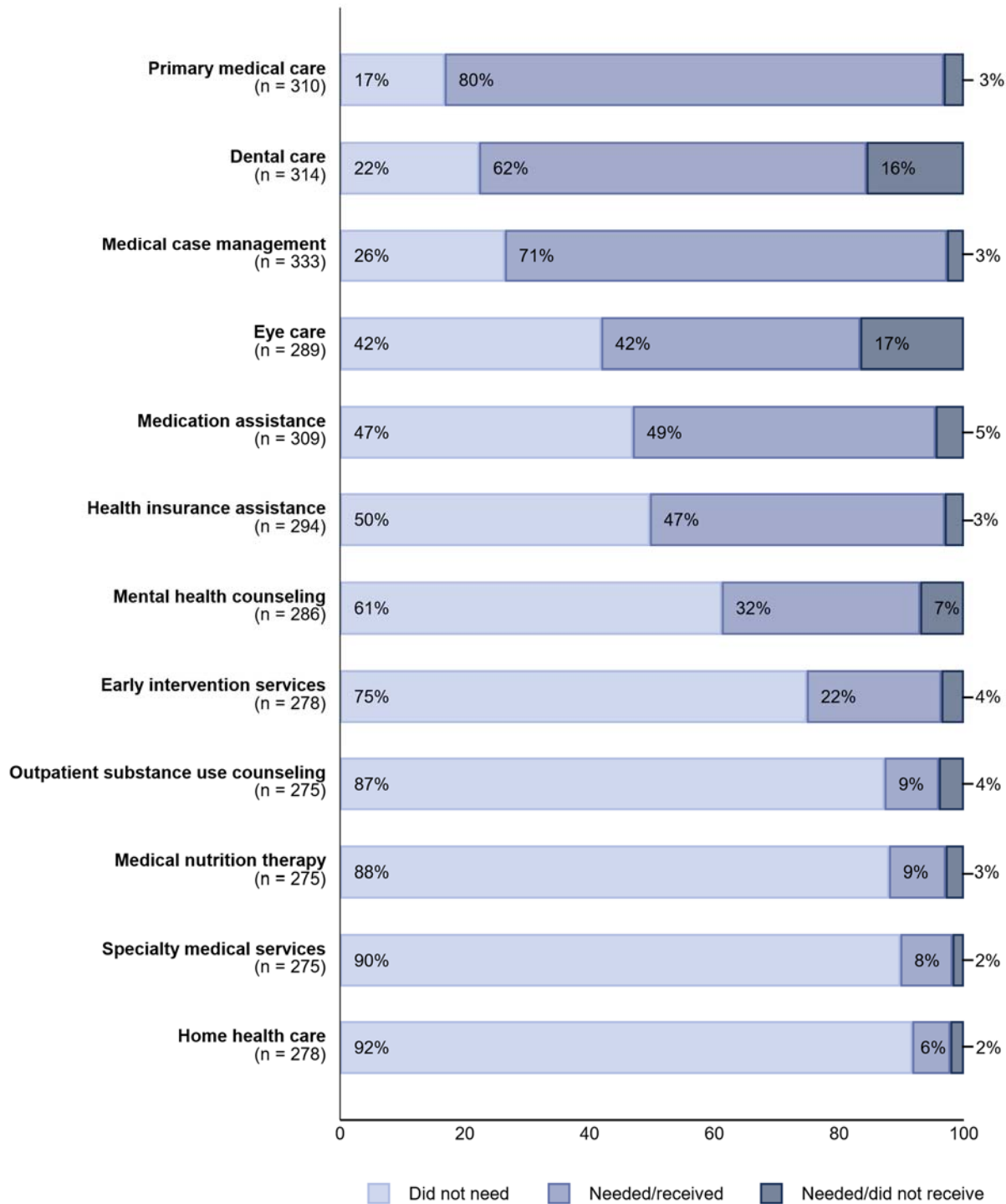


Figure D2. Need and Receipt of Support Services

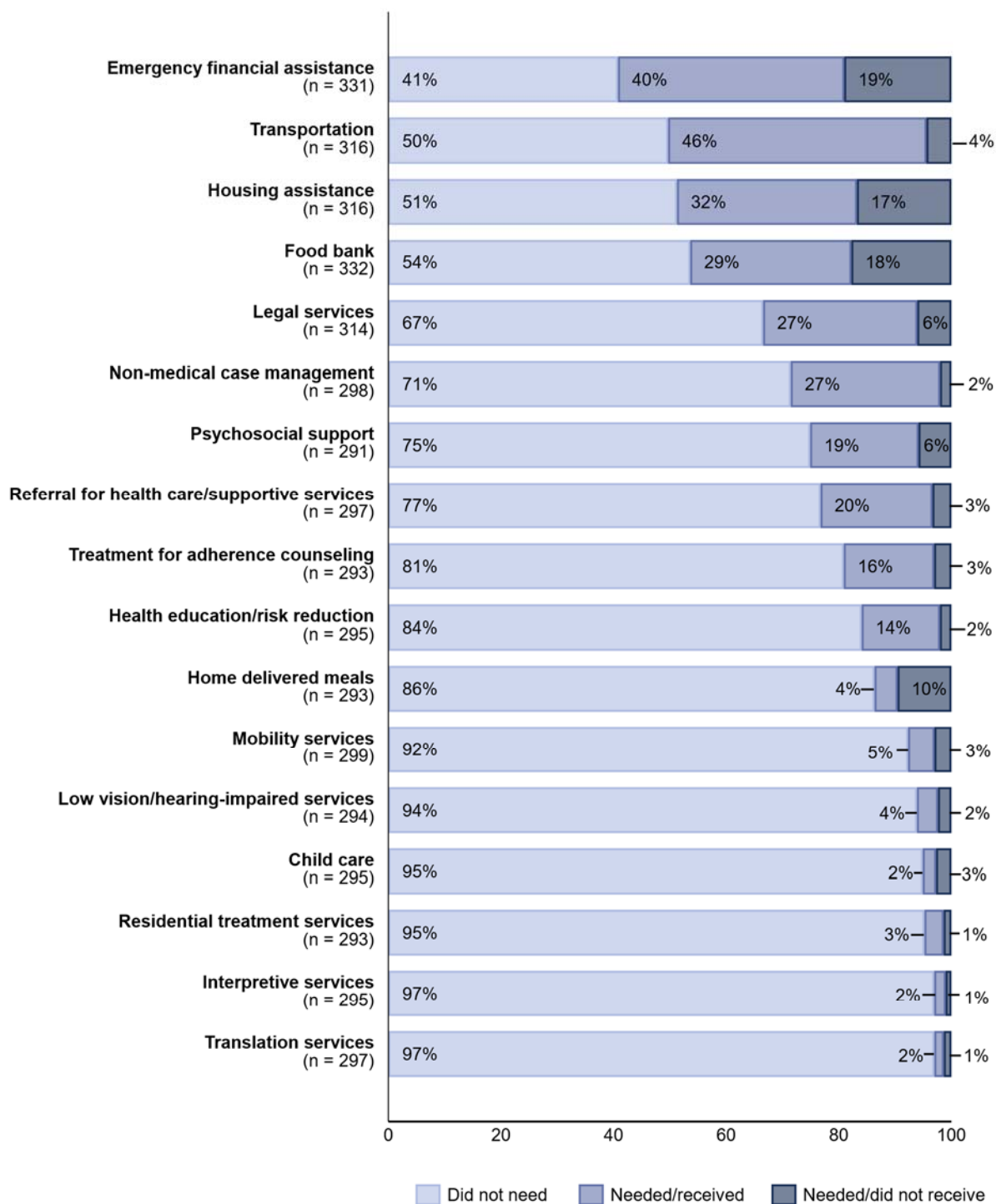
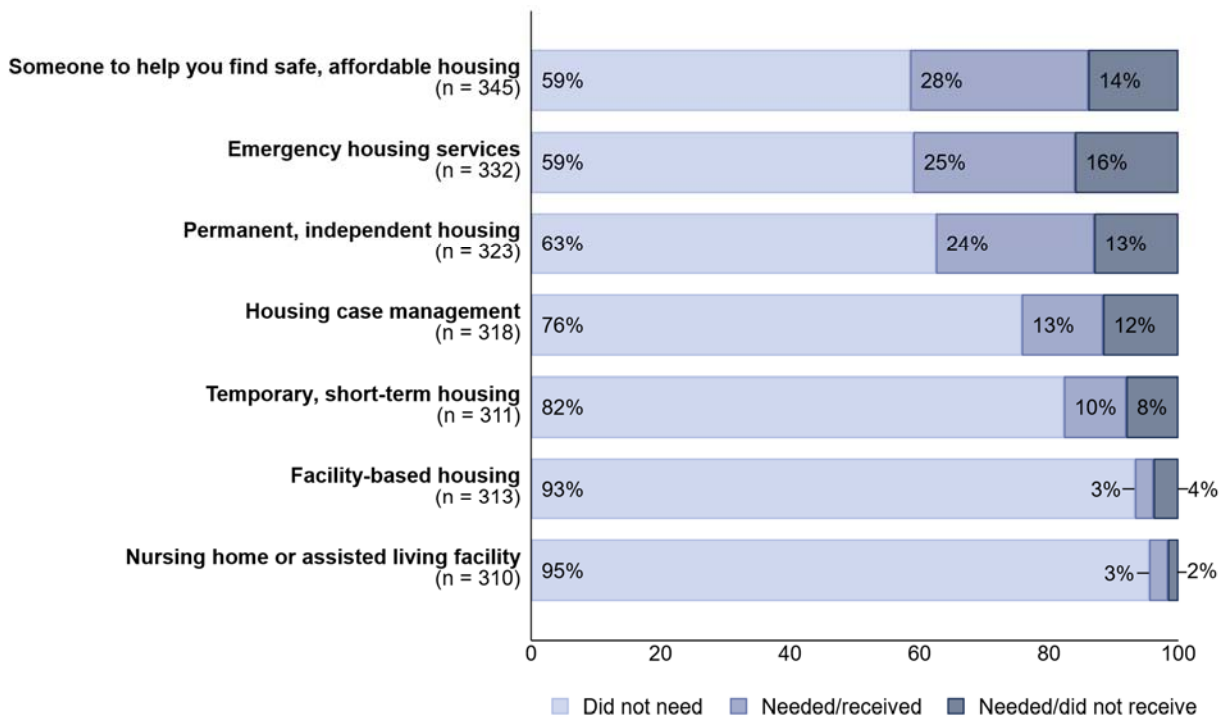


Figure D3. Need and Receipt of Housing Services



