

LOUISIANA DEPARTMENT OF HEALTH

2021 LOUISIANA NEEDS ASSESSMENT FOR PEOPLE LIVING WITH HIV

OFFICE OF PUBLIC HEALTH STD/HIV/HEPATITIS PROGRAM

BATON ROUGE TRANSITIONAL GRANT AREA

AUGUST 2022

Submitted by:

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LIST OF ACRONYMS

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
BR TGA	Baton Rouge Transitional Grant Area
BRTGAAC	Baton Rouge Transitional Grant Area Ryan White Advisory Council
CBOs	Community-Based Organizations
COBRA	Consolidated Omnibus Budget Reconciliation Act
DHDS	City of Baton Rouge/Parish of East Baton Rouge, Division of Human Development and Services
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 SHHP	Louisiana Department of Health, Office of Public Health STD, HIV, and Hepatitis Program
PrEP	Pre-Exposure Prophylaxis
PRG	The Policy & Research Group
PTSD	Post-Traumatic Stress Disorder
SNAP	Supplemental Nutrition Assistance Program
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
STRMU	Short-Term Rent, Mortgage, and Utility
TANF	Temporary Assistance for Needy Families
TBRA	Tenant-Based Rental Assistance

LIST OF PARTNERS

Care South
CrescentCare
Family Services of Greater Baton Rouge
HIV Alliance for Region II (HAART)
Our Lady of the Lake Intervention Clinic

TABLE OF CONTENTS

List of Acronyms ii

List of Partners..... iii

Introduction..... 1

Section A. Background Characteristics..... 2

Section B. Medical Care 22

Section C. Health and Health Behaviors..... 31

Section D. Need and Use of Services 44

Appendix A. Ranked Needs and Gaps..... 48

Appendix B. Methods 1

Appendix C. Survey Instrument..... 13

INTRODUCTION

PURPOSE OF THE LOUISIANA STATEWIDE NEEDS ASSESSMENT

This report was prepared by The Policy & Research Group (PRG) for the Louisiana Department of Health, Office of Public Health STD/HIV/Hepatitis Program (OPH SHHP). The purpose of the *2021 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 *2021 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 those services, perceived barriers to those services, and insight into their reported knowledge of those services. The potential uses of this report include: identifying and tracking trends over time in community service needs, gaps, and barriers to care and services; prioritization and allocation of funds; statewide and community planning toward building a comprehensive system of care; identifying program development priorities; monitoring progress in the response to ongoing needs and gaps; and identifying knowledge and awareness gaps to address through the development of activities and interventions.

LAYOUT OF THE REPORT

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

In Appendix A, we include two tables that rank services needed and gaps in service provision, as identified by survey respondents. A description of the methods used to conduct the *2021 Louisiana Needs Assessment* and analyze the data 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.

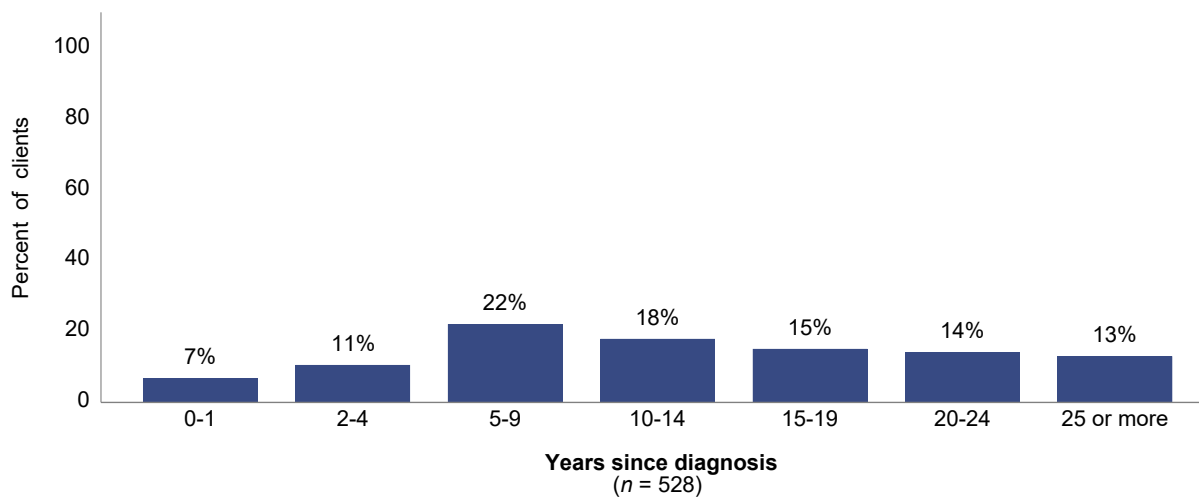
SURVEY RESPONDENTS

A convenience sample of 577 questionnaires was submitted to PRG after the data collection period (November 1, 2021 to February 11, 2022). This represents 97.8% of the goal of 590 responses.

SECTION A. BACKGROUND CHARACTERISTICS

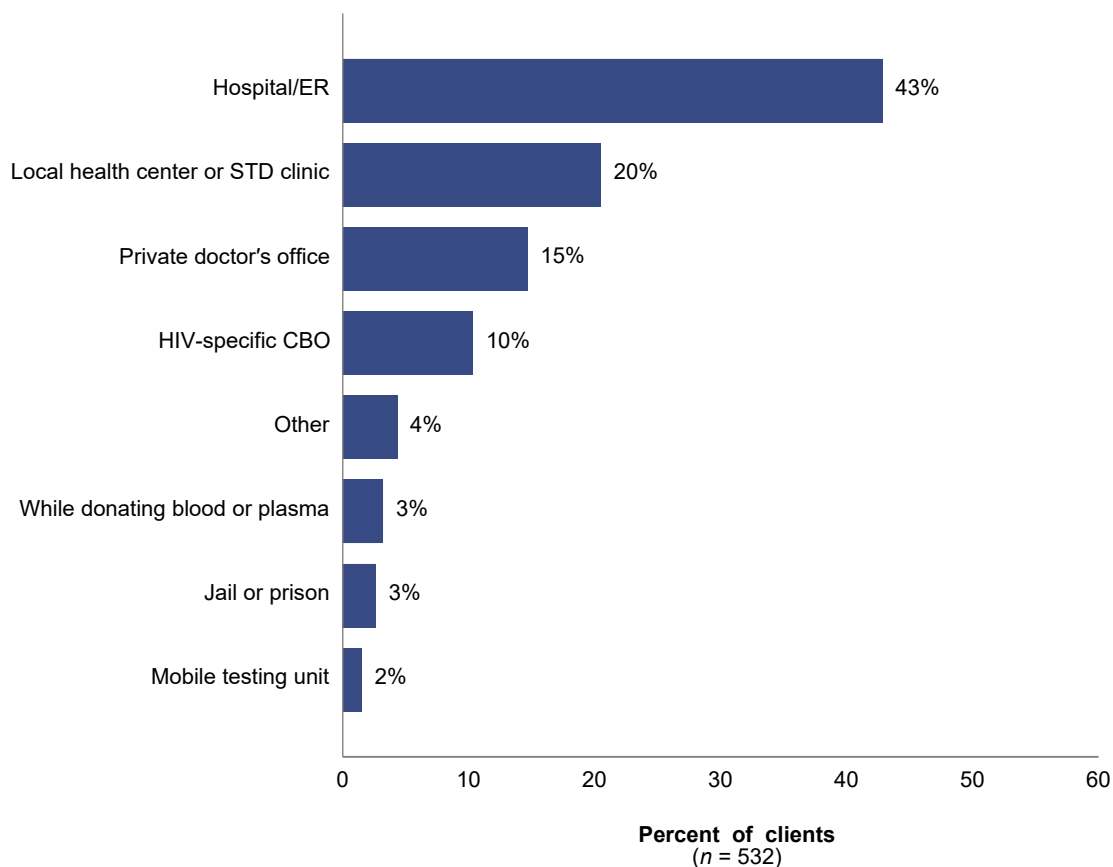
HIV DIAGNOSIS

Figure A1. Length of Time Living With HIV



- Included in the *25 or more* column is 1 respondent who reported being diagnosed with HIV 40 or more years ago (diagnosis began in 1981); length of time since HIV diagnosis reported was 45 years.

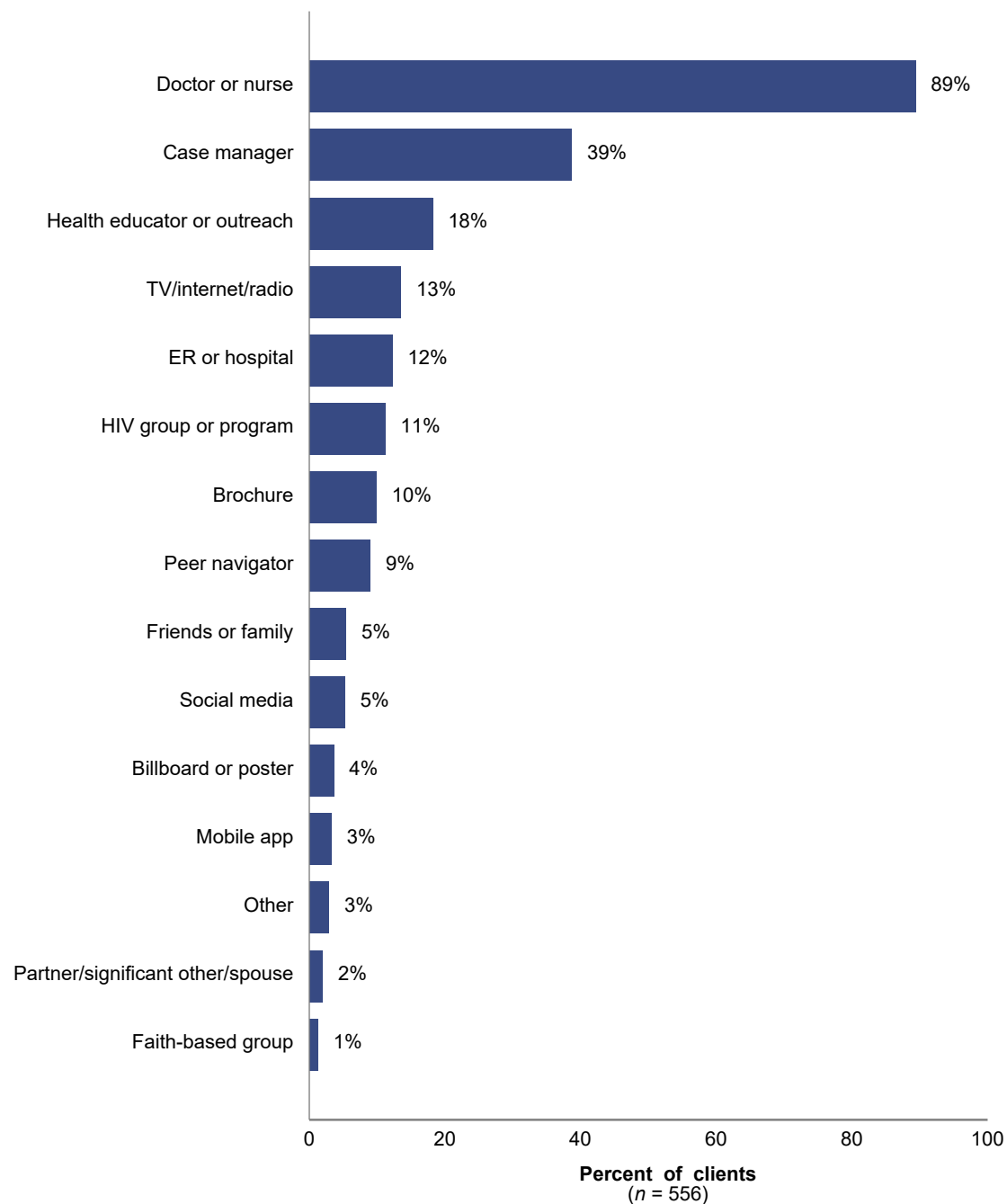
Figure A2. Place Where Respondents Were Told of HIV Diagnosis



- The category *other* includes 18 individuals who specifically chose the response option *other* (3.4%) as well as 5 individuals who selected *organizations providing other services* (0.9%).

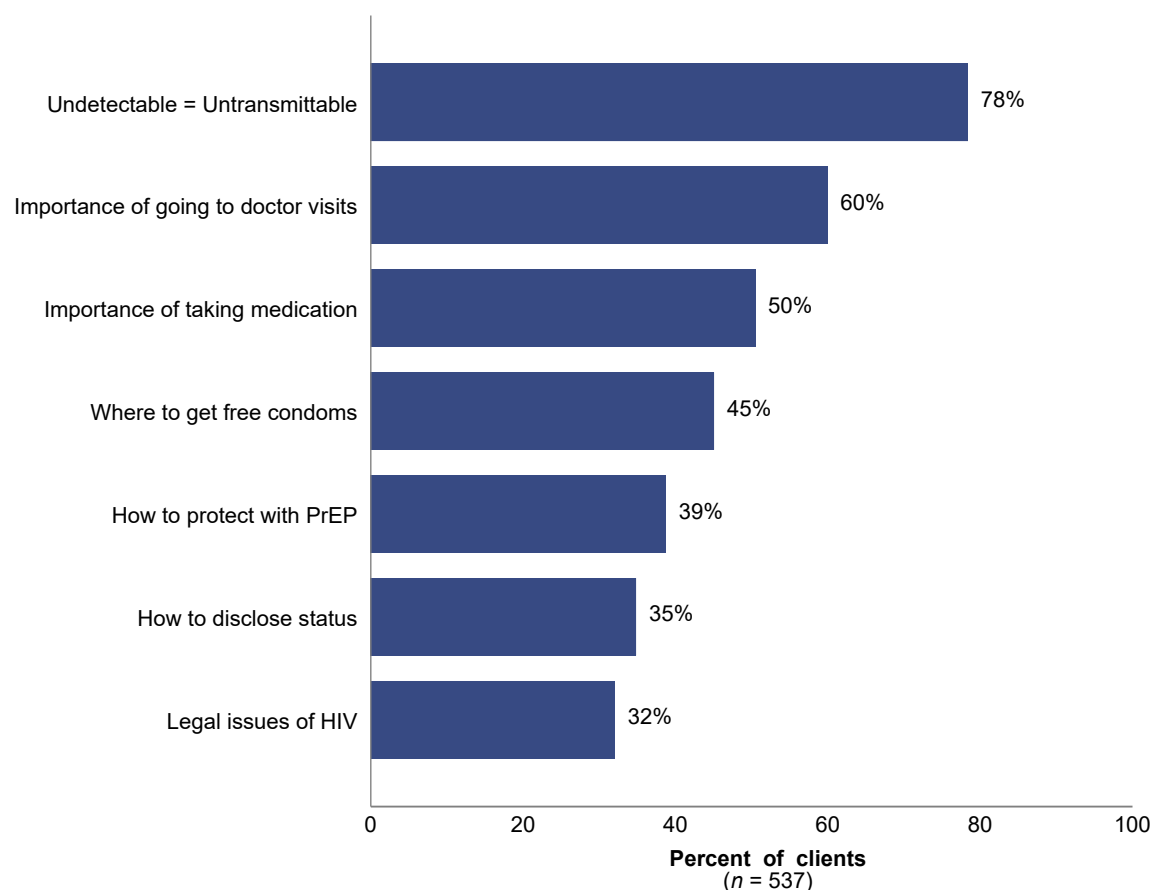
HIV-RELATED KNOWLEDGE

Figure A3. Sources of HIV Information



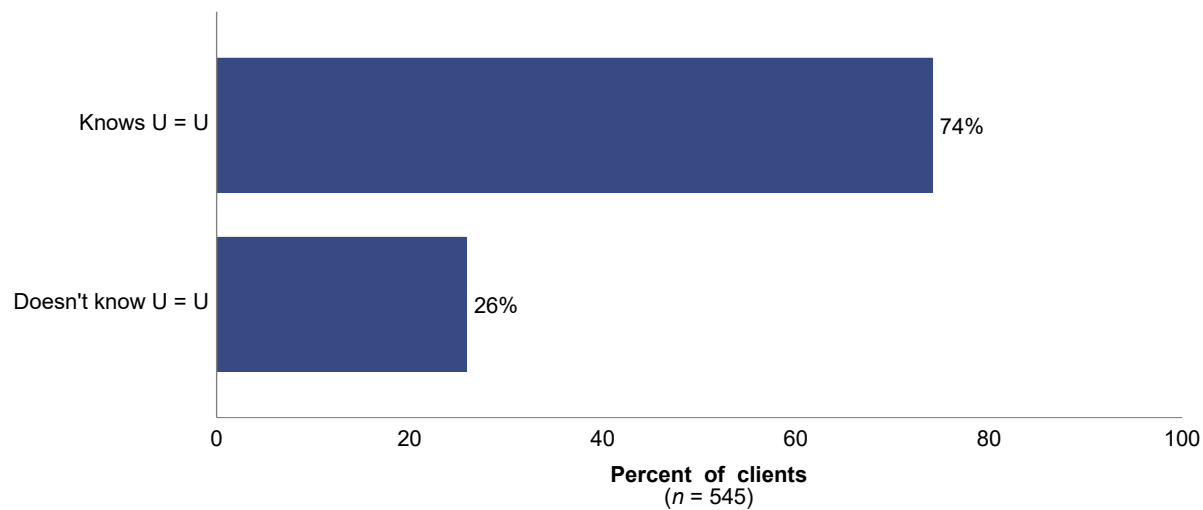
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 556 individuals who responded to this question, 290 (52.2%) reported two or more sources of HIV information.

Figure A4. Information Received on HIV Transmission and Related Issues in the Past 12 Months



- Included in calculations but not presented in this figure are 41 individuals (7.6%) who selected *No, no one has explained any of these things to me in the past year.*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 537 individuals who responded to this question, 350 (65.2%) reported having knowledge of two or more issues related to HIV.

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



PLACE OF RESIDENCE

Figure A6. Map of Current Parish of Residence (n = 548)

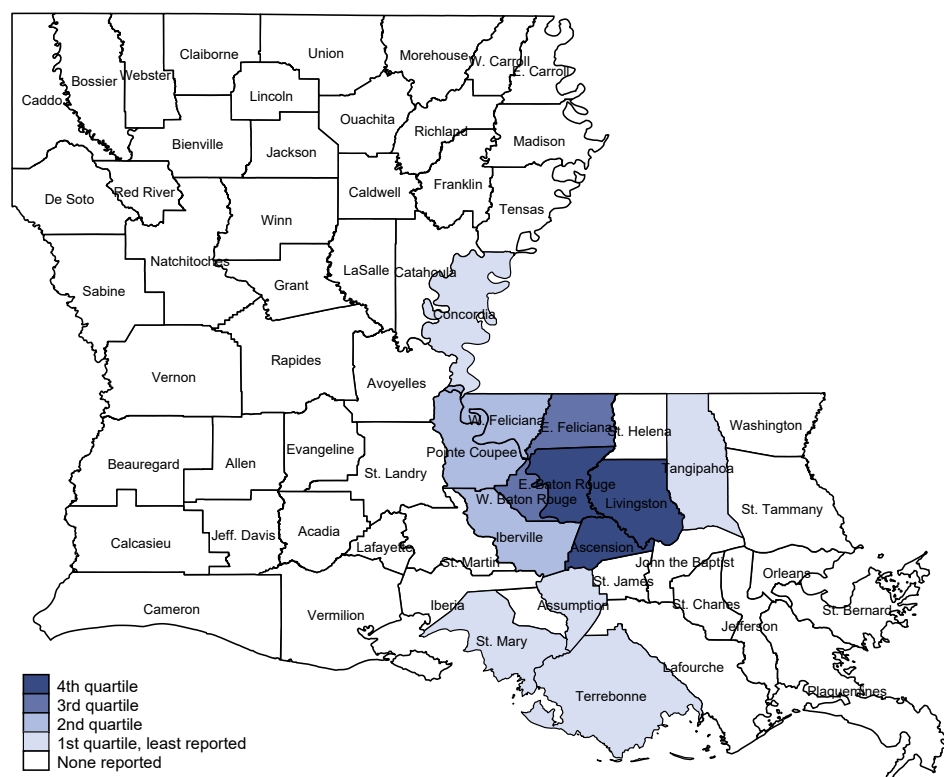


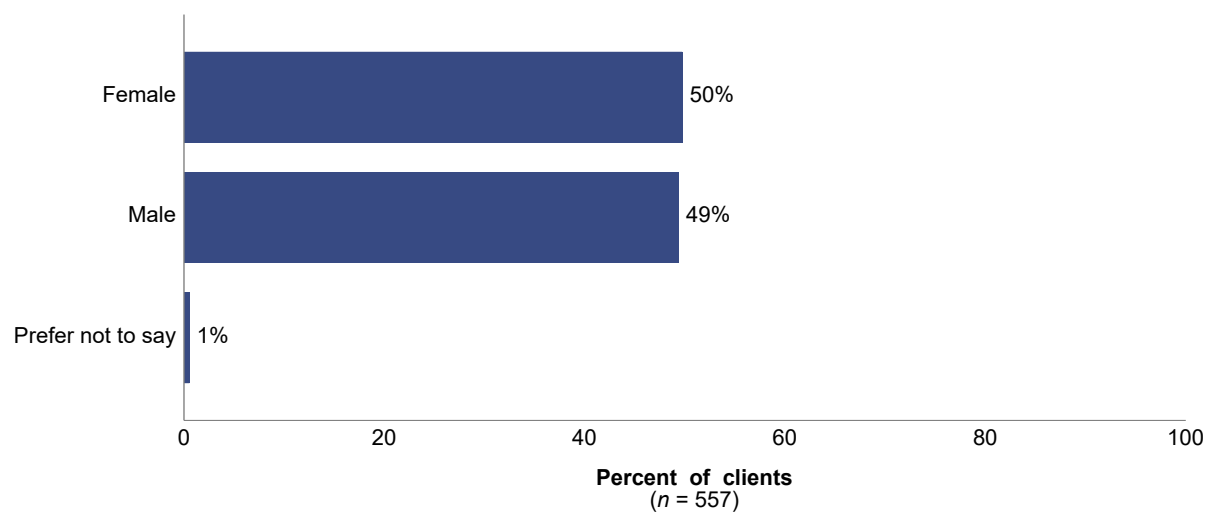
Table A1. Current Parish of Residence (n = 548)

Parish	Number Reporting	Percent Reporting
East Baton Rouge	492	89.8%
Livingston	11	2.0%
Ascension	9	1.6%
West Baton Rouge	8	1.5%
East Feliciana	6	1.1%

- Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in: Assumption Parish, Concordia Parish, Iberville Parish, Pointe Coupee Parish, St. Mary Parish, Tangipahoa Parish, Terrebonne Parish, or West Feliciana Parish.
- Excluded from calculations are the less than 1% of individuals who indicated a zip code that did not correspond to any Louisiana parishes as listed in the Department of Housing and Urban Development (HUD)-United States Postal Service (USPS) Zip Code Crosswalk Files.

DEMOGRAPHIC CHARACTERISTICS

Figure A7. Gender of Respondents



- Included in calculations but not presented in this figure are 2 individuals (0.4%) who selected *Something else*.

Figure A8. Identification of Respondents as being of Trans Experience

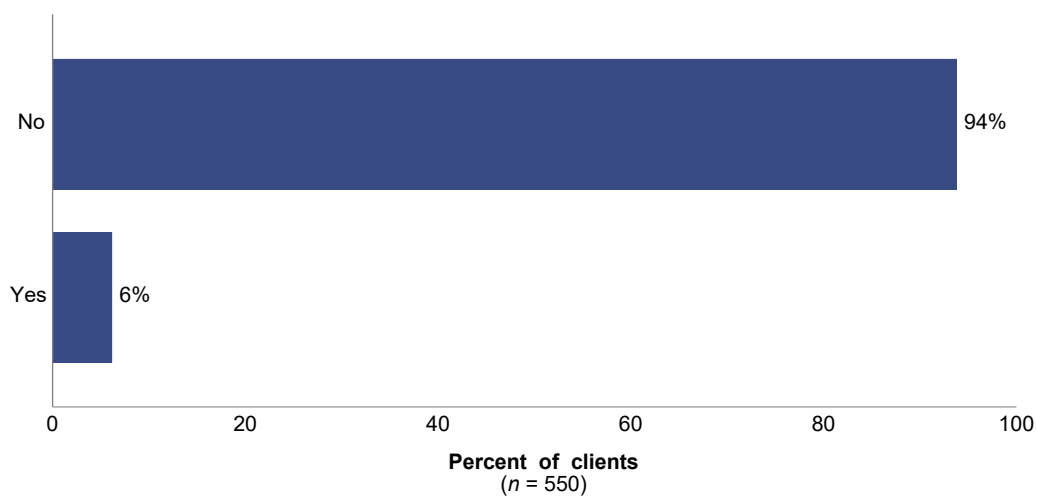
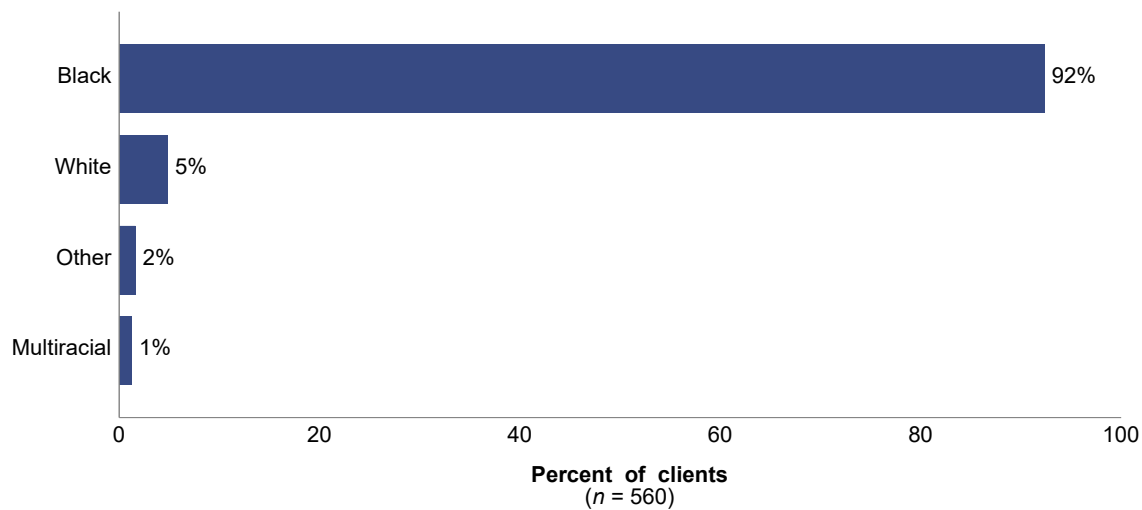


Figure A9. Race of Respondents



- The category *other* includes individuals who specifically chose *other* ($n = 4$), along with those who identified as *Native American* ($n = 3$) and *Asian or Pacific Islander* ($n = 2$).

