

PEOPLE LIVING WITH HIV NEEDS ASSESSMENT

STATEWIDE REPORT

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

OFFICE OF PUBLIC HEALTH STD/HIV PROGRAM

MARCH 2020

Submitted by:

The Policy & Research Group
www.policyandresearch.com

8434 Oak St.
New Orleans, LA 70118

1411 4th Ave., Suite 1000
Seattle, WA 98101



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

NEW ORLEANS ELIGIBLE METROPOLITAN AREA

Access Health Louisiana
Belle Reve New Orleans
Concerned Citizens for a Better Algiers
CrescentCare
Frontline Legal Services
New Orleans Regional AIDS Planning Council
Priority Health Care
Project Lazarus of New Orleans
St. Thomas Community Health Center
Southeast Louisiana Area Health Education Center
The Office of Health Policy and AIDS Funding
Tulane Total Health
University Medical Center HIV Outpatient Program

BATON ROUGE TRANSITIONAL GRANT AREA

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

REGION III

CrescentCare Exchange Support Services

REGION IV

Acadiana CARES

REGION V

Southwest Louisiana AIDS Council

REGION VI

Central Louisiana AIDS Support Services

REGION VII

The Philadelphia Center

REGION VIII

Greater Ouachita Coalition Providing AIDS Resources and Education

REGION IX

Volunteers of America Greater New Orleans

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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 New Orleans Eligible Metropolitan Area (NO EMA), the Baton Rouge Transitional Grant Area (BR TGA), and Louisiana Public Health Regions III through IX, as well as 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 1,949 questionnaires was submitted to PRG; this represents 85% of the goal of 2,300 responses as set by OPH SHP. Table 1 presents the *2019 Needs Assessment* targets by region and the resulting survey response rates.

Table 1. Statewide Needs Assessment Targets

Region	Target Number of Questionnaires	Number Returned	Percentage of Target
NO EMA	865	662	76.5%
BR TGA	550	393	71.5%
III	95	111	116.8%
IV	180	192	106.7%
V	110	111	100.9%
VI	100	75	75.0%
VII	200	213	106.5%
VIII	125	118	94.4%
IX	75	74	98.7%
<i>Total</i>	<i>2,300</i>	<i>1,949</i>	<i>84.7%</i>

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

representative of any broader population (i.e., one that includes those who select out). This limitation applies to the full statewide sample, as well as any regional subsample; the samples cannot be said to be representative of the PLWH population within each region or across Louisiana.

In addition, the statewide sample may not be generalizable to the broader population of PLWH in Louisiana because the regional subsamples differ from the estimated distribution of PLWH across the state. Prior to data collection, the sampling area (Louisiana) was divided based on the Louisiana Department of Health and Hospitals' nine administrative regions. OPH SHP chose a target number of respondents for each region; however, the targets (and ultimately the regional samples) were not in proportion to the distribution of PLWH across the state. This is demonstrated in Table 2, which presents the estimated number and percentage of PLWH in each region for the state compared to each region for the sample. For example, Region III is overrepresented in the needs assessment sample, accounting for 5.7% of PLWH in the sample but only 4.1% of PLWH in the state surveillance data. By contrast, BR TGA comprises 23.3% of PLWH in the state surveillance data but only 20.2% of PLWH in the needs assessment sample. As a result, generalizations and inferences about the needs of PLWH across the state should be made with caution.

Table 2. Number of PLWH in Each Region

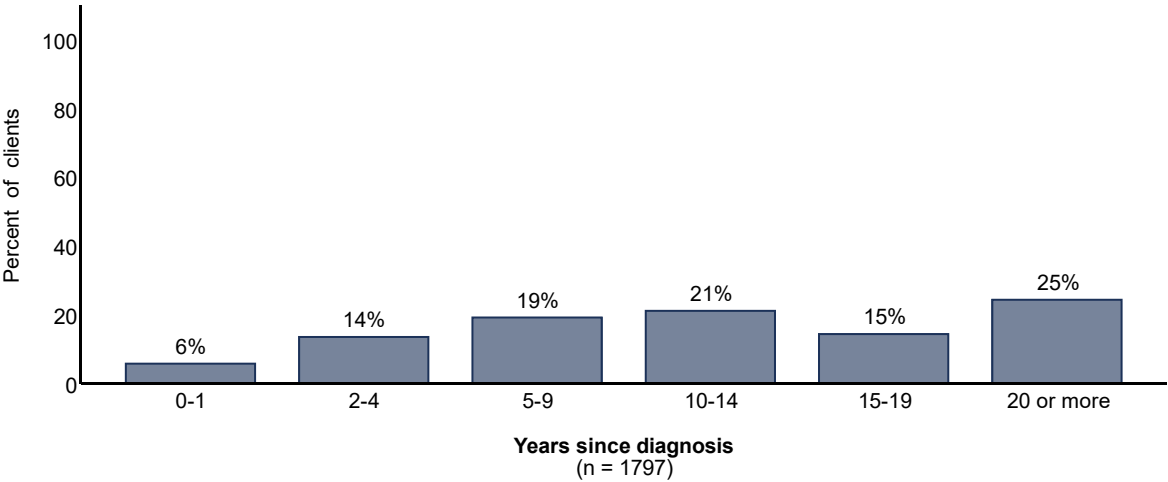
Region	2019 State Surveillance Data		2019 Needs Assessment Sample	
	Number of PLWH	Percentage of PLWH	Number in Sample	Percentage in Sample
NO EMA	7,696	34.5%	662	34.0%
BR TGA	5,198	23.3%	393	20.2%
III	915	4.1%	111	5.7%
IV	1,795	8.0%	192	9.9%
V	1,048	4.7%	111	5.7%
VI	1,020	4.6%	75	3.9%
VII	2,021	9.1%	213	10.9%
VIII	1,149	5.1%	118	6.1%
IX	1,477	6.6%	74	3.8%
<i>Total</i>	<i>22,319</i>	<i>100.0%</i>	<i>1,949</i>	<i>100.0%</i>

"Number of PLWH" are as reported by state surveillance data in the September 30, 2019 *Louisiana HIV, AIDS, and Early Syphilis Surveillance Quarterly Report*. NO EMA and BR TGA include some Parishes in Region III and Region IX.

SECTION A. BACKGROUND

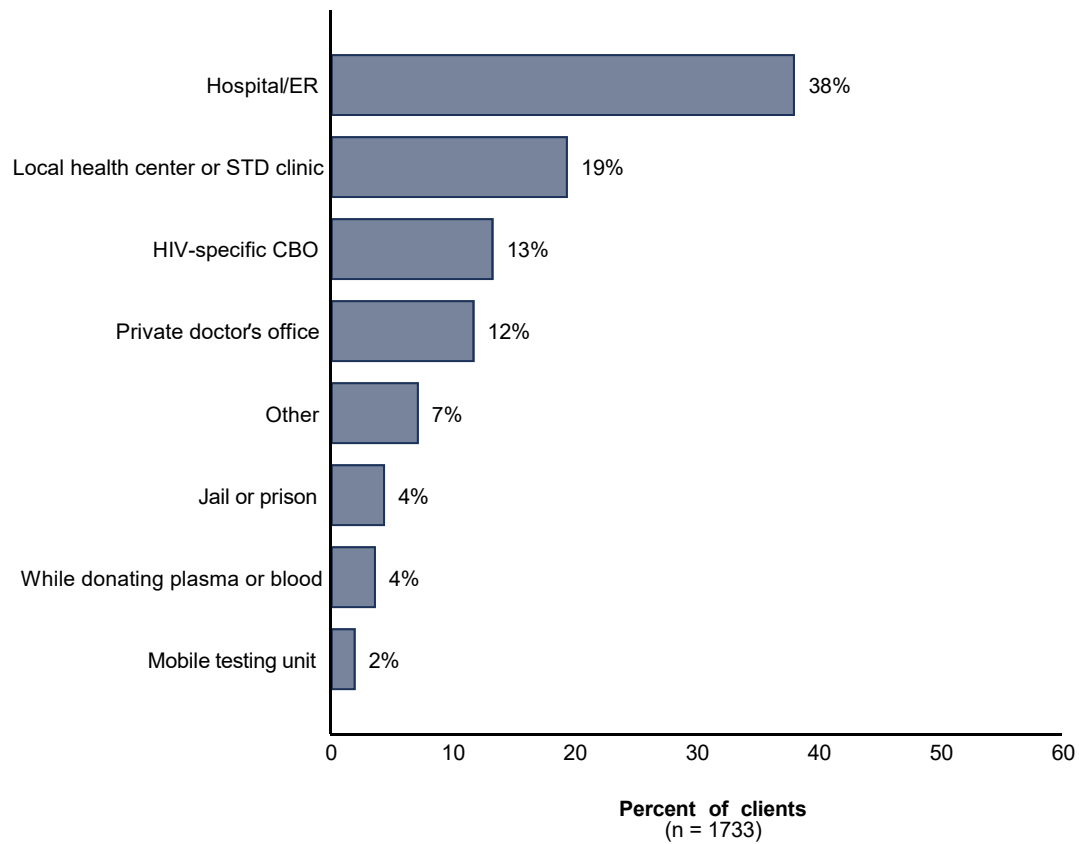
HIV STATUS

Figure A1. Length of Time Living with HIV



- Included in the 20 or more column are 18 respondents who reported being diagnosed with HIV prior to 37 years ago (diagnosis began in 1982); length of time since HIV diagnosis reported for these 18 respondents ranged from 38 to 71 years.

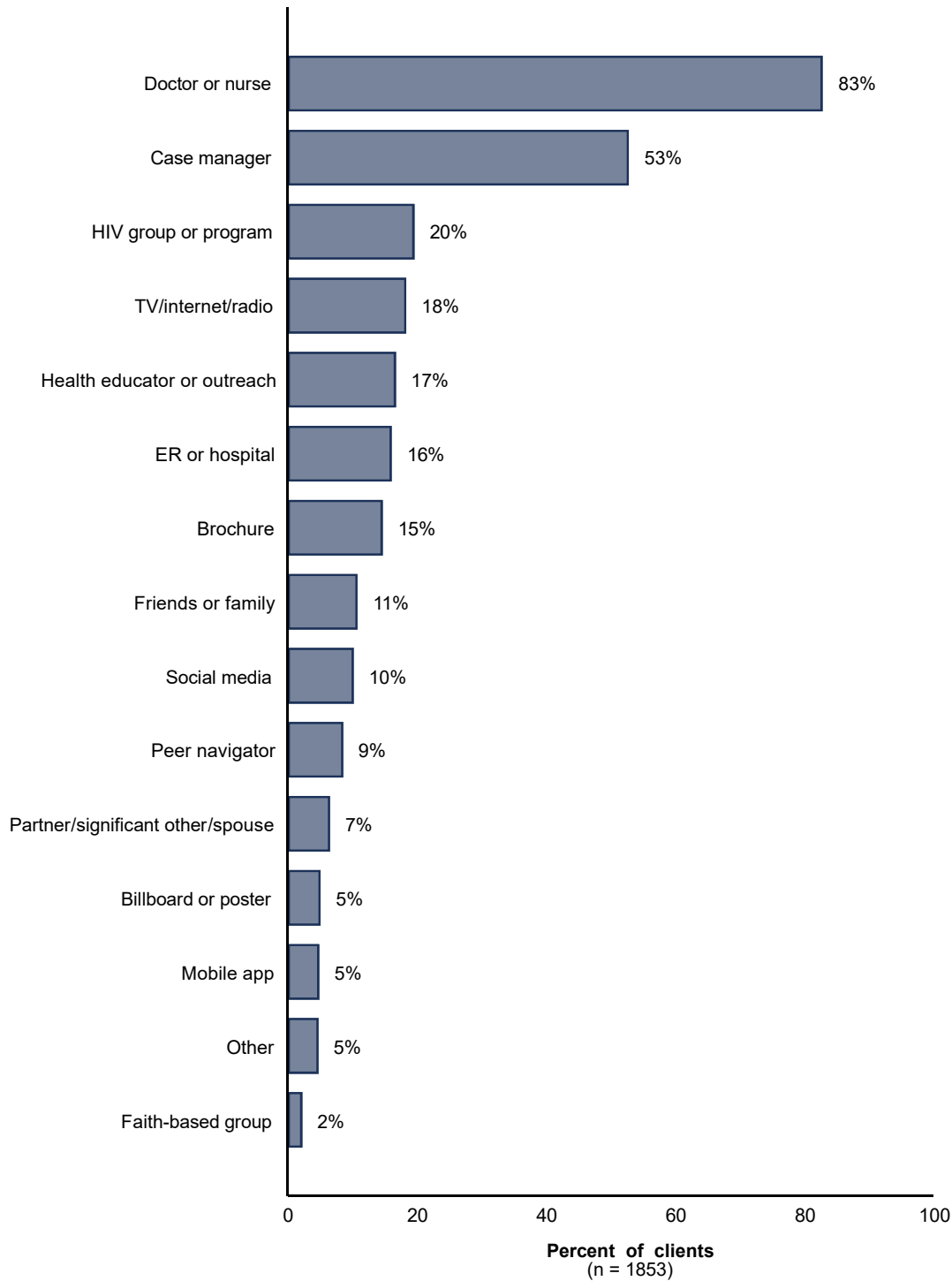
Figure A2. Place Where Respondents Were Told of HIV Diagnosis



- The category *other* includes 82 individuals who specifically chose the response option *other* (4.7%) as well as 43 individuals who selected *organizations providing other services* (2.5%).

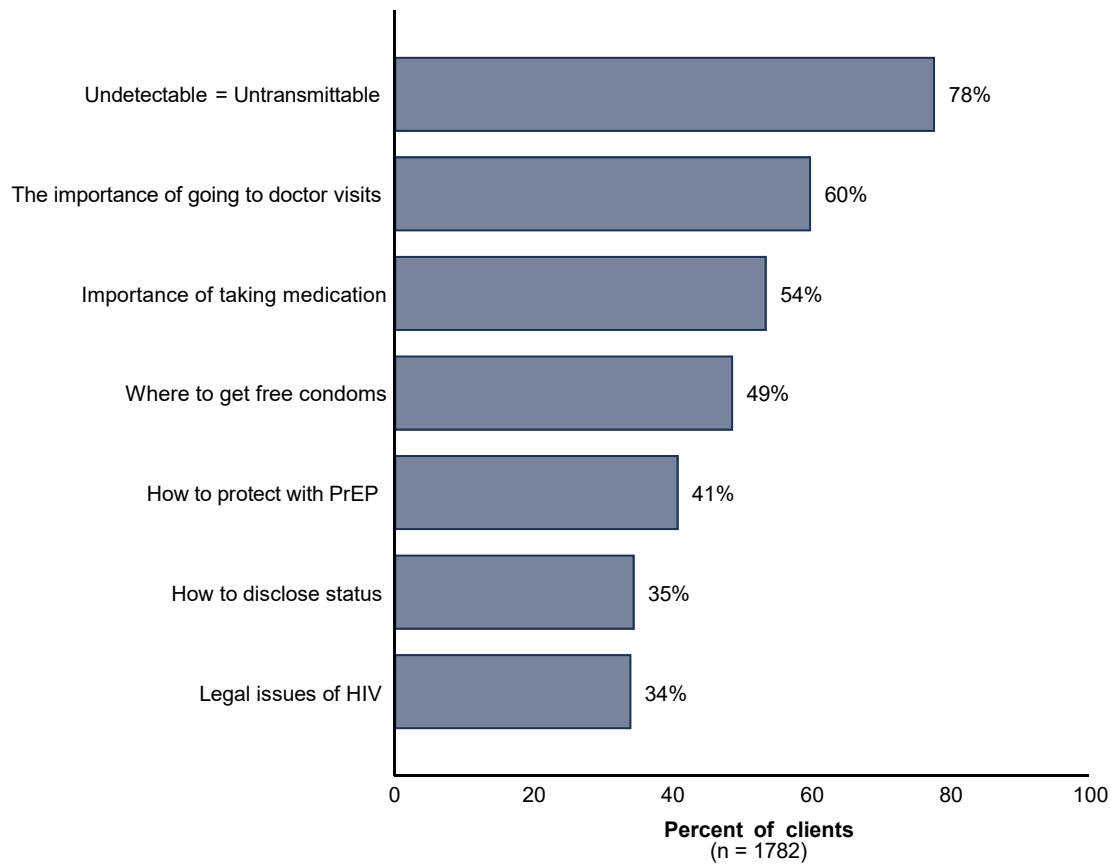
HIV-RELATED KNOWLEDGE

Figure A3. Sources of HIV Information



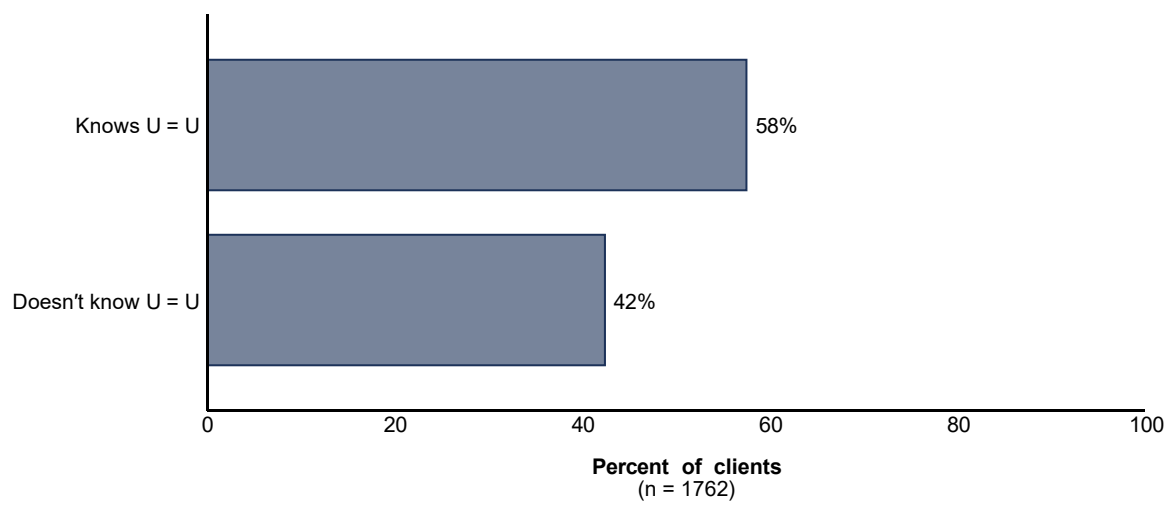
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,853 individuals who responded to this question, 1,197 (64.6%) reported two or more sources of HIV information.