SECTION E. INFORMATION ABOUT SURVEY ADMINISTRATION

Figure E1. Agree or Disagree: I Would Feel Comfortable Using a Tablet or Computer to Take This Survey

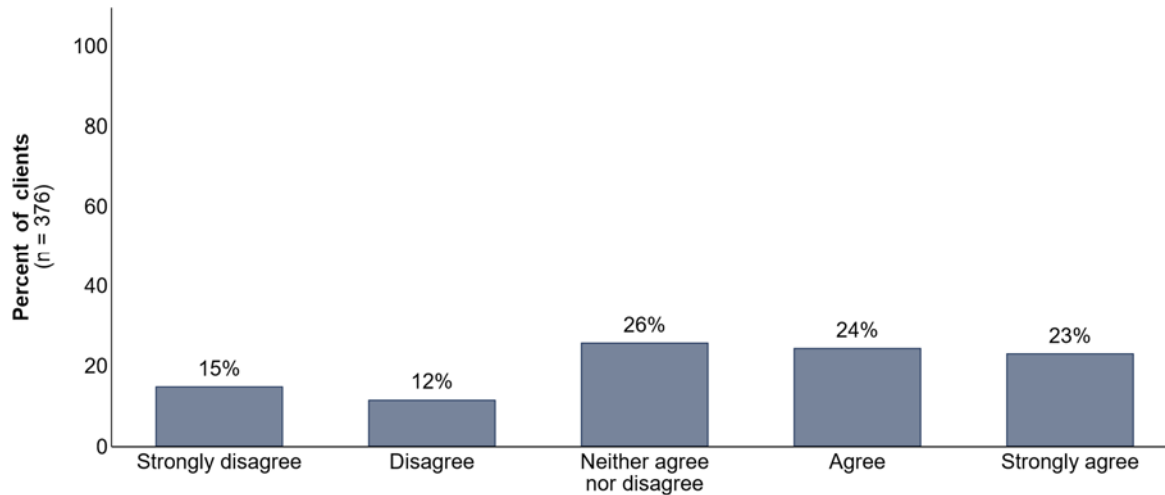
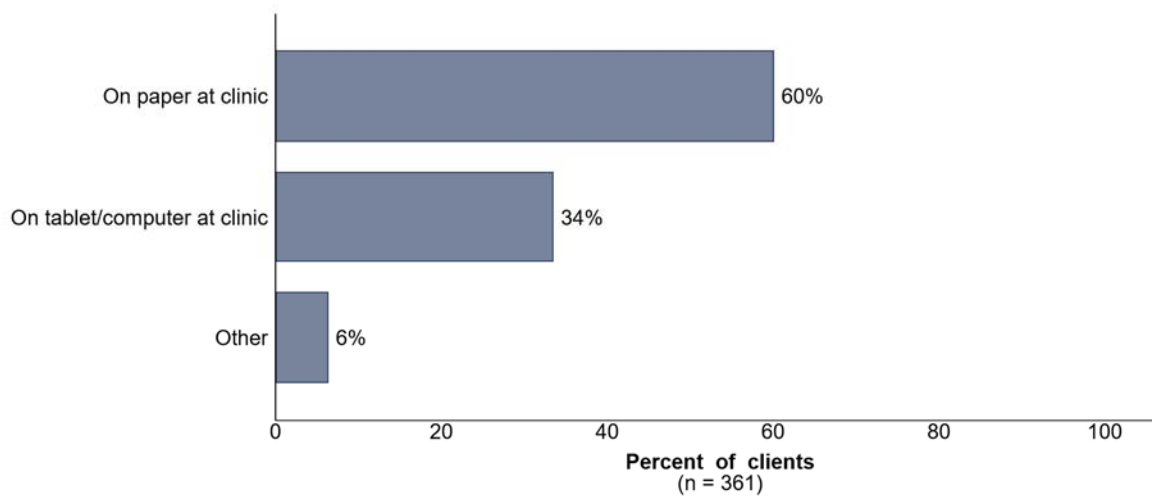