Figure A10. Identification of Respondents as Latino/Latina/Latinx/Hispanic

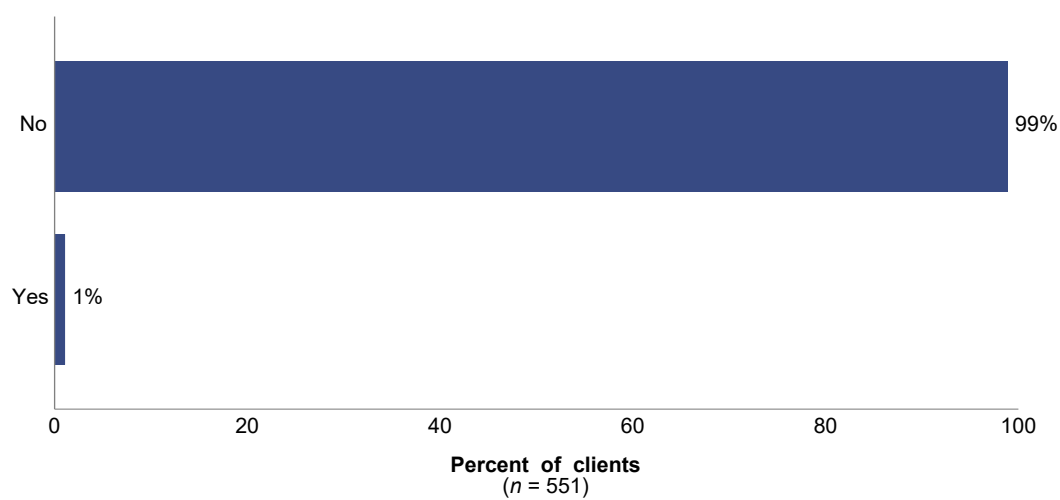


Figure A11. Age of Respondents

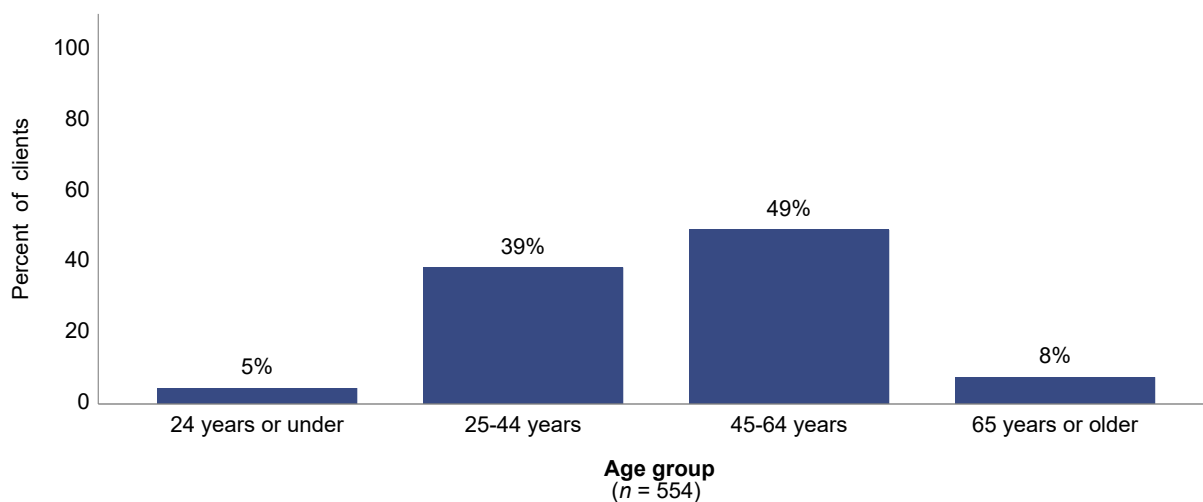
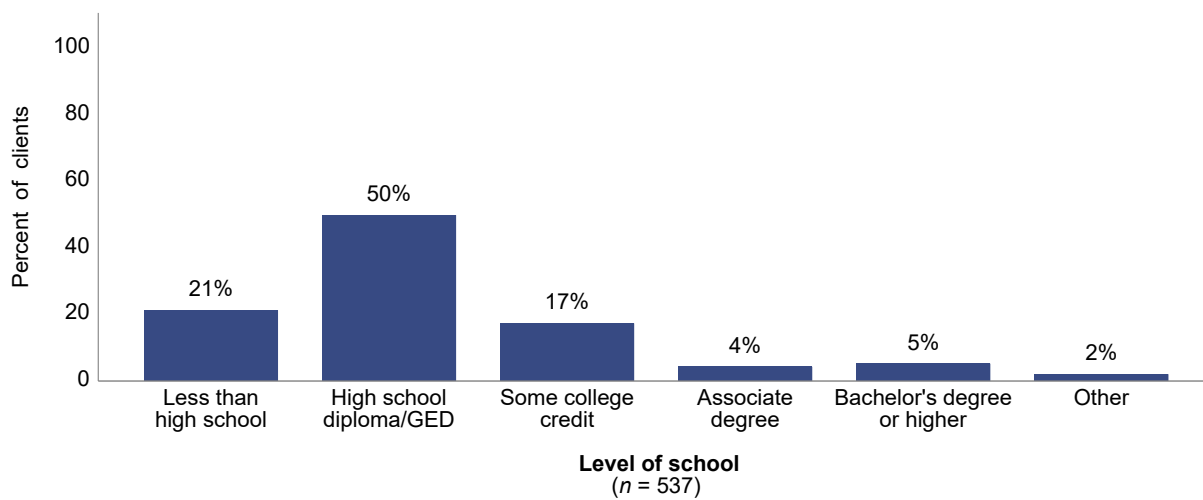
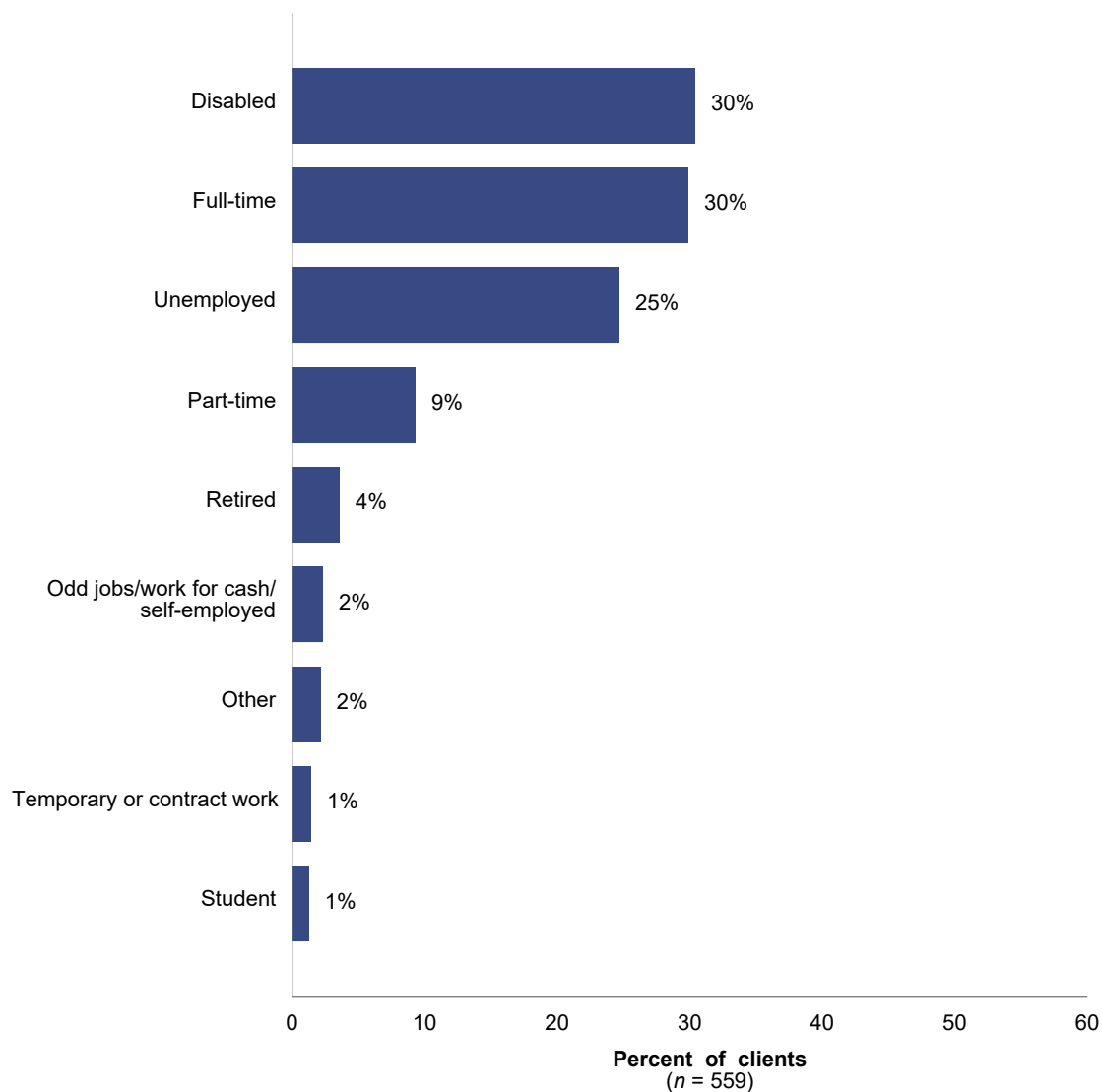


Figure A12. Highest Level of School Completed



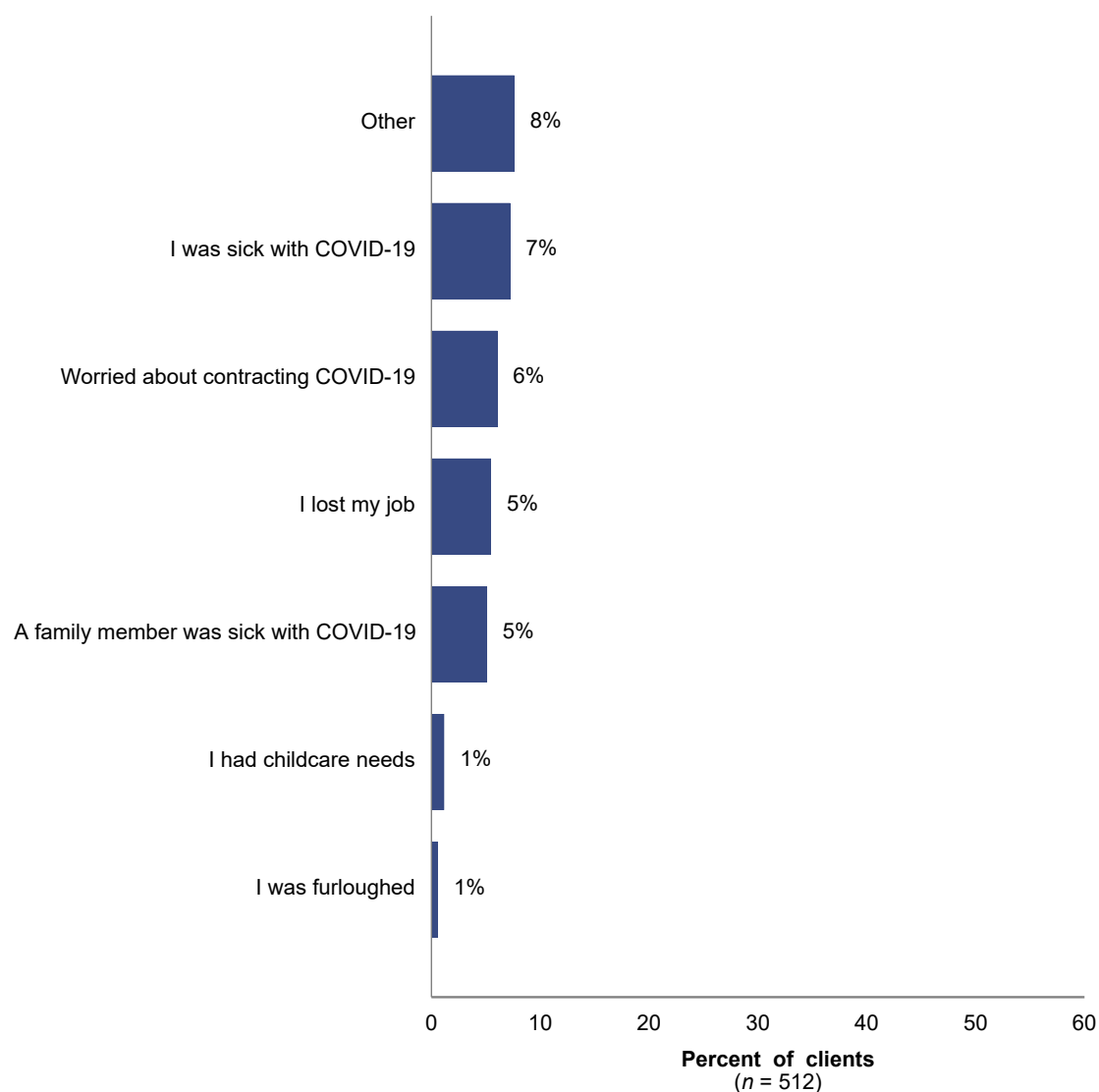
EMPLOYMENT AND INCOME CHARACTERISTICS

Figure A13. Employment Status



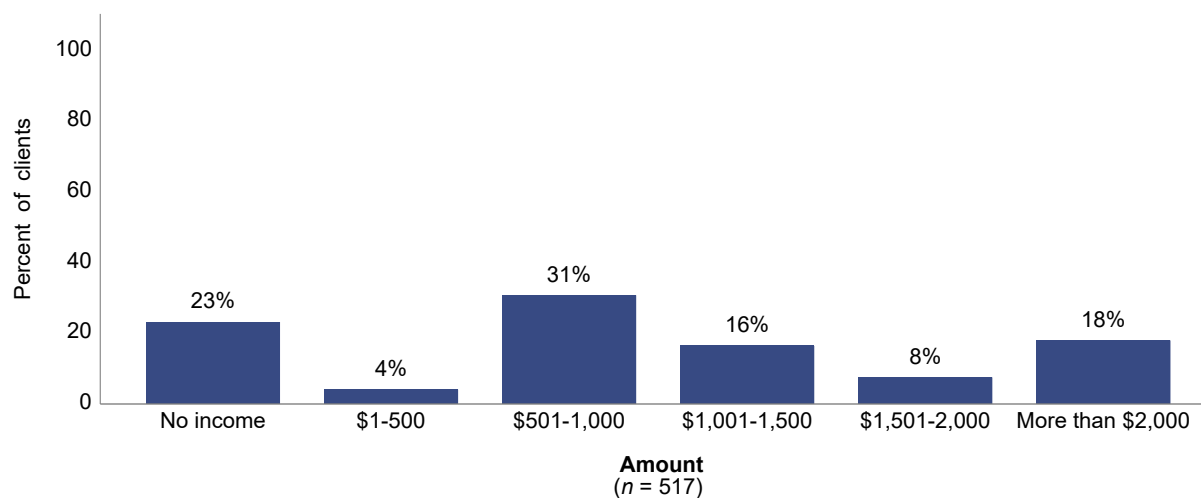
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 559 individuals who responded to this question, 27 (4.8%) reported having two or more employment situations.

Figure A14. Unable to Work in Past 12 Months Related to COVID-19



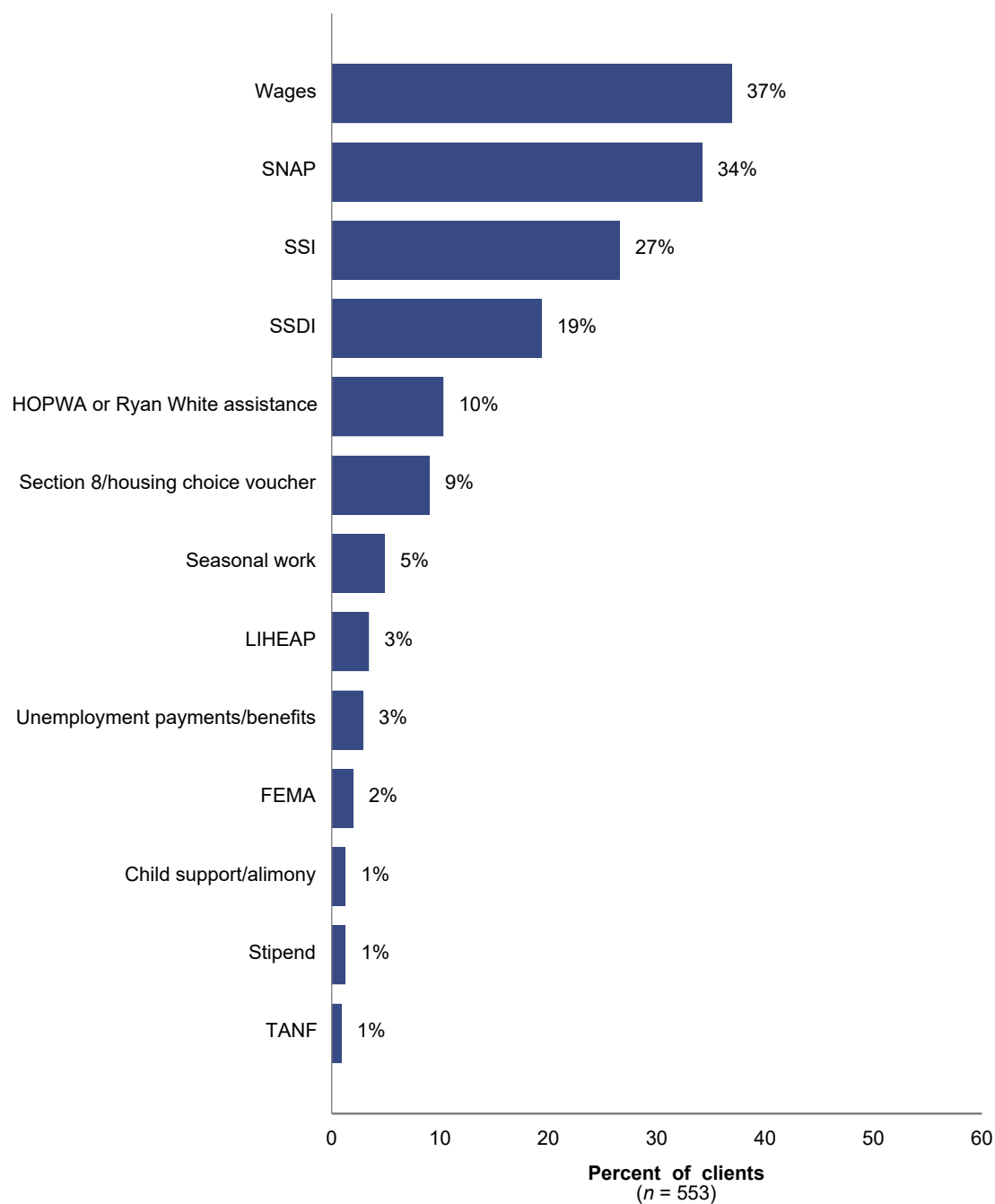
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 512 individuals who responded to this question, 14 (2.7%) reported having two or more reasons.
- Included in calculations but not presented in this figure are 363 individuals (70.9%) who selected *Not applicable, COVID-19 did not impact my ability to work in the past 12 months.*

Figure A15. Household Income in Month Prior to Survey



- Included in calculations and presented in this figure are 25 outliers reported by 32 respondents in the *more than \$2,000* category. The reported monthly incomes for these 32 respondents range from \$8,000 - \$57,000.

Figure A16. Sources of Income and Assistance



- Included in calculations but not presented in this figure are 46 individuals (9.7%) who only selected *I didn't receive any wages, financial assistance, or housing assistance in the past 6 months*, and 2 individuals (0.4%) who selected *Veteran's housing*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 553 individuals who responded to this question, 109 (19.7%) reported receiving two or more forms of income and assistance.

HOUSING CHARACTERISTICS

Figure A17. Housing Status at the Time of Survey

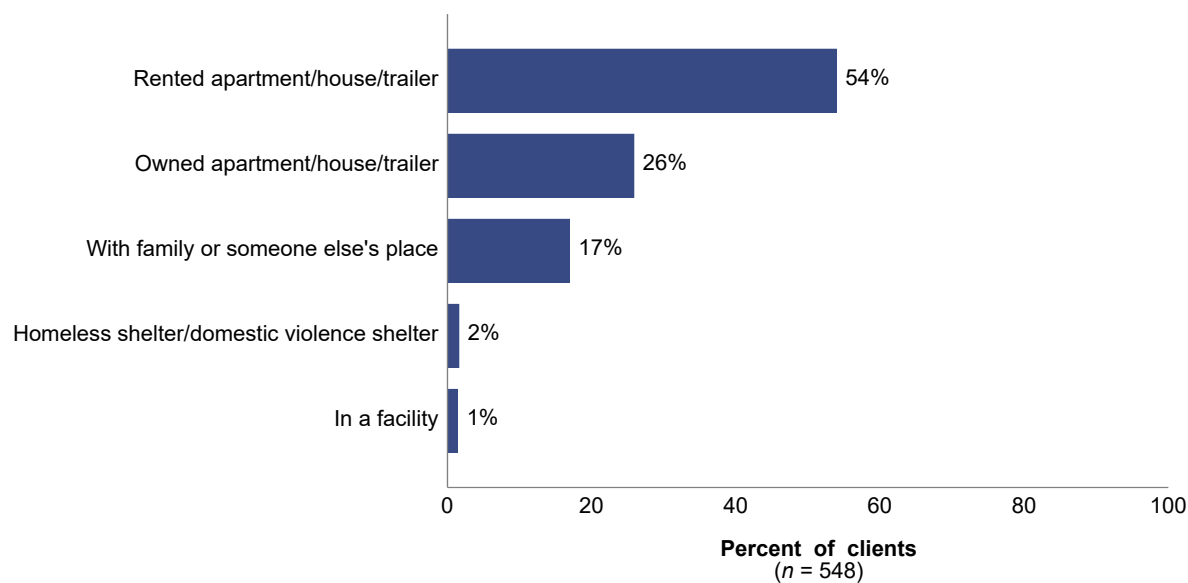
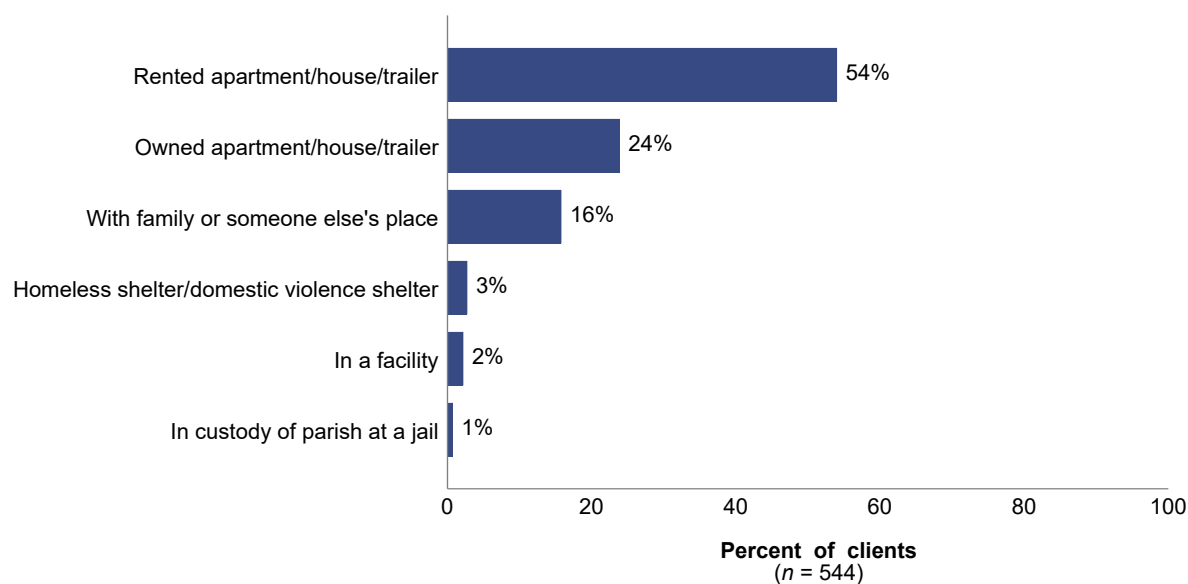
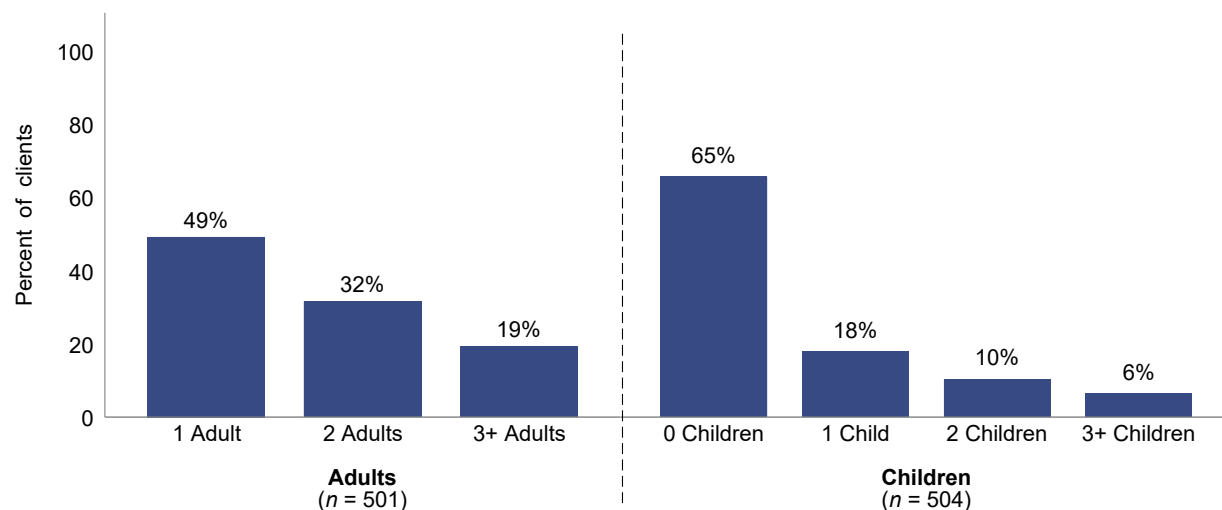


Figure A18. Housing Status 6 Months Prior to Survey



- Included in calculations but not presented in this figure is 1 individual (0.2%) who selected *in custody of DOC, housed at a parish jail*, and 2 individuals (0.4%) who selected *in a DOC facility*.