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



- Included in calculations but not presented in this figure are 143 individuals (8.0%) 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 1,782 individuals who responded to this question, 1,170 (65.7%) 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 = 1,764)

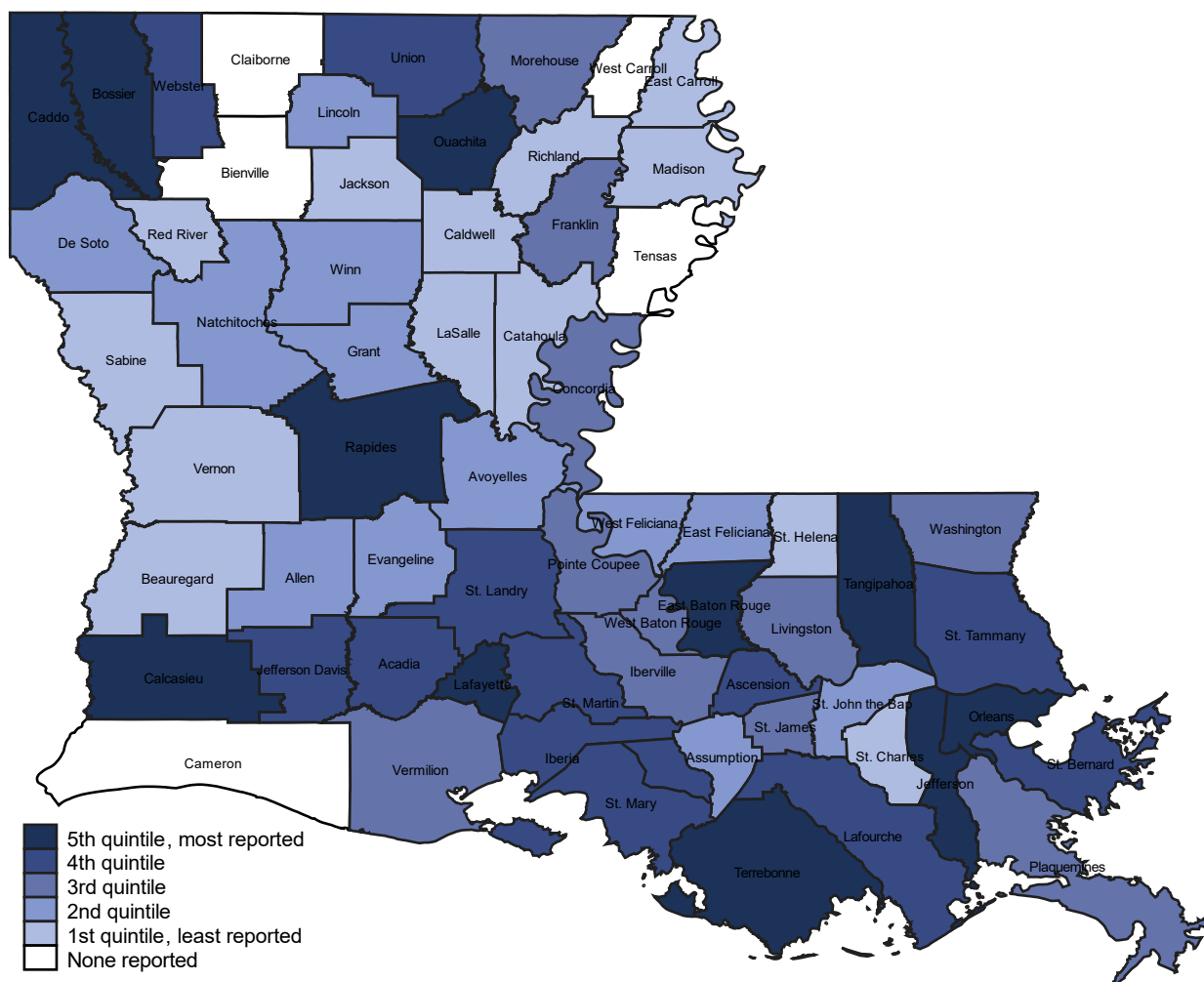
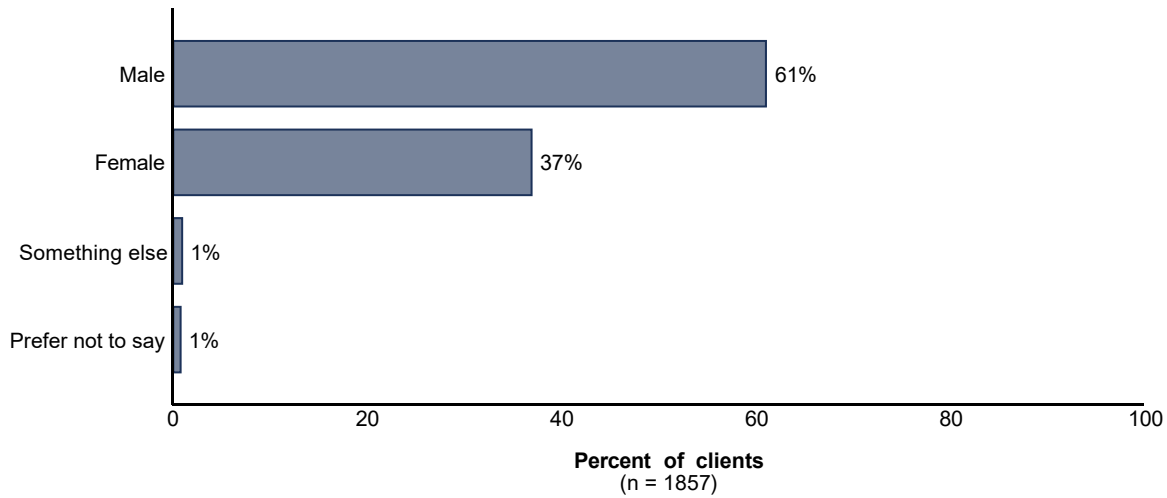


Table A1. Current Parish of Residence (n = 1,764)

Parish	Number Reporting	Percent Reporting	Parish	Number Reporting	Percent Reporting
Orleans	423	24.0%	Rapides	62	3.5%
East Baton Rouge	326	18.5%	Tangipahoa	52	3.0%
Caddo	162	9.2%	Terrebonne	42	2.4%
Lafayette	120	6.8%	Bossier	25	1.4%
Jefferson	115	6.5%	Lafourche	23	1.3%
Calcasieu	92	5.2%	St. Tammany	21	1.2%
Ouachita	71	4.0%			

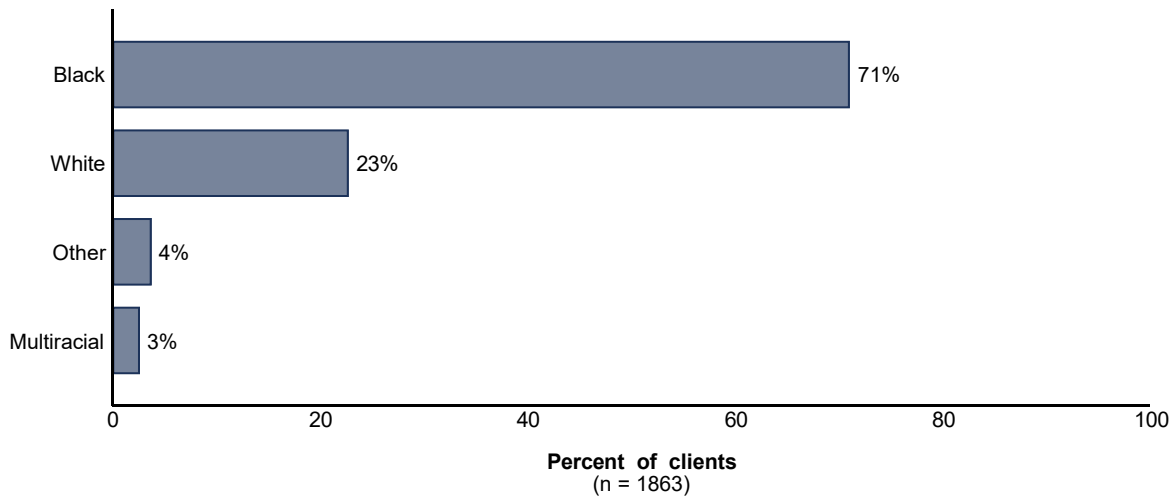
- Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in other parishes. See Appendix B, Table B2. for more information.

Figure A7. Gender of Respondents



- One thousand eight hundred and thirty-two individuals responded to the subsequent question on whether or not they identify as transgender; of those, 100 individuals (5.5%) responded yes.

Figure A8. Race of Respondents



- The category *other* includes individuals who specifically chose *other* (n = 45), along with those who identified as *Native American* (n = 17) and *Asian or Pacific Islander* (n = 7).

Figure A9. Latino/Latina/Latinx/Hispanic

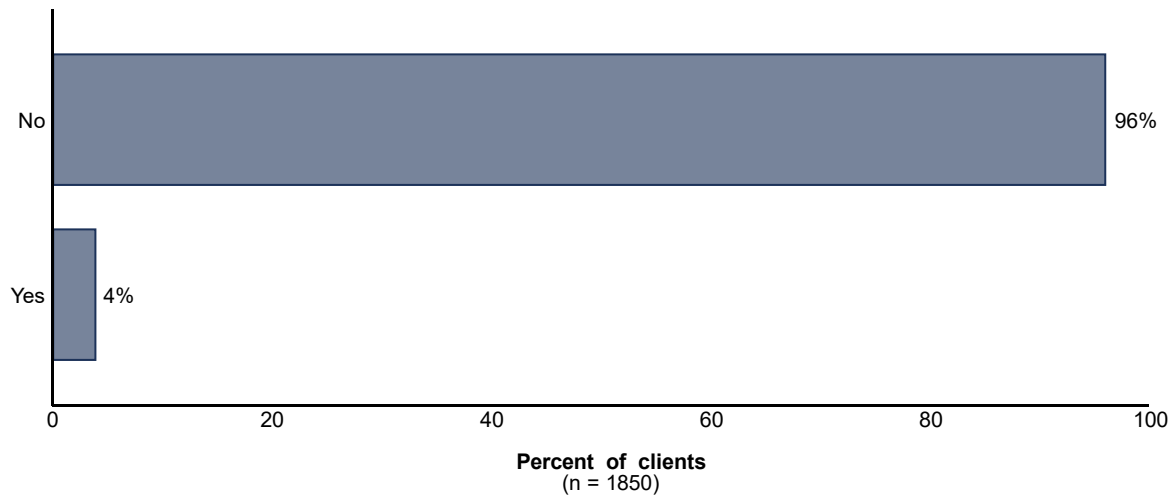
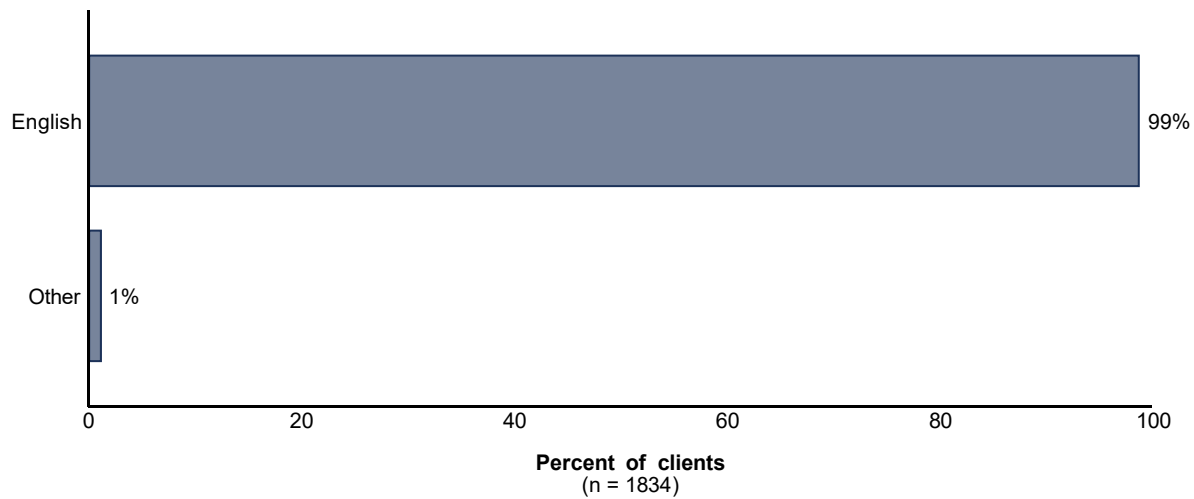
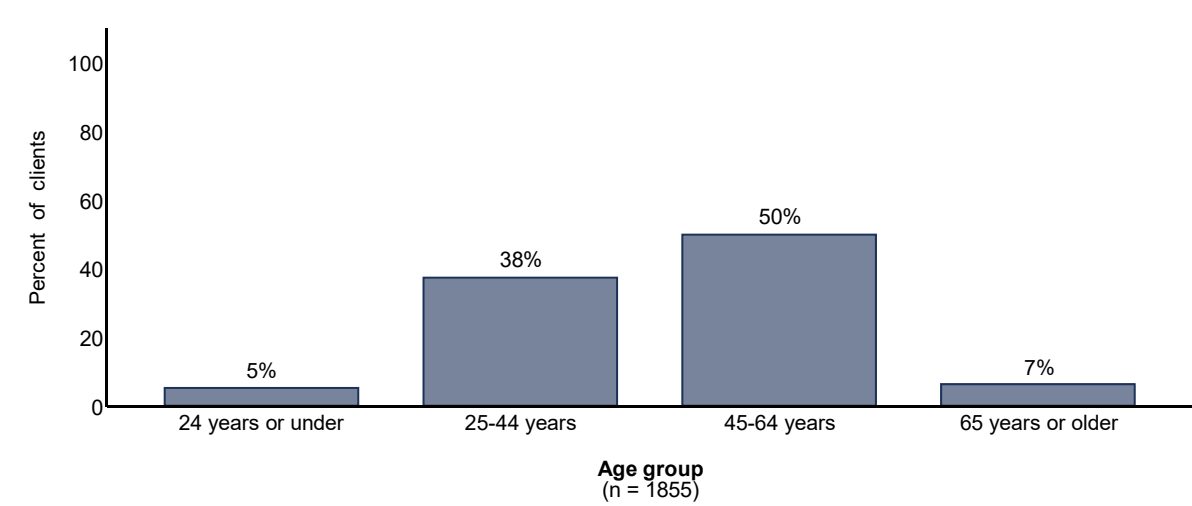


Figure A10. Primary Language



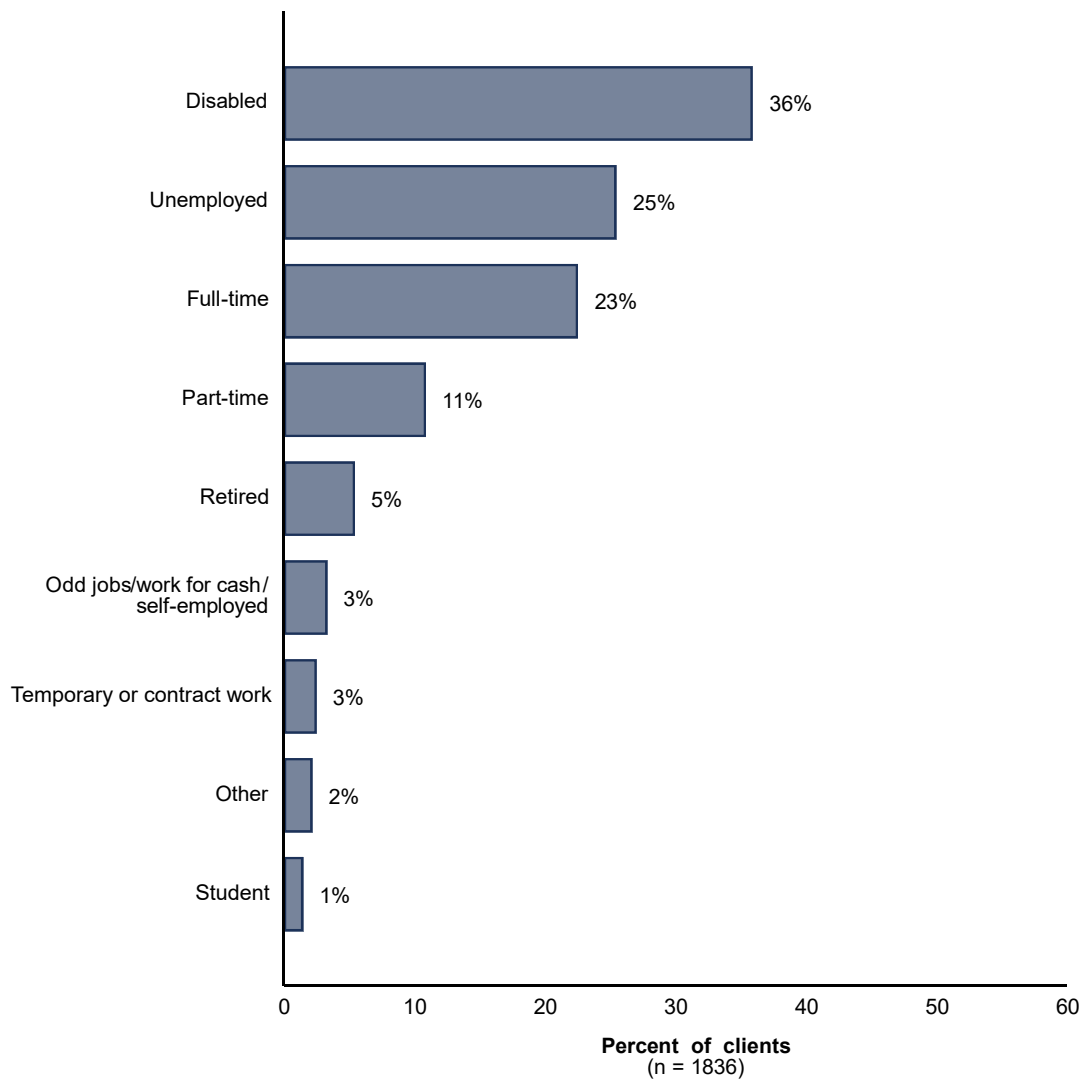
- The category *other* includes 5 individuals who specifically chose *other* (0.3%), along with 17 individuals who selected *Spanish* (0.9%).

Figure A11. Age of Respondents



EMPLOYMENT

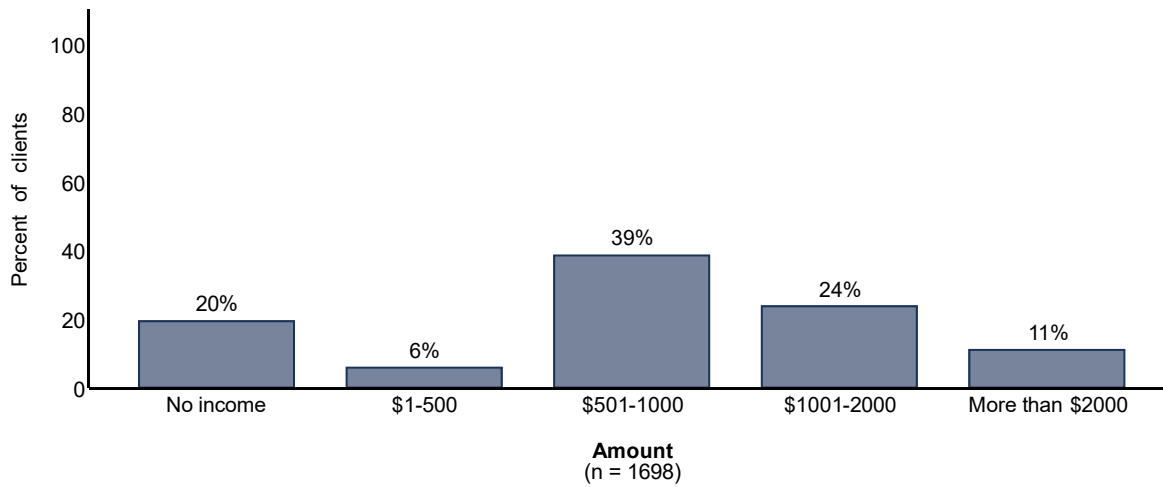
Figure A12. Employment Status



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,836 individuals who responded to this question, 160 (8.7%) reported two or more categories of employment.

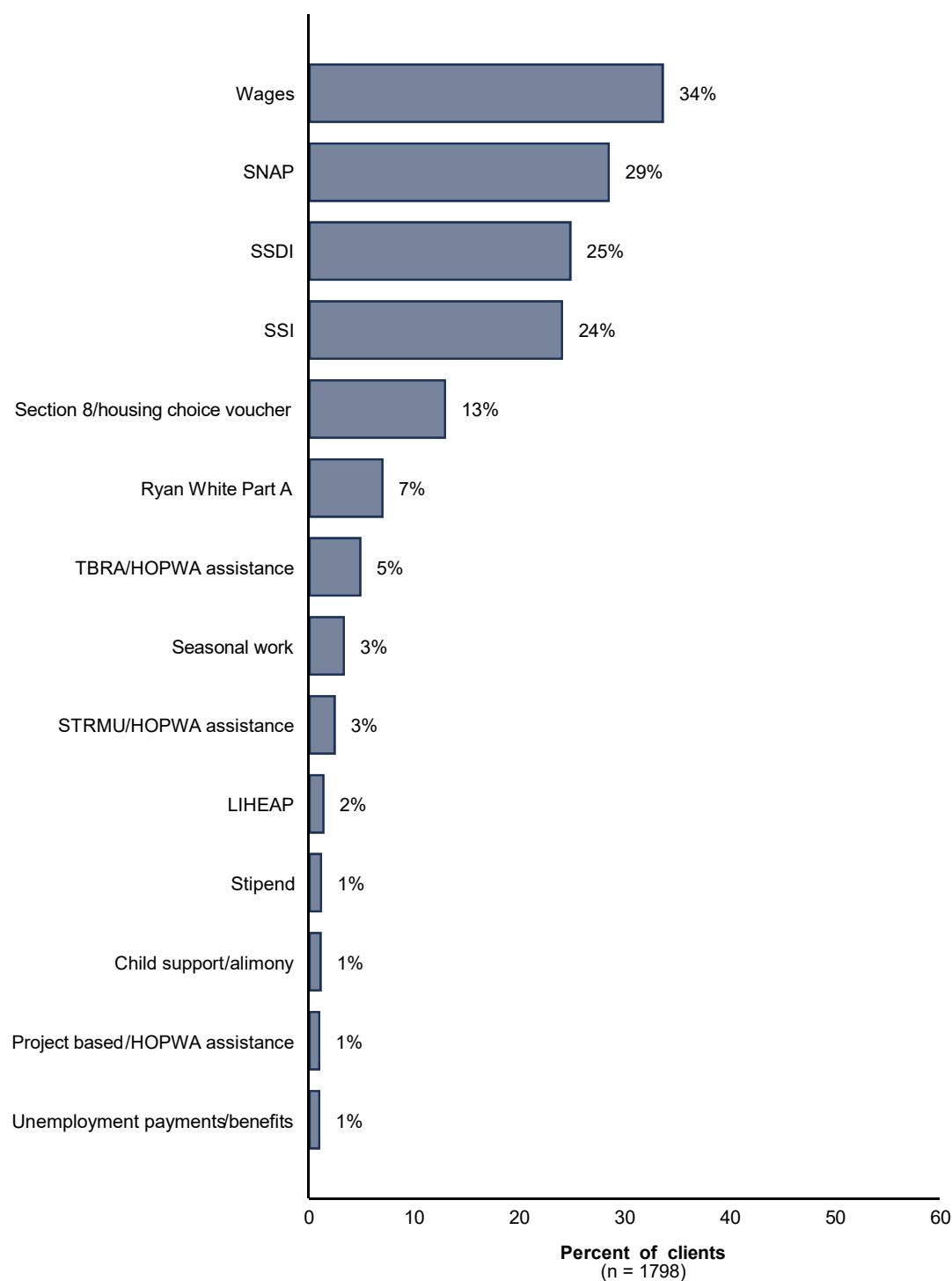
INCOME

Figure A13. Household Income in Month Prior to Survey



- Included in calculations and presented in this figure are 42 outliers reported by 72 respondents in the *More than \$2,000* category. The reported monthly incomes for these 72 respondents range from \$3,800 to \$125,000.