Figure E2. Preference on Questionnaire Mode of Administration



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	310	258	83%
2	Dental care	314	244	78%
3	Medical case management	333	245	74%
4	Emergency financial assistance	331	196	59%
5	Eye care (vision services)	289	168	58%
6	Medication assistance	309	164	53%
7	Health insurance assistance	294	148	50%
8	Transportation	316	159	50%
9	Housing assistance	316	154	49%
10	Food bank	332	154	46%
11	Someone to help you find safe and affordable housing	345	143	41%
12	Emergency housing services (money for utilities, rent, or mortgage)	332	136	41%
13	Mental health counseling or therapy	286	111	39%
14	Permanent, independent housing (your own apartment or house)	323	121	37%
15	Legal services	314	105	33%
16	Non-medical case management	298	85	29%
17	Early intervention services (EIS)	278	70	25%
18	Psychosocial support	291	73	25%
19	Housing Case Management	318	77	24%
20	Referral for health care/supportive services	297	69	23%
21	Treatment adherence counseling	293	56	19%
22	Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	311	55	18%
23	Health education/risk reduction	295	47	16%
24	Home delivered meals	293	40	14%
25	(Outpatient) Substance use counseling or therapy	275	35	13%
26	Medical nutrition therapy	275	33	12%
27	Specialty medical services	275	28	10%
28	Home health care	278	23	8%
29	Mobility services	299	23	8%
30	Facility-based housing/group home	313	21	7%
31	Low vision/hearing-impaired services	294	18	6%
32	Childcare	295	15	5%
33	Residential treatment services	293	14	5%
34	Nursing home or assisted living facility	310	14	5%
35	Interpretive services	295	9	3%
36	Translation services	297	9	3%

- This table presents core medical, supportive, and housing services ranked by need in the last 12 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* and *Percent who needed service* columns.

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	Emergency financial assistance	331	63	19%
2	Food bank	332	59	18%
3	Housing assistance	316	53	17%
4	Eye care (vision services)	289	48	17%
5	Emergency housing services (money for utilities, rent, or mortgage)	332	53	16%
6	Dental care	314	49	16%
7	Someone to help you find safe and affordable housing	345	48	14%
8	Permanent, independent housing (your own apartment or house)	323	42	13%
9	Housing Case Management	318	37	12%
10	Home delivered meals	293	28	10%
11	Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	311	25	8%
12	Mental health counseling or therapy	286	20	7%
13	Legal Services	314	19	6%
14	Psychosocial support	291	17	6%
15	Medication assistance	309	14	5%
16	Transportation	316	14	4%
17	(Outpatient) Substance use counseling or therapy	275	11	4%
18	Facility-based housing/group home	313	12	4%
19	Early intervention services (EIS)	278	10	4%
20	Referral for health care/supportive services	297	10	3%
21	Primary medical care	310	10	3%
22	Treatment adherence counseling	293	9	3%
23	Health insurance assistance	294	9	3%
24	Mobility services	299	9	3%
25	Medical nutrition therapy	275	8	3%
26	Childcare	295	8	3%
27	Medical case management	333	9	3%
28	Low vision/hearing-impaired services	294	7	2%
29	Home health care	278	6	2%
30	Health education/risk reduction	295	6	2%
31	Non-medical case management	298	6	2%
32	Specialty medical services	275	5	2%
33	Nursing home or assisted living facility	310	5	2%
34	Residential treatment services	293	4	1%
35	Translation services	297	4	1%
36	Interpretive services	295	3	1%

- This table presents core medical, supportive, and housing services ranked by gaps experienced in the last 12 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 *2019 Louisiana Needs Assessment*, a convenience sample survey on the current care service needs of PLWH was conducted with clients of HIV/AIDS services in BR TGA. The survey was conducted at agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire. Clients were eligible to take the survey from October 8, 2019 to January 3, 2020. Survey administration was managed by the *Baton Rouge Ryan White Program (Ryan White)*. As an incentive for participation, clients who participated in the survey were offered \$10 *Walmart* gift cards. Agency staff were responsible for promoting the *2019 Louisiana Needs Assessment* in the community, assisting clients in completing the questionnaire, and distributing and documenting gift cards. This section describes the instrument, sample, and procedures used in this assessment.

INSTRUMENT

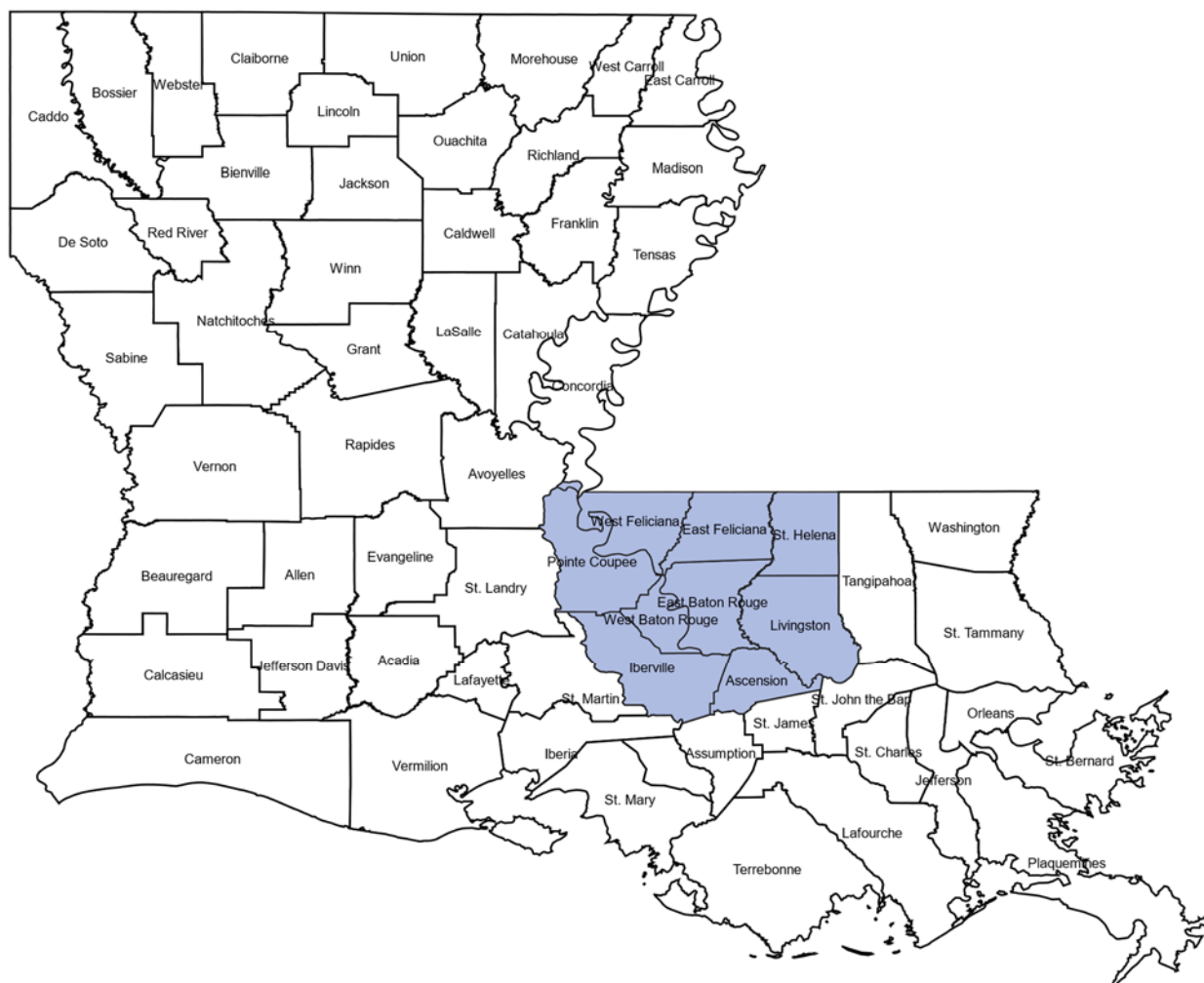
The *2019 Louisiana Needs Assessment* is an adaptation of the statewide *2017 Louisiana Needs Assessments*, based on feedback from OPH SHP, NORAPC, and the Office of Health Planning and AIDS Funding.