Figure A19. Number of Adults and Children in Household



- The average response for number of adults living in the household was 2. The average response for number of children living in household was 1.
- Included in calculations and presented in this figure are 3 outliers reported by 4 respondents in the 3+ Adults category. The reported number of adults for these 4 respondents are 6 (entered 2 times), 7 (entered 1 time), and 8 (entered 1 time).
- Included in calculations and presented in this figure are 2 outliers reported by 5 respondents in the 3+ Children category. The reported number of children for these 5 respondents are 5 (entered 4 times) and 6 (entered 1 time).

Figure A20. Number of Bedrooms in Respondents' Residences

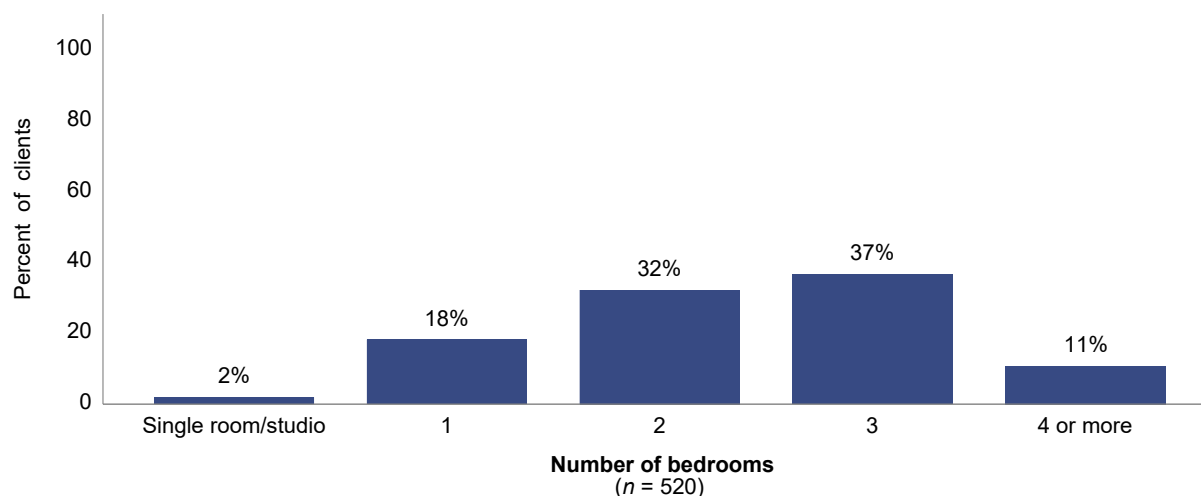


Figure A21. Number of Places Lived in Past 12 Months

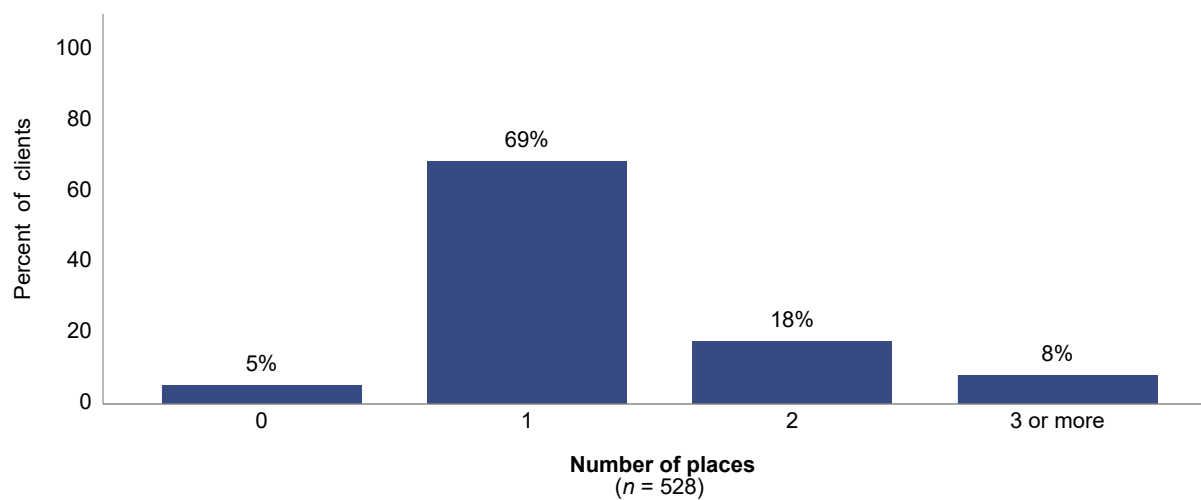


Figure A22. Length of Time at Current Residence

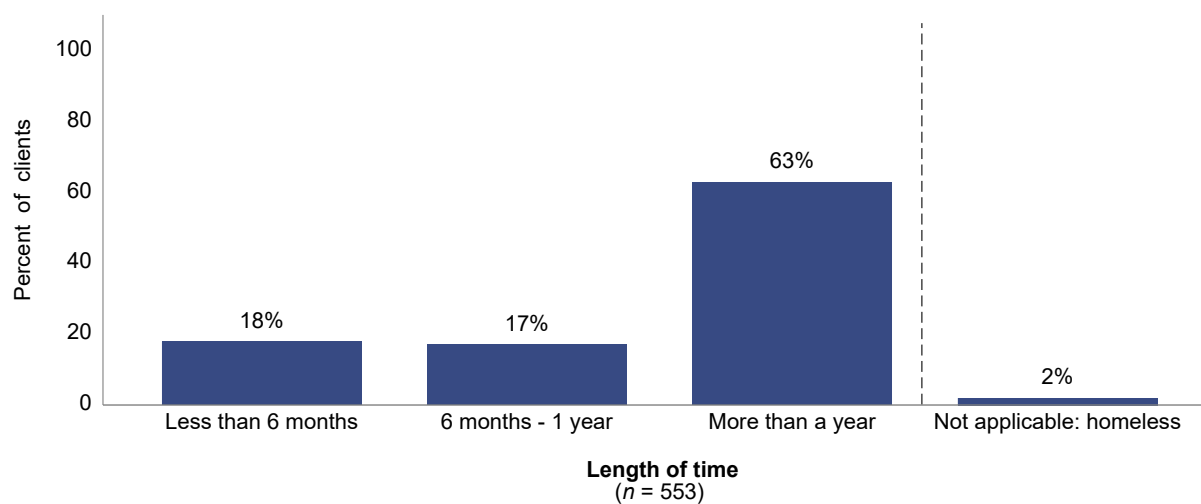


Figure A23. Nights Spent Homeless or Without a Place to Sleep in the Past 12 Months

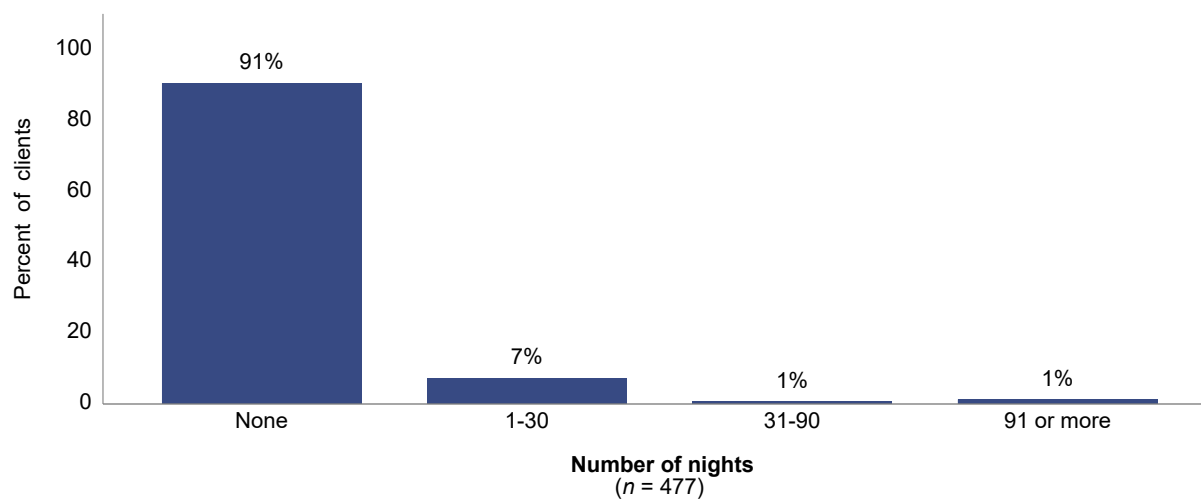


Figure A24. Had to Move Because Could No Longer Afford Home

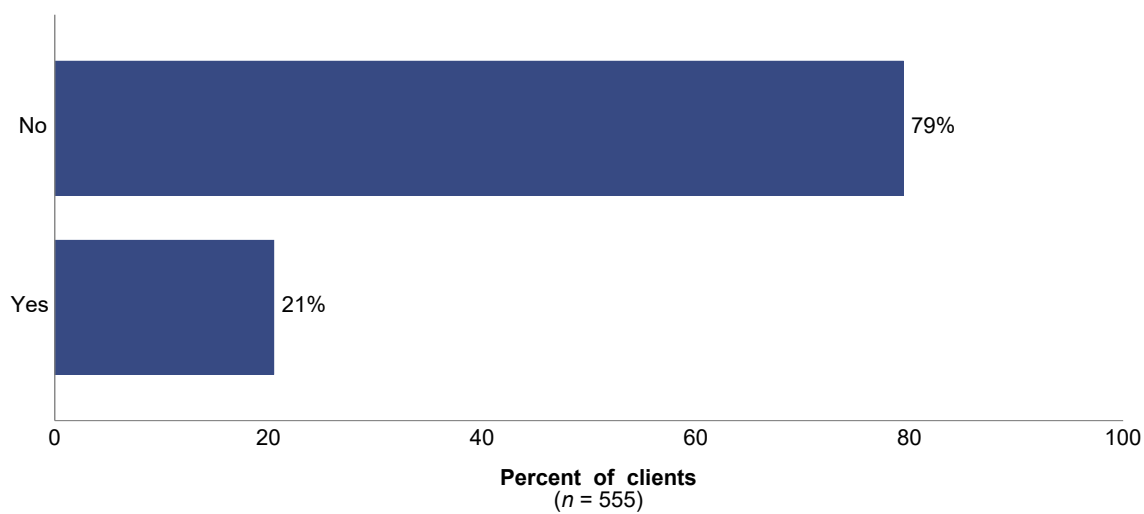


Figure A25. Had Trouble Obtaining Housing in the Past 12 Months

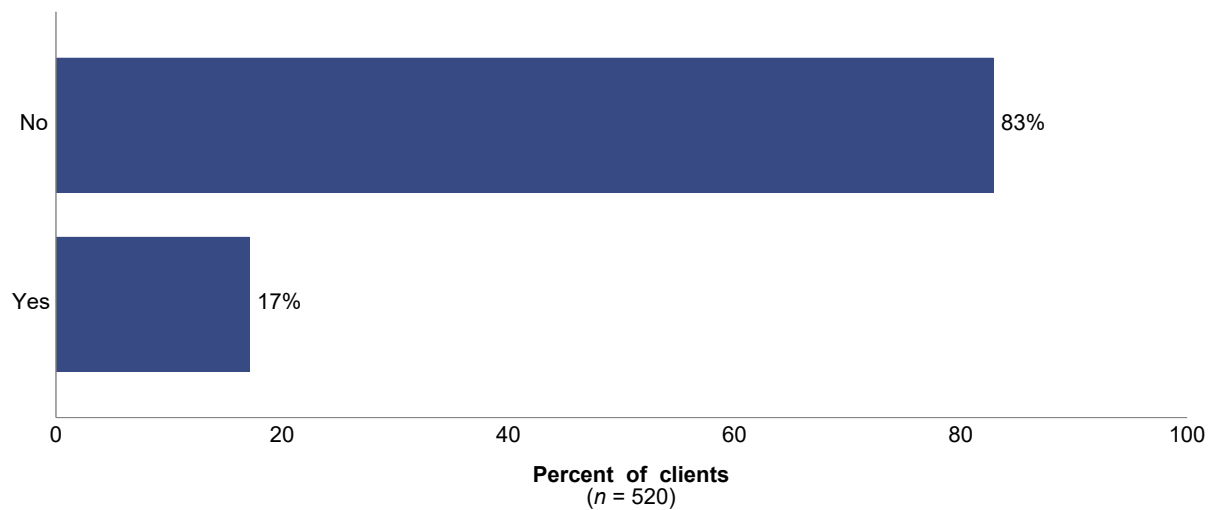
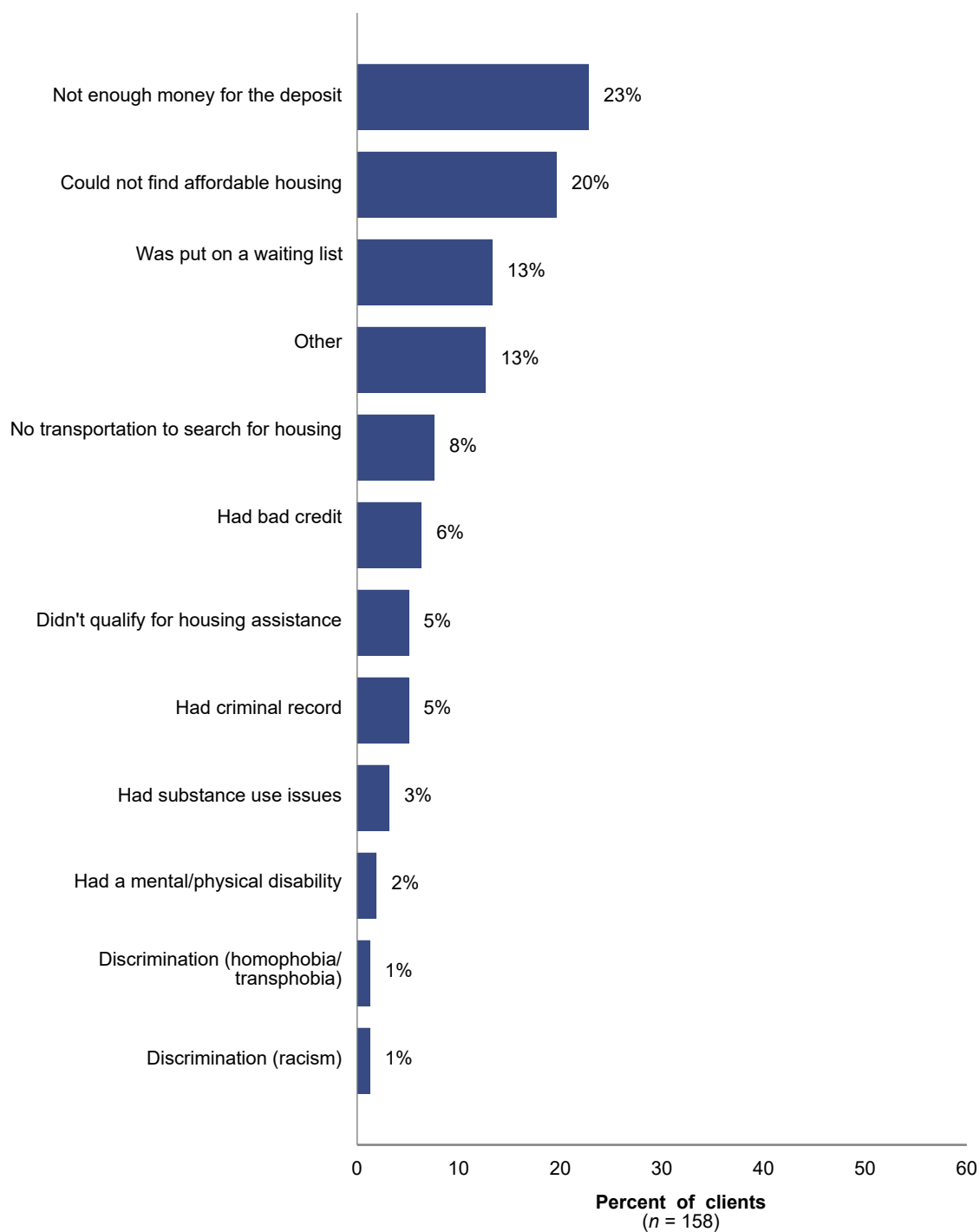
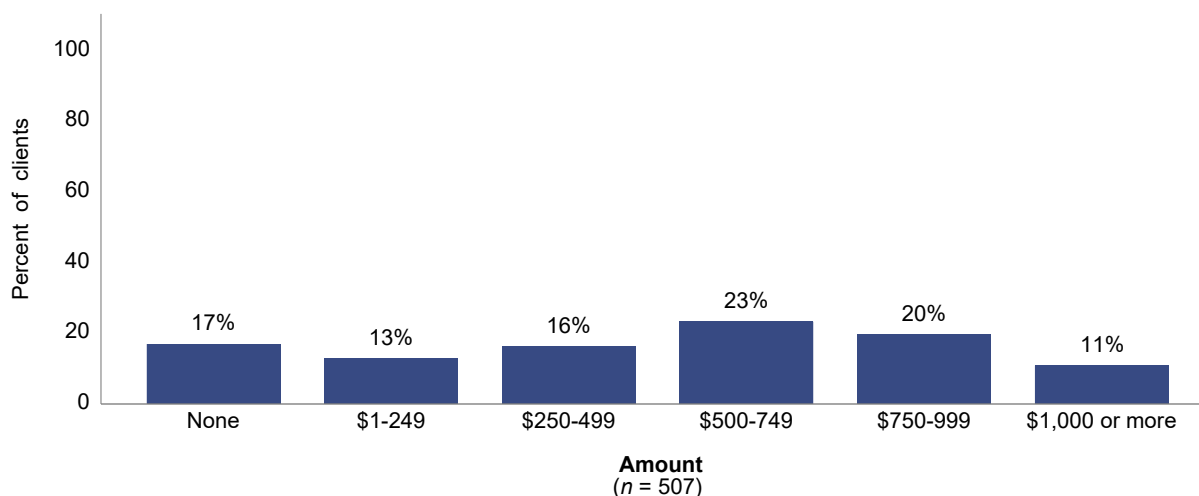


Figure A26. Barriers to Obtaining or Remaining in Housing



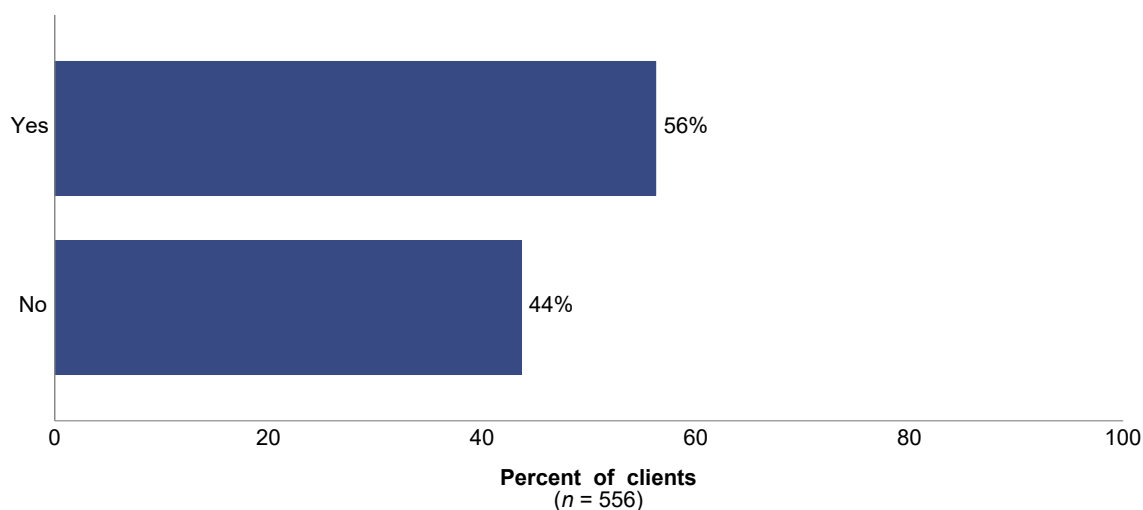
- Included in calculations but not presented in this figure are 74 individuals (46.8%) who selected / *didn't have any problems*. No individuals selected *gentrification*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 158 individuals who responded to this question, 36 (22.8%) reported experiencing two or more barriers to obtaining housing.

Figure A27. Rent/Mortgage Contribution Paid "Out-of-Pocket"



- Included in calculations and presented in this figure is 1 outlier reported by 3 respondents in the *\$1,000 or more* category. The reported monthly income for these respondents was \$3,000.
- Of the 421 individuals who reported that they do contribute to their rent/mortgage as represented in Figure A27, 416 responded to a separate follow-up question about utilities: *Does this "out-of-pocket" rent/mortgage amount include any of the following utilities*. Out of the 416 individuals, out-of-pocket rent/mortgage payments included *water* (43.3%), *garbage* (25.0%), *electric* (33.9%), *gas* (17.5%), or *no utilities* (46.9%). An additional 32 individuals responded to the about utilities but did not identify their out-of-pocket rent/mortgage contribution in the previous question. Out of these 32 individuals, out-of-pocket rent/mortgage payments included *water* (56.3%), *garbage* (34.4%), *electric* (56.3%), *gas* (34.4%), or *no utilities* (28.1%).

Figure A28. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past 12 Months



SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

Figure B1. Health Insurance Status

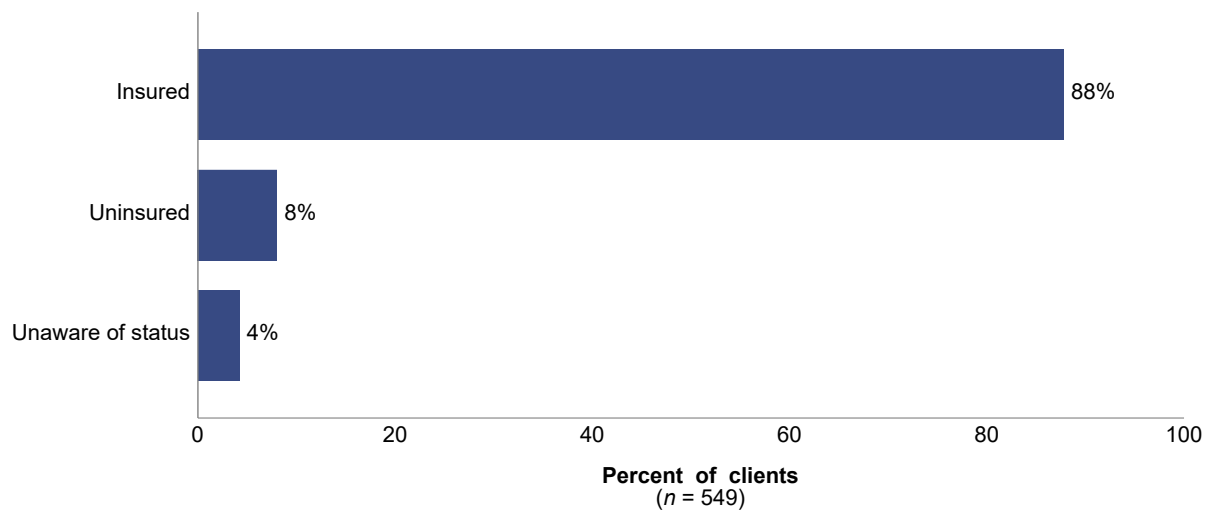
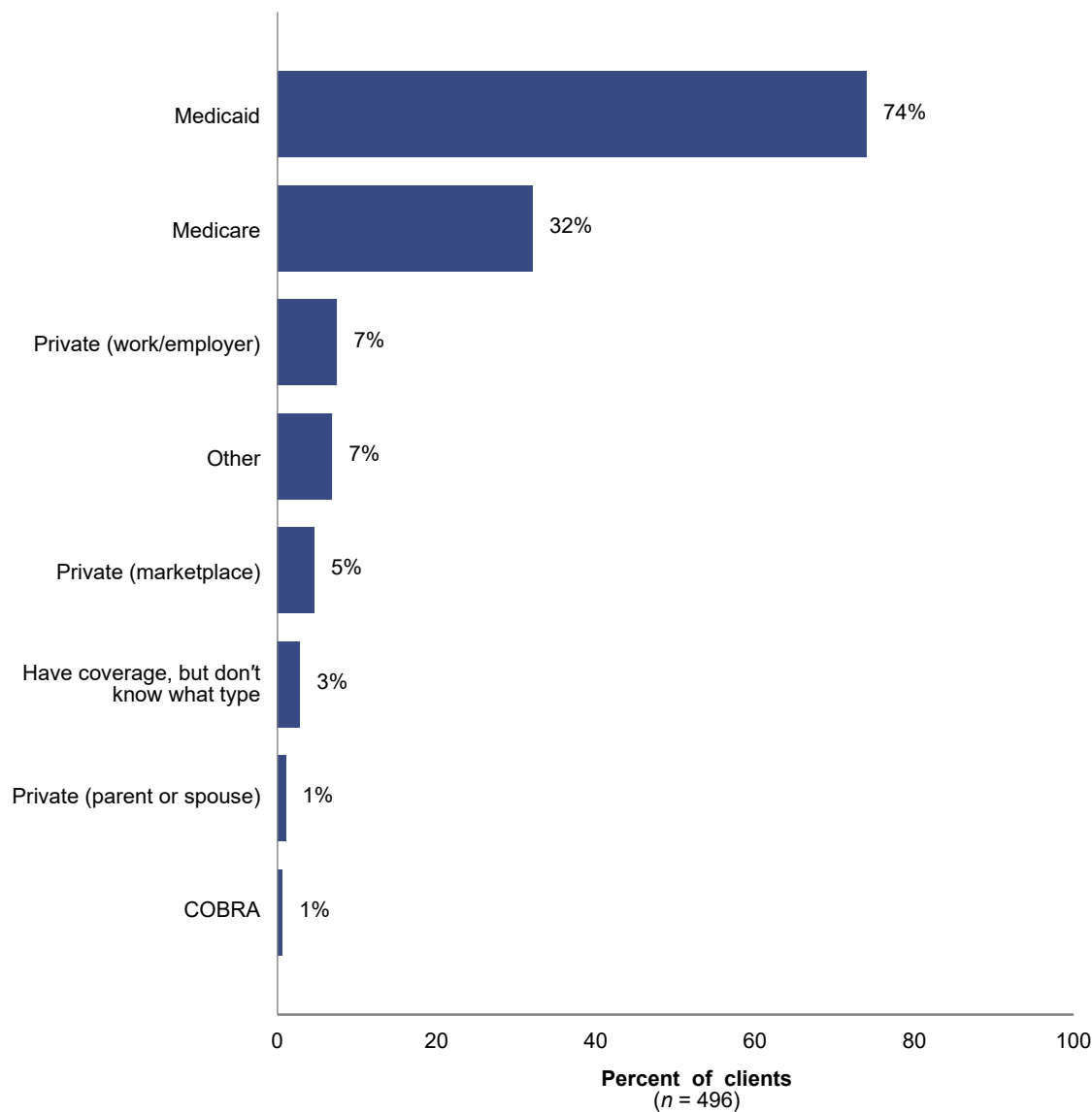
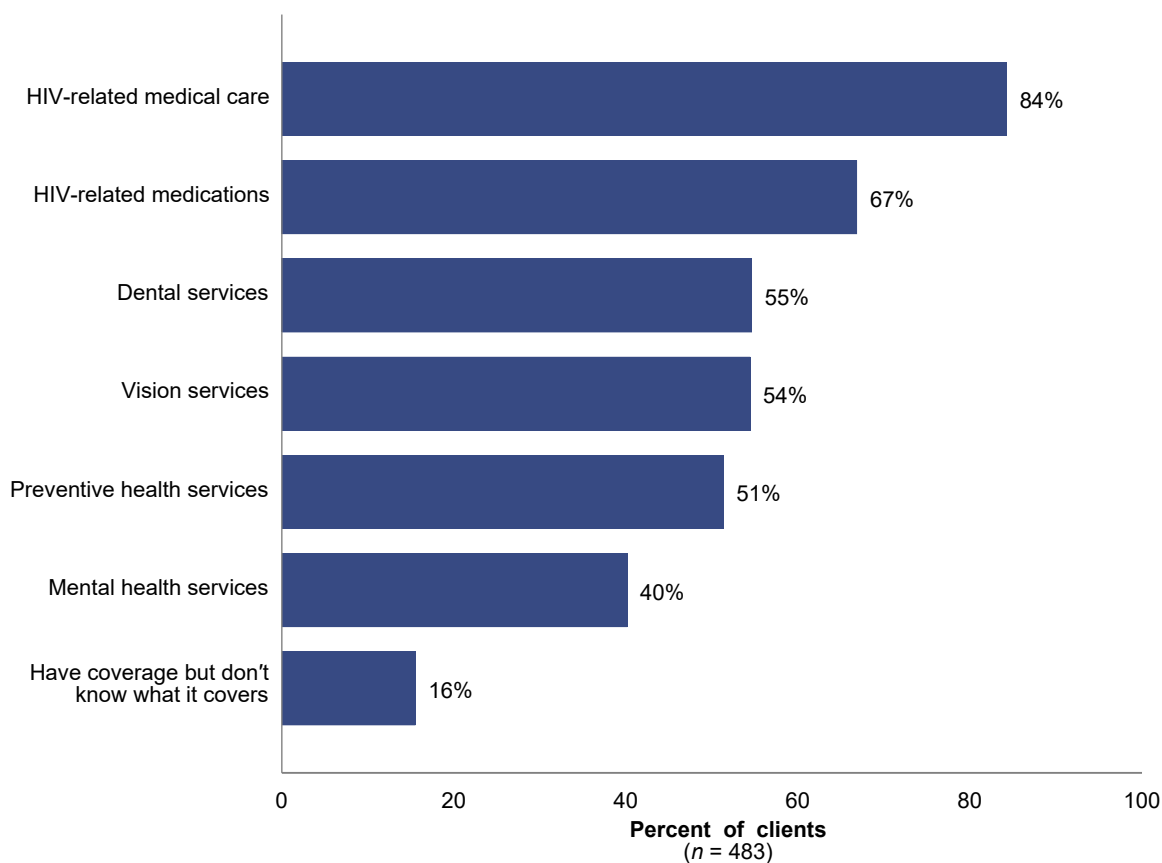