Figure A14. Sources of Income and Assistance



- Included in calculations but not presented in this figure are 356 individuals (19.8%) who selected *I didn't receive any wages, financial assistance, or housing assistance in the last six months*, 13 individuals (0.7%) who reported receiving *TANF*, 5 individuals (0.3%) who reported receiving *FEMA assistance*, and 3 individuals (0.2%) who reported receiving *veteran's housing*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,798 individuals who responded to this question, 339 (18.9%) 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

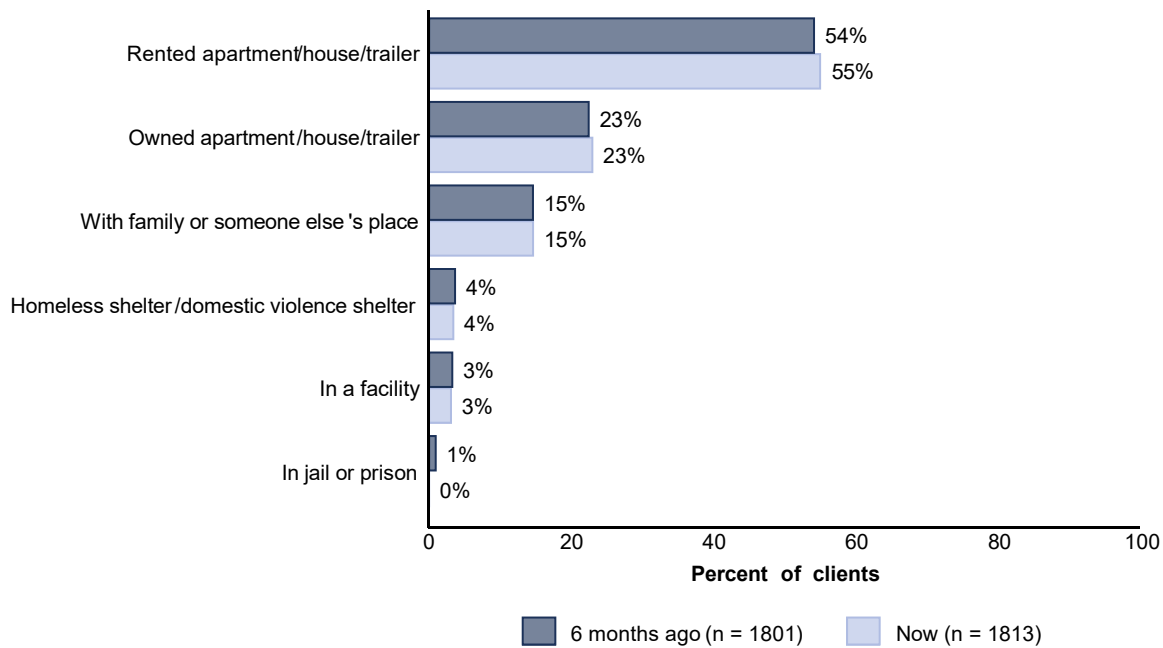
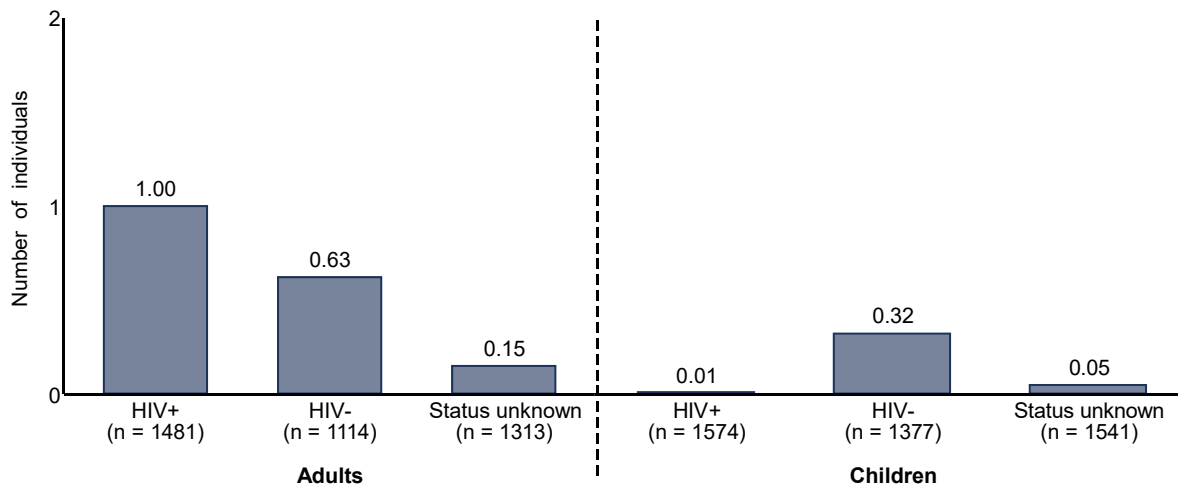


Figure A16. Average Number of Adults and Children in Household by HIV Status



- All clients who responded to the questions on HIV status of children in the household are included in this figure; of the 1,415 individuals who responded to the question *how many children (under age 18) live in your household*, 1,107 (78.2%) indicated 0 children.

Figure A17. Number of Bedrooms in Respondents' Residences

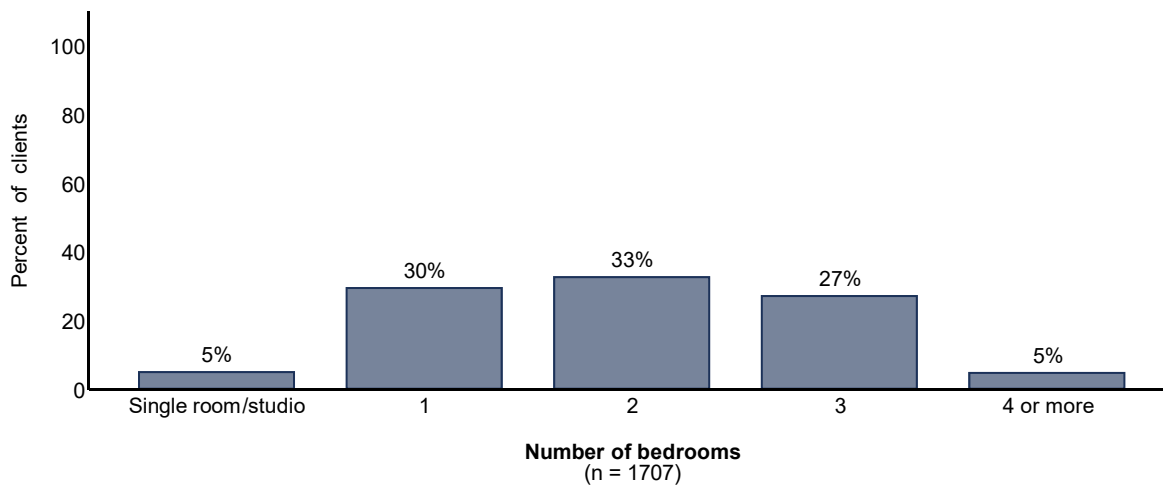


Figure A18. Length of Time at Current Residence

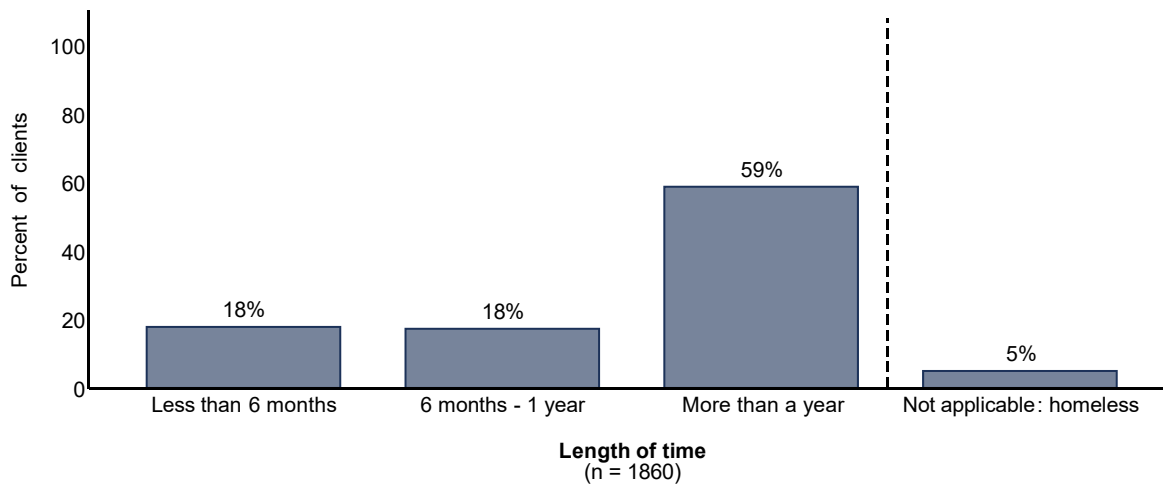


Figure A19. Nights Spent Homeless or Without a Place to Sleep in the Last 12 Months

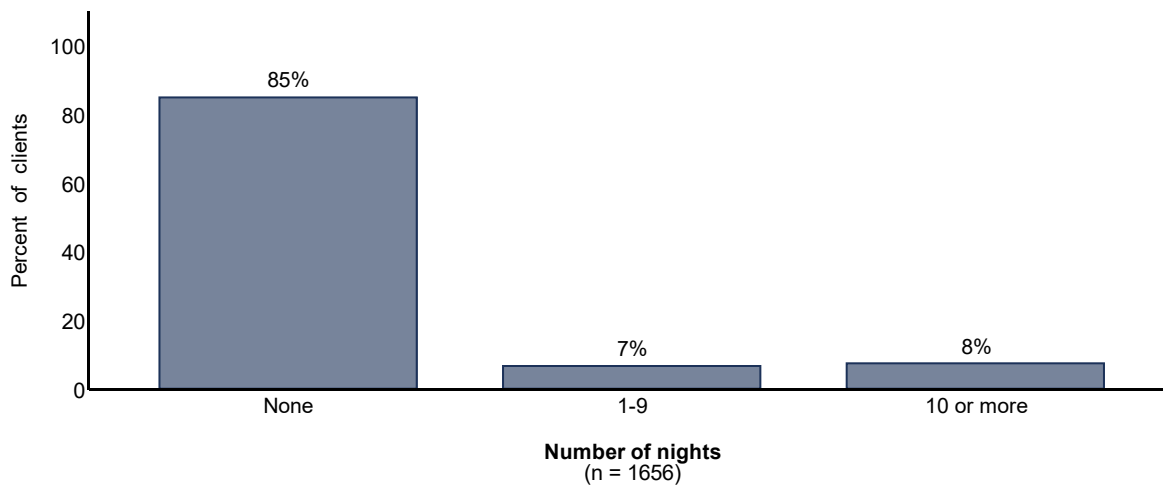


Figure A20. Had Trouble Obtaining Housing in the Last 12 Months

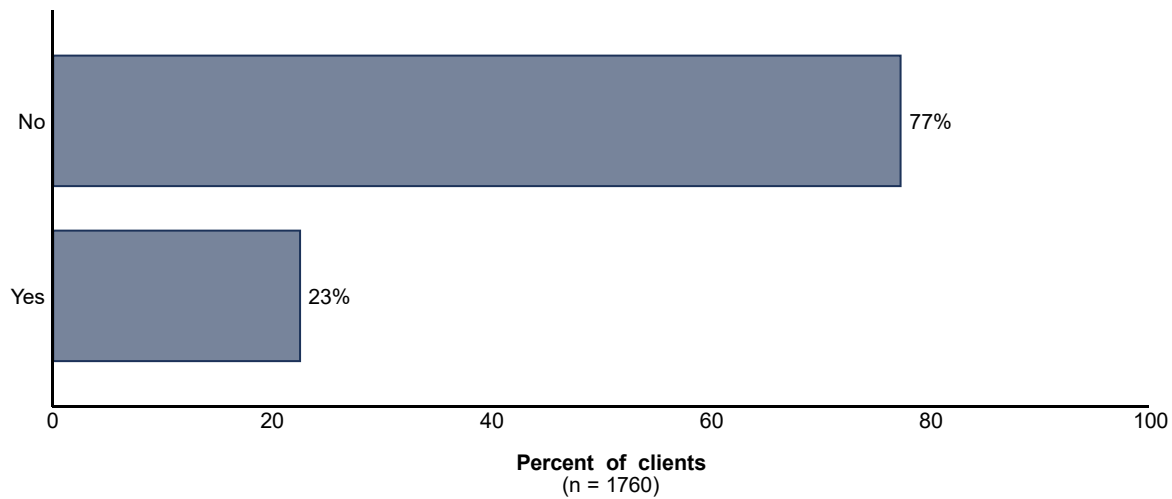
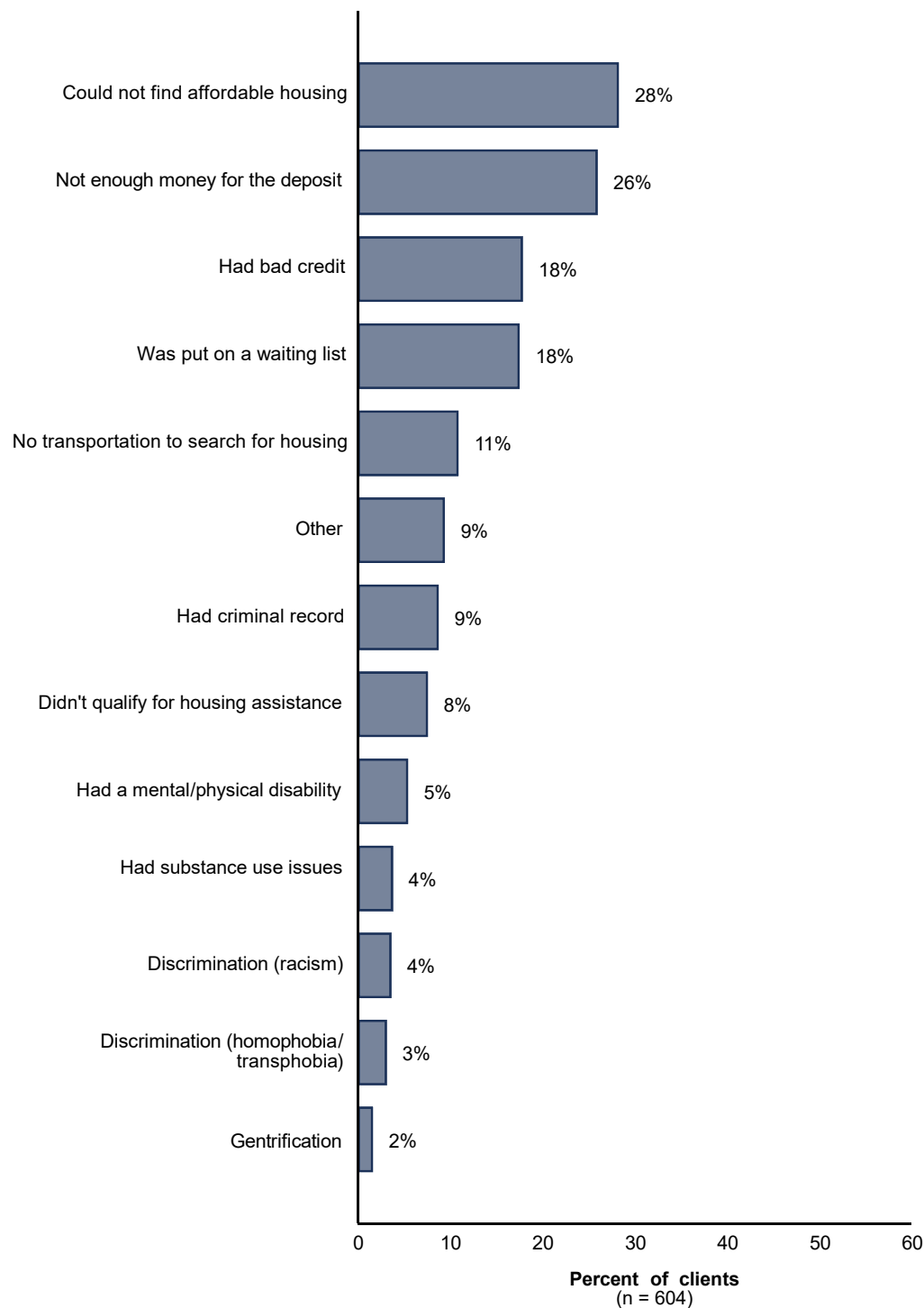
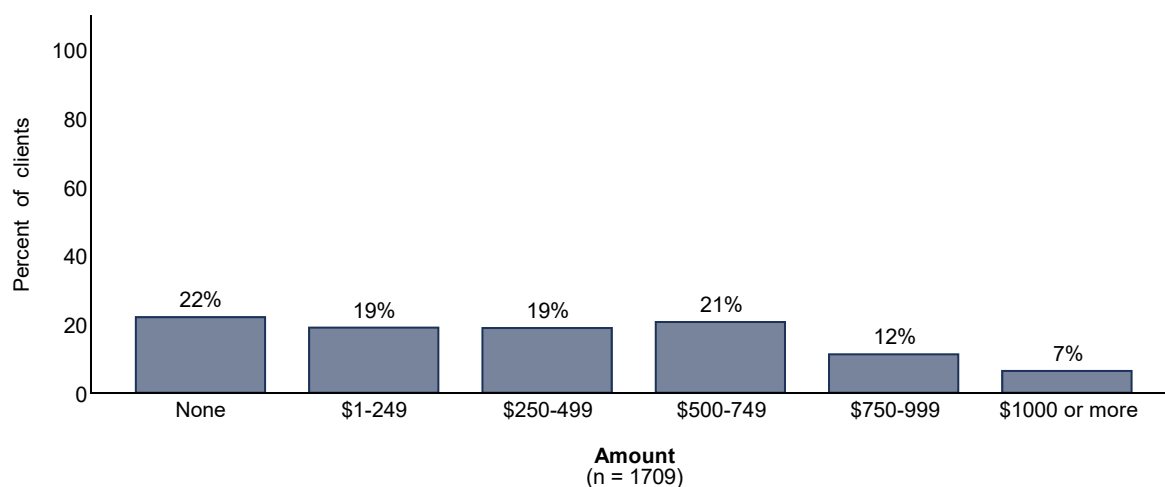


Figure A21. Barriers to Obtaining or Remaining in Housing



- Included in calculations but not presented in this figure are 235 individuals (38.9%) who selected *I did not have any problems*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 604 individuals who responded to this question, 202 (33.4%) reported experiencing two or more barriers to obtaining housing.

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



- Included in calculations and presented in this figure are six outliers reported by six respondents in the *\$1,000 or more* category. The reported "out-of-pocket" rent/mortgage contribution for these respondents ranged from \$2,400 to \$37,500.
- Of the 1,327 individuals who reported that they do contribute to their rent/mortgage, 1,302 responded to a question about utilities. Out of these 1,302 individuals, out-of-pocket rent/mortgage payments included *water* (46.2%), *garbage* (28.4%), *electric* (42.7%), *gas* (23.0%), or *no utilities* (42.1%). An additional 96 individuals responded to a question about utilities but did not identify their monetary out-of-pocket rent/mortgage contribution. Out of these 96 individuals, out-of-pocket rent/mortgage payments included *water* (34.4%), *garbage* (17.7%), *electric* (34.4%), *gas* (27.1%), or *no utilities* (53.1%).

