

LOUISIANA DEPARTMENT OF HEALTH

OFFICE OF PUBLIC HEALTH STD/HIV/HEPATITIS PROGRAM

2023 LOUISIANA NEEDS ASSESSMENT FOR PEOPLE LIVING WITH HIV

BATON ROUGE TRANSITIONAL GRANT AREA

REVISED VERSION

AUGUST 2024

Submitted by:

The Policy & Research Group

www.policyandresearch.com

8434 Oak St.

New Orleans, LA 70118

107 Spring St.

Seattle, WA 98104



LIST OF PARTNERS

CareSouth

CrescentCare

Family Service of Greater Baton Rouge

HIV AIDS Alliance for Region II

Our Lady of the Lake Mid City Clinic – Early Intervention Clinic

Volunteers of America South Central Louisiana

LIST OF ACRONYMS

BRTGA	Baton Rouge Transitional Grant Area
COBRA	Consolidated Omnibus Budget Reconciliation Act
DOC	Department of Corrections
FEMA	Federal Emergency Management Agency
HOPWA	Housing Opportunities for Persons with AIDS
LDH	Louisiana Department of Health
LIHEAP	Low Income Home Energy Assistance Program
MAT	Medication-Assisted Treatment
OPH SHHP	Louisiana Department of Health’s Office of Public Health STD, HIV, and Hepatitis program
PLWH	People living with HIV
PrEP	Pre-Exposure Prophylaxis
PRG	The Policy & Research Group
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
U = U	Undetectable = Untransmittable

TABLE OF CONTENTS

Introduction1

Section A. Background Characteristics2

Section B. Medical Care24

Section C. Health and Health Behaviors27

Section D. Need and Use of Services39

Appendix A. Ranked Needs and Gaps44

Appendix B. Select Findings by Race/Ethnicity46

Appendix C. Methods.....53

Appendix D. Survey Instrument63

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 *2023 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 *2023 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.

LAYOUT OF THE REPORT

This report presents the characteristics of survey respondents in the Baton Rouge Transitional Grant Area (BRTGA) and provides aggregate results of responses 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. Appendix B provides requested sub-analyses of select items.¹ A description of the methods used to conduct the *2023 Louisiana Needs Assessment* and analyze the data can be found in Appendix C; 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 D.

SURVEY RESPONDENTS

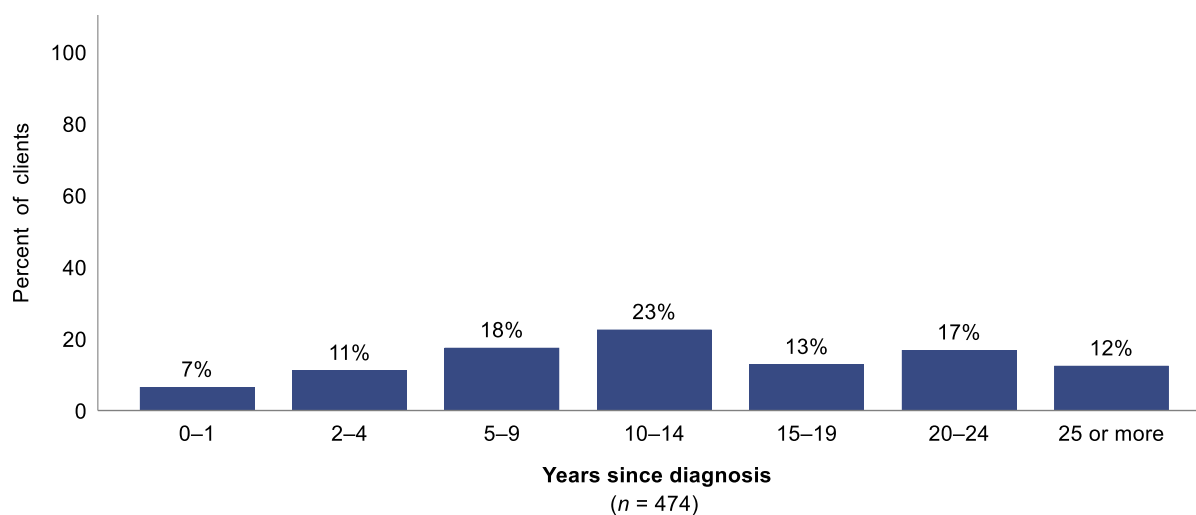
A convenience sample of 502 questionnaires was submitted to PRG during the data collection period (November 6, 2023 to February 22, 2024). This satisfies OPH SHHP's goal of 500 responses.