Figure B2. Sources of Health Insurance



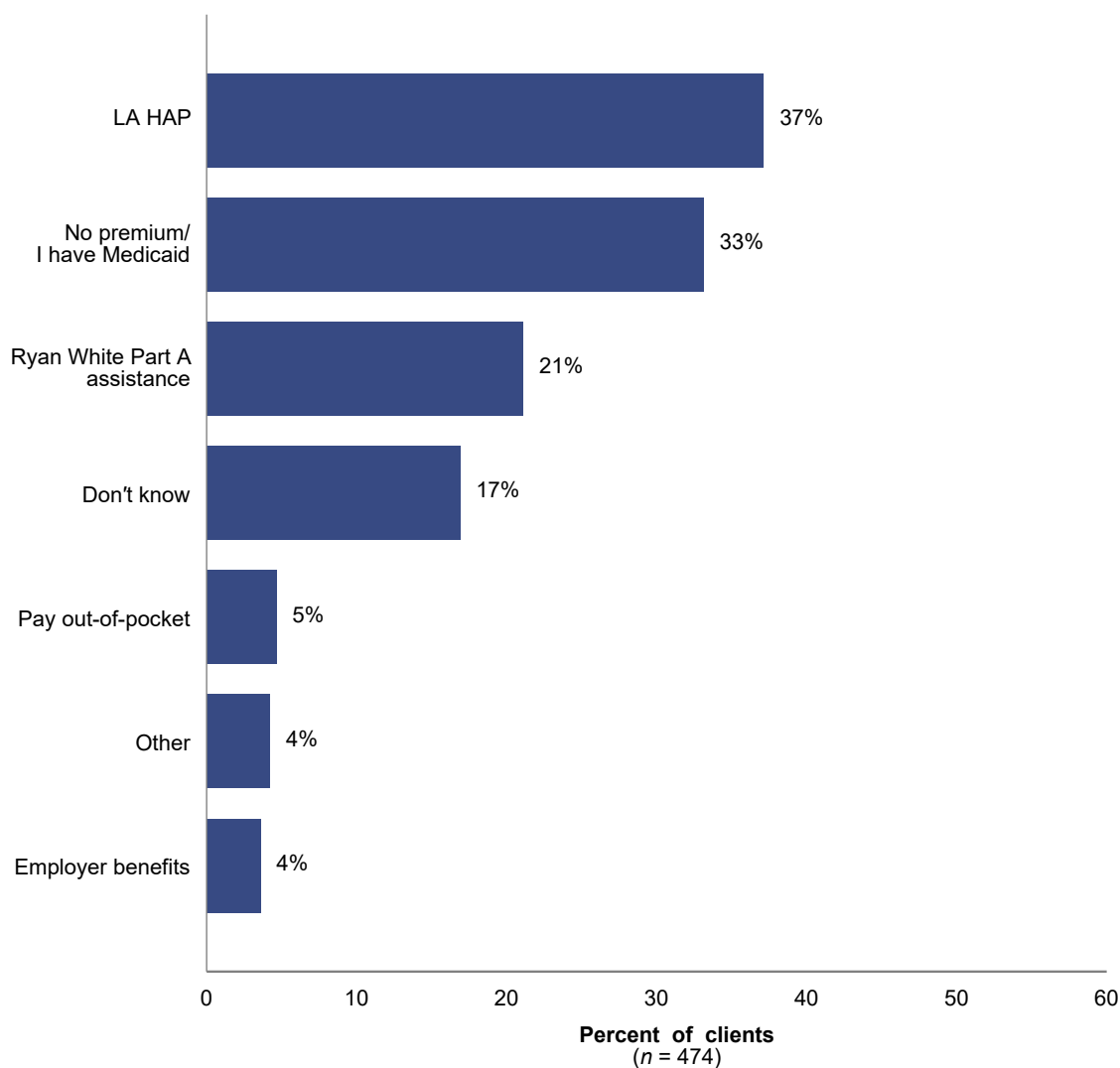
- Included in calculations but not presented in this figure is 1 individual (0.2%) who selected *TRICARE or other military healthcare*, and 1 individual (0.2%) who selected *Veteran's Administration (VA) healthcare*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 496 individuals who responded to this question, 134 (27.0%) reported having two or more sources of health insurance.

Figure B3. Health Insurance Coverage



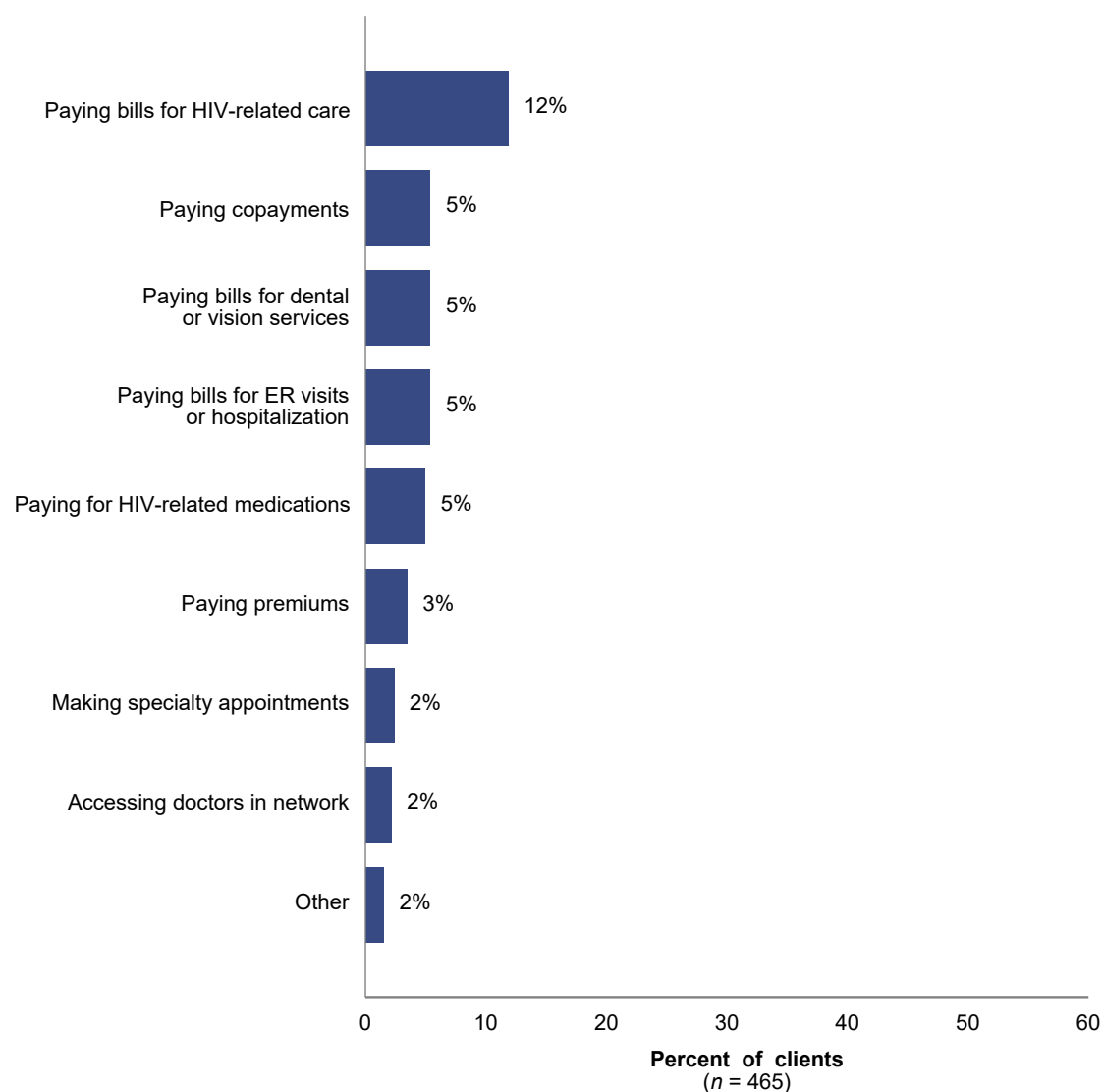
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 483 individuals who responded to this question, 353 (73.1%) reported having health insurance coverage for two or more types of medical services.

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



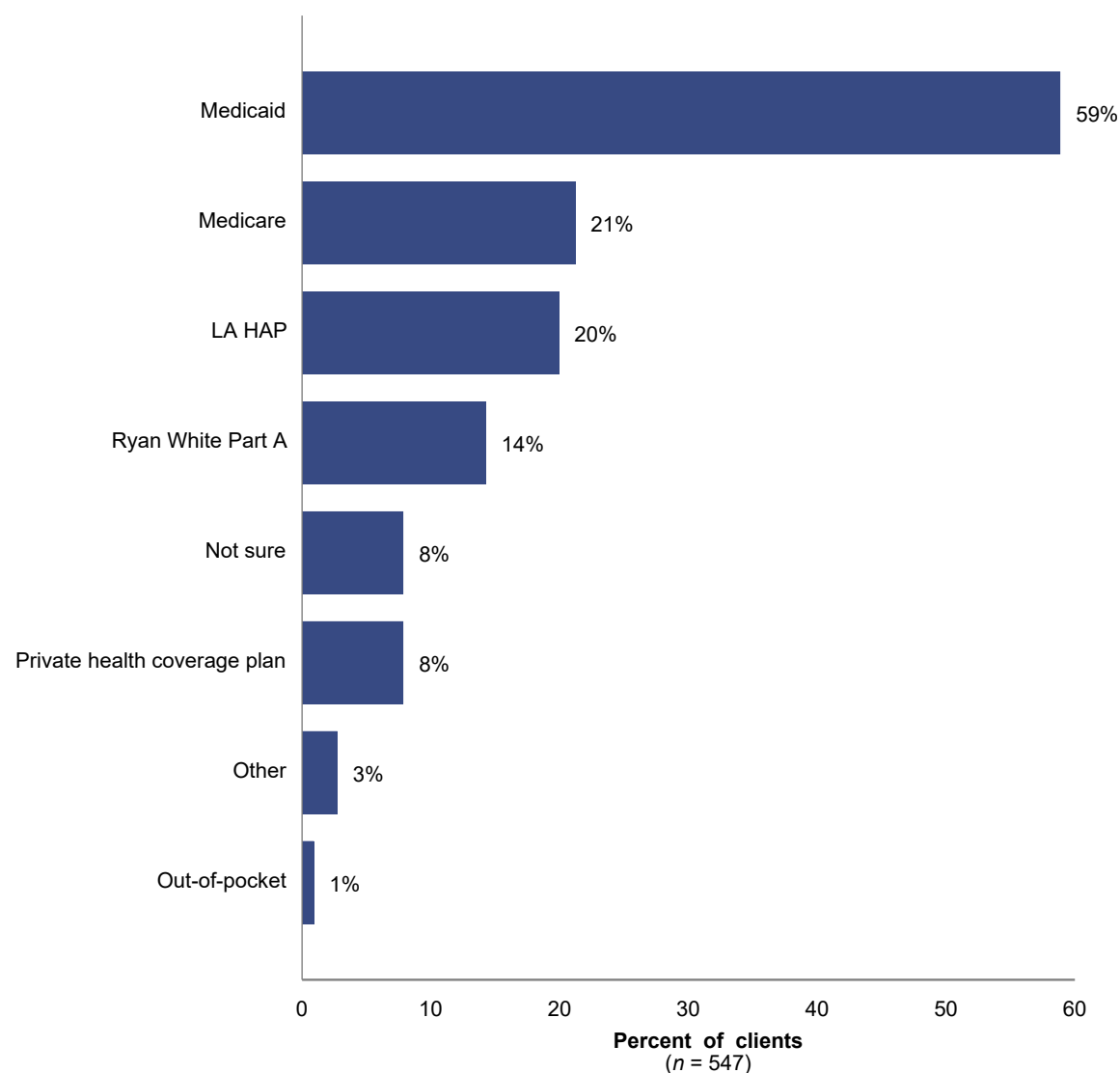
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 474 individuals who responded to this question, 87 (18.4%) reported two or more methods of payment for premiums.
- Included in calculations but not presented in this figure are 2 individuals (0.4%) who selected *friends/family help me*.

Figure B5. Problems Encountered With Health Insurance



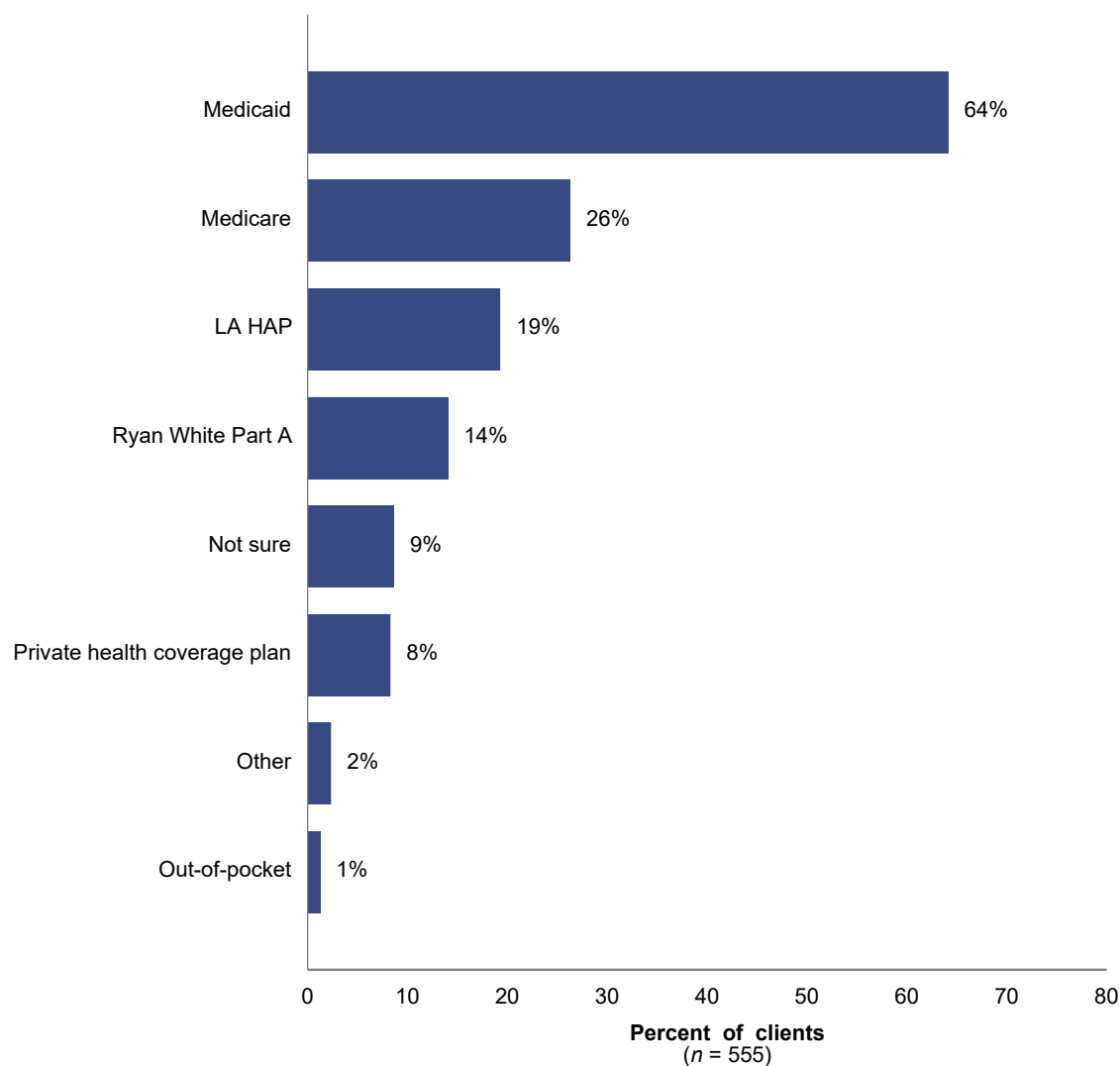
- Included in calculations but not presented in this figure are 361 individuals (77.6%) who selected *None of these. I haven't had any problems with my insurance or healthcare plan(s).*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 465 individuals who responded to this question, 44 (9.5%) reported two or more problems.

Figure B6. Methods of Payment for HIV-Related Medications



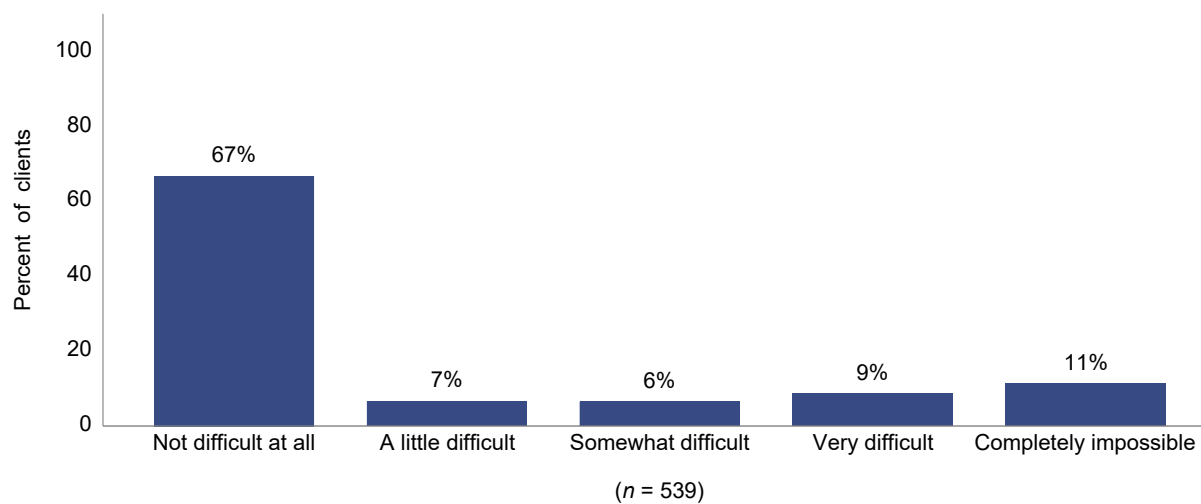
- Included in calculations but not presented in this figure are 29 individuals (5.3%) who selected *Not applicable: I haven't been prescribed any medications.*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 547 individuals who responded to this question, 174 (31.8%) reported two or more methods of payment.

Figure B7. Methods of Payment for HIV-Related Medical Care



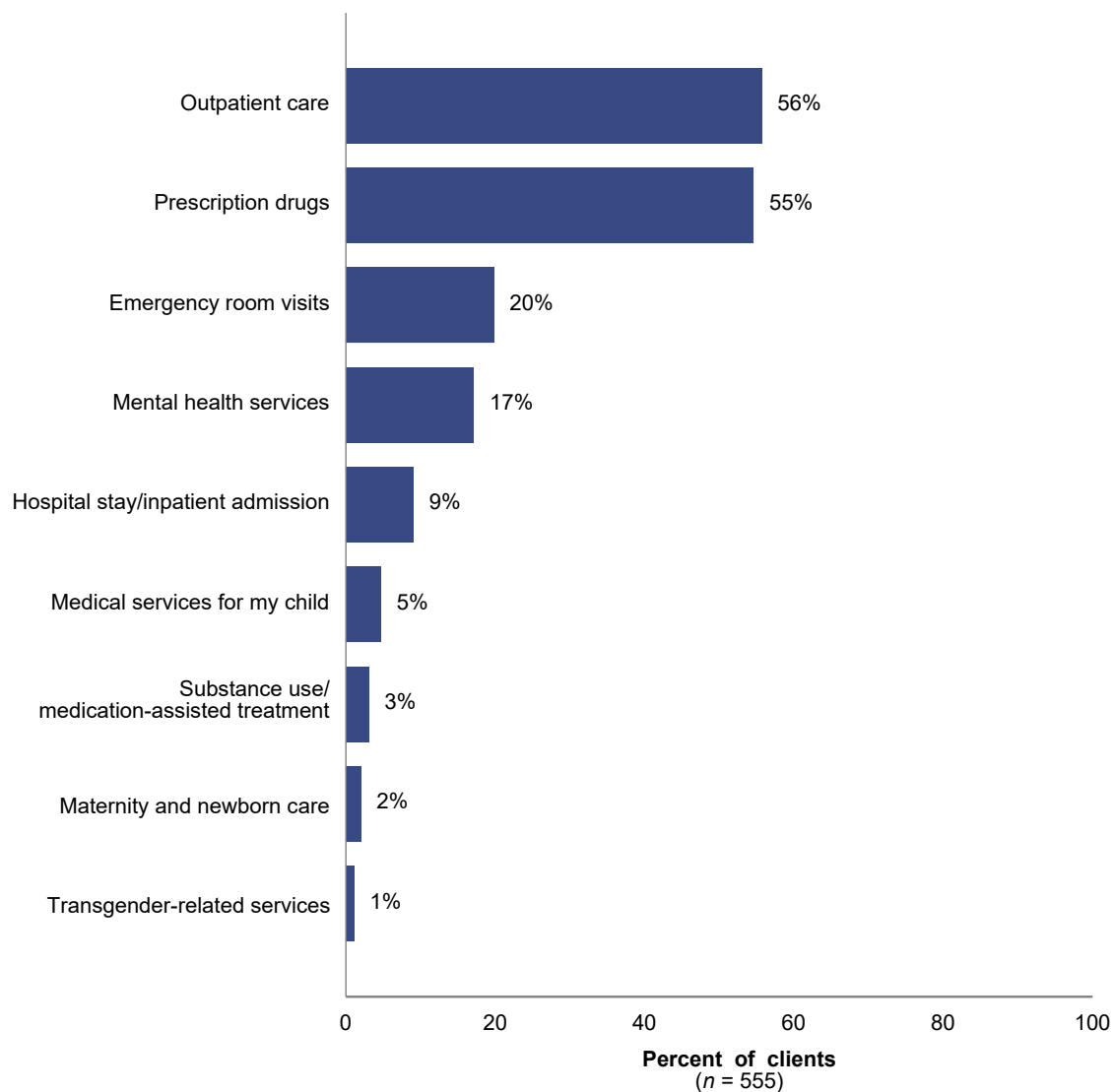
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 555 individuals who responded to this question, 197 (35.5%) reported two or more methods of payment.