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

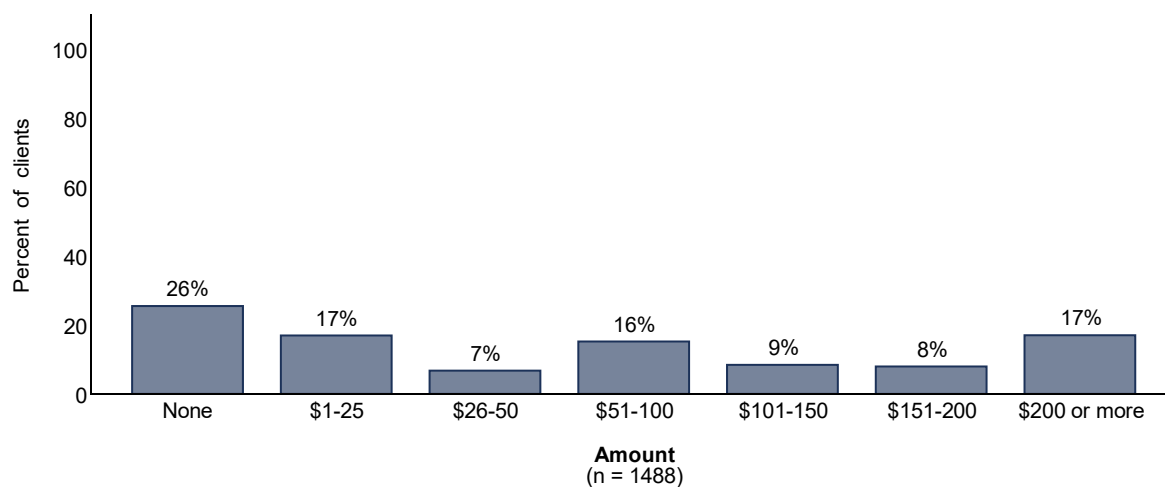


Figure A24. Had to Move Because Could No Longer Afford Home

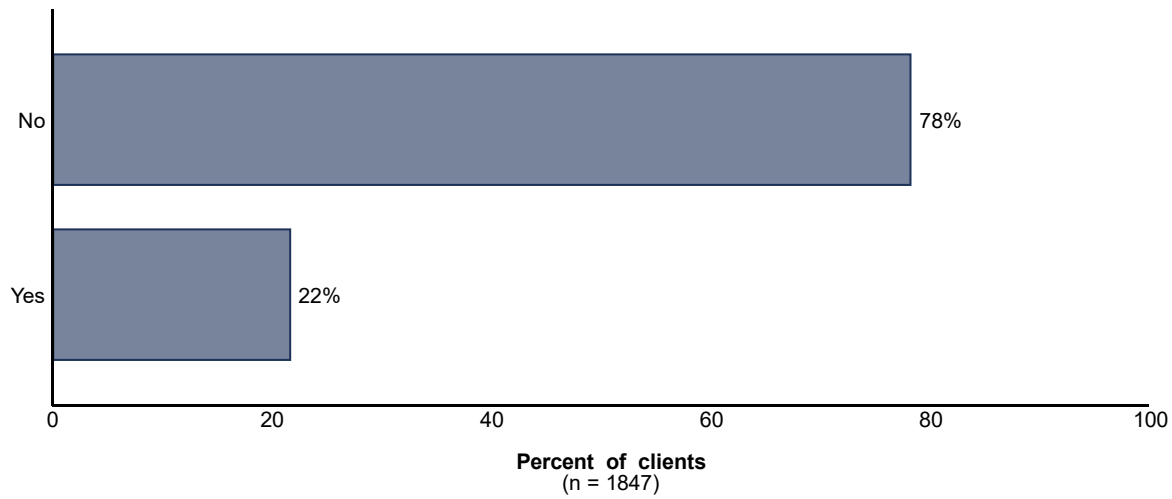


Figure A25. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Last 12 Months

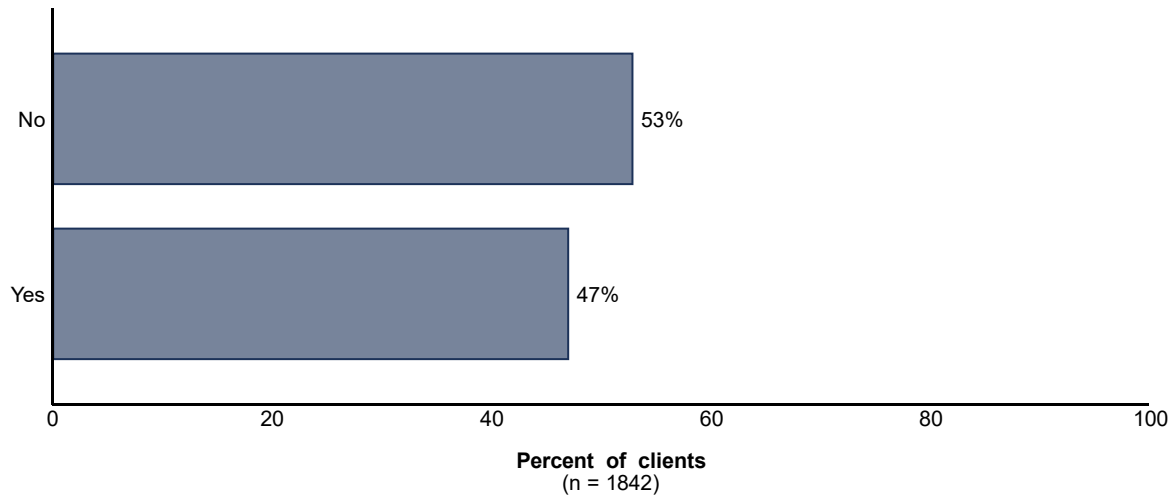
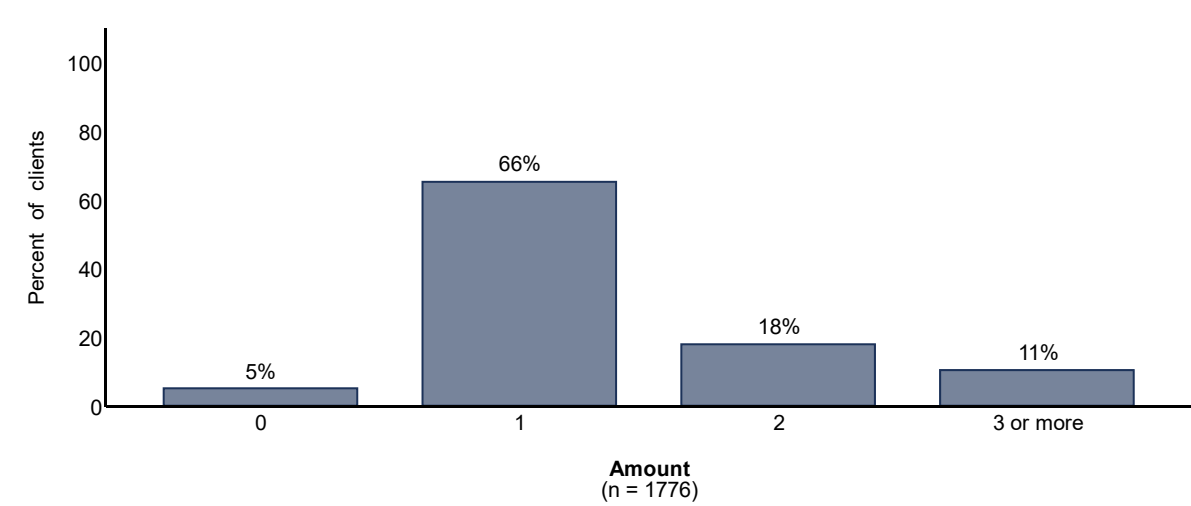


Figure A26. Number of Places Lived in Last 12 Months



SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

Figure B1. Health Insurance Status

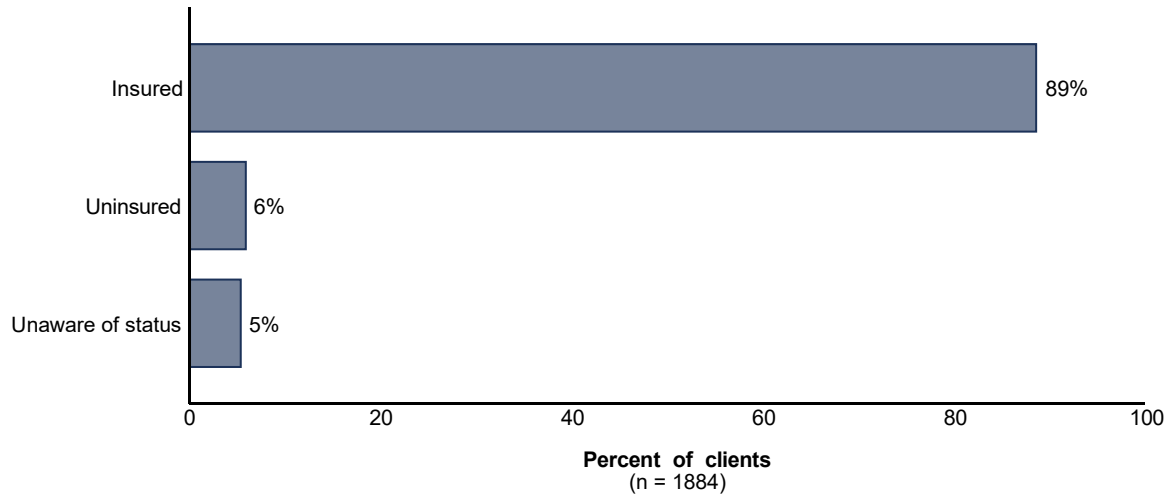
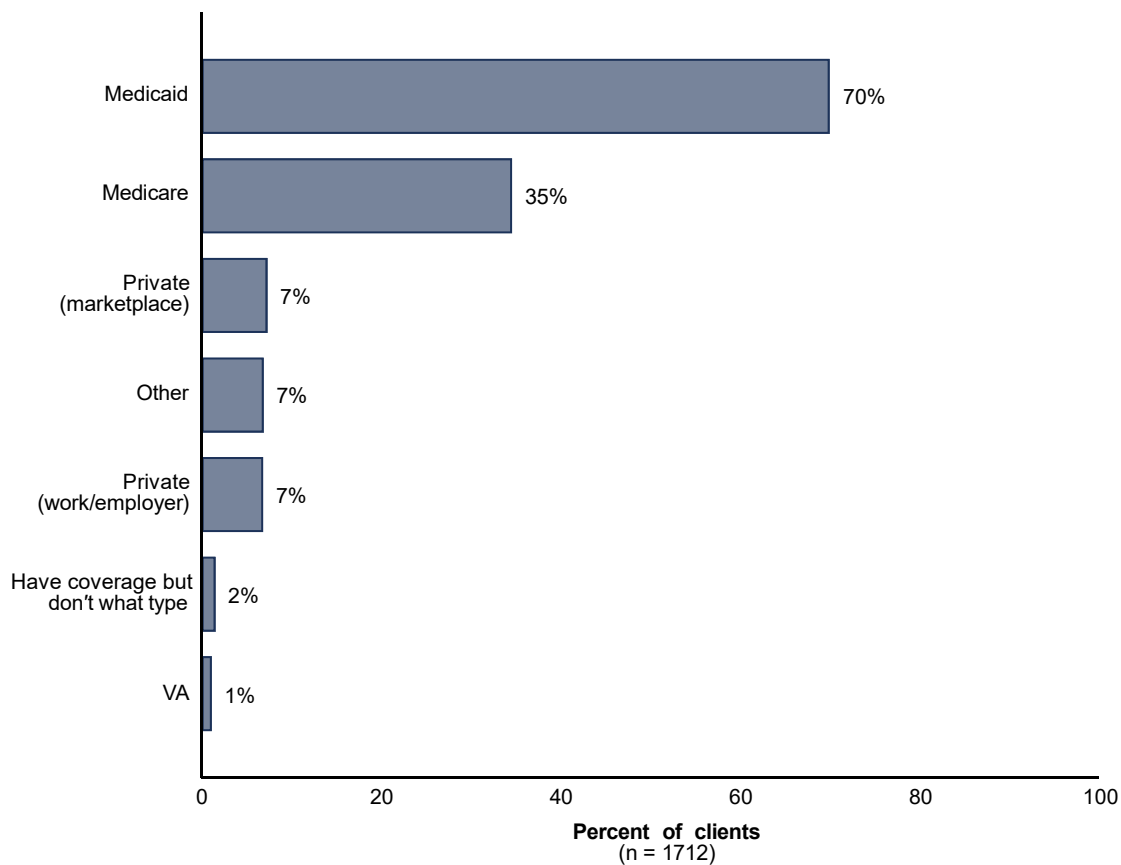
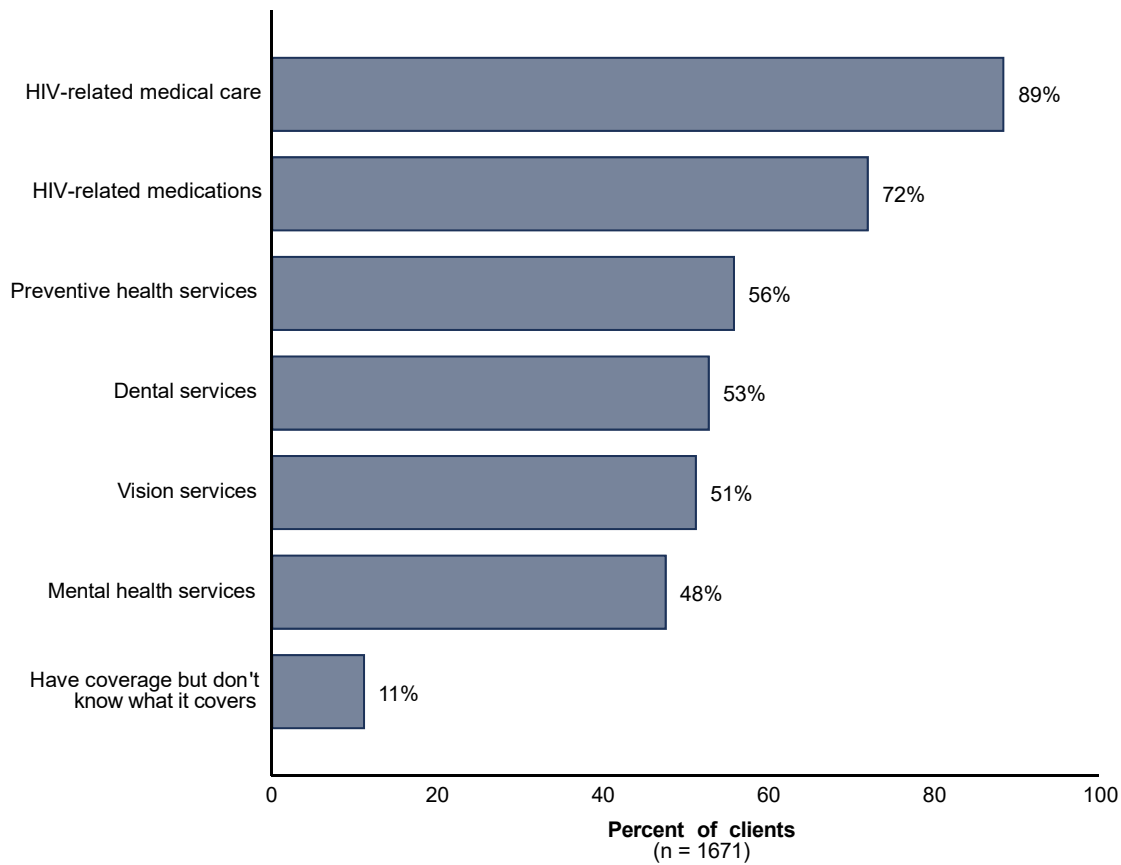


Figure B2. Sources of Health Insurance



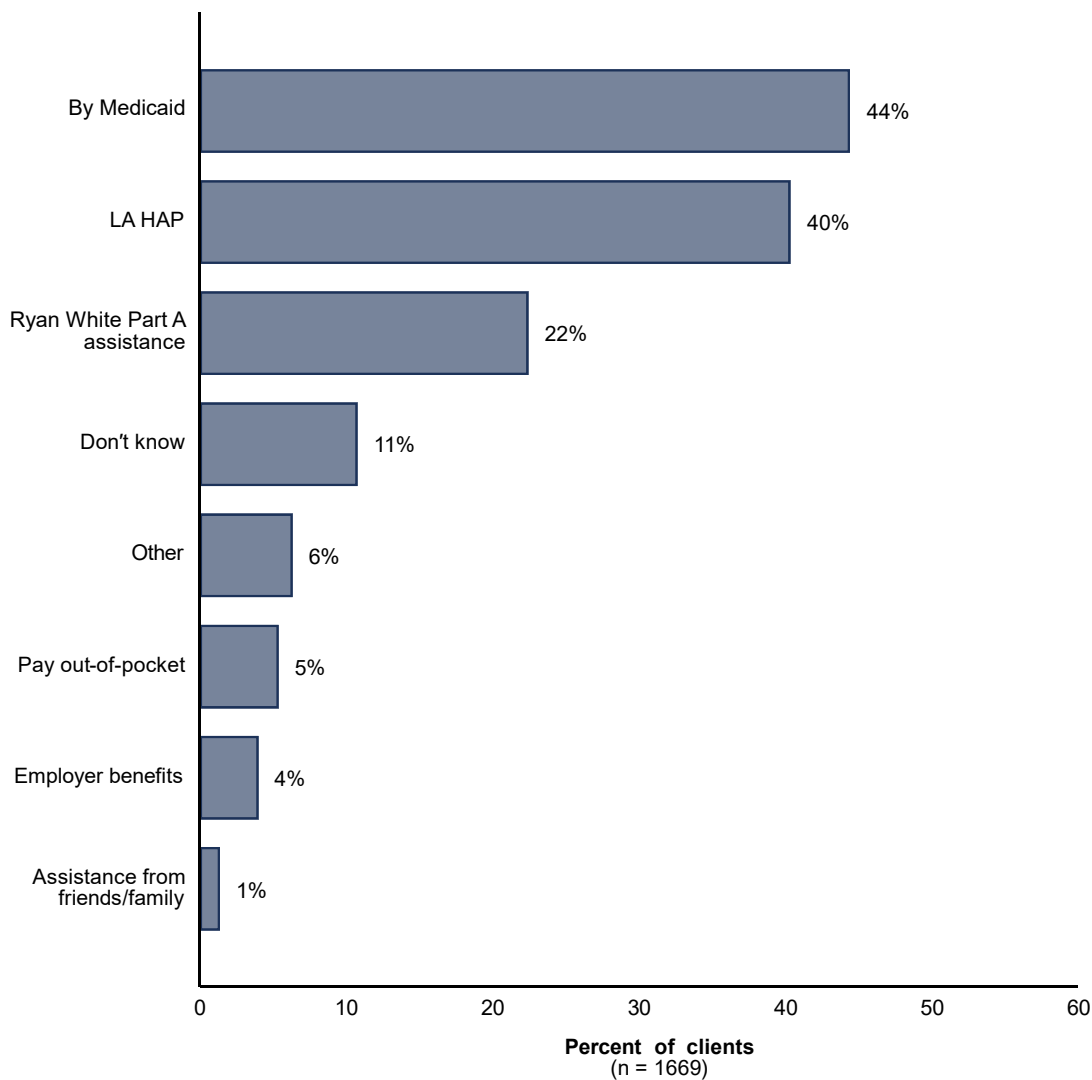
- Included in calculations but not presented in this figure are 13 individuals (0.8%) who selected *private plan through parent or spouse*, 9 individuals (0.5%) who selected *COBRA* (i.e., continuation of insurance paid through last employer), and 7 individuals (0.4%) who selected *TRICARE or other military health care*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,712 individuals who responded to this question, 451 (26.3%) reported having two or more sources of health insurance.

Figure B3. Health Insurance Coverage



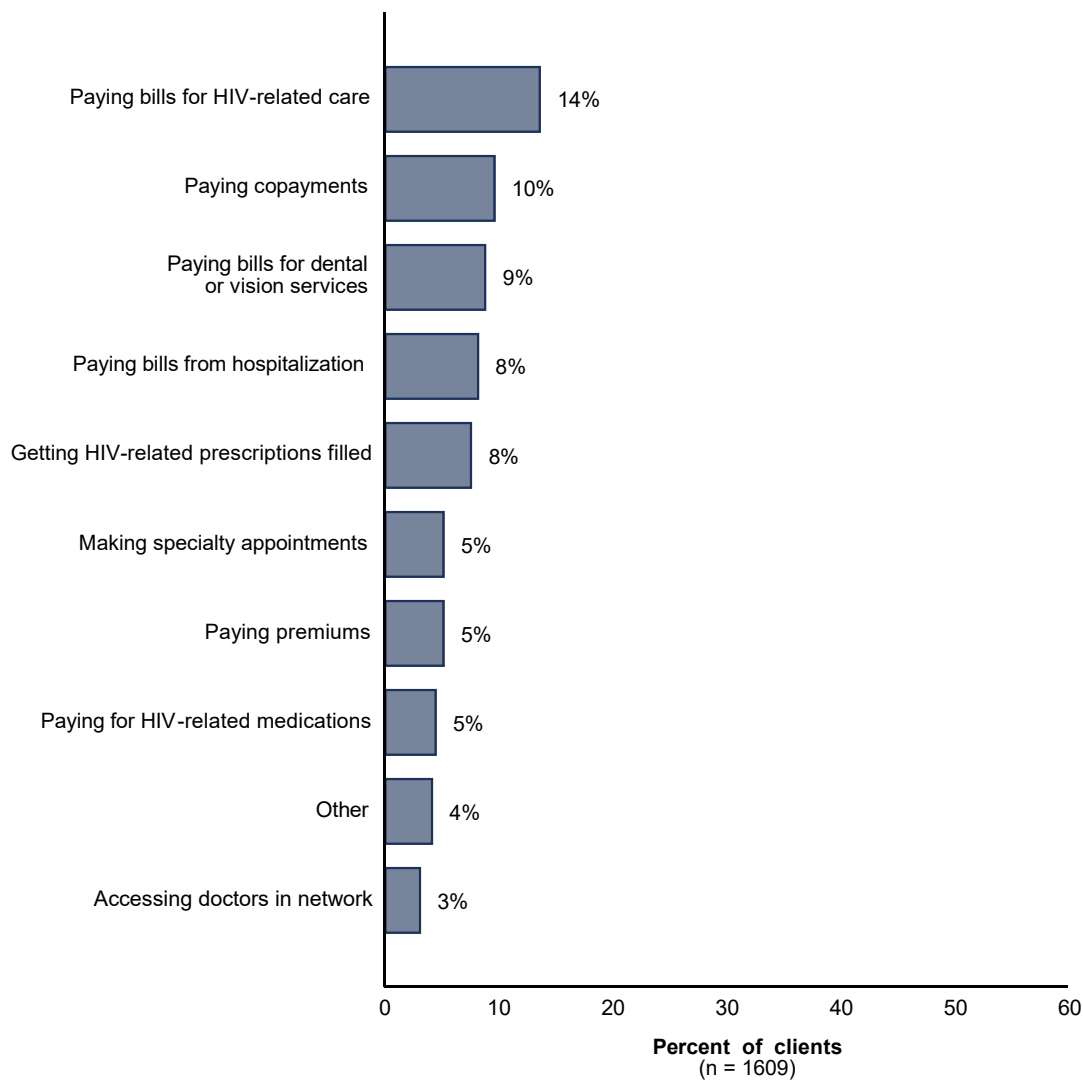
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,671 individuals who responded to this question, 1,362 (81.5%) reported having health insurance coverage for two or more types of medical services.