The questionnaire comprises the following seven sections: Health Insurance, Medical Care, HIV Medication, Needed Services, Housing, General Information, and Income. The instrument has a total of 50 primary questions within 14 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 20 to 35 minutes to complete.

SAMPLE

Ryan White funding structures were used to organize the administration of the *2019 Louisiana Needs Assessment*. OPH specified a convenience sampling method in the initial Request for Proposal. In BR TGA, OPH determined that the desired sample size would be 550 people, stratified by agency. 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). These parishes are highlighted in Figure B.1 below.

Figure B.1. Baton Rouge Transitional Grant Area



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the BR TGA, but rather a subset of that population who were asked to participate 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 *2019 Louisiana Needs Assessment*. *Ryan White* staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

PARTNERS

The BR TGA *2019 Louisiana Needs Assessment* was conducted with the cooperation of six agencies across Baton Rouge. Partner agency staff were responsible for distributing questionnaires and gift cards; they also served as the point of contact during data collection for *Ryan White*. Additional responsibilities included promoting the *2019 Louisiana Needs Assessment* in their local communities, administering and assisting clients in completing the questionnaire, and collecting and submitting all completed questionnaires. A partner list is provided on page ii of this report.

ADMINISTRATION

All of the materials necessary to begin collecting data, including questionnaires, gift cards, and writing utensils, were provided by *Ryan White* to partner agencies. During the data collection period, each client who visited a participating agency was offered the chance to complete the *2019 Louisiana Needs Assessment*; participation was completely voluntary. Partner agency staff asked each client whether they would be willing to take an anonymous questionnaire 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 *2019 Louisiana Needs Assessment*, how long it would take to complete the questionnaire, that participation was completely voluntary, details about the incentive, 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 questionnaire, partner agency staff read each question and marked the corresponding response.

Once the client completed the questionnaire, he/she was given a \$10 *Walmart* gift card as a gesture of appreciation for their time and participation. Completed questionnaires were placed in secure envelopes and mailed 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 of ten by agency. Each questionnaire in a stack was entered into an online *Qualtrics* data form that was created by PRG.¹ Once a stack was entered, 10% 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 15.1.

DATA PREPARATION

Responses to all questions were tabulated and corresponding figures and tables were created to depict the distribution of responses. The total number of people who responded to each question (*n*) is reported for each figure. 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). Details on data preparation can be found in Table B1 and B2.

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 BR TGA 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 write-in

¹ PRG received 64 questionnaires that were missing two pages. Therefore, these individuals may not have had access to the definitions provided to other respondents (page 1) and may not have been offered the opportunity to provide final write-in comments (page 15); if any comments were provided by these respondents on page 15, they were not received by PRG or entered into the online *Qualtrics* data form.

responses. In addition, where applicable, if an individual responded *other* and provided a write-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 bar charts, if the response percentage to a category was less than one percent, the category was retained in the calculation, but was either omitted from the figure or included in the *other* category percentage. In these cases, a note was included below the appropriate figure describing the distribution. For all questions, any category with zero responses was omitted from figures and noted below the figure.

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

DATA EDITING RULES

The following table provides PRG's general rules for editing data, based upon responses given.

Table B1. Data Editing Rules

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

VARIABLE DESCRIPTIONS AND EXPLANATION OF ANALYTIC SAMPLES

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

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background		
HIV/AIDS Status		
Figure A1. Length of Time Living with HIV	Q37	Number included in calculation who report finding out about their HIV diagnosis.
Figure A2. Place Where Respondents Were Told of Their HIV Diagnosis	Q38	Percentage (categorical) of clients who select each response option.
HIV-Related Knowledge		
Figure A3. Sources of HIV Information	Q34	Percentage (categorical) of clients who select each of the response options.
Figure A4. Information Received on HIV Transmission and Related Issues in the Past Year	Q35	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected <i>no, no one has explained any of these things to me in the last year</i> as well as one or more topics; 5 individuals were excluded.
Figure A5. Knows that HIV Undetectable = Untransmittable (U = U)	Q36	Percentage (categorical) of clients who select each response option.
Background Characteristics		
Figure A6. Map of Current Parish of Residence	Q39	Number of clients reporting living in each parish; color code based on sample representation.
Table A1. Current Parish of Residence	Q39	All respondents were asked to indicate their ZIP code; a total of 366 provided a response. <i>The U.S. Department of Housing and Urban Development United States Postal Services</i> (HUD USPS) 1st quarter 2019 ZIP Code Crosswalk File (Retrieved November 19, 2019 from http://www.huduser.org/portal/datasets/usps_crosswalk.html) was used to determine the parish corresponding to each ZIP code. 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 366 respondents for whom we designated a parish of residence, 25 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.
Figure A7. Gender of Respondents	Q40	Percentage (categorical) of clients who select each response option.