Figure B8. Difficulties in Paying for HIV-Related Healthcare Costs



MEDICAL SERVICES

Figure B9. Medical Services Needed in the Past 12 Months



- Included in calculations but not presented in this figure are 127 individuals (22.9%) who selected *I didn't need any of these services*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 555 individuals who responded to this question, 290 (52.3%) reported a need for two or more services.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

Figure C1. Overall Health

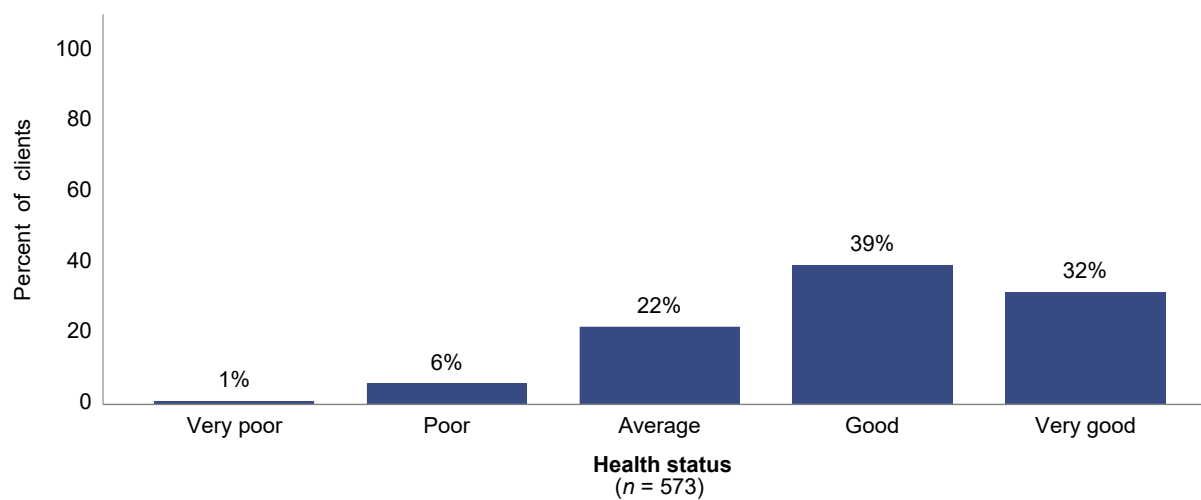


Figure C2. Current Viral Load

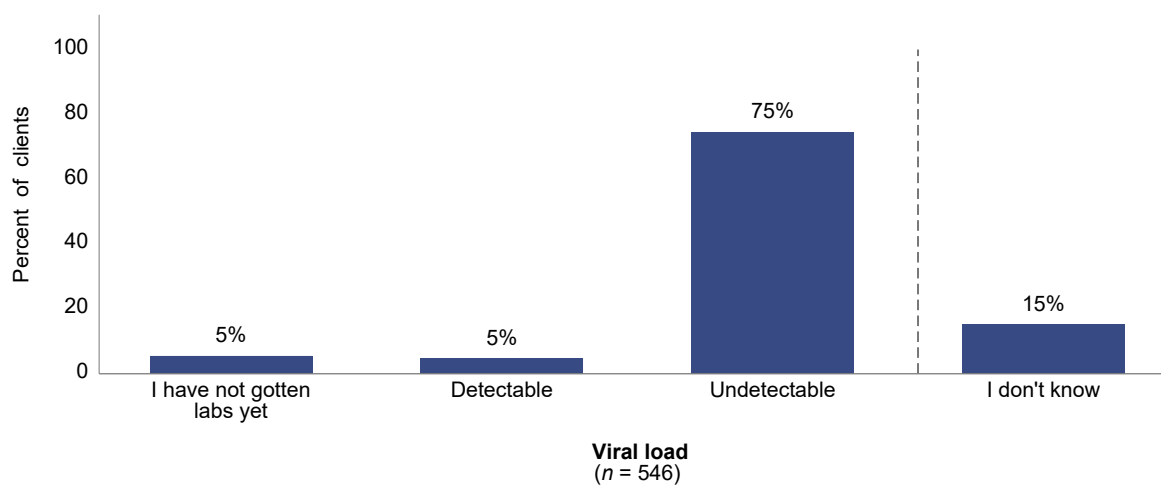


Figure C3. Self-Reported Depressive Symptoms Over the Past Two Weeks

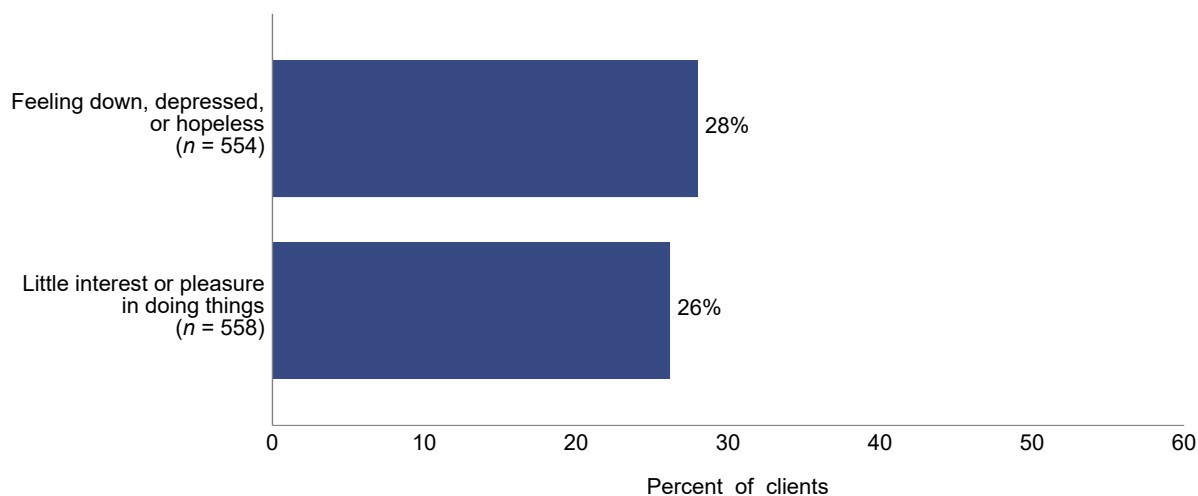
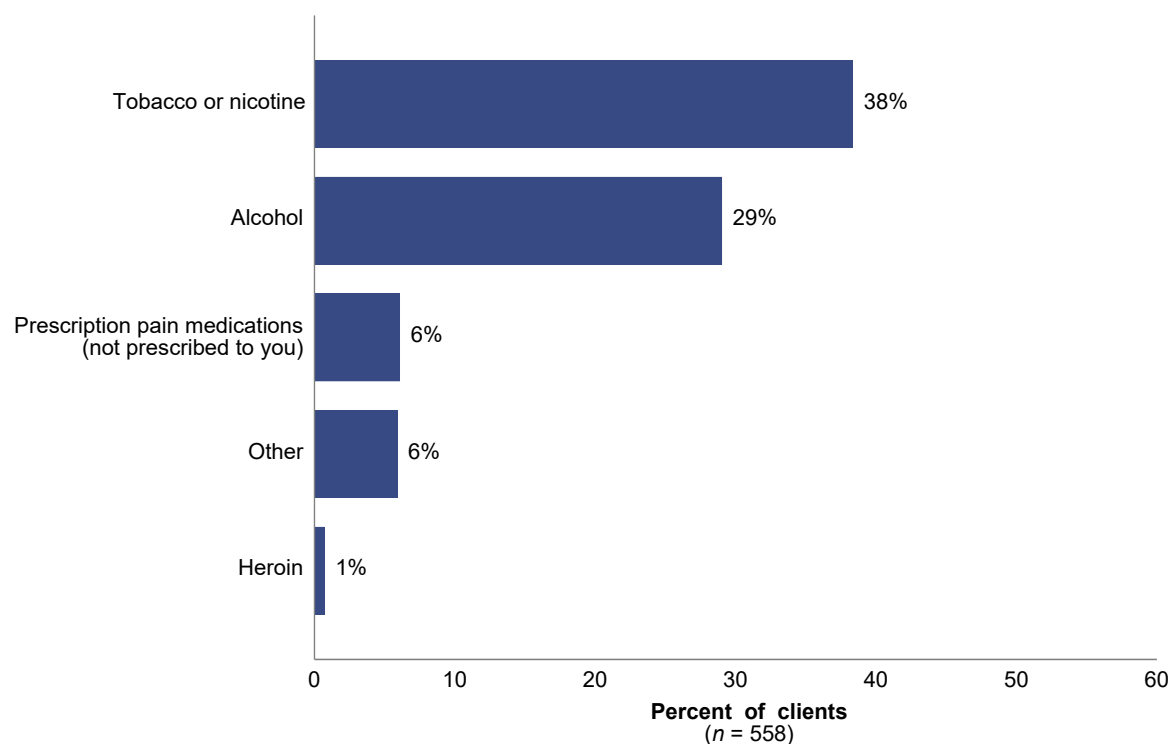
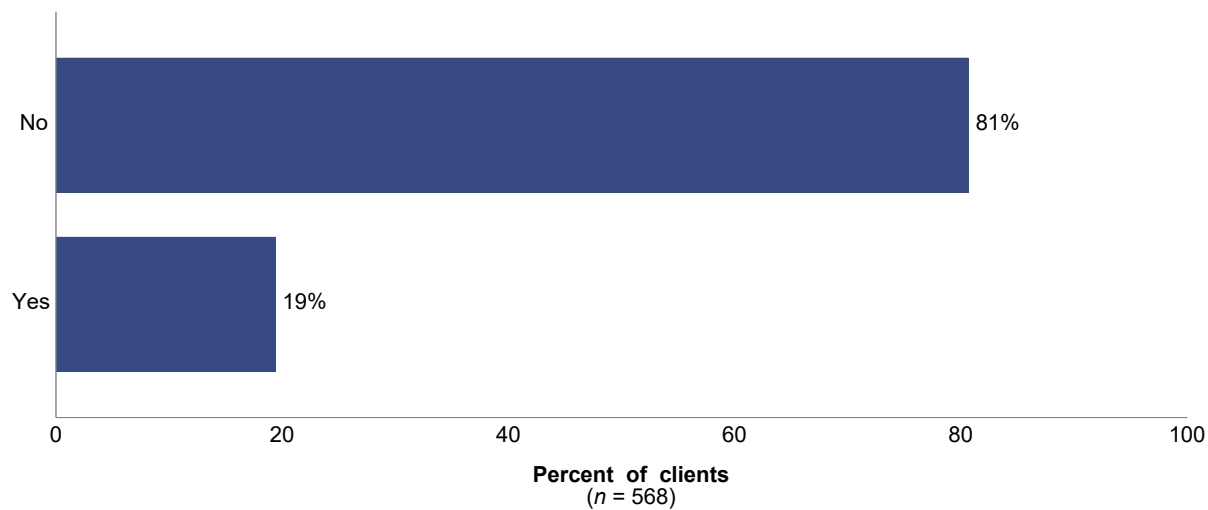


Figure C4. Self-Reported Substance Use in the Past 12 Months



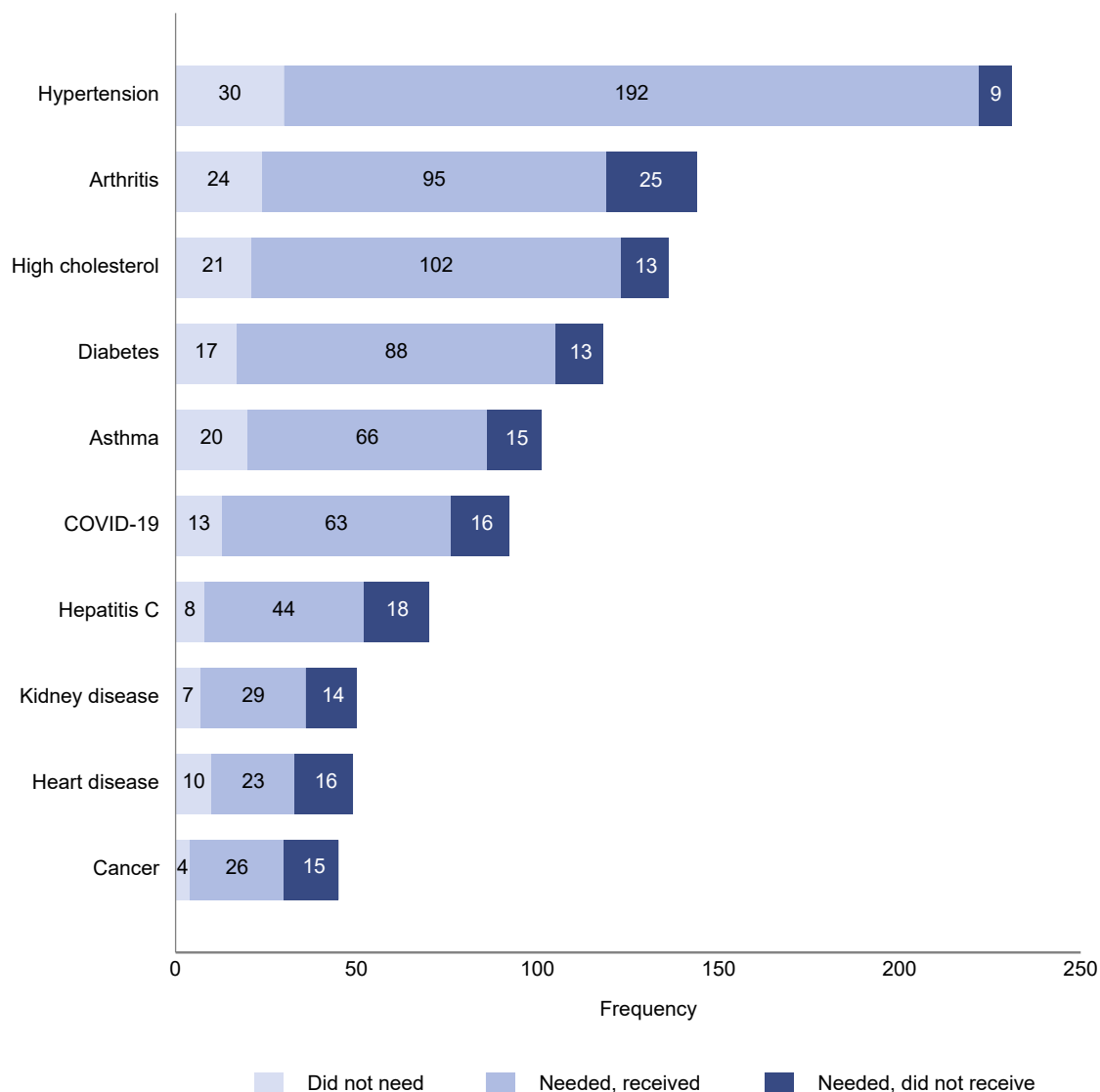
- Included in calculations but not presented in this figure are 239 individuals (42.8%) who selected *I haven't used any of these in the past 12 months*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 558 individuals who responded to this question, 111 (19.9%) reported using two or more substances.

Figure C5. Diagnosed With COVID-19 in the Past 12 Months



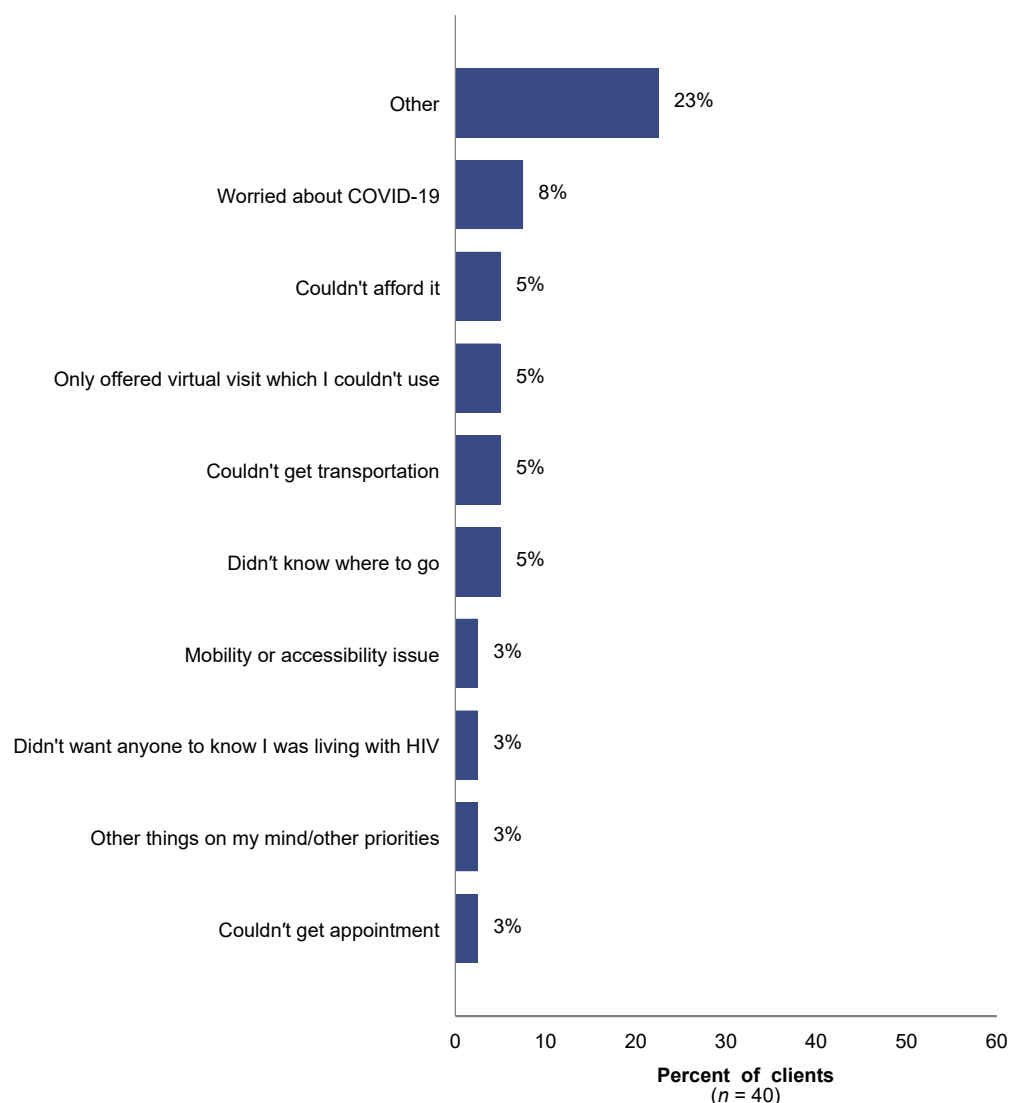
HEALTH DIAGNOSES & CARE

Figure C6. Medical Diagnoses

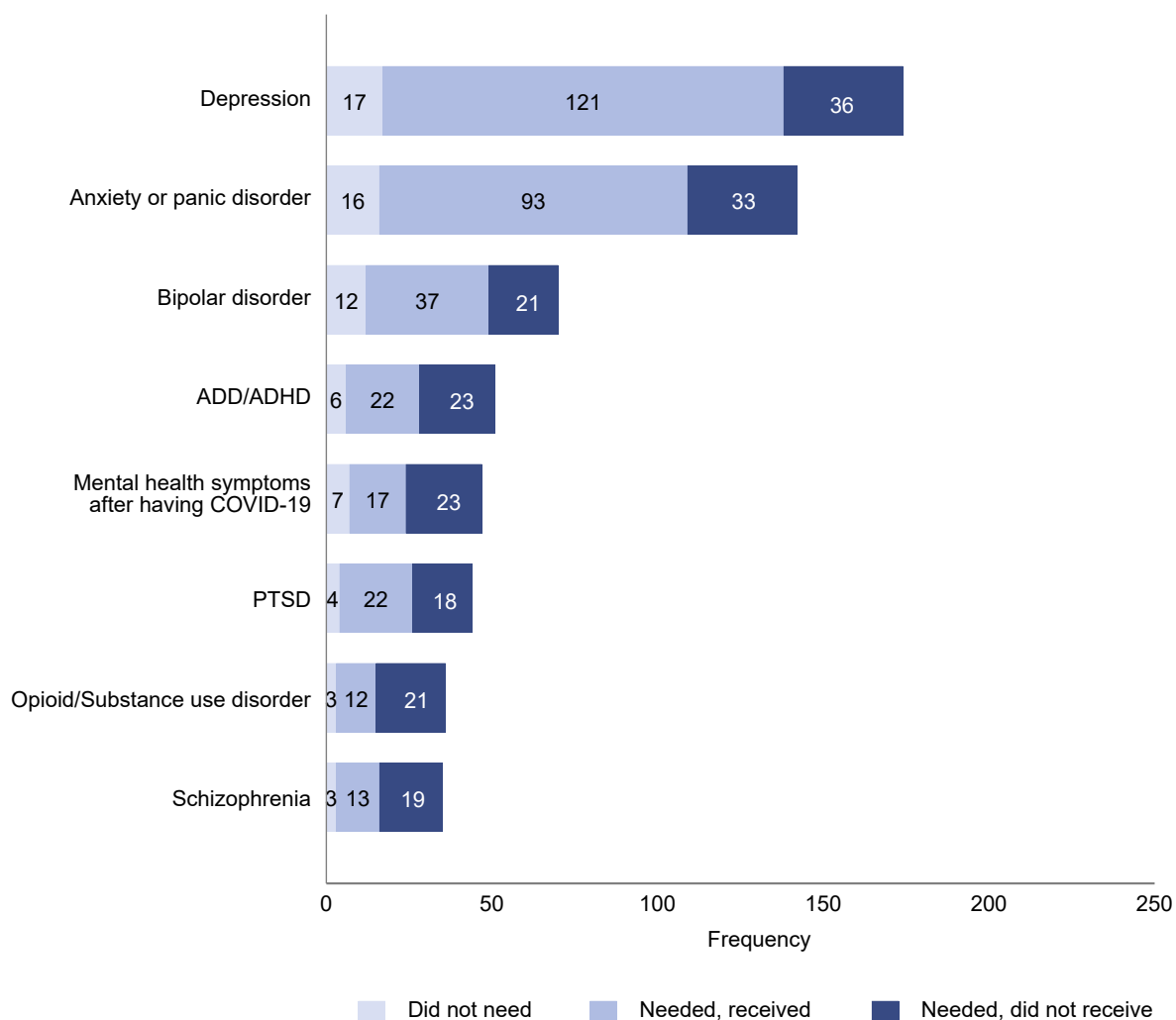


- Included in calculations but not presented in this figure are 43 individuals who indicated that they were diagnosed with some other medical condition, of which 9 did not need treatment, 27 needed and received treatment, and 7 needed and did not receive treatment. Two individuals indicated a second 'other' medical condition, of which 1 did not need treatment and 1 needed and received treatment. Five individuals indicated a third 'other' medical condition, of which 4 did not need treatment and 1 needed and received treatment.
- Two hundred and fifty-five respondents reported two or more medical diagnoses.
- Twenty-five respondents reported their HIV diagnosis as an *other* medical condition.

Figure C7. Reasons Didn't Receive Needed Medical Care

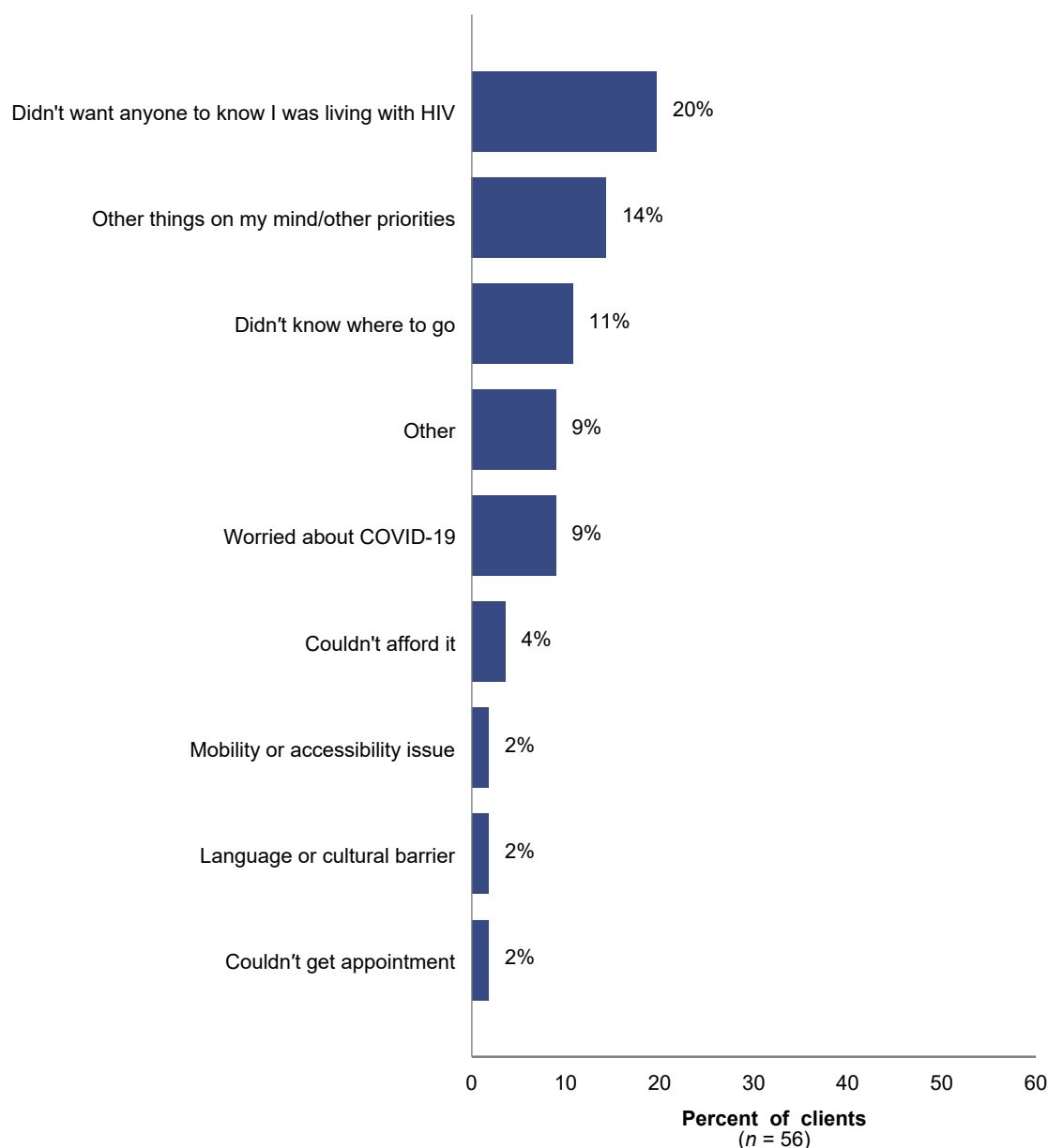


- Included in calculations but not presented in this figure are 20 individuals (50.0%) who selected *Not applicable, I did receive the needed medical care*. No individuals selected *I had a language or cultural barrier*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 40 individuals who responded to this question, 4 (10.0%) selected two or more reasons.
- Those who report *other* are given the opportunity to write in additional information; write-in responses include: *Had to get my count up first, LAHip didn't pay the doctor and I can't return until I pay the bill, my doctor just did not listen- ignore my concerns-no help, Covid symptoms, was in prison, Don't believe they have high cholesterol*.