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



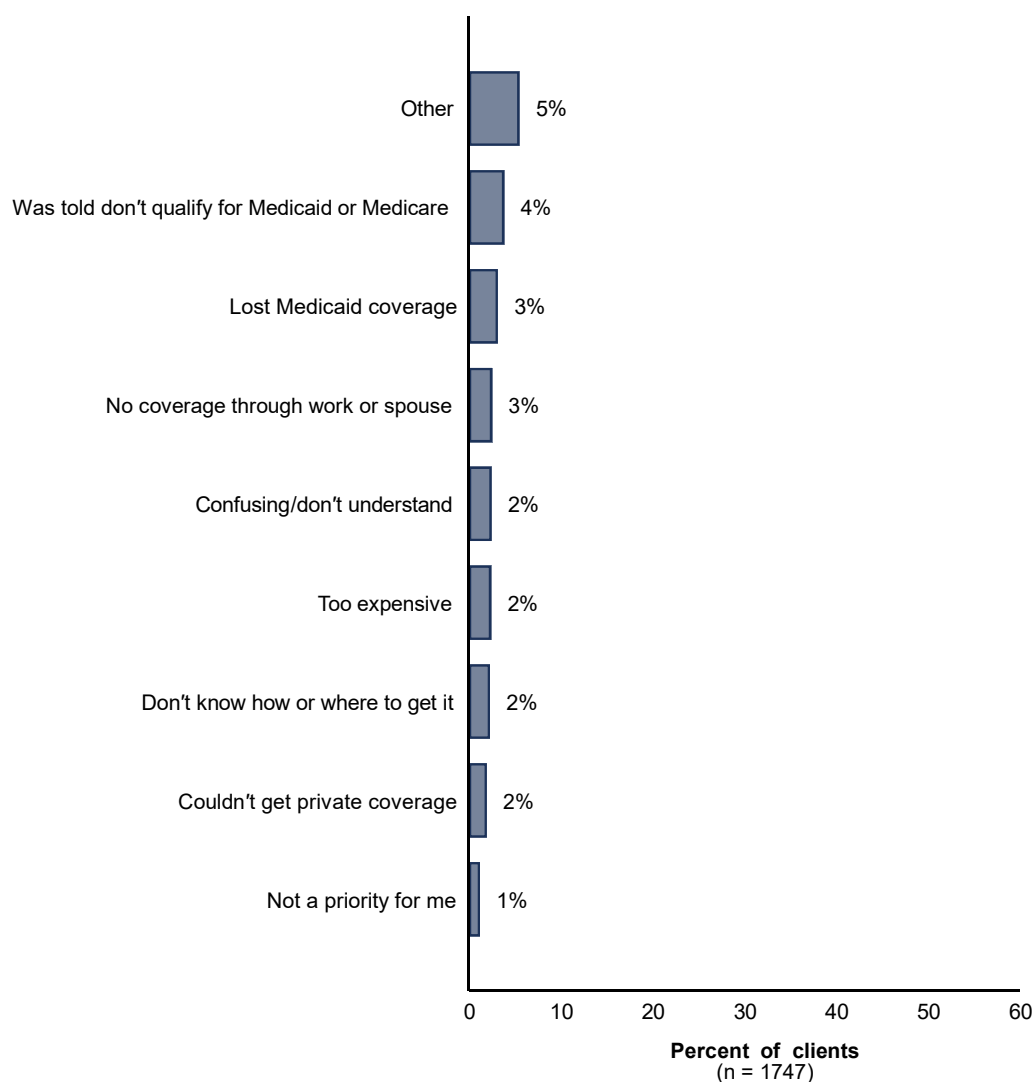
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,669 individuals who responded to this question, 448 (26.8%) reported two or more methods of payment for premiums.

Figure B5. Problems Encountered with Health Insurance



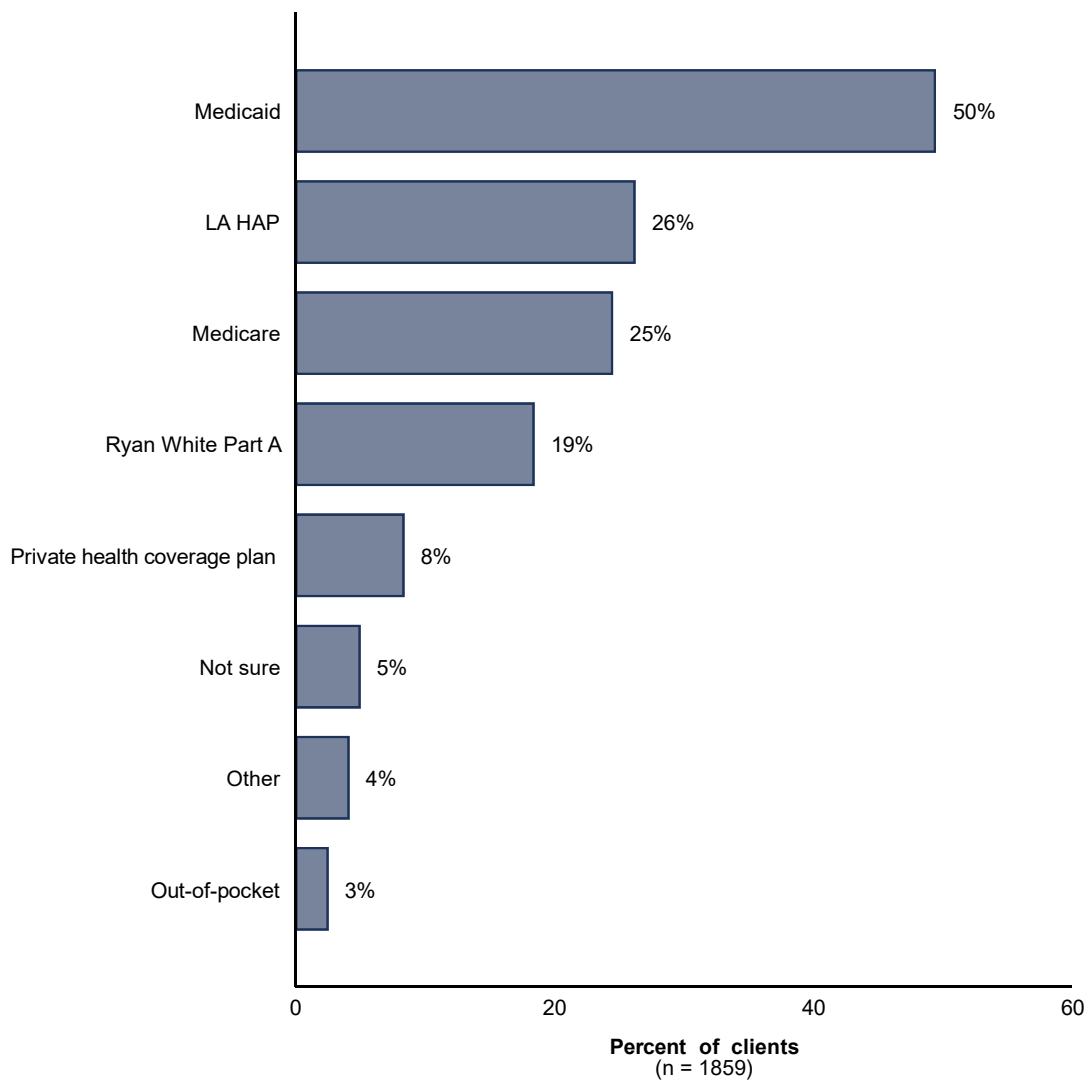
- Included in calculations but not presented in this figure are 1,034 individuals (64.3%) who selected *None of these. I haven't had any problems with my insurance or health care plan(s).*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,609 individuals who responded to this question, 251 (15.6%) reported two or more problems.

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



- Notably, 1,388 individuals (79.5%) 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. Also included in calculations but not presented in this figure are 16 individuals (0.9%) who 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 1,747 individuals who responded to this question, 63 (3.6%) reported two or more barriers.

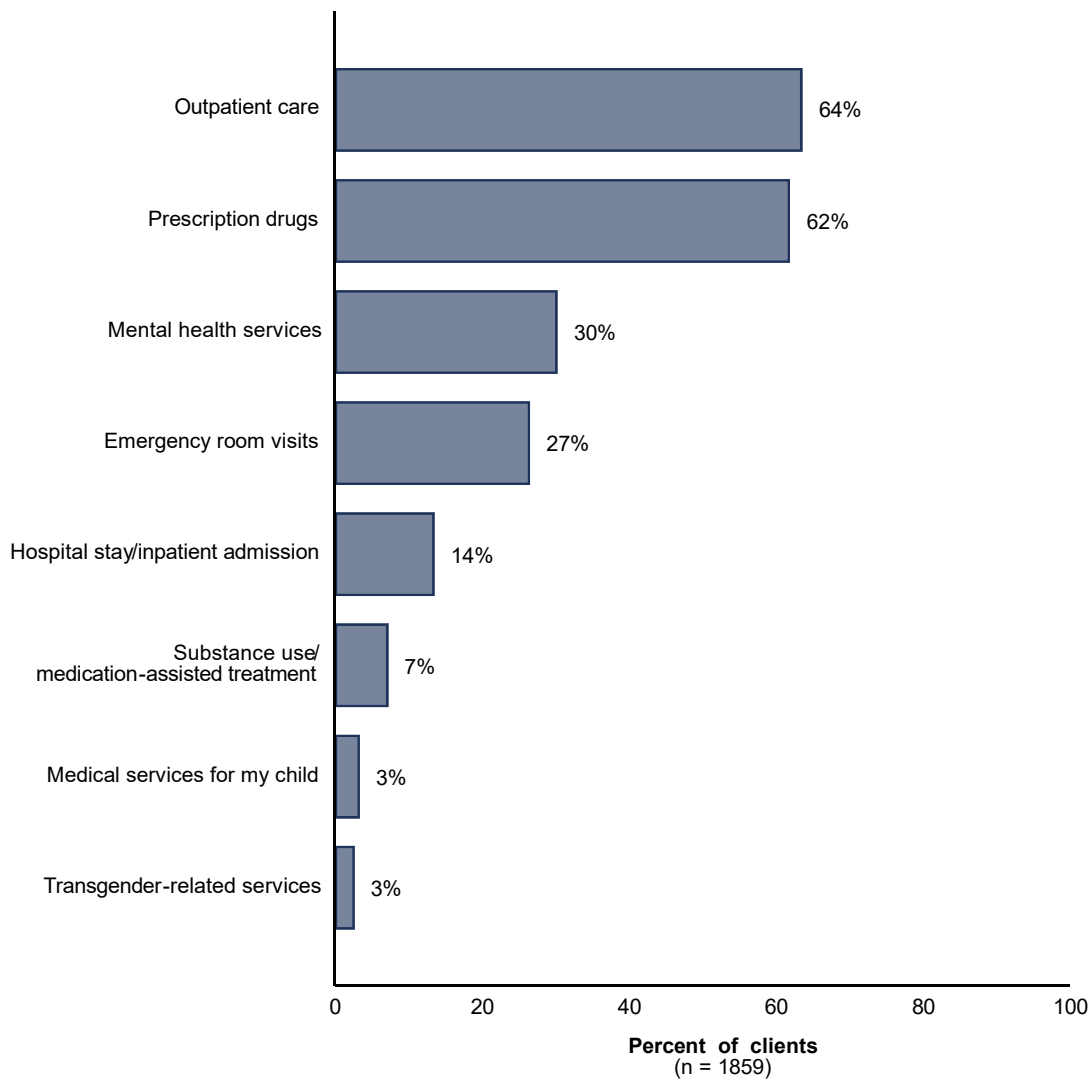
Figure B7. Method of Payment for HIV-Related Medications



- Included in calculations but not presented in this figure are 162 individuals (8.7%) 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 1,859 individuals who responded to this question, 638 (34.3%) 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 267 individuals (14.4%) who selected *I did not need any of these services* and 17 individuals (0.9%) who 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 1,859 individuals who responded to this question, 1,131 (60.8%) reported a need for two or more services.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

Figure C1. Overall Health

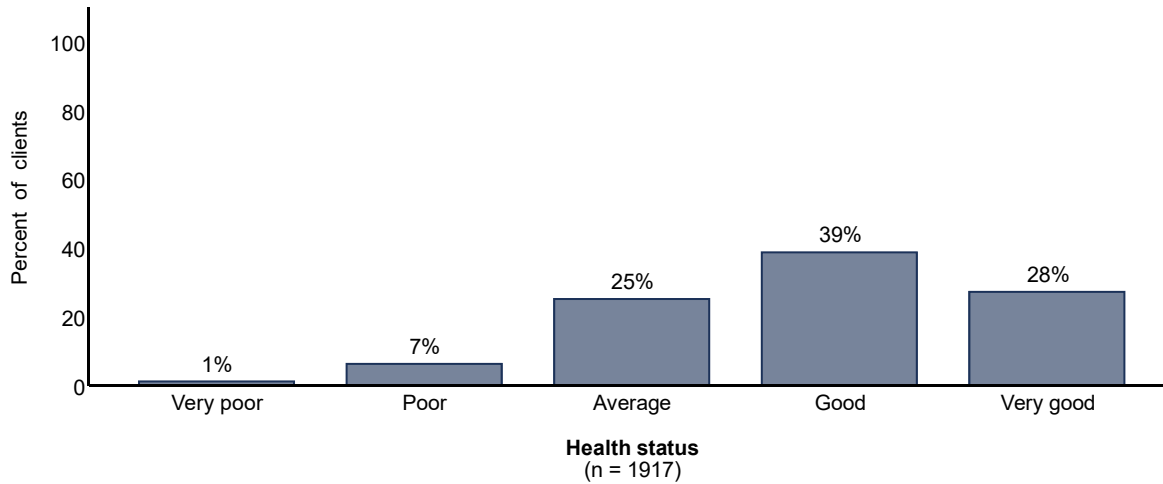


Figure C2. Current Viral Load

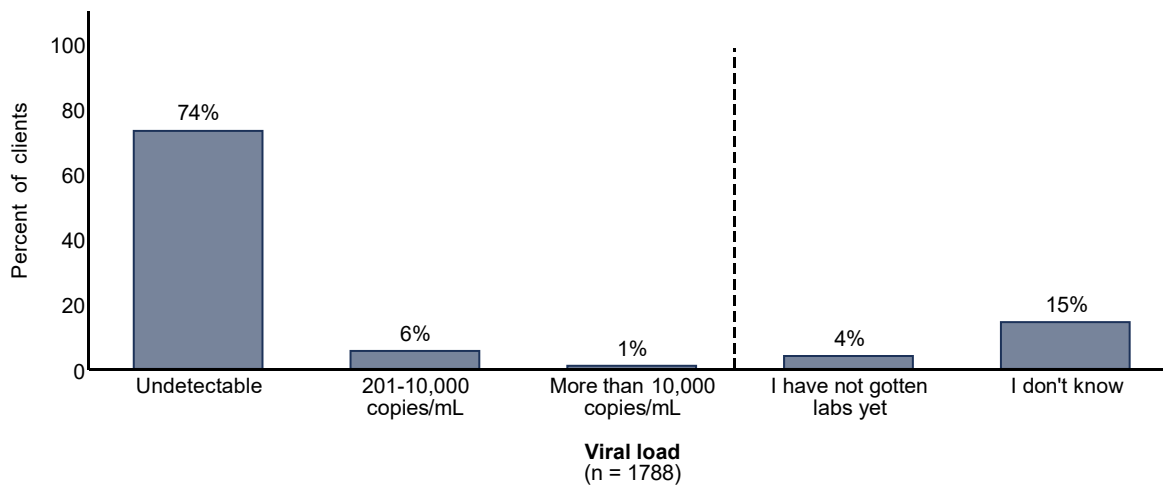
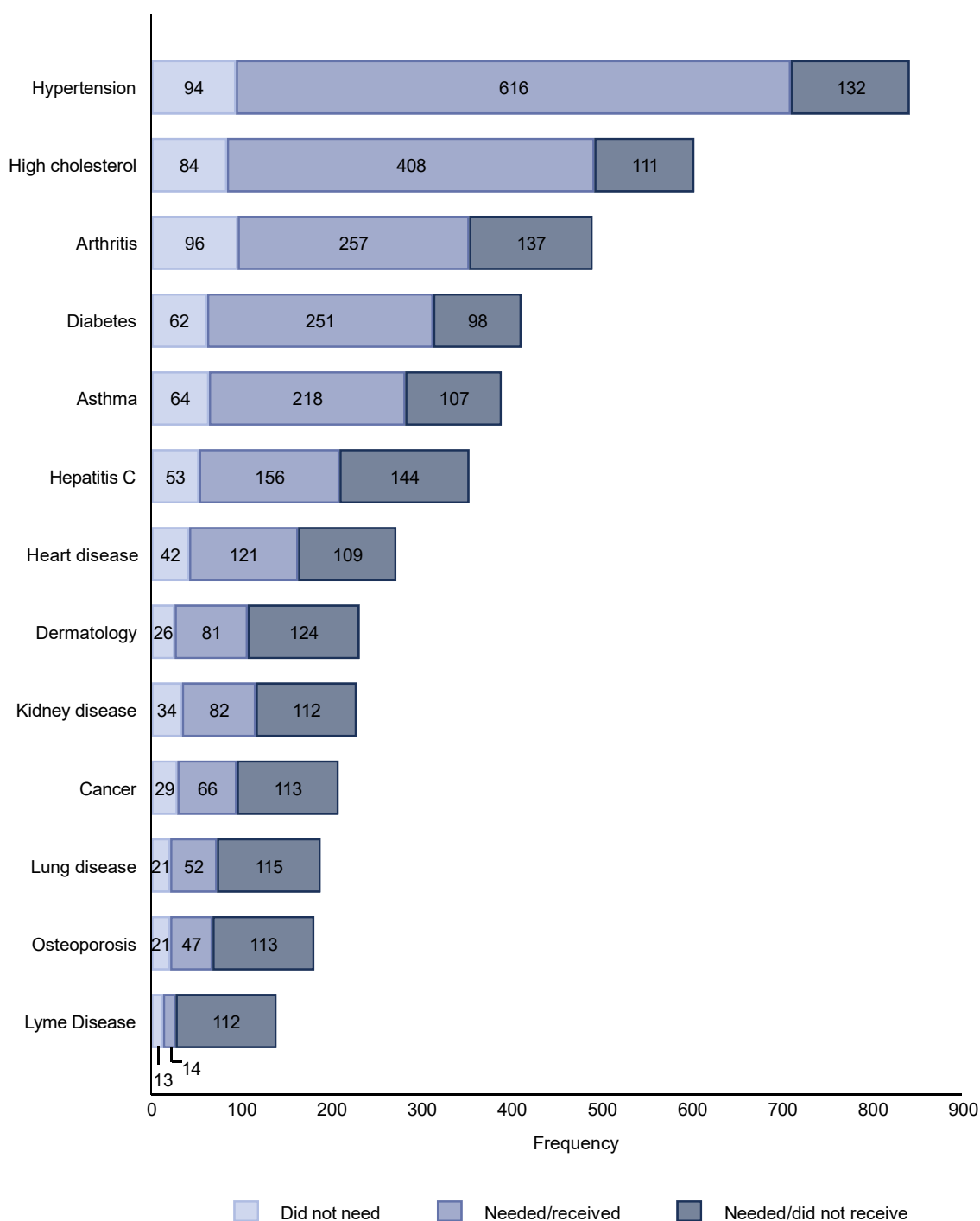
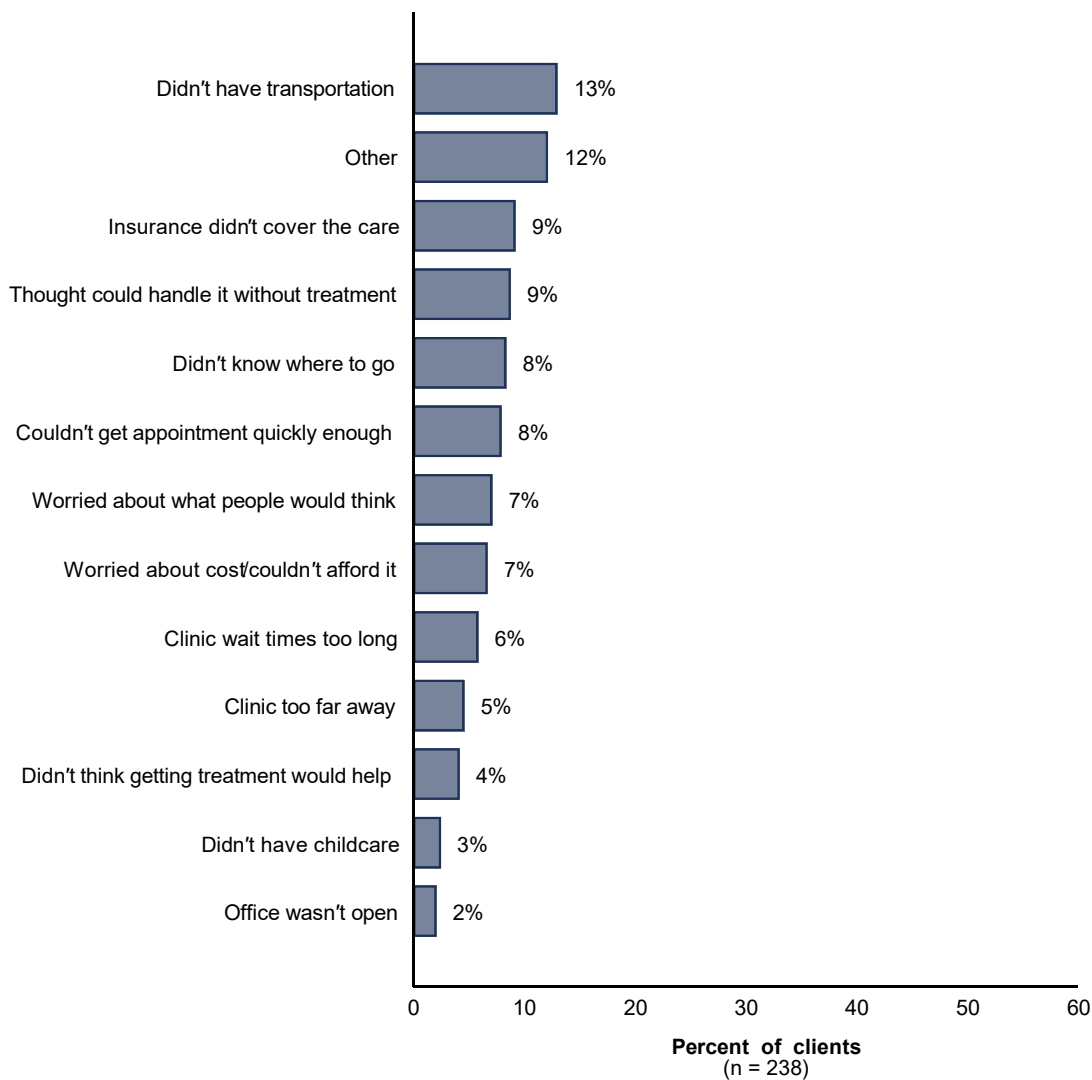