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure A8. Race of Respondents	Q43	Percentage (categorical) of clients who select each of the response options. First, an index is constructed that sums how many races each respondent chose. Scores can range from 0 (none chosen) to 5 (all chosen). Next, one categorical variable constructed that includes categories for each race (alone) and for multiple races.
Figure A9. Latino/Latina/Latinx/Hispanic	Q44	Percentage (categorical) of clients who select each response option.
Figure A10. Primary Language	Q45	Percentage (categorical) of clients who select each response option.
Figure A11. Age of Respondents	Q42	Percentage of respondents who fall within each age range.
Employment		
Figure A12. Employment Status	Q48	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who report that they are unemployed as well as employed full-time or part-time; no individuals were excluded.
Income		
Figure A13. Household Income in Month Prior to Survey	Q49	Percentage of respondents who fall within each income category. Excluded from calculations are individuals who reported they had no income and also reported a monthly income amount. No individuals were excluded.
Figure A14. Sources of Income and Assistance	Q50	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report receiving wages, financial assistance, or housing assistance in the last six months, as well as select <i>I didn't receive wages, financial assistance or housing assistance in the last six months.</i>
Housing		
Figure A15. Housing at the Time of Survey and 6 months Prior to Survey	Q22 (Now) Q23 (6 Months ago)	Percentage (categorical) of clients who select each response option. The questionnaire asked respondents to only select one housing option for each time point. If respondents lived in more than one place during either of these time periods, they were instructed to select the housing type where they lived most often.
Figure A16. Average Number of Adults and Children in Household by HIV Status	Q21	Mean number of adults and children in each of three categories. The questionnaire asks respondents how many adults and children live in the household and, of those, how many are living with HIV or don't know their HIV status. The HIV negative variable was constructed by subtracting the reported number of adults/children who are living with HIV or don't know their HIV status from the total number of adults/children reported living in the household. Excluded from calculations are 36 adult responses; the reported number of adults who are HIV+ or whose status is unknown did not match the total number of adults and in the household.
Figure A17. Number of Bedrooms in Respondents' Residences	Q26	Percentage (categorical) of clients who report each number of bedrooms. Excluded from calculations are 20 individuals who selected <i>not applicable, I don't live in an apartment, house, or trailer.</i>
Figure A18. Length of Time at Current Residence	Q25	Percentage of clients who fall within each category.

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure A19. Nights Spent Homeless or Without a Place to Sleep in the Last 12 Months	Q28	Percentage of clients who fall within each category.
Figure A20. Had Trouble Obtaining Housing in the Last 12 Months	Q27	Percentage (categorical) of clients who select each response option.
Figure A21. Barriers to Obtaining or Remaining in Housing	Q27a	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who selected that they did not have any problems and then indicated that they had experienced at least one other problem; 2 individuals were excluded. Also excluded from calculations are respondents who respond inconsistently to Q27 and Q27a; 4 additional individuals were excluded for this reason.
Figure A22. Rent/Mortgage Contribution Paid "Out-of-Pocket"	Q29	Percentage of clients who fall within each range.
Figure A23. Increase Per Month in Rent/Mortgage that Would Cause Respondents to Move	Q31	Percentage of clients who fall within each range.
Figure A24. Had to Move Because Could No Longer Afford Home	Q32	Percentage (categorical) of clients who select each response option.
Figure A25. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Last 12 Months	Q33	Percentage (categorical) of clients who select each response option.
Figure A26. Number of Places Lived in Last 12 Months	Q24	Percentage of clients who fall within each category.

Section B: Medical Care

Medical Costs and Health Insurance

Figure B1. Health Insurance Status	Q13	Percentage (categorical) of clients who select each response option.
Figure B2. Sources of Health Insurance	Q13a	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous question, and then selected at least one type of insurance; 3 individuals were excluded.
Figure B3. Health Insurance Coverage	Q13b	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous questions, and then selected at least one service their health insurance covers; 4 individuals were excluded.
Figure B4. Method of Payment for Monthly/Quarterly/Semiannual Insurance Premium	Q13c	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous questions, and then selected at least one method of payment; 5 individuals were excluded.
Figure B5. Problems Encountered with Health Insurance	Q13d	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who selected <i>None of these. I haven't had any problems with my insurance or health care plan(s)</i> , as well as at least one problem; 4 individuals were excluded.

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure B6. Barriers to Obtaining HIV-related Health Coverage	Q14	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated <i>not applicable: I've had consistent health coverage</i> and also selected a reason that they didn't have coverage; 2 individuals were excluded.
Figure B7. Method of Payment for HIV-Related Medications	Q15	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who select <i>not applicable: I haven't been prescribed any medications</i> and at least one method of payment; 4 individuals were excluded.
Medical Services		
Figure B8. Medical Services Needed in the Past 12 months	Q2	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected <i>I did not need any of these services</i> as well as at least one medical service; 4 individuals were excluded.
Section C: Health and Health Behaviors		
Overall Health		
Figure C1. Overall Health	Q1	Percentage (categorical) of clients who select each response option.
Figure C2. Current Viral Load	Q19	Percentage (categorical) of clients who select each response option.
Figure C3. Medical Diagnoses	Q9	For each medical condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed & received treatment, and needed & did not receive treatment.
Figure C4. Reasons Didn't Receive Needed Medical Care	Q10	Percentage (categorical) of clients who select each of the response options. Respondent must have indicated that they were diagnosed, needed treatment, and did not receive needed treatment for at least one medical condition in q9 to be included. Excluded from calculations are clients who indicate that they received the needed medical care, but also select a reason for not receiving treatment; 1 individual was excluded.
Figure C5. Mental Health Diagnoses	Q11	For each mental health condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed & received treatment, and needed & did not receive treatment.
Figure C6. Reasons Didn't Receive Mental Health Care	Q12	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are clients who indicate that they received the needed care, but also select a reason for not receiving treatment; no individuals were excluded.
Figure C7. Self-Reported Depressive Symptoms Over the Last Two Weeks	Q7	Percentage of clients who select 'Yes' to each problem.

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure C8. Self-Reported Substance Use in the Past 12 Months	Q6	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report individuals who reported using at least one of the listed substances as well none of the listed substances; 2 individuals were excluded.
Health Seeking Behavior		
Figure C9. HIV- Related Medical Care Visits in Past 12 Months	Q3	Percentage (categorical) of clients who select each response option. Excluded from calculations and not presented in the figure are individuals who indicate that they do not have a primary HIV care provider; 3 individuals were excluded.
Figure C10. Places Where Respondent Regularly Receives Medical Care, including HIV-related Care	Q4	Percentage (categorical) of clients who select each response option. Excluded from calculations and not presented in the figure are individuals who indicate that they don't typically receive HIV-related medical care; 8 individuals were excluded.
Figure C11. Barriers to Receiving Needed Medical Care	Q5	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report not having gone without any needed medical care as well as at least one reason; 1 individual was excluded.
Figure C12. Interest in Psychosocial Support	Q8	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who select <i>I would not use any of these programs</i> and then at least one program; 3 individuals were excluded.
HIV Medication and Medical Adherence		
Figure C13. Reasons for Not Taking HIV Medications in the Past 12 Months	Q16	Percentage (categorical) of clients who select each of the response options.
Figure C14. Number of Days Missed in Last Three Days	Q17	Percentage (categorical) of clients who select each response option.
Section D: Need and Use of Services		
Figure D1. Need and Receipt of Core Medical Services	Q20	For each core medical service, we present the percentage of clients who did not need the service, needed & received the service, and needed & did not receive the service.
Figure D2. Need and Receipt of Core Support Services	Q20	For each core support service, we present the percentage of clients who did not need the service, needed & received the service, and needed & did not receive the service.
Figure D3. Need and Receipt of Core Housing Services	Q20	For each core housing service, we present the percentage of clients who did not need the service, needed & received the service, and needed & did not receive the service.