Figure C8. Mental Health Diagnoses

- Included in calculations but not presented in this figure are 14 individuals who indicated that they were diagnosed with some other mental health condition, of which 4 did not need treatment, 9 needed and received treatment and 1 needed and did not receive treatment. One individual indicated a second 'other' mental health condition, and they did not need treatment. Three individuals indicated a third 'other' mental health condition, 1 did not need treatment, 1 needed and received treatment and 1 needed and did not receive treatment.
- One hundred and forty-seven respondents reported two or more mental health diagnoses.

Figure C9. Reasons Didn't Receive Needed Mental Health Care



- Included in calculations but not presented in this figure are 24 individuals (42.9%) who selected *Not applicable, I did receive the needed mental health care*. No individuals selected *I couldn't get transportation* or *I was only offered a virtual visit (video/call) which I didn't/couldn't use*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 56 individuals who responded to this question, 7 (12.5%) selected two or more reasons.

HEALTH SEEKING BEHAVIOR

Figure C10. HIV-Related Medical Care Visits in the Past 12 Months

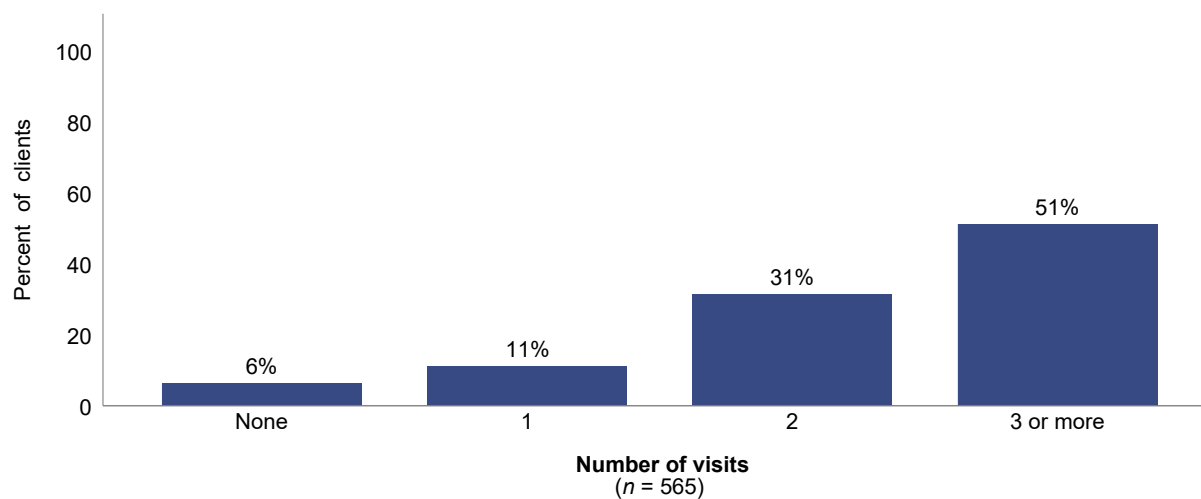


Figure C11. HIV-Related Medical Care Visits via Telehealth in the Past 12 Months

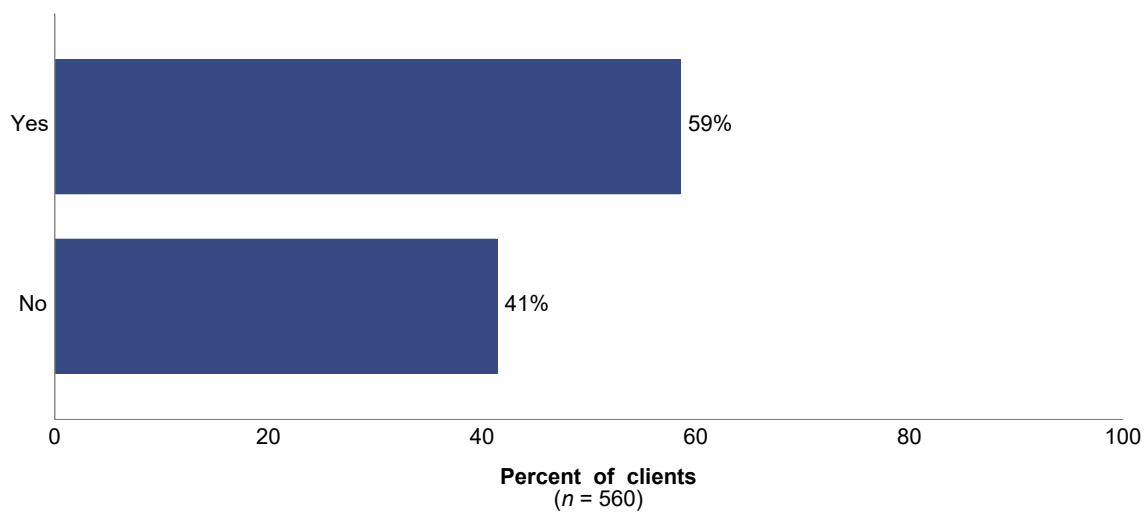


Figure C12. Places Where Respondent Regularly Receives Medical Care, Including HIV-Related Care

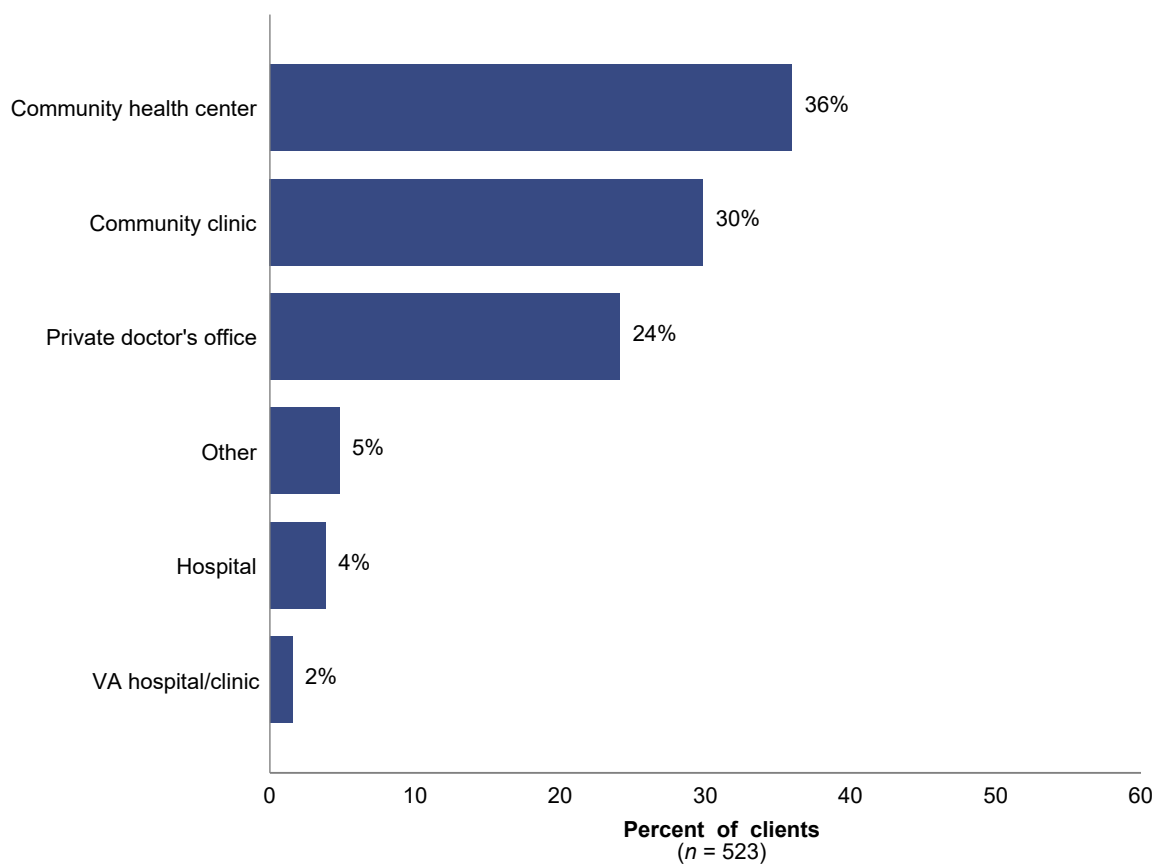
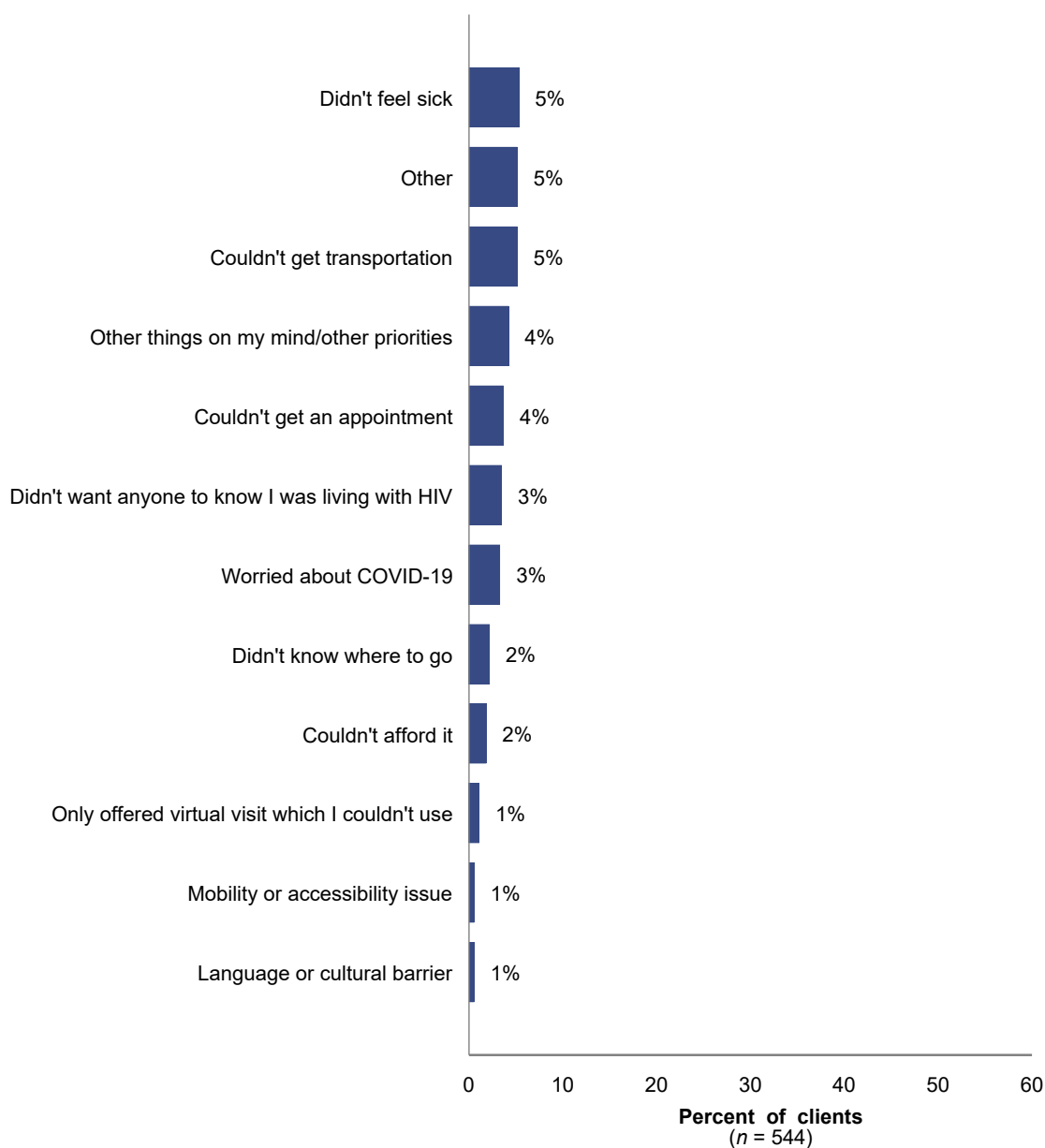
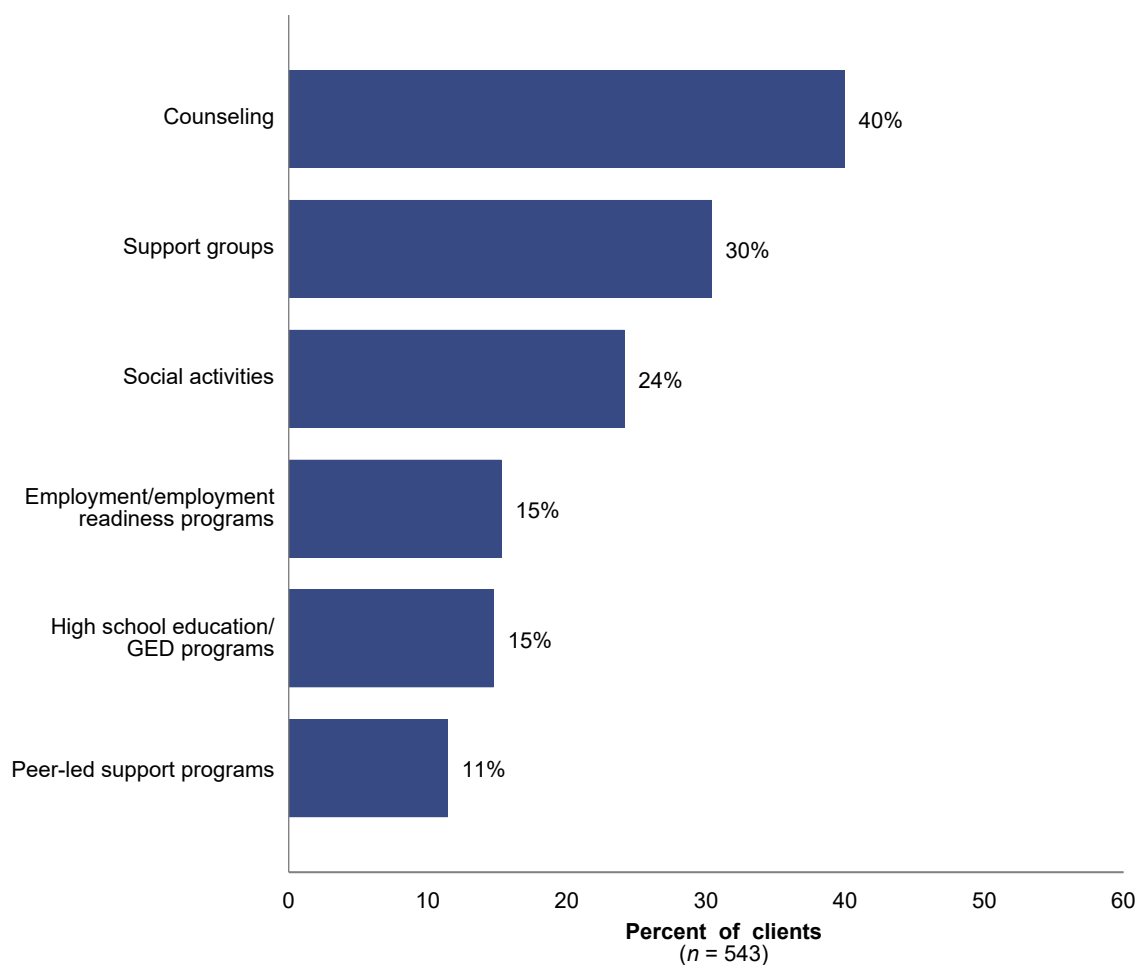


Figure C13. Barriers to Receiving Needed Medical Care



- Included in calculations but not presented in this figure are 387 individuals (71.1%) who selected *Not applicable, I consistently received needed care*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 544 individuals who responded to this question, 36 (6.6%) selected two or more barriers.

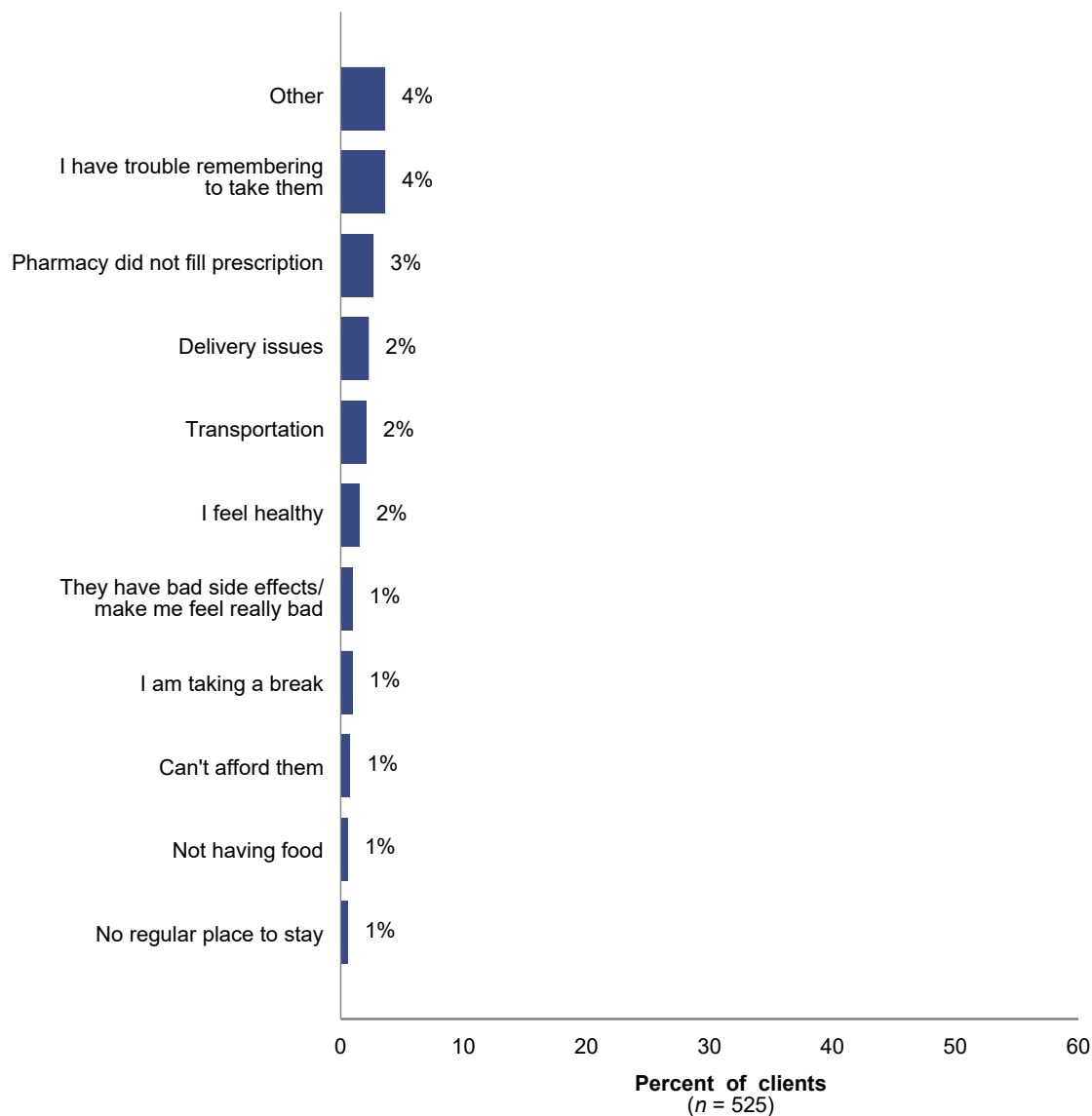
Figure C14. Interest in Psychosocial Support



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 543 individuals who responded to this question, 188 (34.6%) selected two or more types of support.
- Included in calculations but not presented in this figure are 158 individuals (29.1%) who selected *I would not use any of these programs*.

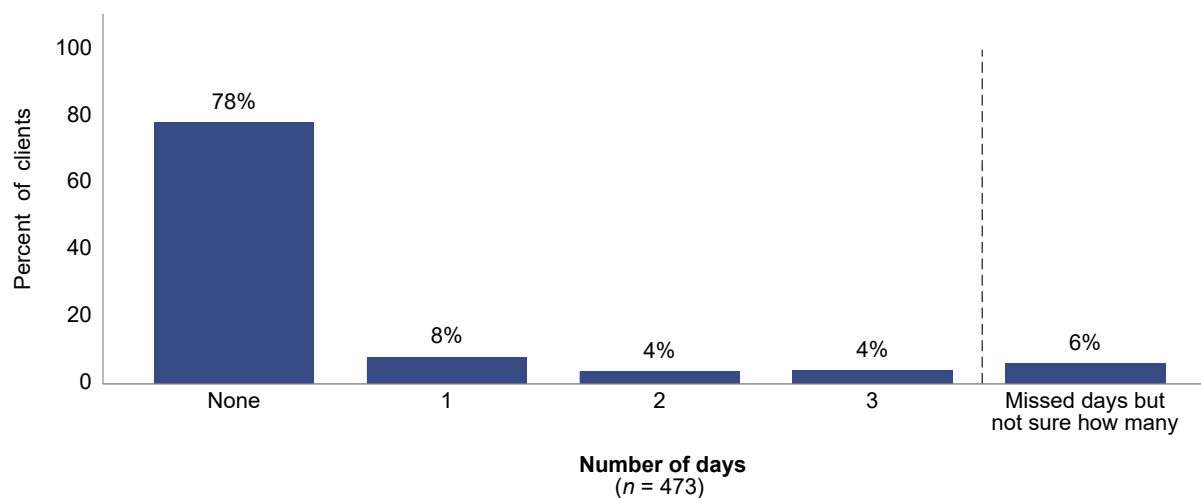
HIV MEDICATION AND MEDICAL ADHERENCE

Figure C15. Reasons for Not Taking HIV Medication in the Past 12 Months



- Included in calculations but not presented in this figure are 114 individuals (21.7%) who selected *Not applicable: I haven't been prescribed any HIV medications* and 326 individuals (62.1%) who selected *None of these. I have taken my HIV medications as prescribed for 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 525 individuals who responded to this question, 14 (2.7%) selected two or more reasons.

Figure C16. Number of Days Respondent Did Not Take Full HIV-Medication Regimen



- Respondents were subsequently asked to estimate their current viral load. Of the 29 respondents who indicated that they missed days but were not sure how many, 19 individuals indicated *undetectable/virally suppressed*, 3 individuals reported *detectable (more than 200 copies/mL)*, 3 individuals reported *I haven't gotten my labs yet*, and 4 individuals reported *I don't know*.