Figure C3. Medical Diagnoses



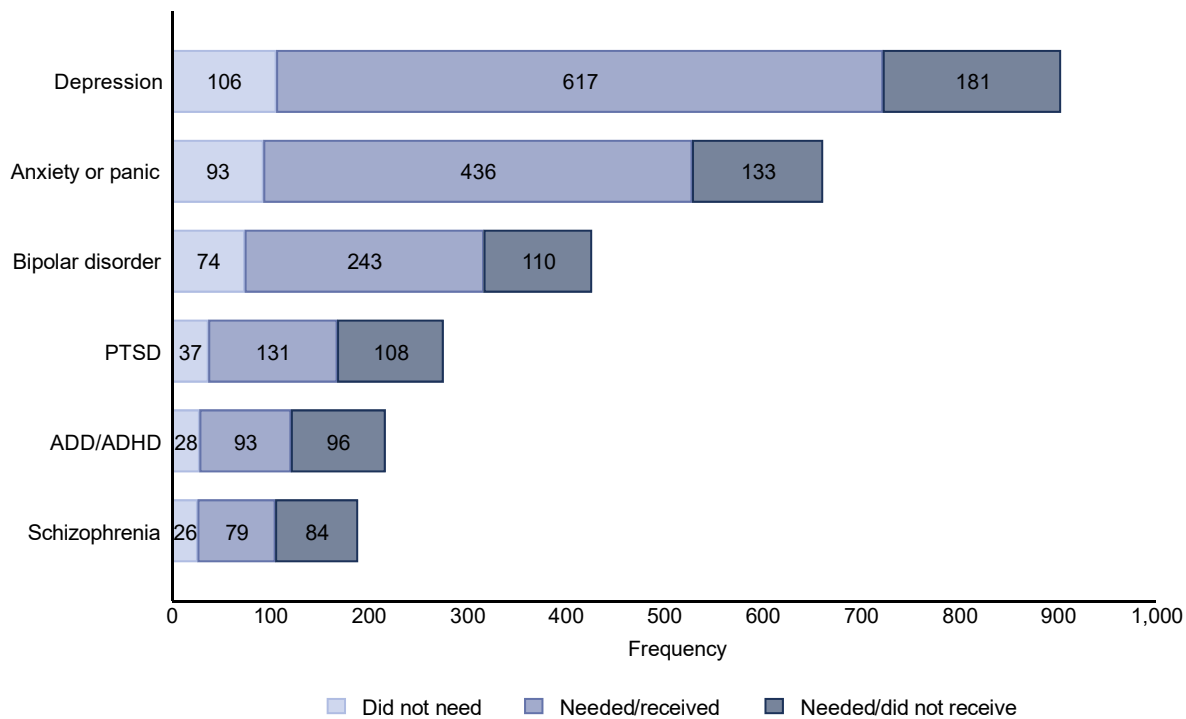
- Included in calculations but not presented in this figure are 140 individuals who indicated that they were diagnosed with some other medical condition, of which 33 did not need treatment, 92 needed/received treatment, and 15 needed/did not receive treatment. Fifty-four individuals indicated a second 'other' medical condition, of which 19 did not need treatment, 26 needed/received treatment, and 9 needed/did not receive treatment. Twenty-six individuals indicated being diagnosed with a third 'other' medical condition, of which 13 did not need treatment, 12 needed/received treatment, and 1 needed/did not receive treatment.
- Nine hundred and fifty respondents reported two or more medical diagnoses.

Figure C4. Reasons Didn't Receive Needed Medical Care



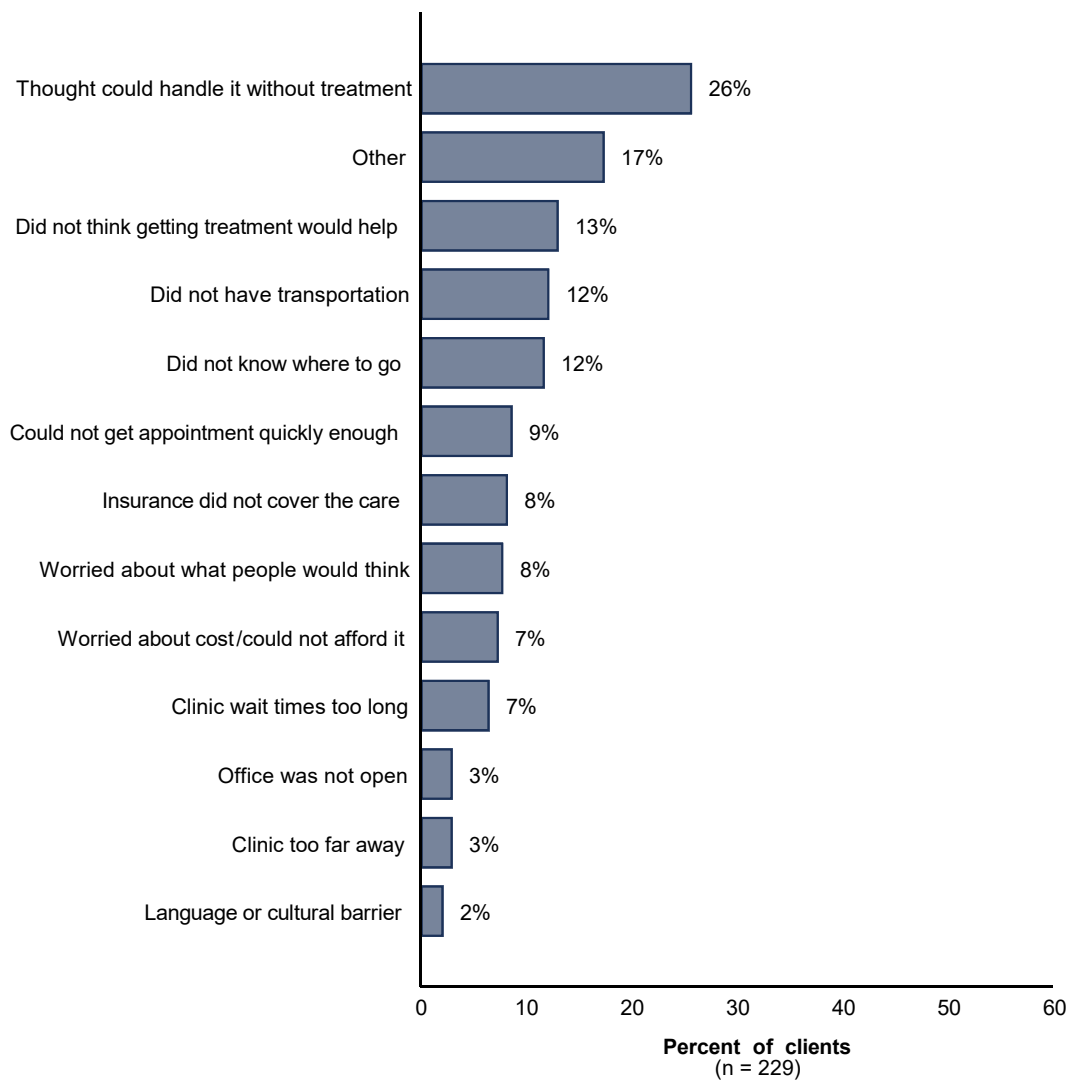
- Included in calculations but not presented in this figure are 101 individuals (42.4%) who selected *not applicable, I did receive the needed medical care* and 2 individuals (0.8%) who selected *I had a language or cultural barrier*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 238 individuals who responded to this question, 42 (17.6%) selected two or more reasons.

Figure C5. Mental Health Diagnoses



- Included in calculations but not presented in this figure are 36 individuals who indicated that they were diagnosed with some other mental health condition, of which 10 did not need treatment, 22 needed/received treatment, and 4 needed/did not receive treatment. Ten individuals indicated a second 'other' mental health condition, of which 3 did not need treatment, 6 needed/received treatment, and 1 needed/did not receive treatment. Twelve individuals indicated being diagnosed with a third 'other' mental health condition, of which 7 did not need treatment, 4 needed/received treatment, and 1 needed/did not receive treatment.
- Seven hundred and twenty-one 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 61 individuals (26.6%) who selected *not applicable, I did receive the needed medical care* and 1 individual (0.4%) who selected *didn't have childcare*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 229 individuals who responded to this question, 64 (27.9%) selected two or more reasons.

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

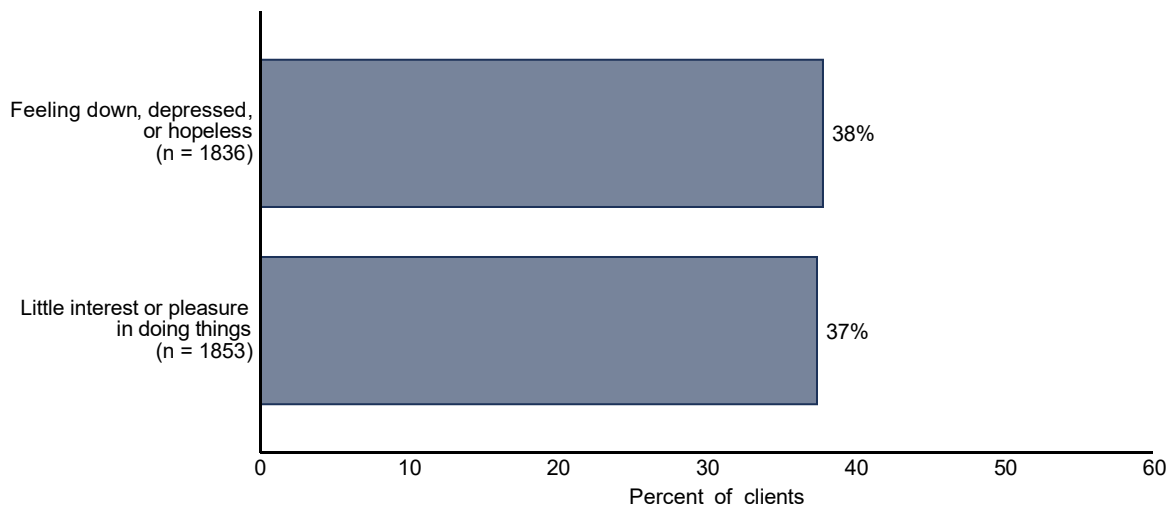
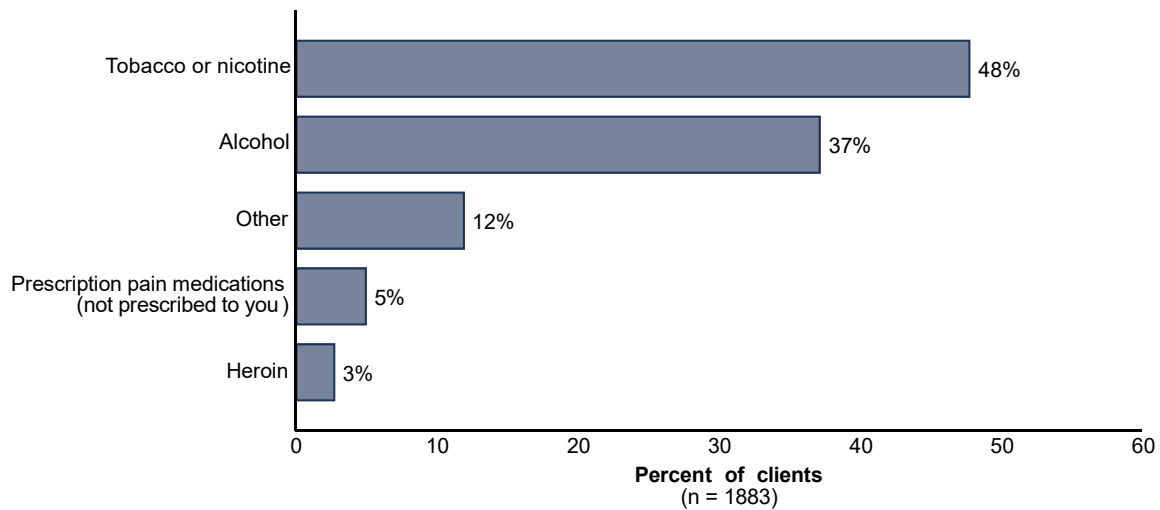


Figure C8. Self-Reported Substance Use in Past 12 Months



- Included in calculations but not presented in this figure are 589 individuals (31.3%) 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 1,883 respondents who indicated they used at least one of these substances, 521 (27.7%) reported using two or more substances.

HEALTH SEEKING BEHAVIOR

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

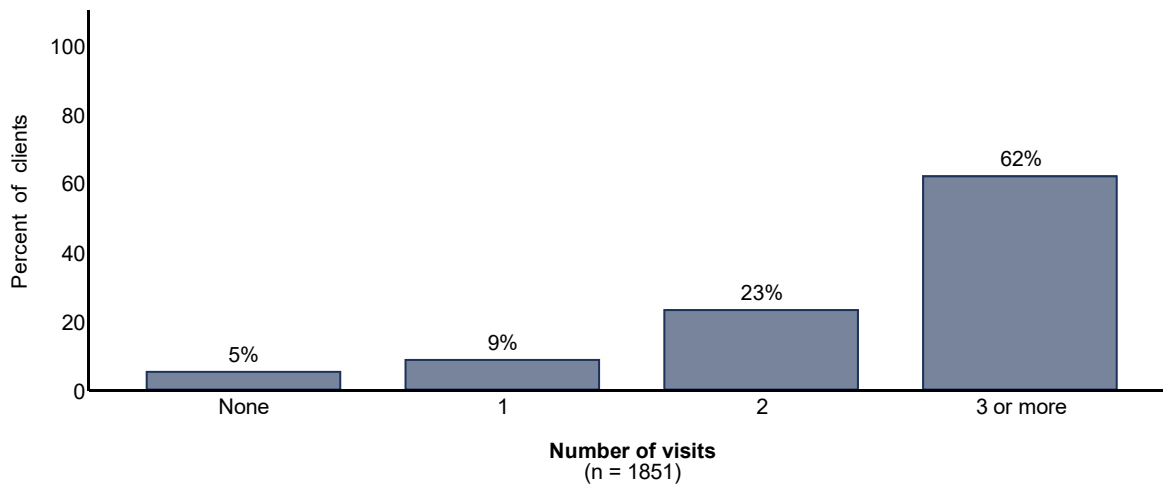


Figure C10. Places Where Respondent Regularly Receives Medical Care, Including HIV-Related Care

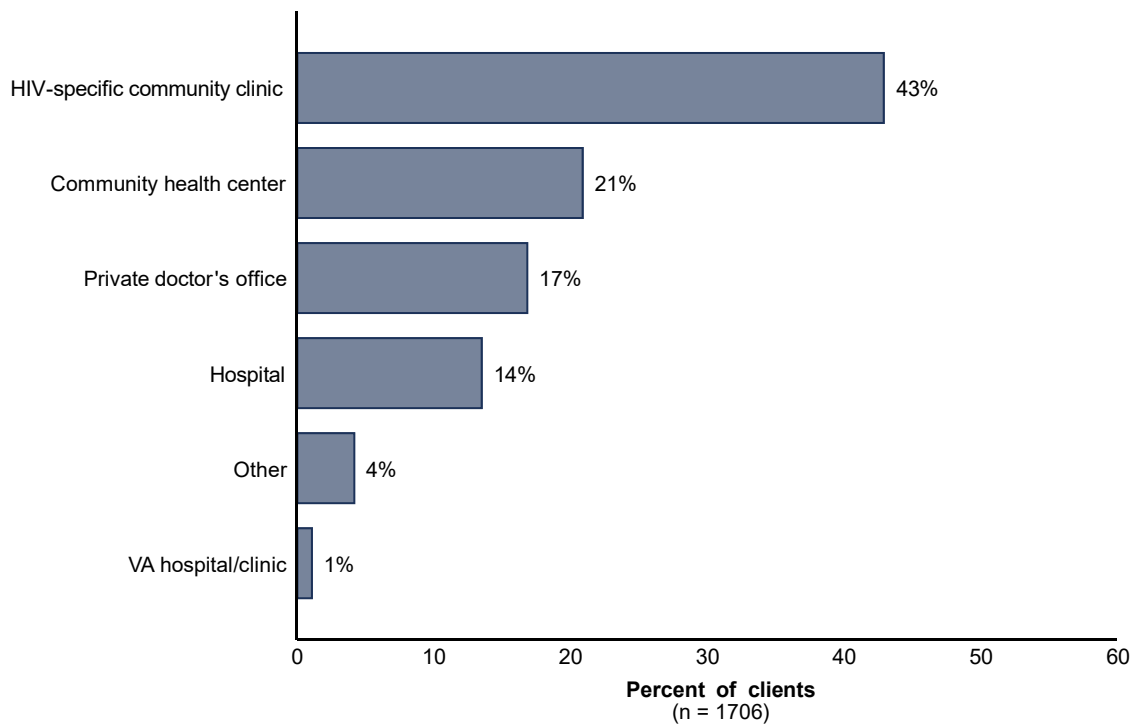
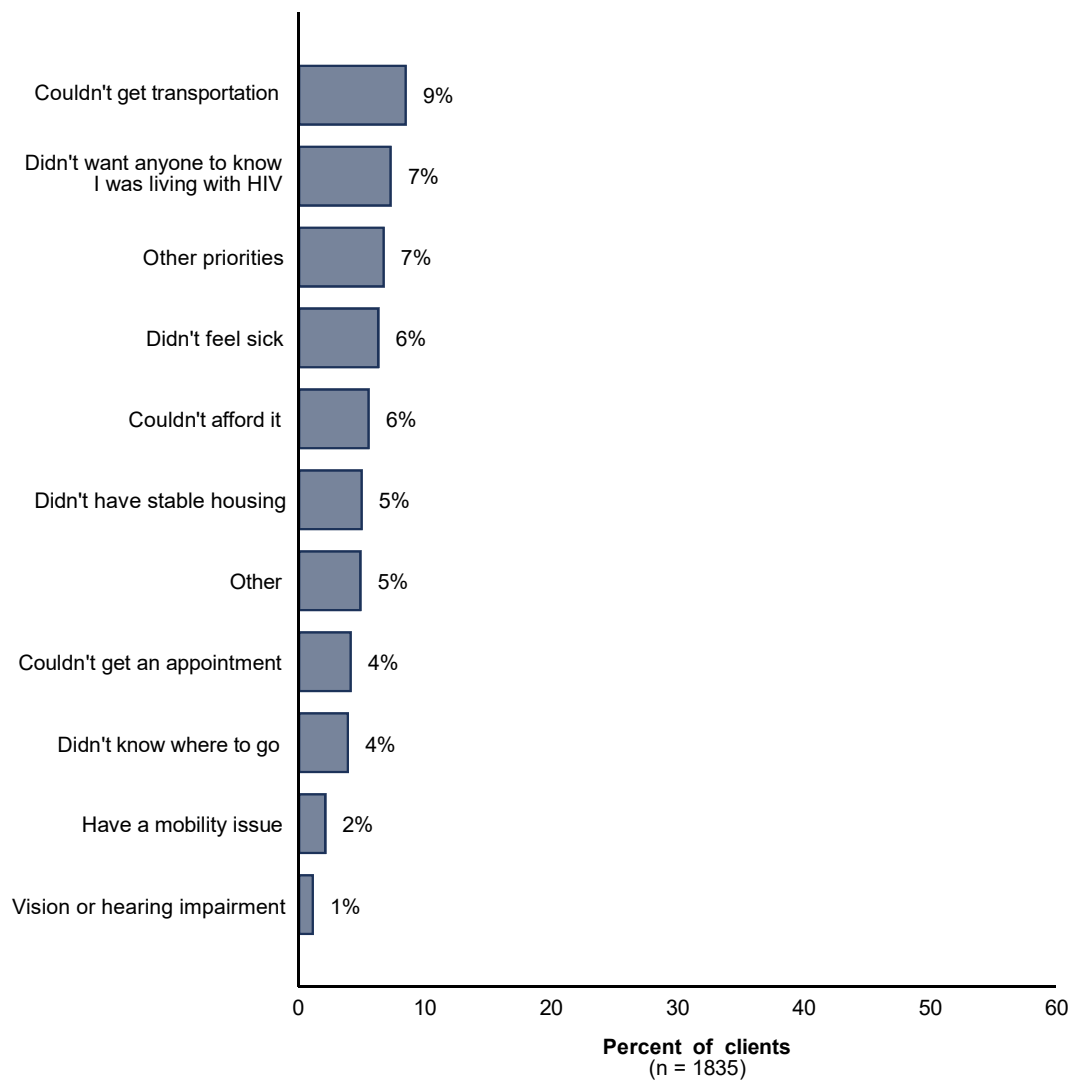
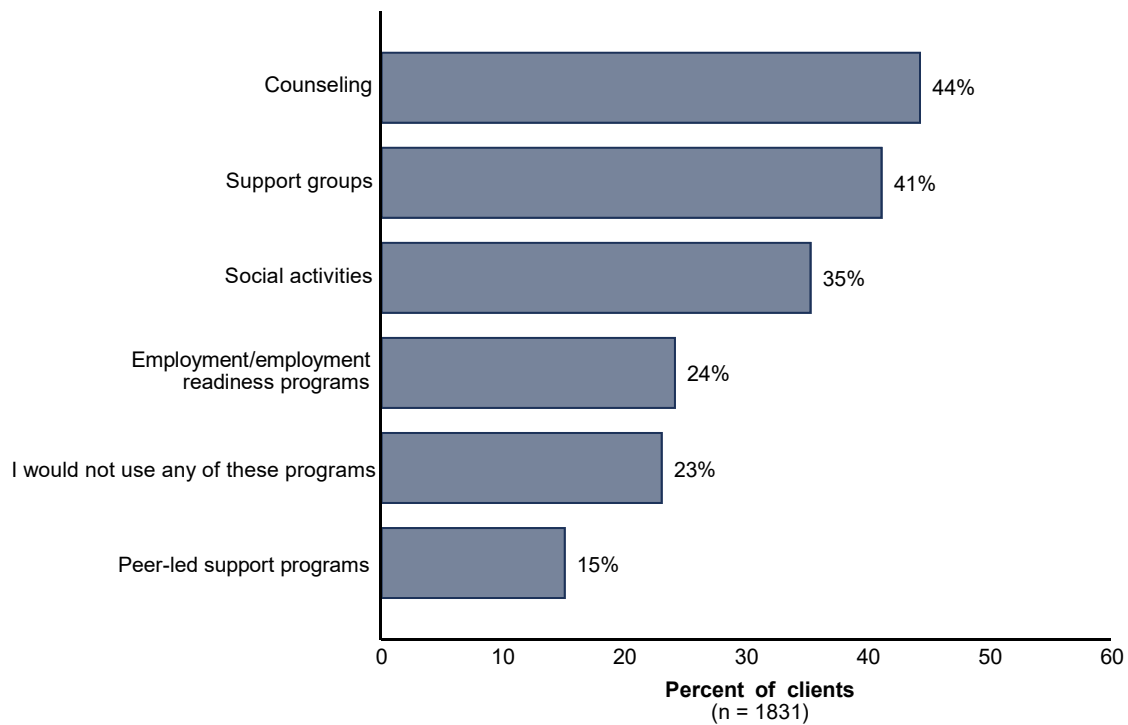