APPENDIX C. SURVEY INSTRUMENT



2019 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. Surveys are being collected from October 8 – November 12, 2019.

Why should you complete this survey?

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

How long will this survey take?

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

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

No. 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, participants will receive one (1) \$10 Walmart Gift card.

2019 Louisiana Needs Assessment

Definitions

Health Coverage Plans:

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

- * **Medicaid:** government plan for people with low incomes or a disability, including plans through Healthy Louisiana
- * **Medicare:** government plan for people 65 and older or with certain disabilities
- * **Private insurance/health coverage plan:** plan such as Blue Cross Blue Shield or Cigna that is obtained through work, a parent or spouse, or directly from an insurance company or the Marketplace (Obamacare)
- * **Veteran's Administration (VA) health care:** health care benefits for certain individuals who served in the military
- * **TRICARE:** health care program for uniformed service members, retirees, and their families
- * **COBRA:** continuation of insurance paid through your employer if you reduce hours or leave your job
- * **LA HAP:** Louisiana statewide health access program for people living with HIV. LA HAP is divided into 2 components: the Louisiana Drug Assistance Program (L-DAP) and the Health Insurance Program (HIP)
 - * **Louisiana Drug Assistance Program (L-DAP):** covers drug costs for uninsured individuals and drug copays and deductibles for insured individuals
 - * **Health Insurance Program (HIP):** covers health insurance premiums, copays, and deductibles for insured people. Dental and vision plans may also be included
- * **Ryan White Part A:** system of HIV primary medical care, support services, and medications for people with low incomes living with HIV who are uninsured and underserved

Health Coverage Terms:

- * **Health insurance premium:** a monthly, quarterly, or semiannual fee paid to an insurance company/health plan so you have health coverage. This does not include costs (e.g., copay) that you pay when you receive medical services.
- * **Copayment:** the fee you owe the doctor, lab, or service provider before you receive a service
- * **In network doctors and providers:** those who have a contract with your insurance company or health plan – you get the best insurance or health plan coverage with these providers
- * **Out-of-pocket medical expenses:** any costs or bills you are responsible for paying above and beyond what your insurance or health plan may cover. This includes copayments, coinsurance, and deductibles.
- * **HIV-related health coverage:** health insurance or a health plan that helps to cover the cost of your HIV-related health care, such as labs, doctors' visits, and prescriptions. This can be the same insurance or health plan you use for your other health needs.

HEALTH AND MEDICAL CARE

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

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

Very poor	Poor	Average	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

3. How many times have you seen an HIV healthcare provider in their office or clinic in the PAST 12 MONTHS? *Select one answer.*

<i>N/A: no primary HIV care provider</i>	None	One	Two	Three or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | |
|--|---|
| <input type="checkbox"/> <i>Not applicable, I don't typically receive HIV-related medical care</i>
<input type="checkbox"/> Community clinic serving only clients with HIV
<input type="checkbox"/> Private doctor's office/clinic | <input type="checkbox"/> Community health center
<input type="checkbox"/> Hospital
<input type="checkbox"/> VA hospital/clinic
<input type="checkbox"/> Other (tell us: _____) |
|--|---|

5. The most recent time you had any type of medical problem, but did not get the care you needed, what were the main reasons? *Select all that apply.*

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

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

- | | |
|--|---|
| <input type="checkbox"/> Tobacco or nicotine (cigarettes or e-cigs)
<input type="checkbox"/> Alcohol
<input type="checkbox"/> Heroin
<input type="checkbox"/> Prescription pain medications (not prescribed to you) | <input type="checkbox"/> Other (tell us: _____)
<input type="checkbox"/> I haven't used any of these in the past 12 months |
|--|---|

7. 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

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

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

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

First, select the box if you have ever been diagnosed with the listed condition

Next, select one box to indicate your past 12-month treatment history for each condition you have

Medical conditions:	Diagnosed with:	IN THE LAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyme disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you did not get treatment for at least one condition (in Q9), what were the main reasons? *Select all that apply.*

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

11. Please tell us your 12-month treatment history (whether you needed and received treatment) with each of the mental health conditions you have.

		IN THE LAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Mental health conditions:	Diagnosed with:		
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or Panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you did not get treatment for at least one condition (in Q11), what were the main reasons? *Select all that apply.*

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

MEDICAL COSTS AND HEALTH INSURANCE

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

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

- ☐ I don't know → Skip to Question 14
☐ No → Skip to Question 14
☐ Yes

- 13a.** Which of the following types of health coverage do you currently have? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veteran's Administration (VA) health care |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> COBRA |
| <input type="checkbox"/> A private plan through work/employer | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> A private plan through parent or spouse | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> A private plan through the Marketplace | <input type="checkbox"/> I have coverage but don't know what type |

- 13b.** Which of the following does your health coverage plan at least in part pay for? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> HIV-related medical care, such as lab work and doctors' visits | <input type="checkbox"/> Vision services, such as vision checks and eyeglasses |
| <input type="checkbox"/> Preventive health services, such as yearly check-ups and screenings | <input type="checkbox"/> Dental services, such as cleanings, x-rays, and fillings |
| <input type="checkbox"/> Mental health services, such as counseling or therapy for anxiety or depression | <input type="checkbox"/> I have coverage but don't know what it covers |
| <input type="checkbox"/> HIV-related prescriptions/medications | |

- 13c.** How does your monthly, quarterly, or semiannual health insurance premium(s) get paid? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Louisiana Health Access Program (LA HAP) | <input type="checkbox"/> I pay out of my own pocket |
| <input type="checkbox"/> Ryan White Part A Health Insurance Assistance (HIA) | <input type="checkbox"/> By Medicaid |
| <input type="checkbox"/> Employer benefits | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Friends/family help me | <input type="checkbox"/> I don't know |

- 13d.** Which of the following problems have you had with your health coverage in the PAST 12 MONTHS? *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Paying bills for HIV-related care (e.g., labs or doctors' visits) that weren't fully covered | <input type="checkbox"/> Getting HIV-related prescriptions filled |
| <input type="checkbox"/> Paying bills for ER visits or hospitalizations that weren't fully covered | <input type="checkbox"/> Paying for HIV-related medications |
| <input type="checkbox"/> Paying bills for dental work or vision services that weren't fully covered | <input type="checkbox"/> Accessing doctors who are in network |
| <input type="checkbox"/> Paying premiums | <input type="checkbox"/> Making appointments with specialists, such as an HIV specialist, gynecologist, or neurologist |
| <input type="checkbox"/> Paying copayments | <input type="checkbox"/> Other (tell us: _____) |
| | <input type="checkbox"/> None of these. I haven't had any problems with my insurance or health care plan(s). |