SECTION D. NEED AND USE OF SERVICES

Figure D1. Need and Receipt of Core Medical Services

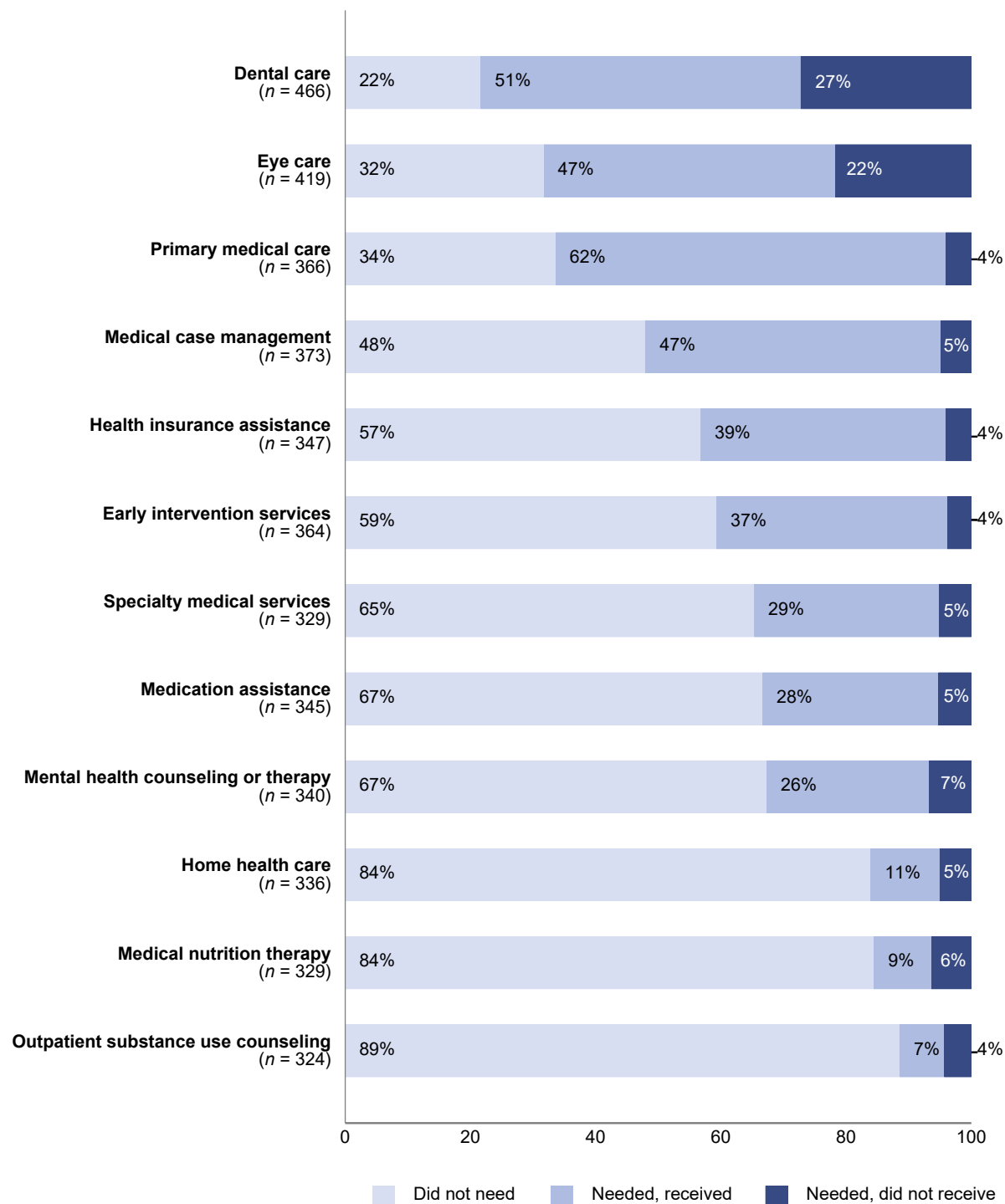


Figure D2. Need and Receipt of Core Support Services

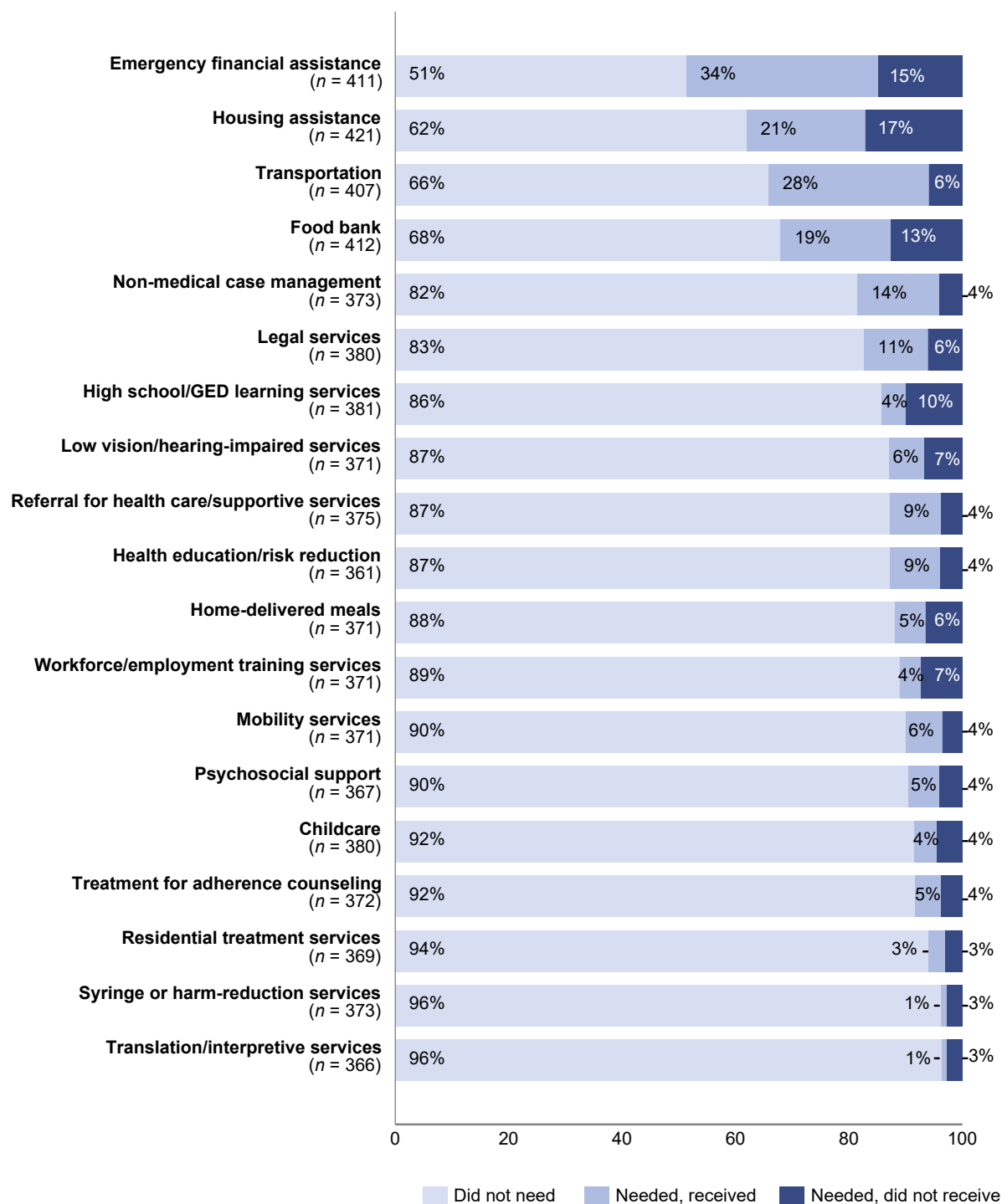


Figure D3. Need and Receipt of Core Housing Services

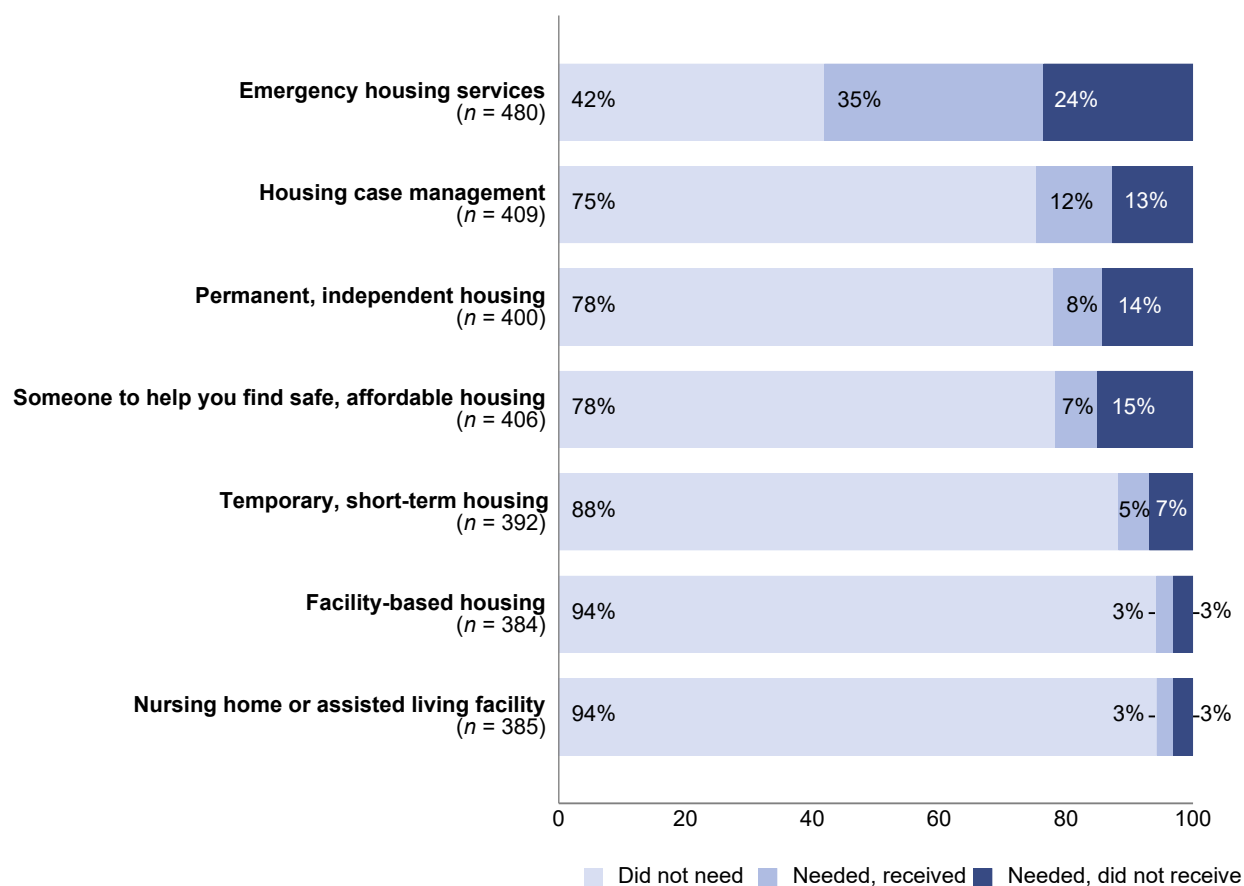
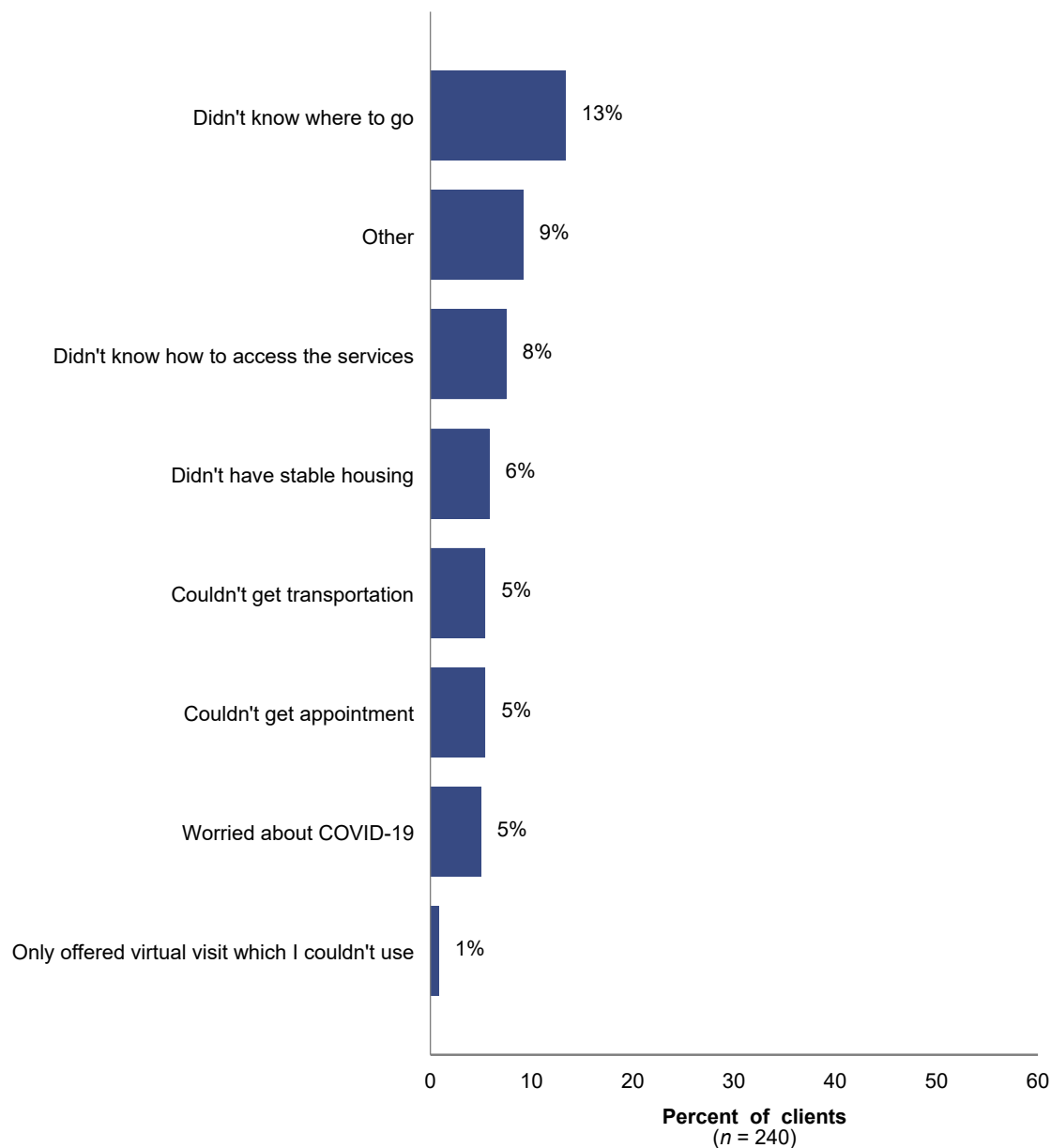


Figure D4. Reasons for Not Receiving Needed Services



- Included in calculations but not presented in this figure are 140 individuals (58.3%) who selected *Not applicable, I did receive the needed services*, and 1 individual (0.4%) who selected *I couldn't get childcare*.

APPENDIX A. RANKED NEEDS AND GAPS

Table A.1. Services Ranked by Need

Ranking	Service	Total responses (n)	Number who needed service	Percent who needed service
1	Dental care	466	365	78%
2	Eye care (vision services)	419	286	68%
3	Primary medical care	366	243	66%
4	Emergency housing service	480	279	58%
5	Medical case management	373	194	52%
6	Emergency financial assistance	411	200	49%
7	Health insurance assistance	347	150	43%
8	Early intervention services	364	148	41%
9	Housing assistance	421	160	38%
10	Specialty medical services	329	114	35%
11	Transportation	407	139	34%
12	Mental health counseling or therapy	340	111	33%
13	Medication assistance	345	115	33%
14	Food bank	412	132	32%
15	Housing case management	409	101	25%
16	Permanent, independent housing	400	88	22%
17	Someone to help find affordable housing	406	88	22%
18	Non-medical case management	373	69	18%
19	Legal services	380	66	17%
20	Home healthcare	336	54	16%
21	Medical nutrition therapy	329	51	16%
22	High school/GED learning services	381	54	14%
23	Low vision/hearing impaired services	371	48	13%
24	Health education risk reduction	361	46	13%
25	Referral for healthcare/supportive services	375	48	13%
26	Temporary or short-term housing	392	46	12%
27	Home delivered meals	371	44	12%
28	Workforce/employment training services	371	41	11%
29	Outpatient SA counseling	324	37	11%
30	Mobility services	371	37	10%
31	Psychosocial support	367	35	10%
32	Treatment adherence counseling	372	31	8%
33	Childcare	380	32	8%
34	Residential treatment services	369	22	6%
35	Nursing home or assisted living facility	385	22	6%
36	Facility based housing/group home	384	22	6%
37	Translation/interpretive services	366	13	4%
38	Syringe or harm-reduction services	373	14	4%

- This table presents core medical, supportive, and housing services ranked by need in the past 12 months.
- *Total responses (n)* represent the number of respondents who answered each question about service needs. Those who responded *needed and received* or *needed but did not receive* are included in the *Number who needed service* column.

Table A.2. Services Ranked by Gap

Ranking	Service	Total responses (n)	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
1	Dental care	466	127	27%
2	Emergency housing service	480	113	24%
3	Eye care (vision services)	419	91	22%
4	Housing assistance	421	72	17%
5	Emergency financial assistance	411	61	15%
6	Someone to help find affordable housing	406	61	15%
7	Permanent, independent housing	400	57	14%
8	Food bank	412	52	13%
9	Housing case management	409	52	13%
10	High school/GED learning services	381	38	10%
11	Workforce/employment training services	371	27	7%
12	Temporary or short-term housing	392	27	7%
13	Low vision/hearing impaired services	371	25	7%
14	Transportation	407	24	6%
15	Home delivered meals	371	24	6%
16	Mental health counseling or therapy	340	23	7%
17	Legal services	380	23	6%
18	Medical nutrition therapy	329	21	6%
19	Medical case management	373	18	5%
20	Medication assistance	345	18	5%
21	Childcare	380	17	4%
22	Specialty medical services	329	17	5%
23	Home healthcare	336	17	5%
24	Psychosocial support	367	15	4%
25	Non-medical case management	373	15	4%
26	Primary medical care	366	15	4%
27	Outpatient SA counseling	324	14	4%
28	Health education risk reduction	361	14	4%
29	Health insurance assistance	347	14	4%
30	Referral for healthcare/supportive services	375	14	4%
31	Early intervention services	364	14	4%
32	Treatment adherence counseling	372	14	4%
33	Mobility services	371	13	4%
34	Nursing home or assisted living facility	385	12	3%
35	Facility based housing/group home	384	12	3%
36	Residential treatment services	369	11	3%
37	Translation/interpretive services	366	10	3%
38	Syringe or harm-reduction services	373	10	3%

- This table presents core medical, supportive, and housing services ranked by gaps experienced in the past 12 months.
- *Total responses (n)* represent 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*.

APPENDIX B. METHODS

To collect data for the *2021 Louisiana Needs Assessment*, a convenience sample survey on the current care and service needs of PLWH was conducted with clients of HIV/AIDS services in BR TGA. The survey was conducted at agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire, available in both English and Spanish. Clients were eligible to complete the questionnaire from November 1, 2021 to February 11, 2022.¹ Survey administration was managed by the City of Baton Rouge/Parish of East Baton Rouge, Division of Human Development and Services (DHDS). As an incentive for participation, survey respondents were offered \$20 *Walmart* gift cards. Agency staff were responsible for promoting the *2021 Louisiana Needs Assessment* in the community, assisting clients in completing the questionnaire, and distributing and documenting gift cards. This section describes the questionnaire, sample, and procedures used in this assessment.

QUESTIONNAIRE

The *2021 Louisiana Needs Assessment* questionnaire is an adaptation of the statewide *2019 Louisiana Needs Assessment* questionnaire, based on feedback from the Louisiana Department of Health, Office of Public Health STD, HIV and Hepatitis Program (OPH SHHP), New Orleans Regional AIDS Planning Council (NORAPC), the Office of Health Policy and AIDS Funding (OHP), Baton Rouge Transitional Grant Area Ryan White Advisory Council (BRTGAAC), providers, and Part B subrecipients in Regions III-IX. In addition to providing paper versions of the questionnaire to partner agencies, PRG provided an online mode of administration for the *2021 Louisiana Needs Assessment*. Clients could select to complete the survey either on paper or through an electronic link. OPH SHHP hired an individual contractor to translate the English questionnaire into Spanish; the Spanish questionnaire was only available on paper.

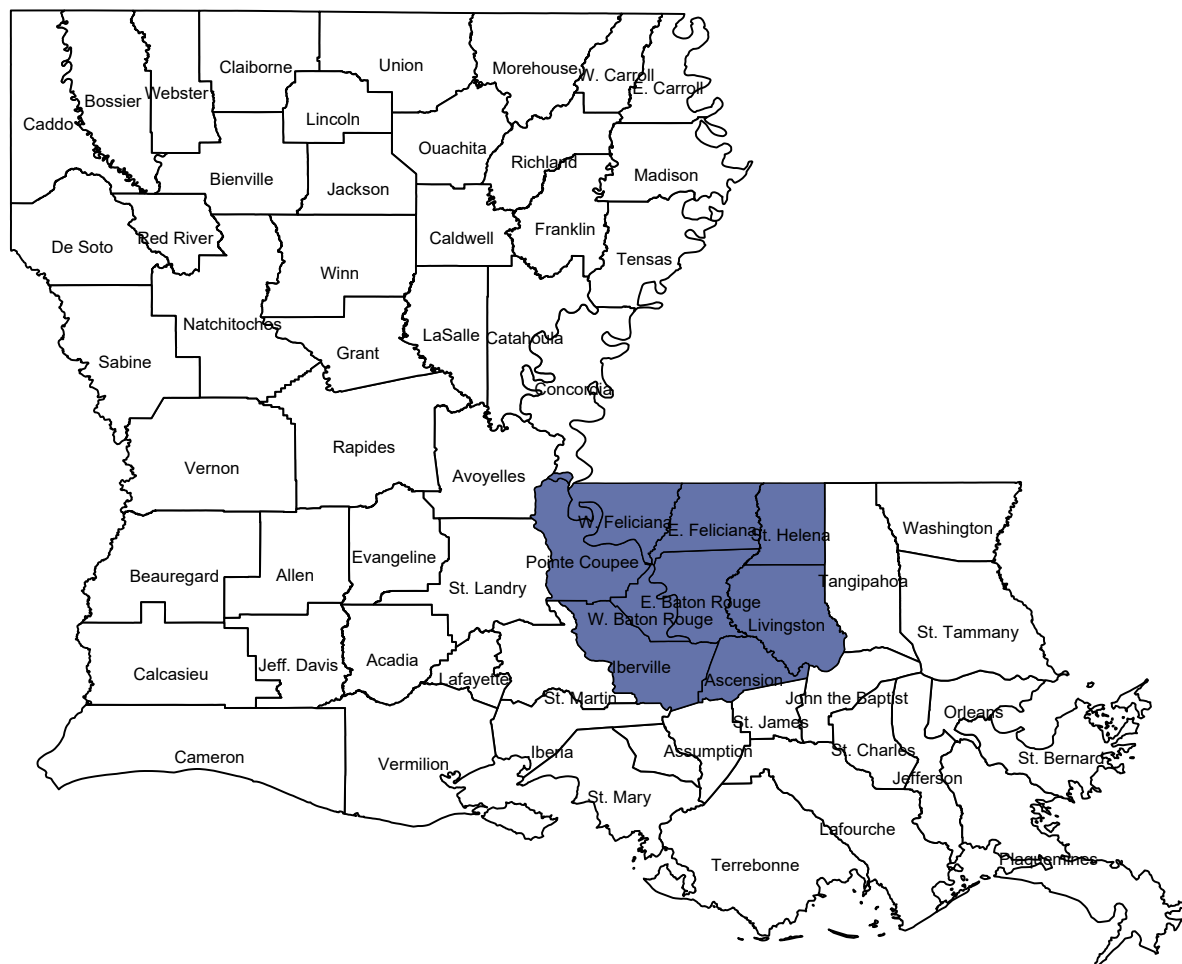
The questionnaire is comprised of the following seven sections: Health and Medical Care, Needed Services, Medical Costs and Health Insurance, HIV Medication, Housing, General Information, and Income. The 14-page questionnaire includes a total of 51 primary questions. Most questions are closed-ended, 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 questionnaire, the questionnaire is expected to take 20 to 35 minutes to complete.

SAMPLE

Ryan White funding structures were used to organize the administration of the *2021 Louisiana Needs Assessment*. The Office of Public Health specified a convenience sampling method in the initial Request for Proposal. In BR TGA, OPH SHHP determined that the desired sample size would be 590 people, stratified by site. BR TGA includes all parishes in Region II (East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, and Iberville), one parish from Region III (Ascension), and two parishes from Region IX (Livingston and St. Helena). These parishes are highlighted in Figure B.1 below.

¹ Spanish versions of the survey were made available after December 7, 2021.

Figure B.1. Baton Rouge Transitional Grant Area



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the BR TGA, but rather a subset of that population who were asked and responded to the questionnaire. Any person living with HIV who was receiving services at a participating agency and was at least 18 years old during the administration period was eligible to complete the *2021 Louisiana Needs Assessment*. DHDS and PRG staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

PARTNERS

The BR TGA *2021 Louisiana Needs Assessment* was conducted with the cooperation of agencies across Baton Rouge. Before data collection began, a staff member at each site was selected to serve as a point of contact between the agency, DHDS, and PRG. Partner agency staff were responsible for distributing questionnaires and gift cards to clients. A partner list is provided on page iii of this report.

TRAINING

PRG provided trainings for designated points of contact at each agency. The training covered survey administration, an overview of the questionnaire, logistics and planning, and ways to engage clients. The

training was recorded and shared with any staff who would be involved in the *2021 Louisiana Needs Assessment* data collection process.

ADMINISTRATION

PRG provided the partner agencies with all materials necessary to begin data collection, including paper questionnaires, wallet- and poster-sized handouts with the QR code and short link to the electronic (online) survey, laminated definitions pages of healthcare terminology, and written administration guidance for agency staff. Gift cards were provided by DHDS and OPH SHHP. Data were collected in BR TGA from November 1, 2021, to February 11, 2022. DHDS aimed to administer 590 questionnaires to clients in the BR TGA region.

During the data collection period, eligible clients at participating agencies were offered the chance to take the *2021 Louisiana Needs Assessment* questionnaire; participation was completely voluntary. For an in-person administration at the agency, partner agency staff asked the client whether they would be willing to take an anonymous questionnaire asking about their ideas and experience related to healthcare and government resources in exchange for a gift card. Each client who agreed to participate was given a choice to take the survey on paper or online. 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.

If administered on paper, survey materials, including the paper version of the questionnaire and a laminated definitions page, were provided to clients. If administered online, agency staff provided clients with a computer or tablet with the survey on the web browser or a QR code and short link to access the electronic survey on their personal electronic device. Definitions of healthcare terminology were built into the platform of the electronic survey. The electronic survey was created and maintained through an online platform called *Qualtrics*.

The first page of both the electronic and paper version of the questionnaire contained an instruction page. This page explained the purpose of the *2021 Louisiana Needs Assessment*, how long it would take to complete the questionnaire, the incentive structure, that participation was completely voluntary, and that clients could only complete one questionnaire.

If the questionnaire was completed in person at the agency, clients were provided a \$20 *Walmart* gift card immediately after as a gesture of appreciation for their time and participation. For clients requiring assistance with the questionnaire, partner agency staff read each question and marked the corresponding response. Completed paper questionnaires were placed in secure envelopes and mailed to PRG. Completed electronic questionnaires were automatically housed in the *Qualtrics* database upon submission.

If a client was unable to complete a questionnaire at the agency, agency staff handed out a wallet-sized card with a QR code and short link, both of which could connect clients directly to the online survey. Clients were instructed to complete the questionnaire when convenient on their personal devices. Clients who completed the questionnaire away from the agency accessed it using the same link that was provided to those who took it at the agency; however, for these respondents, no staff members were available to answer questions or troubleshoot issues.

The final question of the electronic questionnaire asked respondents if the survey was taken *at the agency* or *somewhere else*. Respondents who indicated they took the survey *at the agency* were then directed to a “Thank You” page that prompted agency staff to distribute a gift card. Clients who responded *somewhere else* were re-directed to a separate, independent online form that was not connected to the 2021 Louisiana Needs Assessment questionnaire data. This form provided clients the opportunity to enter their contact information if they wanted a gift card to be mailed to their address or to arrange for the card to be picked up at the agency through which they received the 2021 Louisiana Needs Assessment. OPH SHHP stored all contact information on a secure agency server. After the 2021 Louisiana Needs Assessment was completed, all contact information was deleted.

2021 ADMINISTRATION CHALLENGES AND LESSONS LEARNED

Agencies faced numerous data collection barriers during the 2021 Needs Assessment, including challenges related to the COVID-19 pandemic. During the data collection period, PRG engaged in discussions with OPH SHHP, DHDS, and agency staff to gain a better understanding of challenges faced and lessons learned for future iterations of the needs assessment. Details from these conversations are included below.