Figure C11. Barriers to Receiving Needed Medical Care



- Included in calculations but not presented in this figure are 1,117 individuals (60.9%) who selected *not applicable: I haven't had to go without any needed medical care*, 9 individuals (0.5%) who selected *I had a language or cultural barrier*, and 7 individuals (0.4%) who selected *I couldn't get childcare*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,835 individuals who responded to this question, 198 (10.8%) selected two or more barriers.

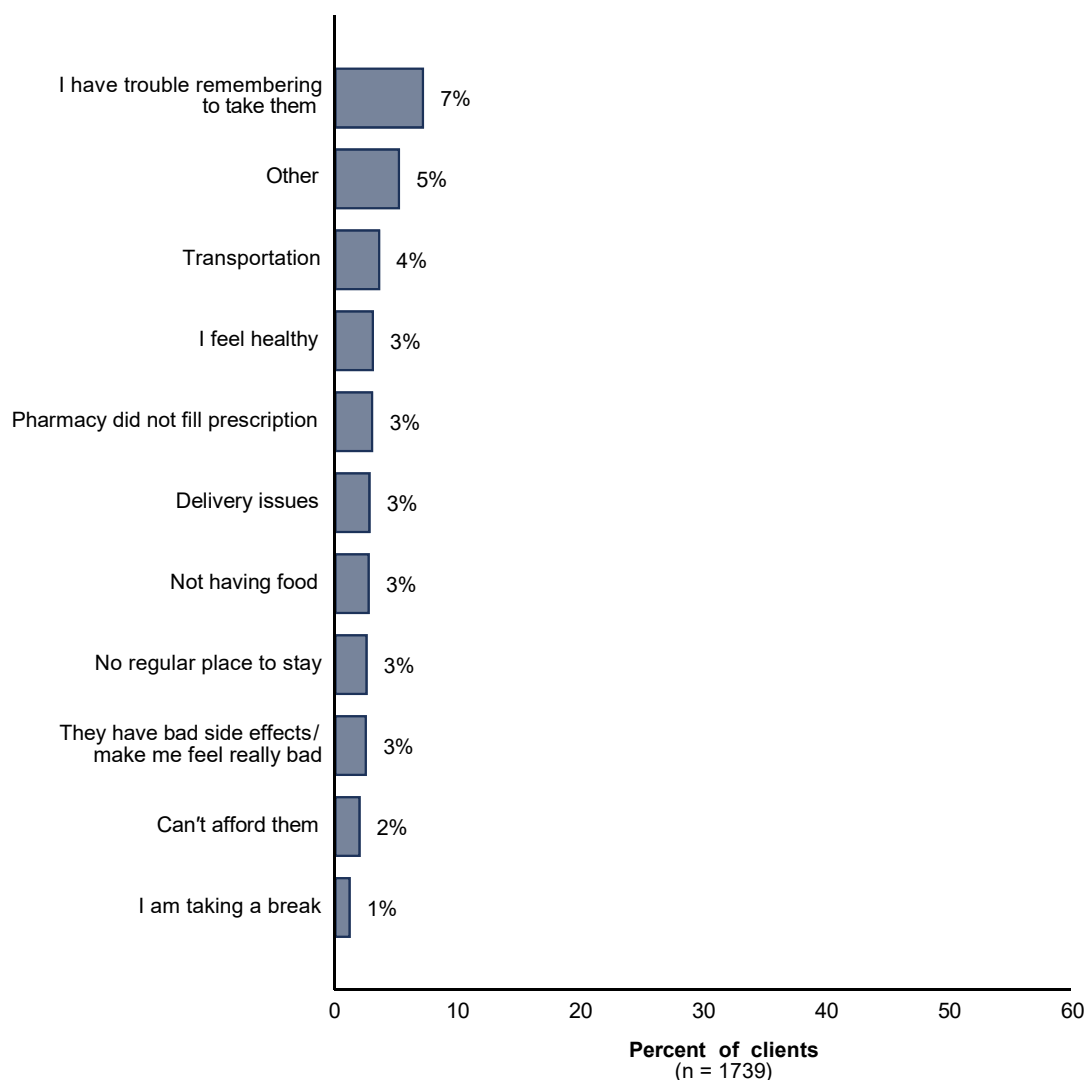
Figure C12. Interest in Psychosocial Support



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,831 individuals who responded to this question, 797 (43.5%) expressed interest in two or more types of support.

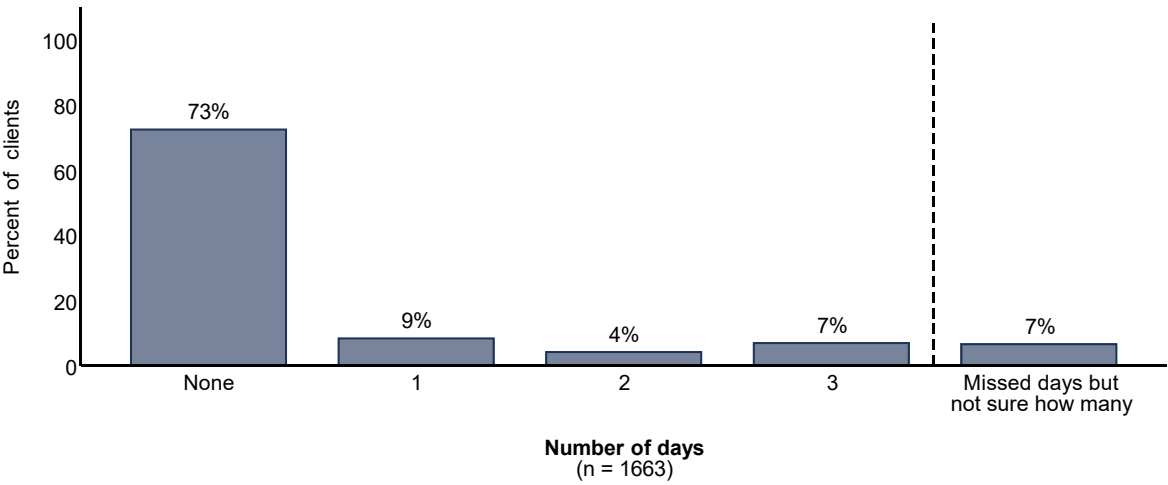
HIV MEDICATION AND MEDICAL ADHERENCE

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



- During the NO EMA data cleaning process, PRG noted a relatively high percentage of inconsistent responses to questions 16 and 17 of the questionnaire. After reviewing the *other* write-in responses, we determined that another response option should have been provided: *none of these. I have taken my HIV medications as prescribed for the past 12 months*. This response option was subsequently added to the BR TGA and Regions III through IX instruments prior to data collection. Included in calculations but not presented in this figure are 707 individuals (55.8%) who either: 1) selected *none of these. I have taken my HIV medications as prescribed for the past 12 months* in BR TGA and Regions III through IX, or 2) responded *other* and wrote in a variation of this response in NO EMA and were recoded to this category. Also included in calculations but not presented in this figure are 569 individuals (32.7%) who selected *not applicable: I haven't been prescribed any medications*.
- Also included in calculations but not presented in the figure are 15 individuals (0.9%) who selected *hours pharmacy is open*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,266 individuals who responded to this question, 119 (9.4%) 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 112 respondents who indicated that they missed days but were not sure how many (and provided a response to the subsequent question), 9 indicated *not applicable*, 69 reported 0-25%, 15 reported 26-50%, 11 reported 51-75%, and 8 reported 76-100%.

SECTION D. NEED AND USE OF SERVICES

Figure D1. Need and Receipt of Core Medical Services

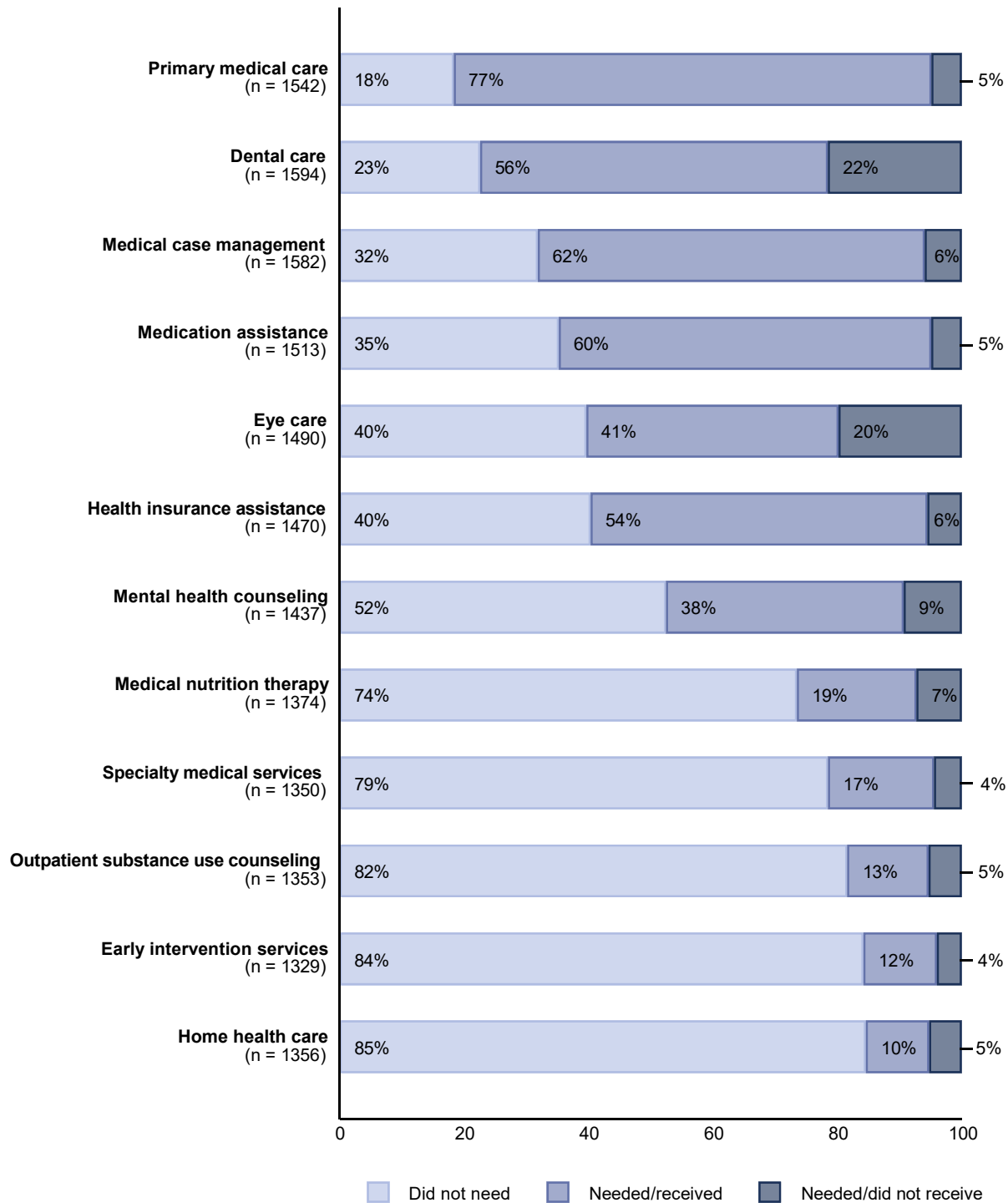


Figure D2. Need and Receipt of Support Services

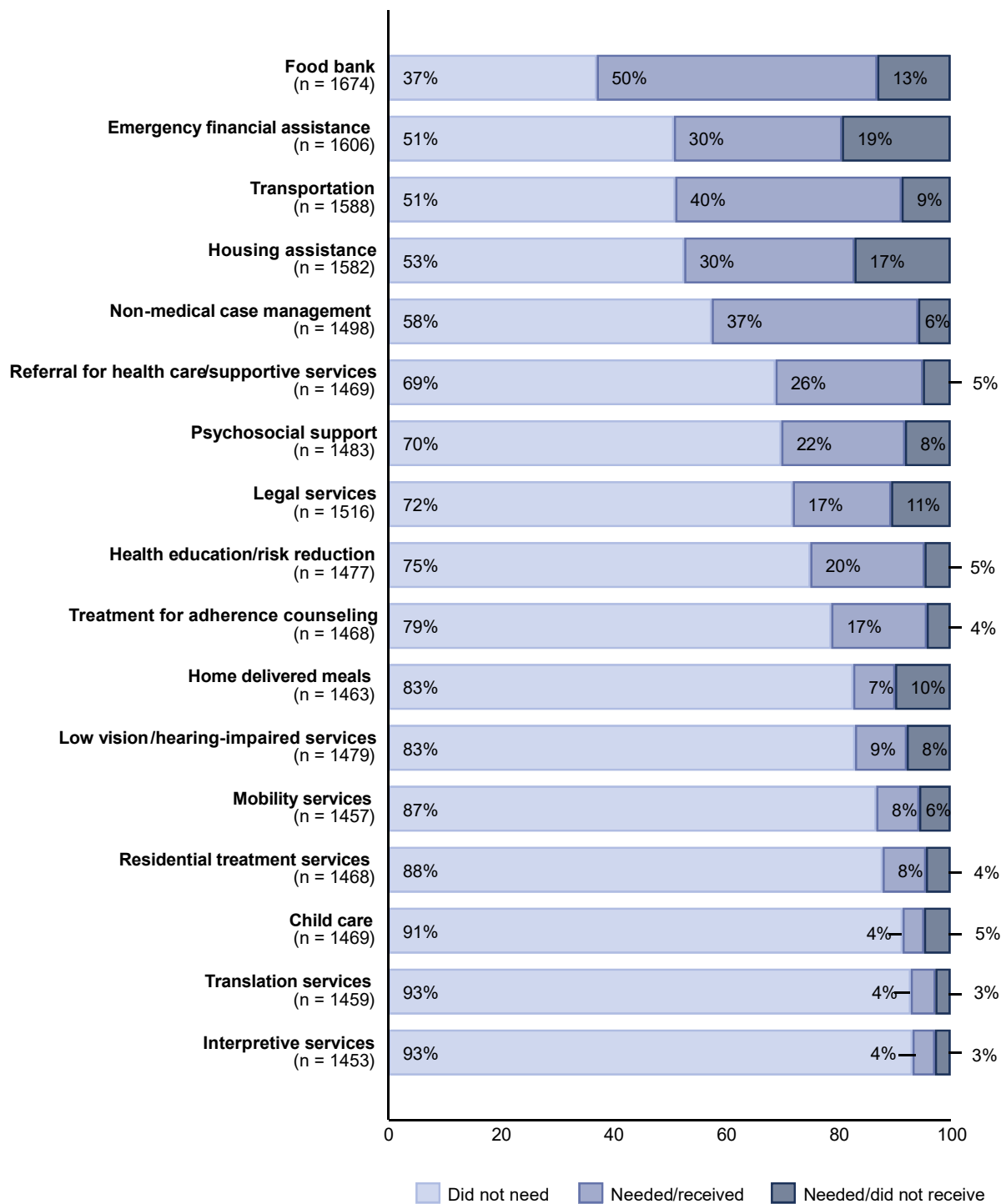
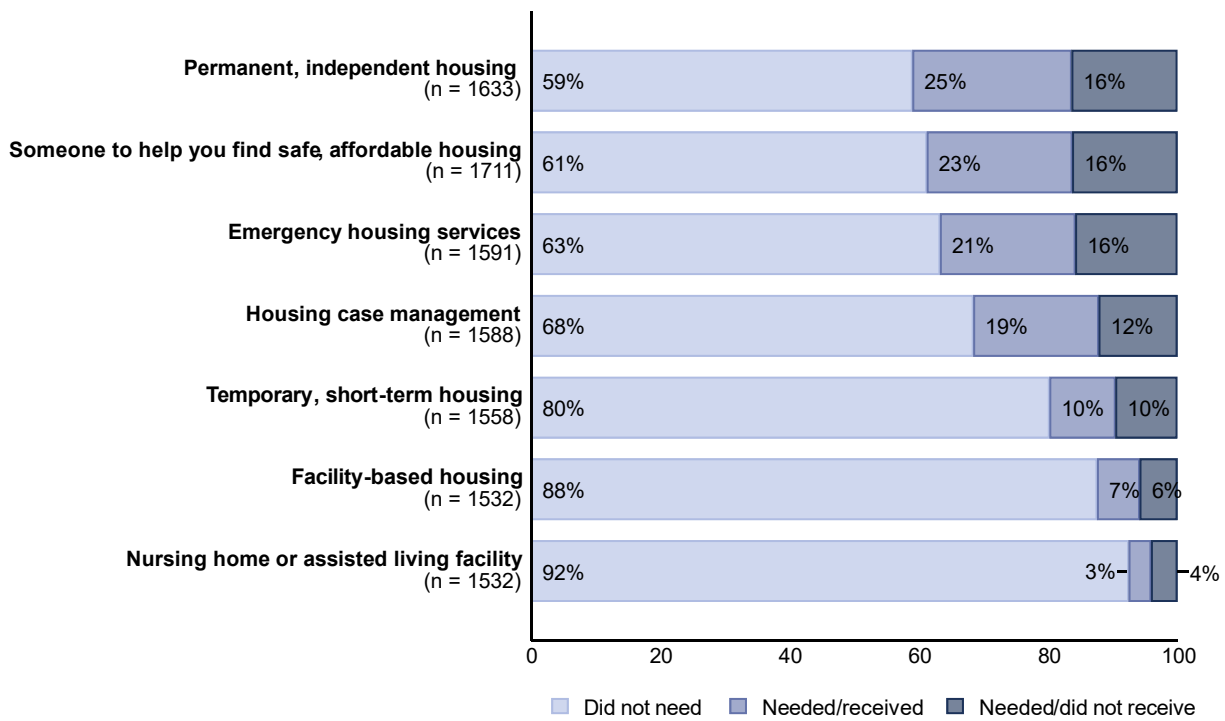