14. **Even if you currently have insurance, please select the reasons you didn't have HIV-related health coverage during the PAST 12 MONTHS. *Select all that apply.***

- | | |
|--|--|
| <input type="checkbox"/> <i>Not applicable: I've had consistent HIV-related health coverage for the past 12 months</i> | <input type="checkbox"/> I didn't/don't know how or where to get it |
| <input type="checkbox"/> I don't/didn't get health coverage through work or spouse | <input type="checkbox"/> It's confusing and I didn't/don't understand how it works |
| <input type="checkbox"/> I couldn't/can't get private coverage (from insurance company or the Marketplace) | <input type="checkbox"/> I lost my plan because the premium was not paid on time |
| <input type="checkbox"/> It was/is too expensive | <input type="checkbox"/> It wasn't/isn't a priority for me |
| <input type="checkbox"/> I was told I didn't/don't qualify for Medicaid or Medicare | <input type="checkbox"/> I lost my Medicaid coverage |
| | <input type="checkbox"/> Other (tell us: _____) |

15. **Which of the following do you use to pay for your HIV-related medication(s)? *Select all that apply.***

- | | |
|---|---|
| <input type="checkbox"/> <i>Not applicable: I haven't been prescribed any medications</i> | <input type="checkbox"/> Louisiana Health Access Program (LA HAP) |
| <input type="checkbox"/> Medicaid (including Healthy Louisiana) | <input type="checkbox"/> Ryan White Part A (e.g., LPAP, EFA, HIA) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Out-of-pocket |
| <input type="checkbox"/> Private insurance/health coverage plan | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Other (tell us: _____) |

HIV MEDICATION

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

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

- | | |
|---|---|
| <input type="checkbox"/> <i>Not applicable: I haven't been prescribed any HIV medications</i> | <input type="checkbox"/> I'm taking a break |
| <input type="checkbox"/> Pharmacy didn't fill my prescription | <input type="checkbox"/> They have bad side effects/make me feel really bad |
| <input type="checkbox"/> I can't afford them | <input type="checkbox"/> I feel healthy |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> I have trouble remembering to take them |
| <input type="checkbox"/> Delivery issues | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Hours the pharmacy is open | <input type="checkbox"/> None of these. I have taken my HIV medications as prescribed for the past 12 months. |
| <input type="checkbox"/> No regular place to stay | |
| <input type="checkbox"/> Not having food | |

17. **In the PAST THREE DAYS, how many days did you not take your full HIV-medication regimen? *Select one answer.***

N/A: I haven't been prescribed any HIV medications

☐

I've missed days, but I'm not sure how many

☐

None

☐

1 day

☐

2 days

☐

3 days

☐

18. **About what percentage of your HIV-medication doses do you think you have missed in the PAST THREE DAYS? *Please provide your best guess. Select one answer.***

N/A: I haven't been prescribed any HIV medications

☐

0-25%

☐

26-50%

☐

51-75%

☐

76-100%

☐

19. 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 haven't gotten my labs yet
- ☐ I don't know

NEEDED SERVICES

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

20. Please tell us about your Core Medical Services, Support Services, and Housing Services needs over the LAST 12 MONTHS. *Select only one answer per service.*

	IN THE LAST 12 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID <u>NOT</u> RECEIVE
CORE MEDICAL SERVICES:			
Medical case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling or therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical nutrition therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Outpatient) Substance use counseling or therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye care (vision services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPORTIVE SERVICES:	IN THE LAST 12 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Emergency financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home-delivered meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education/risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for health care/supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment adherence counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low vision/hearing-impaired services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

HOUSING

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

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

	Number of people:
How many <u>adults</u> (18 years or older) live in your household?	
Of the <u>adults</u> living in your household, how many are living with HIV?	
Of the <u>adults</u> living in your household, how many <u>don't know</u> their HIV status?	
How many <u>children</u> (under age 18) live in your household?	
Of the <u>children</u> living in your household, how many are living with HIV?	
Of the <u>children</u> living in your household, how many <u>don't know</u> their HIV status?	

- 22.** 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.*

- | | |
|--|--|
| <input type="checkbox"/> Apartment/House/Trailer that I OWN | <input type="checkbox"/> In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other) |
| <input type="checkbox"/> Apartment/House/Trailer that I RENT | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> With family, friends, or someone else's place (e.g., couch-surfing) | <input type="checkbox"/> Homeless/Homeless Shelter/Domestic Violence Shelter |

- 23.** 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.*

- | | |
|--|--|
| <input type="checkbox"/> Apartment/House/Trailer that I OWN | <input type="checkbox"/> In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other) |
| <input type="checkbox"/> Apartment/House/Trailer that I RENT | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> With family, friends, or someone else's place (e.g., couch-surfing) | <input type="checkbox"/> Homeless/Homeless Shelter/Domestic Violence Shelter |

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

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

N/A: I'm homeless

☐

Less than 6 months

☐

6 months – 1 year

☐

More than a year

☐

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

*N/A: I don't
live in an
apartment,
house, or trailer*

☐

Single
room/Studio

☐

1 bedroom

☐

2 bedrooms

☐

3 bedrooms

☐

4 bedrooms

☐

5+ bedrooms

☐

27. In the PAST 12 MONTHS, did you have any trouble getting housing?

- ☐ No → Skip to Question 28
☐ Yes

- 27a. If you had trouble getting housing in the past 12 months, what kept you from getting or remaining in housing? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> I didn't have any problems | <input type="checkbox"/> I had a criminal record |
| <input type="checkbox"/> I didn't have enough money for the deposit | <input type="checkbox"/> I didn't qualify for housing assistance |
| <input type="checkbox"/> I could not find affordable housing | <input type="checkbox"/> I feel I was discriminated against (racism) |
| <input type="checkbox"/> I had no transportation to search for housing | <input type="checkbox"/> I feel I was discriminated against (homophobia/transphobia) |
| <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"/> Gentrification |
| <input type="checkbox"/> I had a mental/physical disability | <input type="checkbox"/> Other (tell us: _____) |

28. In the PAST 12 MONTHS, how many nights have you NOT had a place to sleep?

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

29. How much do you and/or your household pay “out of pocket” in rent/mortgage each month?

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

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

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Water | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> No, none of these |
| <input type="checkbox"/> Electric | |

31. 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.*

- | | |
|--|--|
| <input type="checkbox"/> Not applicable, I'm homeless/ don't have to pay monthly rent/mortgage | <input type="checkbox"/> \$76-\$100 |
| <input type="checkbox"/> \$1-\$25 | <input type="checkbox"/> \$101-\$150 |
| <input type="checkbox"/> \$26-\$50 | <input type="checkbox"/> \$151-\$200 |
| <input type="checkbox"/> \$51-\$75 | <input type="checkbox"/> More than \$200 |
| | <input type="checkbox"/> None |