COVID-19

In anticipation of potential challenges with data collection due to the COVID-19 pandemic (such as reduced in-person appointments at clinics and additional COVID-19 related barriers like lack of transportation and childcare), PRG and OPH SHHP prioritized and created an online administration option of the questionnaire. The purpose of this additional mode of administration was to provide clients the flexibility to take the questionnaire online in another location and at a time of their choosing.

In addition, providers reported staff challenges with exposure to COVID-19 during this time. Exposures and quarantine procedures affected the number of clients seen during the data collection periods, as staff had to reschedule and limit appointments.

Furthermore, shipments of gift card incentives were delayed due to supply and processing issues during the pandemic. In response, staff ceased data collection and resumed upon receipt of gift cards to ensure each client who the questionnaire was provided their incentive in a timely fashion.

ADDITIONAL STRATEGIES AND FEEDBACK

Due to the challenges mentioned above, the data collection window was extended to allow agencies more time to meet their goals. To support agencies during data collection, PRG sent weekly update emails to the points of contact at each agency that included: a reminder of the data collection period end date; a table showing for each agency the total number of questionnaires received to date next to their completion goal; a link to the *Shared Tracking Spreadsheet* where agency staff were asked to enter details for all mailed packages of paper questionnaires; and reminders to update the spreadsheet and contact PRG for additional survey materials.

In addition to communications from PRG, DHDS sent agency-specific emails to increase their collection status awareness and emphasize the importance of the Needs Assessment. Agency staff reported that these regular updates and communications were helpful in reaching completion goals and identifying challenges.

DATA ENTRY AND CLEANING

Data processing began as soon as paper questionnaires were received by PRG. Questionnaires were counted, grouped into stacks by agency, and marked with a batch number. Each questionnaire in a stack was entered into an online *Qualtrics* form that was created by PRG. To ensure data accuracy, once a stack was fully entered, 10% of questionnaires from the stack were randomly selected and responses on the paper instruments were compared with the corresponding data in the *Qualtrics* data set. If any errors were found in the first 10% data check, a subsequent 10% data check was completed. This process continued until no errors were found in a 10% data check, or all questionnaires in a stack were checked. Once all questionnaire data were entered and cleaned, they were converted to Stata 17.

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 in this report. Some respondents chose not to answer certain questions and some 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, (4) they provided conflicting information (e.g., indicated they had not used drugs and also named drugs they had used), or (5) they provided an invalid response to the question. Details on data preparation can be found in Table B.1. and B.2. of this report.

PRG reviewed responses to all questions with an *other* response. For each question, if over 20% of respondents in BR TGA selected *other*, we report any response written in by more than one respondent below the figure to which the response corresponds. 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 consistent with an existing response option category, the response was recoded to the appropriate category and removed from the *other* category.

For bar charts, if the response percentage to a category was less than one, 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 figure describing the distribution. For all questions, any category with zero responses was omitted from figures and noted below the figure.

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

DATA EDITING RULES

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

Table B.1. 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 Characteristics, Medical Care, Health and Health Behaviors, and Need and Use of Services, 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 B.2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics		
<i>HIV Diagnosis</i>		
Figure A1. Length of Time Living With HIV	Q39	Number included in calculation who report when they found out about their HIV diagnosis.
Figure A2. Place Where Respondents Were Told of HIV Diagnosis	Q40	Percentage (categorical) of clients who select each response option.
<i>HIV-Related Knowledge</i>		
Figure A3. Sources of HIV Information	Q36	Percentage (categorical) of clients who select each of the response options.
Figure A4. Information Received on HIV Transmission and Related Issues in the Past 12 Months	Q37	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 past year</i> as well as one or more topics; 10 individuals were excluded.
Figure A5. Knows That HIV Undetectable = Untransmittable (U = U)	Q38	Percentage (categorical) of clients who select each response option.
<i>Place of Residence</i>		
Figure A6. Map of Current Parish of Residence	Q41	Number of clients reporting living in each parish; color code based on sample representation.
Table A1. Current Parish of Residence	Q41	All respondents were asked to indicate their ZIP code; a total of 549 provided a response. <i>The U.S. Department of Housing and Urban Development United States Postal Services (HUD USPS) 1st quarter 2021 ZIP Code Crosswalk File</i> (Retrieved October 5, 2021 from https://www.huduser.gov/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 548 respondents for whom we designated a parish of residence, 36 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.

Table B.2. Report Visual and Variable Descriptions (Continued)

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure A7. Gender of Respondents	Q42	Percentage (categorical) of clients who select each response option.
Figure A8. Identification of Respondents as being of Trans Experience	Q43	Percentage (categorical) of clients who select each response option.
Figure A9. Race of Respondents	Q45	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 A10. Identification of Respondents as Latino/Latina/Latinx/Hispanic	Q46	Percentage (categorical) of clients who select each response option.
Figure A11. Age of Respondents	Q44	Percentage of respondents who fall within each age range.
Figure A12. Highest Level of School Completed	Q47	Percentage (categorical) of clients who select each response option.
Employment and Income Characteristics		
Figure A13. Employment Status	Q48	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who report that they are unemployed as well as employed full-time or part-time; no individuals were excluded.
Figure A14. Unable to Work in Past 12 Months Related to COVID-19	Q49	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who reported a reason for not working in the past 12 months related to COVID-19, as well as select <i>Not applicable, COVID-19 did not impact my ability to work in the past 12 months</i> ; 4 individuals were excluded.
Figure A15. Household Income in Month Prior to Survey	Q50	Excluded from calculations are individuals who reported they had no income and also reported a monthly income amount; 3 individuals were excluded.
Figure A16. Sources of Income and Assistance	Q51	Percentage (categorical) of clients who select each of the response options. Included in calculations are 79 individuals who report receiving wages, financial assistance, or housing assistance in the past six months, and who also indicate <i>I didn't receive wages, financial assistance or housing assistance in the past six months</i> .
Housing Characteristics		
Figure A17. Housing Status at the Time of Survey	Q25	Percentage (categorical) of clients who select each response option. The questionnaire asked respondents to only select one housing option. If respondents currently live in more than one place, they were instructed to select the housing type where they live most often.
Figure A18. Housing Status 6 Months Prior to Survey	Q26	Percentage (categorical) of clients who select each response option. The questionnaire asked respondents to only select one housing option. If respondents lived in more than one during this time period, they were instructed to select the housing type where they lived most often.

Table B.2. Report Visual and Variable Descriptions (Continued)

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure A19. Number of Adults and Children in Household	Q24	Mean number of adults and children. The questionnaire asks respondents how many adults and children live in the household.
Figure A20. Number of Bedrooms in Respondents' Residences	Q29	Percentage (categorical) of clients who report each number of bedrooms. Excluded from calculations are 33 individuals who selected <i>not applicable, I don't live in an apartment, house, or trailer</i> .
Figure A21. Number of Places Lived in Past 12 Months	Q27	Percentage of clients who fall within each category.
Figure A22. Length of Time at Current Residence	Q28	Percentage of clients who fall within each category.
Figure A23. Nights Spent Homeless or Without a Place to Sleep in the Past 12 Months	Q31	Percentage of clients who fall within each category.
Figure A24. Had to Move Because Could No Longer Afford Home	Q35	Percentage (categorical) of clients who select each response option.
Figure A25. Had Trouble Obtaining Housing in the Past 12 Months	Q30	Percentage (categorical) of clients who select each response option.
Figure A26. Barriers to Obtaining or Remaining in Housing	Q30a	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; 3 individuals were excluded. Also excluded from calculations are respondents who selected that they did not have trouble obtaining housing in Q30, but also reported a problem obtaining or staying in housing in Q30a; 7 additional individuals were excluded for this reason.
Figure A27. Rent/Mortgage Contribution Paid "Out-of-Pocket"	Q32	Percentage of clients who fall within each range.
Figure A28. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past 12 Months	Q34	Percentage (categorical) of clients who select each response option.
Section B: Medical Care		
Health Insurance and Medical Coverage		
Figure B1. Health Insurance Status	Q17	Percentage (categorical) of clients who select each response option.
Figure B2. Sources of Health Insurance	Q17a	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; 10 individuals were excluded.
Figure B3. Health Insurance Coverage	Q17b	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 Q17, and then selected at least one service their health insurance covers; 9 individuals were excluded.

Table B.2. Report Visual and Variable Descriptions (Continued)

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure B4. Method of Payment for Monthly/Quarterly/Semiannual Insurance Premium	Q17c	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 Q17, and then selected at least one method of payment; 10 individuals were excluded.
Figure B5. Problems Encountered With Health Insurance	Q17d	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 Q17, and then selected at least one problem with their health insurance; 10 individuals were excluded. Excluded from calculations are respondents who selected <i>None of these. I haven't had any problems with my insurance or healthcare plan(s)</i> , as well as at least one problem; 10 individuals were excluded.
Figure B6. Methods of Payment for HIV-Related Medications	Q18	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; 2 individuals were excluded.
Figure B7. Methods of Payment for HIV-Related Medical Care	Q19	Percentage (categorical) of clients who select each of the response options.
Figure B8. Difficulties in Paying for HIV-Related Healthcare Costs	Q20	Percentage (categorical) of clients who select each of the response options.
Medical Services		
Figure B9. Medical Services Needed in the Past 12 months	Q2	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected <i>I did not need any of these services</i> as well as at least one medical service; 4 individuals were excluded.
Section C: Health and Health Behaviors		
Overall Health		
Figure C1. Overall Health	Q1	Percentage (categorical) of clients who select each response option.
Figure C2. Current Viral Load	Q23	Percentage (categorical) of clients who select each response option.
Figure C3. Self-Reported Depressive Symptoms Over the Past Two Weeks	Q9	Percentage of clients who select 'Yes' to each problem.
Figure C4. Self-Reported Substance Use in the Past 12 Months	Q8	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected <i>I haven't used any of these in the past 12 months</i> and reported using at least one of the listed substances, 3 individuals were excluded.
Figure C5. Diagnosed with COVID-19 in the Past 12 Months	Q3	Percentage (categorical) of clients who select each response option.
Health Diagnoses & Care		
Figure C6. Medical Diagnoses	Q11	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

Table B.2. Report Visual and Variable Descriptions (Continued)

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		receive treatment. Forty-six respondents reported they had COVID-19 in the past 12 months in Q3 but did not report a medical diagnosis of COVID-19 in Q11. Twenty-three respondents reported they did not have COVID-19 in Q3, but that they needed treatment in Q11, of which 11 received treatment and 12 did not receive treatment.
Figure C7. Reasons Didn't Receive Needed Medical Care	Q12	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; no individuals were excluded.
Figure C8. Mental Health Diagnoses	Q13	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. Twenty-seven respondents reported they did not have COVID-19 in Q3, but that they needed treatment for mental health symptoms after having COVID-19 in Q13, of which 13 received treatment and 14 did not receive treatment.
Figure C9. Reasons Didn't Receive Needed Mental Health Care	Q14	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are clients who indicate that they received the needed care, but also select a reason for not receiving treatment; no individuals were excluded.
Health Seeking Behavior		
Figure C10. HIV-Related Medical Care Visits in the Past 12 Months	Q4	Percentage (categorical) of clients who select each response option.
Figure C11. HIV-Related Medical Care Visits via Telehealth in the Past 12 Months	Q5	Percentage (categorical) of clients who responded to each response option.
Figure C12. Places Where Respondent Regularly Receives Medical Care, Including HIV-Related Care	Q6	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; 24 individuals were excluded.
Figure C13. Barriers to Receiving Needed Medical Care	Q7	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; 2 individuals were excluded.
Figure C14. Interest in Psychosocial Support	Q10	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; 7 individuals were excluded.
HIV Medication and Medical Adherence		
Figure C15. Reasons for Not Taking HIV Medication in the Past 12 Months	Q21	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report not being prescribed any HIV medications, as well as at least one

Table B.2. Report Visual and Variable Descriptions (Continued)

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Figure C16. Number of Days Respondent Did Not Take Full HIV-Medication Regimen	Q22	<p>reason; 7 individuals were excluded. Also excluded from calculations are individuals who report taking their HIV medications as prescribed, as well as at least one reason for not taking as prescribed; 13 individuals were excluded.</p> <p>Percentage (categorical) of clients who select each response option. Excluded from calculations are individuals who report not being prescribed any HIV medications and report number of doses that they missed; 20 individuals were excluded.</p>
Section D: Need and Use of Services		
Figure D1. Need and Receipt of Core Medical Services	Q15	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	Q15	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	Q15	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.
Figure D4. Reasons for Not Receiving Needed Services	Q16	Percentage (categorical) of clients who select each response option. Excluded from calculations are clients who indicate that they received the needed services, but also select a reason for not receiving services; 3 individual was excluded.

APPENDIX C. SURVEY INSTRUMENT



2021 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, what services are already available, and what healthcare challenges currently exist. The information from these surveys will help improve access to healthcare services for PLWH for the next two years.

Why should you complete this survey?

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

How long will this survey take?

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

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

No. The completion of this survey is **voluntary**. If you do not want to complete the survey, it won't affect the services you receive. You may stop the survey at any time or skip any questions that you don't want to answer.

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

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

Will I be compensated for completing this survey?

Yes. As a 'thank you' for completing this survey, participants will receive one (1) \$20 gift card.

Commitment Statement:

The information from this survey helps agency staff and state officials understand the needs of people living with HIV in Louisiana.

The goal is to have the results of this needs assessment represent the diverse needs of people living in our state. We are trying to reach as many unique individuals as possible. So, it is important that people complete the survey **only one time**.

We ask you to read the statements below and then indicate that you agree.

- It is important that agency staff and state officials understand the needs of people living with HIV in Louisiana.
- If I take this survey more than once, my needs will be over-represented, and another person's needs might not be represented at all.
- Because the needs of others are important, I promise to only take this survey one time.

If you agree with ALL these statements, please write "I agree" in the box below.

2021 Louisiana Needs Assessment

Definitions

Health Insurance Coverage Plans:

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

- * **Medicaid (*white plastic card*)**: government plan for people with low incomes or a disability, including plans through Healthy Louisiana
- * **Medicare (*red, white, and blue plastic card*)**: government plan for people 65 and older or with certain disabilities
- * **Private insurance/health insurance 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
- * **Veteran's Administration (VA) healthcare**: healthcare benefits for certain individuals who served in the military
- * **TRICARE**: healthcare 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 Insurance Coverage Terms:

- * **Health insurance premium**: a monthly, quarterly, or semiannual fee paid to an insurance company/health plan so you have health insurance 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 insurance coverage**: health insurance or a health plan that helps to cover the cost of your HIV-related healthcare, 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 this section, 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. To your best knowledge, have you had COVID-19 in the PAST 12 MONTHS? *Select one answer.*

- ☐ Yes
☐ No

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

None	One	Two	Three or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In the PAST 12 MONTHS, did you have an HIV-related appointment with a doctor, nurse, or other health professional by video or by phone? *Select one answer.*

- ☐ Yes
☐ No

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <i>Not applicable, I don't typically receive medical care, including HIV-related 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: _____) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

7. The last time you had any type of medical problem and did not get the care you needed, what were the main reasons? *Select all that apply.*

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <i>Not applicable, I consistently received needed 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 didn't feel sick
<input type="checkbox"/> I was worried about COVID-19
<input type="checkbox"/> I was only offered a virtual visit (video/call) which I didn't/couldn't use | <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 had a language or cultural barrier
<input type="checkbox"/> I have a mobility or accessibility issue, like a vision or hearing impairment
<input type="checkbox"/> Other (tell us: _____) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

9. Over the PAST 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

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

- | | |
|----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Support groups | <input type="checkbox"/> Employment/employment readiness programs |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> High school education/GED programs |
| <input type="checkbox"/> Social activities | <input type="checkbox"/> I would not use any of these programs |
| <input type="checkbox"/> Peer-led support programs | |

11. 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. *If you did not need treatment, leave both boxes blank.*

Medical conditions:	Diagnosed with:	IN THE PAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19	<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"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<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 receive medical 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"/> I couldn't afford it |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I had other things on my mind/other priorities |
| <input type="checkbox"/> I couldn't get an appointment | <input type="checkbox"/> I didn't want anyone to know I was living with HIV |
| <input type="checkbox"/> I couldn't get transportation | <input type="checkbox"/> I had a language or cultural barrier |
| <input type="checkbox"/> I was worried about COVID-19 | <input type="checkbox"/> I have a mobility or accessibility issue, like a vision or hearing impairment |
| <input type="checkbox"/> I was only offered a virtual visit (video/call) which I didn't/couldn't use | <input type="checkbox"/> Other (tell us: _____) |

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

Mental health conditions:	Diagnosed with:	IN THE PAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or panic disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health symptoms after having COVID-19 (e.g., depression, anxiety, feelings of loneliness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid/Substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-traumatic stress disorder (PTSD)	<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"/>

14. If you did not get treatment for at least one mental health condition (in Q13), what were the main reasons? *Select all that apply.*

- | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <i>Not applicable, I did receive the needed medical care</i> | <input type="checkbox"/> I couldn't afford it |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I had other things on my mind/other priorities |
| <input type="checkbox"/> I couldn't get an appointment | <input type="checkbox"/> I didn't want anyone to know I was living with HIV |
| <input type="checkbox"/> I couldn't get transportation | <input type="checkbox"/> I had a language or cultural barrier |
| <input type="checkbox"/> I was worried about COVID-19 | <input type="checkbox"/> I have a mobility or accessibility issue, like a vision or hearing impairment |
| <input type="checkbox"/> I was only offered a virtual visit (video/call) which I didn't/couldn't use | <input type="checkbox"/> Other (tell us: _____) |

NEEDED SERVICES

In this section, we ask about services you may have needed over the past 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.

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

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

SUPPORTIVE SERVICES:	IN THE PAST 12 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID <u>NOT</u> RECEIVE
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education/risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school/GED learning services	<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"/>
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"/>
Non-medical case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for healthcare/supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringe or harm-reduction services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translation/interpretive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment adherence counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce/employment training services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING SERVICES:	IN THE PAST 12 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID <u>NOT</u> RECEIVE
Emergency housing services (money for utilities, rent, or mortgage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility-based housing/group home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home or assisted living facility	<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"/>
Someone to help you find safe and affordable housing	<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"/>

16. If you did not get at least one of the above needed services (in Q15) in the PAST 12 MONTHS, what were the main reasons? *Select all that apply.*

- | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Not applicable, I did receive the needed services | <input type="checkbox"/> I was worried about COVID-19 |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I couldn't get childcare |
| <input type="checkbox"/> I didn't know how to access the services | <input type="checkbox"/> I didn't have stable housing |
| <input type="checkbox"/> I couldn't get an appointment | <input type="checkbox"/> I was only offered a virtual visit (video/call) which I didn't/couldn't use |
| <input type="checkbox"/> I couldn't get transportation | <input type="checkbox"/> Other (tell us: _____) |

MEDICAL COSTS AND HEALTH INSURANCE COVERAGE

In this section, we ask about your medical costs, how you pay for them, and your health insurance 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 2.

17. To the best of your knowledge, do you currently have any type of health insurance coverage? *If you are unsure what we mean by health insurance coverage, please see the first section of the Needs Assessment Definitions on page 2.*

- ☐ No → Skip to Question 18
☐ I don't know
☐ Yes

17a. Which of the following types of health insurance coverage do you currently have? *Select all that apply.*

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid (<i>white plastic card</i>) | <input type="checkbox"/> Veteran's Administration (VA) healthcare |
| <input type="checkbox"/> Medicare (<i>red, white, and blue plastic card</i>) | <input type="checkbox"/> COBRA |
| <input type="checkbox"/> A private plan through work/employer | <input type="checkbox"/> TRICARE or other military healthcare |
| <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 |

17b. Which of the following does your health insurance 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 | |

17c. How does your 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"/> I have no premium because I have Medicaid (<i>white plastic card</i>) |
| <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 |

17d. Which of the following problems have you had with your health insurance 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"/> Paying for HIV-related medications |
| <input type="checkbox"/> Paying bills for ER visits or hospitalizations that weren't fully covered | <input type="checkbox"/> Accessing doctors who are in network |
| <input type="checkbox"/> Paying bills for dental work or vision services that weren't fully covered | <input type="checkbox"/> Making appointments with specialists, such as an HIV specialist, gynecologist, or neurologist |
| <input type="checkbox"/> Paying premiums | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Paying copayments | <input type="checkbox"/> None of these. I haven't had any problems with my insurance or healthcare plan(s). |

18. 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"/> Ryan White Part A (e.g., LPAP, EFA, HIA) |
| <input type="checkbox"/> Medicaid (<i>white plastic card</i>) | <input type="checkbox"/> Out-of-pocket |
| <input type="checkbox"/> Medicare (<i>red, white, and blue plastic card</i>) | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Private insurance/health insurance coverage plan | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Louisiana Health Access Program (LA HAP) | |

19. Which of the following do you use to pay for your HIV-related medical care? *Select all that apply.*

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid (<i>white plastic card</i>) | <input type="checkbox"/> Ryan White Part A (e.g., LPAP, EFA, HIA) |
| <input type="checkbox"/> Medicare (<i>red, white, and blue plastic card</i>) | <input type="checkbox"/> Out-of-pocket |
| <input type="checkbox"/> Private insurance/health insurance coverage plan | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Louisiana Health Access Program (LA HAP) | <input type="checkbox"/> Other (tell us: _____) |

20. How difficult is it for you and your family to pay for your HIV-related healthcare costs (including health insurance premiums and all other out-of-pocket costs)? *Select one answer.*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not difficult at all | A little difficult | Somewhat difficult | Very difficult | Completely impossible |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HIV MEDICATION

In this section, 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.

21. 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 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"/> No regular place to stay | <input type="checkbox"/> None of these. I have taken my HIV medications as prescribed for the past 12 months. |
| <input type="checkbox"/> Not having food | |

22. 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

☐

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

☐ Undetectable/virally suppressed

☐ I haven't gotten my labs yet

☐ Detectable (more than 200 copies/mL)

☐ I don't know

HOUSING

In this section, 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.

24. How many people in each category live in your household? *Write each number in the corresponding box.*

Number of people:

How many **adults** (18 years or older) live in your household, including yourself?

How many **children** (under age 18) live in your household?

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

- ☐ Apartment/House/Trailer that I OWN
☐ Apartment/House/Trailer that I RENT
☐ With family, friends, or someone else's place (e.g., couch-surfing)

- ☐ In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other)
☐ Homeless/Homeless Shelter/Domestic Violence Shelter

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

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

- ☐ In custody of parish at a jail
☐ In custody of DOC, housed at a parish jail
☐ In a DOC facility (this includes a Transitional Work Release Program)
☐ Homeless/Homeless Shelter/Domestic Violence Shelter

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

28. 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

☐

29. 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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Single room/Studio	1 bedroom	2 bedrooms	3 bedrooms	4 bedrooms	5+ bedrooms

30. In the PAST 12 MONTHS, did you have any trouble getting or staying in housing?

☐ No → Skip to Question 31

☐ Yes

30a. If you had trouble getting housing in the past 12 months, what kept you from getting or staying 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 couldn't 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: _____)

31. 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):

32. 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): \$

33. 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	

34. Have you had difficulty in paying rent, mortgage, utility, or cell phone bills in the PAST 12 MONTHS?

☐ Yes

☐ No

35. In the PAST THREE YEARS, have you moved because you could no longer afford the home you were living in?

☐ Yes

☐ No

GENERAL INFORMATION

In this section, 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.

36. 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, outreach worker, or community health worker | <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 | |

37. Has anyone explained the following things to you in the past 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"/> <i>No, no one has explained any of these things to me in the past year</i> |

38. Please answer true or false to the following statement:

If a person is undetectable, they cannot transmit HIV sexually.

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> True | <input type="checkbox"/> False |
|-------------------------------|--------------------------------|

39. How many years have you been living with HIV?

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

40. 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 | |

41. What is your zip code?

42. 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: _____) |

43. Do you identify as a person of Trans experience?

- ☐ Yes
☐ No

44. What is your current age? years old

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

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

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

- ☐ Yes
☐ No

47. What is the highest degree or level of school you completed? *Select one answer.*

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

INCOME

In this section, 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.*

- ☐ Full-time (30 hours/week or more) ☐ Unemployed
☐ Part-time (29 hours/week or less) ☐ Disabled
☐ Temporary or contract work ☐ Student
☐ "Odd jobs"/work for cash/self-employed ☐ Other (tell us: _____)
☐ Retired

49. In the PAST 12 MONTHS, were you unable to work for any of the following reasons related to COVID-19? *Select all that apply.*

- ☐ Not applicable, COVID-19 did not impact my ability to work in the past 12 months ☐ I lost my job
☐ I was sick with COVID-19 ☐ I was furloughed
☐ A family member was sick with COVID-19 ☐ I had childcare needs
☐ I was worried about contracting COVID-19 ☐ Other (tell us: _____)

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

\$ ☐ No income

51. Which of these did you receive in the PAST 6 MONTHS? *Select all that apply.*

Wages

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

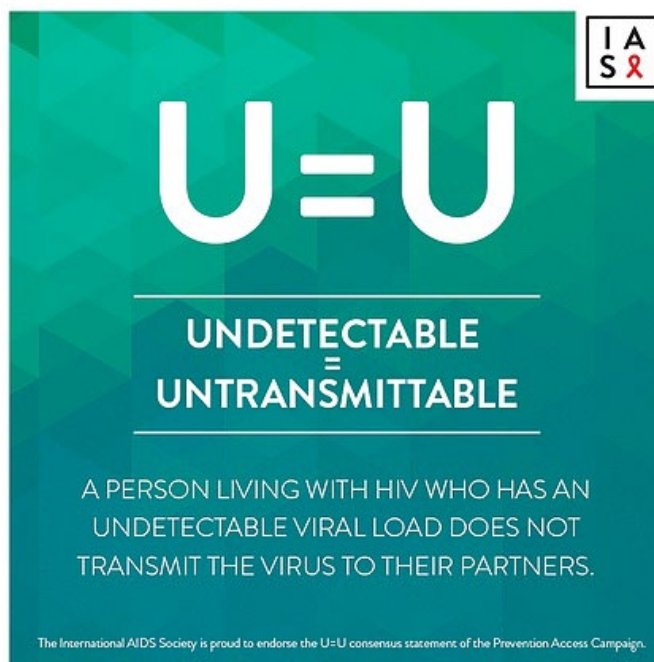
Financial Assistance

- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Income)
- ☐ TANF (Temporary Assistance for 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
- ☐ HOPWA or Ryan White assistance
- ☐ FEMA
- ☐ LIHEAP

- ☐ *I didn't receive any wages, financial assistance, or housing assistance in the past 6 months*



THE END!

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