Figure D3. Need and Receipt of Housing Services



SECTION E. INFORMATION ABOUT SURVEY ADMINISTRATION

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

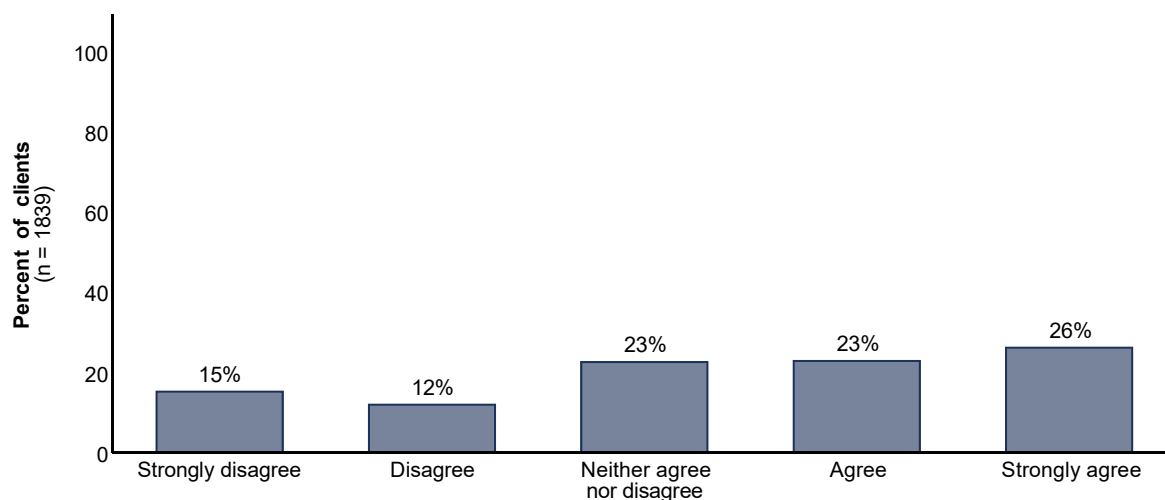
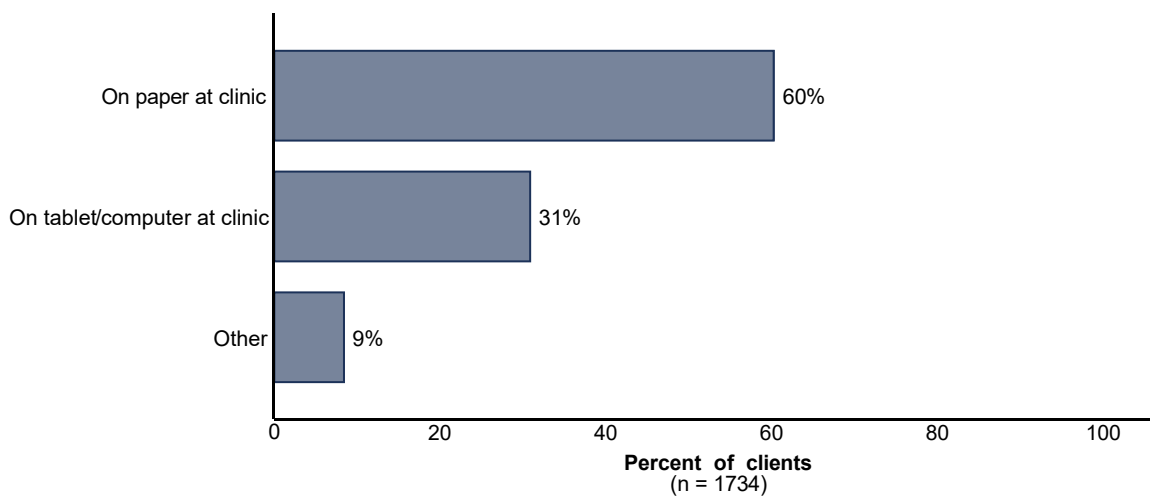


Figure E2. Preference on Questionnaire Mode of Administration



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	1,542	1,259	82%
2	Dental care	1,594	1,234	77%
3	Medical case management	1,582	1,078	68%
4	Medication assistance	1,513	980	65%
5	Food bank	1,674	1,053	63%
6	Eye care (vision services)	1,490	899	60%
7	Health insurance assistance	1,470	877	60%
8	Emergency financial assistance	1,606	790	49%
9	Transportation	1,588	777	49%
10	Mental health counseling or therapy	1,437	683	48%
11	Housing assistance	1,582	749	47%
12	Non-medical case management	1,498	636	42%
13	Permanent, independent housing (your own apartment or house)	1,633	669	41%
14	Someone to help you find safe and affordable housing	1,711	663	39%
15	Emergency housing services (money for utilities, rent, or mortgage)	1,591	584	37%
16	Housing case management	1,588	501	32%
17	Referral for health care/supportive services	1,469	457	31%
18	Psychosocial support	1,483	446	30%
19	Legal Services	1,516	425	28%
20	Medical nutrition therapy	1,374	364	26%
21	Health education/risk reduction	1,477	368	25%
22	Specialty medical services	1,350	290	21%
23	Treatment adherence counseling	1,468	311	21%
24	Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	1,558	308	20%
25	(Outpatient) Substance use counseling or therapy	1,353	249	18%
26	Home-delivered meals	1,463	253	17%
27	Low vision/hearing-impaired services	1,479	251	17%
28	Early intervention services (EIS)	1,329	210	16%
29	Home health care	1,356	209	15%
30	Mobility services	1,457	192	13%
31	Facility-based housing/group home	1,532	190	12%
32	Residential treatment services	1,468	177	12%
33	Childcare	1,469	125	9%
34	Nursing home or assisted living facility	1,532	115	8%
35	Translation services	1,459	103	7%
36	Interpretive services	1,453	98	7%

- 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	Dental care	1,594	343	22%
2	Eye care (vision services)	1,490	295	20%
3	Emergency financial assistance	1,606	310	19%
4	Housing assistance	1,582	270	17%
5	Permanent, independent housing (your own apartment or house)	1,633	267	16%
6	Someone to help you find safe and affordable housing	1,711	278	16%
7	Emergency housing services (money for utilities, rent, or mortgage)	1,591	251	16%
8	Food bank	1,674	218	13%
9	Housing case management	1,588	193	12%
10	Legal services	1,516	160	11%
11	Home-delivered meals	1,463	144	10%
12	Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	1,558	149	10%
13	Mental health counseling or therapy	1,437	134	9%
14	Transportation	1,588	138	9%
15	Psychosocial support	1,483	120	8%
16	Low vision/hearing-impaired services	1,479	115	8%
17	Medical nutrition therapy	1,374	100	7%
18	Medical case management	1,582	94	6%
19	Facility-based housing/group home	1,532	89	6%
20	Non-medical case management	1,498	86	6%
21	Mobility services	1,457	81	6%
22	Health insurance assistance	1,470	81	6%
23	(Outpatient) Substance use counseling or therapy	1,353	72	5%
24	Home health care	1,356	71	5%
25	Referral for health care/supportive services	1,469	72	5%
26	Medication assistance	1,513	74	5%
27	Primary medical care	1,542	75	5%
28	Childcare	1,469	69	5%
29	Health education/risk reduction	1,477	68	5%
30	Specialty medical services	1,350	60	4%
31	Residential treatment services	1,468	64	4%
32	Treatment adherence counseling	1,468	62	4%
33	Nursing home or assisted living facility	1,532	62	4%
34	Early intervention services (EIS)	1,329	53	4%
35	Interpretive services	1,453	40	3%
36	Translation services	1,459	39	3%

- 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 services in the NO EMA, the BR TGA and Regions III through IX. The survey was conducted at 26 agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire.

Clients from the NO EMA were eligible to take the survey from July 29 to September 27, 2019. Survey administration was managed by the *New Orleans Regional AIDS Planning Council (NORAPC)*. As an incentive for participation, clients who participated in the survey were offered a raffle ticket for a chance to win one of three *Amazon Kindle* tablets or one of five \$100 *Walmart* gift cards. Peer survey administrators promoted the *2019 Louisiana Needs Assessment* at local agencies and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets.

Clients from the BR TGA were eligible to take the survey 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 promoted the *2019 Louisiana Needs Assessment* in the community, assisted clients in completing the questionnaire, and distributed and documented gift cards.

Clients from Regions III through IX were eligible to take the survey from November 5 to December 31, 2019. Survey administration was managed by OPH SHP. As incentives for their participation, clients from Regions III through IX were given a \$20 *Walmart* gift card. Site representatives promoted the *2019 Needs Assessment* at their local sites and in the community, assisted clients in completing the questionnaire, and distributed and documented gift cards.

Below, we describe the instrument, sample, and procedures used in this assessment.

INSTRUMENT

The *2019 Louisiana Needs Assessment* questionnaire is an adaptation of the statewide *2017 Louisiana Needs Assessment* questionnaire, 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.

The instrument distributed in Regions III through IX can be found in Appendix C. Although the NO EMA, BR TGA, and Regions III through IX instruments were nearly identical, each instrument included the distinct, respective administration date ranges and incentive information on the cover page. In addition, three items on the questionnaire were updated after the NO EMA administration in an effort to improve the instrument.

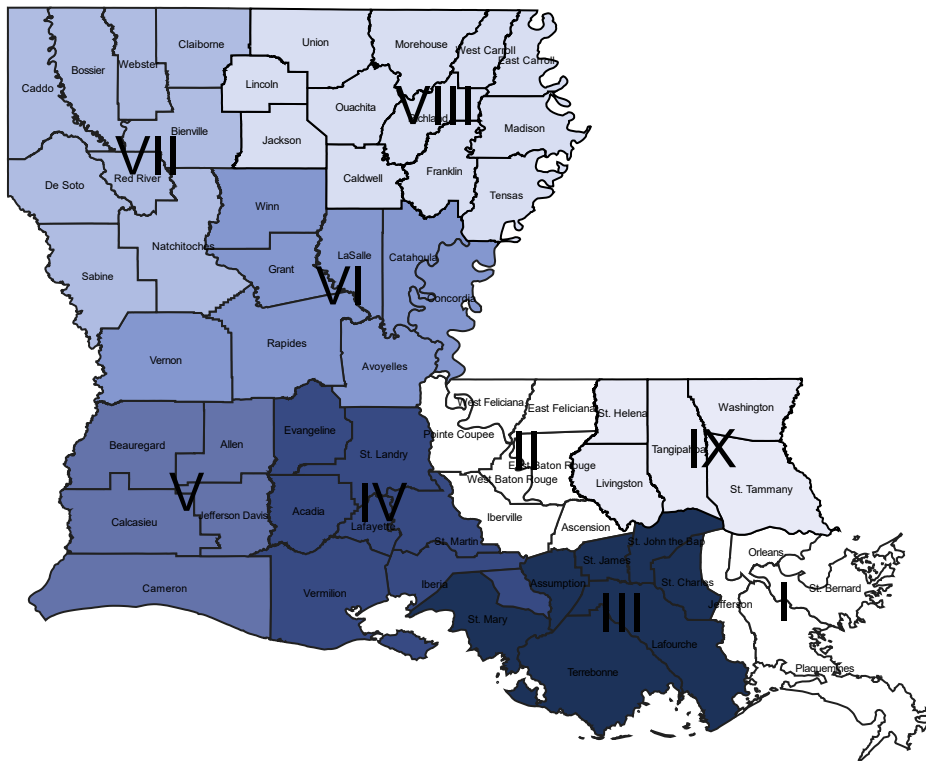
These changes were made to the instruments prior to the BR TGA and Regions III through IX administrations.¹ For a copy of the respective instruments, please see the *2019 People Living with HIV Needs Assessment* for the NO EMA and the BR TGA.

SAMPLE

Ryan White funding structures were used to support the administration of the *2019 Louisiana Needs Assessment*. OPH specified a convenience sampling method in the initial Request for Proposal. For the NO EMA, NORAPC determined that the desired sample size would be 865 people, stratified by site. The NO EMA includes all parishes in Region I (Orleans, St. Bernard, Plaquemines, and Jefferson), three parishes from Region III (St. Charles, St. John the Baptist, and St. James) and one parish from Region IX (St. Tammany). For the BR TGA, OPH SHP determined that the desired sample size would be 550 people. The BR TGA includes all parishes in Region II (East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, and Iberville), one parish from Region III (Ascension), and two parishes from Region IX (Livingston and St. Helena). In Regions III through IX, OPH SHP determined that the desired sample size would be 885 people, stratified by region. Figure B.1 provides a map of these regions.

¹ During the NO EMA data cleaning process, PRG noted a relatively high percentage of inconsistent responses to questions 16 and 17 of the questionnaire. After reviewing the *other* write-in responses, it was determined that another response option should have been provided for question 16: *none of these. I have taken my HIV medications as prescribed for the past 12 months*. Furthermore, PRG noted a high percentage of 'missing' responses to question 13. After conferring with OPH, PRG added the additional response option to question 16 and the following instructions on page 5 of the instrument: "If you are unsure what we mean by any terms in this section, please see the Needs Assessment Definitions page" and, "If you are unsure what we mean by health coverage, please see the first section of the Needs Assessment Definitions page." These updates were finalized on October 8, 2019.

Figure B.1. Map of Louisiana Administrative Regions



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the state, but rather a subset of the population of PLWH 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* questionnaire. NORAPC, *Ryan White*, and OPH SHP staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

PARTNERS

The *2019 Louisiana Needs Assessment* was conducted with the cooperation of 26 agencies across the state. Sites were responsible for distributing questionnaires and incentives to clients and tracking the distribution of incentives. A partner list is provided on page ii of this report.

During the NO EMA survey administration, peer survey administrators were assigned to work in each partner agency; their role was to manage administration of questionnaires and distribution of raffle tickets, as well as serve as the point of contact during data collection for NORAPC. Peer survey administrators were selected based on responses to applications submitted. Preference was given to those with previous experience administering questionnaires as well as their ability to reach clients. The peer survey administrators' responsibilities included promoting the *2019 Louisiana Needs Assessment* at their local agency and in the community, helping clients complete the questionnaires, collecting all questionnaires, and distributing and documenting raffle tickets. Peer survey administrators received a stipend from NORAPC for their time and effort.

During the BR TGA survey administration period, 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.

During the Regions III through IX survey administration period, site representatives were designated at each partner site to serve as the primary contacts for the *2019 Needs Assessment*; their role was to manage administration of questionnaires and distribution of gift cards. The site representatives' responsibilities included promoting the *2019 Needs Assessment* at their local site and in the community, helping clients complete the survey, collecting all surveys, distributing and documenting gift cards, and mailing completed questionnaires to PRG on a weekly basis.

ADMINISTRATION

For the NO EMA needs assessment, all materials necessary to begin collecting data, including questionnaires and raffle tickets, were provided by NORAPC to the partner sites. For the BR TGA needs assessment, all data collection materials were provided by *Ryan White* to the partner sites. For Regions III through IX, OPH SHP provided data collection materials, including questionnaires and incentives, to the participating sites. Each site was provided with the specific number of questionnaires needed to reach their target.

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. Representatives at each site asked clients whether they would be willing to take an anonymous questionnaire about the service and care needs. 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 clients completed the questionnaire, they were given an incentive as a gesture of appreciation. Completed surveys were placed in secure envelopes and dropped off or mailed to PRG weekly.

DATA ENTRY AND CLEANING

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped into stacks of ten by agency. Each questionnaire in a stack was entered into an online *Qualtrics* data form that was created by PRG.² 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. To ensure data accuracy, this process continued until no errors were found in a 10% data check, or all questionnaires in a stack were checked. 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. 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 to least common. It should be noted that not all persons who responded *other* provided write-in 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.

² PRG received 64 questionnaires from BR TGA 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.

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; 35 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	<p>All respondents were asked to indicate their ZIP code; a total of 1,813 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 1,767 respondents for whom we designated a parish of residence, 329 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.</p> <p>Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in Acadia Parish, Allen Parish, Ascension Parish, Assumption Parish, Avoyelles Parish,</p>

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		Beauregard Parish, Caldwell Parish, Catahoula Parish, Concordia Parish, DeSoto Parish, East Carroll Parish, East Feliciana Parish, Evangeline Parish, Franklin Parish, Grant Parish, Iberia Parish, Iberville Parish, Jackson Parish, Jefferson Davis Parish, LaSalle Parish, Lincoln Parish, Livingston Parish, Madison Parish, Morehouse Parish, Natchitoches Parish, Plaquemines Parish, Pointe Coupee Parish, Red River Parish, Richland Parish, Sabine Parish, St. Bernard Parish, St. Charles Parish, St. Helena Parish, St. James Parish, St. John the Baptist Parish, St. Landry Parish, St. Martin Parish, St. Mary Parish, Union Parish, Vermilion Parish, Vernon Parish, Washington Parish, Webster Parish, West Baton Rouge Parish, West Feliciana Parish, and Winn Parish.
Figure A7. Gender of Respondents	Q40	Percentage (categorical) of clients who select each response option.
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; 1 individual was 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; 6 individuals were excluded.
Figure A14. Sources of Income and Assistance	Q50	Percentage (categorical) of clients who select each of the response options.
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

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		calculations are 116 adult and 10 children responses; the reported number of adults and/or children who are HIV+ or whose status is unknown did not match the total number of adults and/or children 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 129 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.
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; 13 individuals were excluded. Also excluded from calculations are respondents who respond inconsistently to Q27 and Q27a; 31 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; 22 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

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		at least one service their health insurance covers; 33 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; 38 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; 21 individuals were excluded.
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; 9 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; 14 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; 12 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; 4 individuals were 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

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		received the needed care, but also select a reason for not receiving treatment; 2 individuals were excluded.
Figure C7. Self-Reported Depressive Symptoms Over the Last Two Weeks	Q7	Percentage of clients who select 'Yes' to each problem.
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; 12 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; 50 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; 60 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; 12 individuals were 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; 20 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. Data are being collected from November 5 – December 20, 2019.

Why should you complete this survey?

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

How long will this survey take?

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

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

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

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

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

Will I be compensated for completing this survey?

Yes. As a 'thank you' for completing this survey, you will receive a \$20 gift card to Wal-Mart.

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:	
Mental health conditions:	Diagnosed with:	Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
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

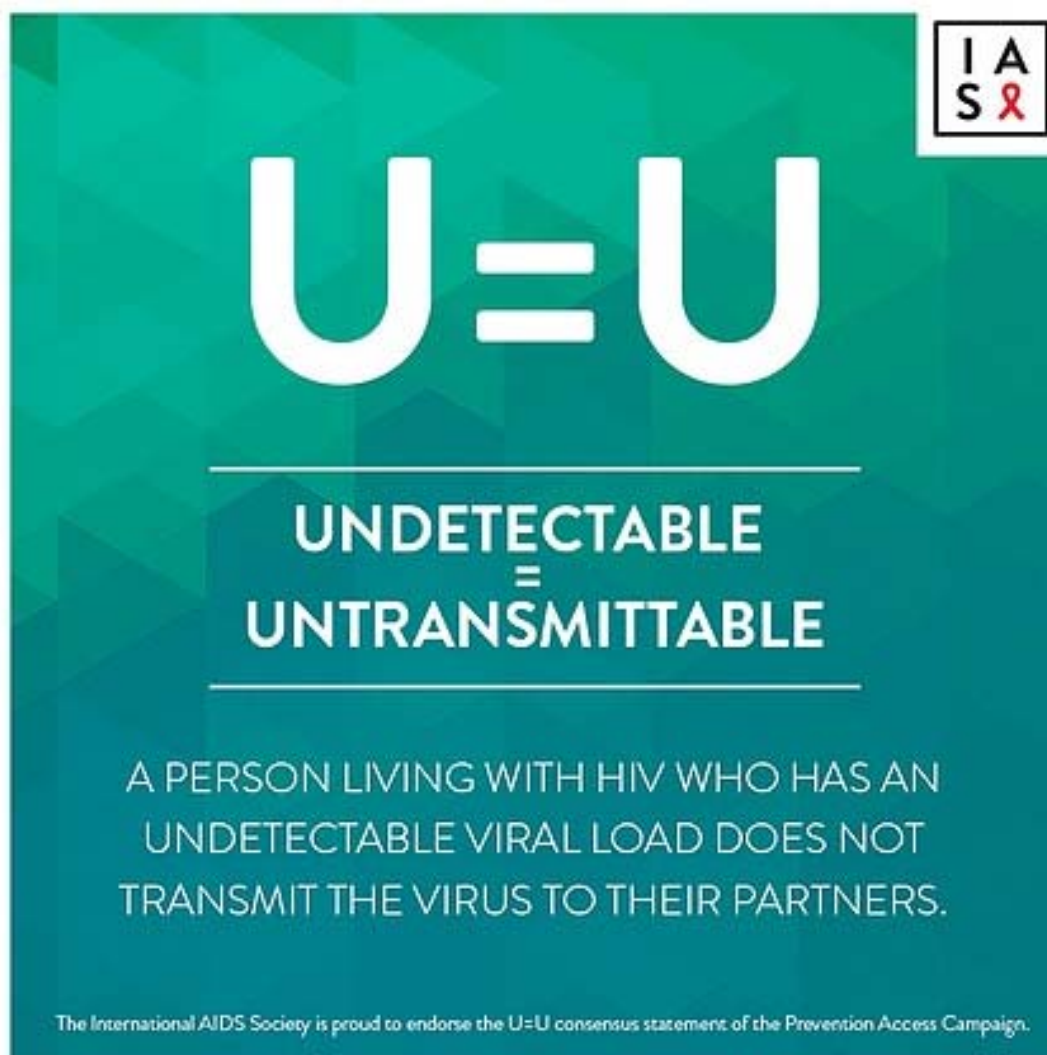
Financial Assistance

- ☐ 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!