32. In the **PAST THREE YEARS**, have you moved because you could no longer afford the home you were living in?
- ☐ Yes
☐ No

33. Have you had difficulty in paying rent, mortgage, or utility bills in the **PAST 12 MONTHS**?
- ☐ Yes
☐ No

GENERAL INFORMATION

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

34. Where do you get information about HIV? *Select all that apply.*
- | | |
|---|---|
| <input type="checkbox"/> Doctor or nurse | <input type="checkbox"/> Partner/significant other/spouse |
| <input type="checkbox"/> ER or hospital | <input type="checkbox"/> TV/internet/radio |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Billboard or poster |
| <input type="checkbox"/> Health educator or outreach | <input type="checkbox"/> Faith-based group |
| <input type="checkbox"/> Peer navigator/peer advocate | <input type="checkbox"/> Mobile app |
| <input type="checkbox"/> HIV group or program | <input type="checkbox"/> Social media (e.g., Twitter, Facebook) |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Friends or family | |

35. Has anyone explained the following things to you in the last year? *Select all that apply.*
- | | |
|---|--|
| <input type="checkbox"/> Undetectable = Untransmittable (U = U) | <input type="checkbox"/> Legal issues of HIV, criminalization |
| <input type="checkbox"/> Where to get free condoms | <input type="checkbox"/> How to protect HIV-negative partners with PrEP |
| <input type="checkbox"/> The importance of going to all of your doctor visits | <input type="checkbox"/> The importance of taking your medication |
| <input type="checkbox"/> How to disclose status | <input type="checkbox"/> No, no one has explained any of these things to me in the last year |

36. Please answer true or false to the following statement:
- If a person is **Virally Suppressed (VL<200)**, they cannot transmit HIV sexually.
- ☐ True ☐ False

37. How many years have you been living with HIV?
- Please specify number of years (best guess is fine):

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

- | | |
|--|--|
| <input type="checkbox"/> Hospital/ER | <input type="checkbox"/> Organization providing other services (e.g., substance use treatment) |
| <input type="checkbox"/> While donating blood or plasma | <input type="checkbox"/> Jail or prison |
| <input type="checkbox"/> HIV-specific community-based organization | <input type="checkbox"/> Mobile testing unit |
| <input type="checkbox"/> Local health center or STD clinic | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Private doctor's office | |

39. What is your zip code?

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

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female | <input type="checkbox"/> Something else (tell us: _____) |

41. Do you identify as Transgender?

- ☐ Yes
☐ No

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

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <18 years | 18-24 years | 25-44 years | 45-64 years | 65+ years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Asian or Pacific Islander | |

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

- ☐ Yes
☐ No

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

- ☐ English
☐ Spanish
☐ Other (tell us: _____)

46. Please indicate how strongly you agree or disagree with the following statement:

I would feel comfortable using a tablet or computer to take this survey.

- | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

47. Would you prefer to take this questionnaire:

- ☐ On paper at the clinic
- ☐ On a tablet or computer provided to me at the clinic
- ☐ Other (tell us: _____)

INCOME

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

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

- | | |
|---|---|
| <input type="checkbox"/> Full-time (30 hours/week or more) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time (29 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 | |

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

\$

☐ No income

50. Which of these did you receive in LAST SIX MONTHS? *Select all that apply.*

Wages

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

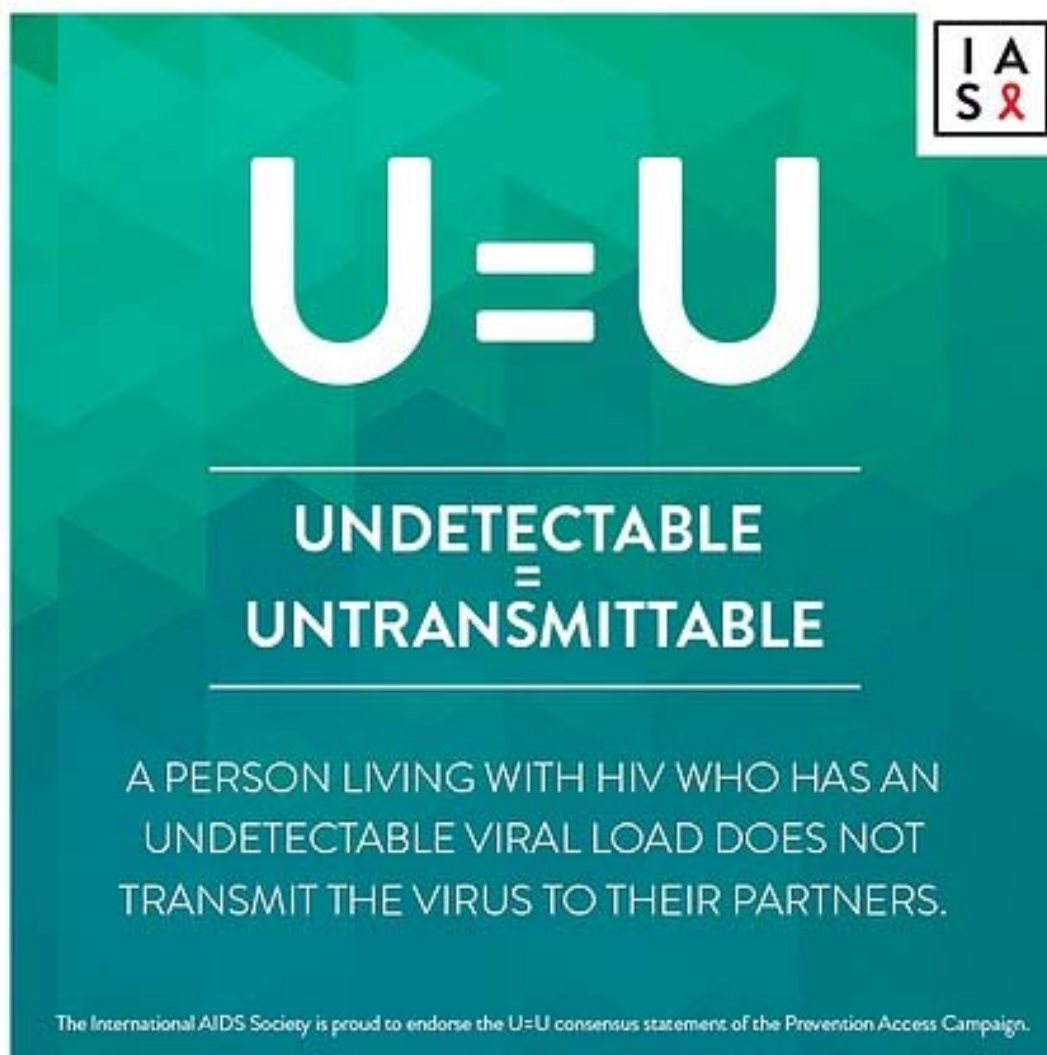
Financial Assistance

- ☐ 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
- ☐ Ryan White Part A

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



THE END!

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