¹ PRG submitted the BRTGA report to OPH SHHP in April 2024. OPH SHHP requested additional sub-analyses related to U = U and the need and receipt of medical, supportive, and housing services. This updated report includes the requested sub-analyses as a separate appendix.

SECTION A. BACKGROUND CHARACTERISTICS

HIV DIAGNOSIS

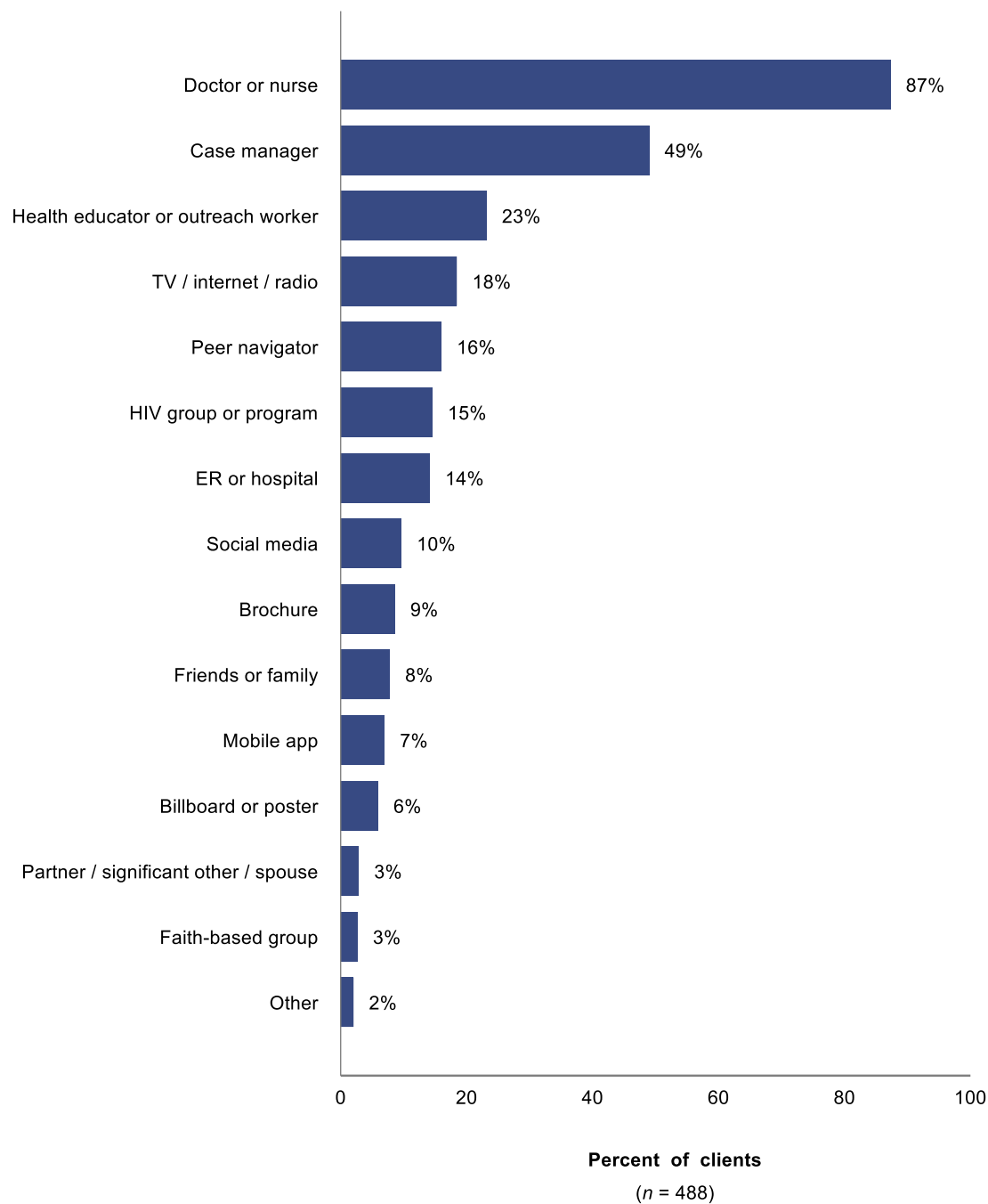
Figure A1. Length of Time Living With HIV



Note: Included in the *25 or more* column are three respondents who reported being diagnosed with HIV more than 41 years ago (diagnosis began in 1982). The reported years since HIV diagnosis were 43 years ($n = 2$) and 44 years ($n = 1$).

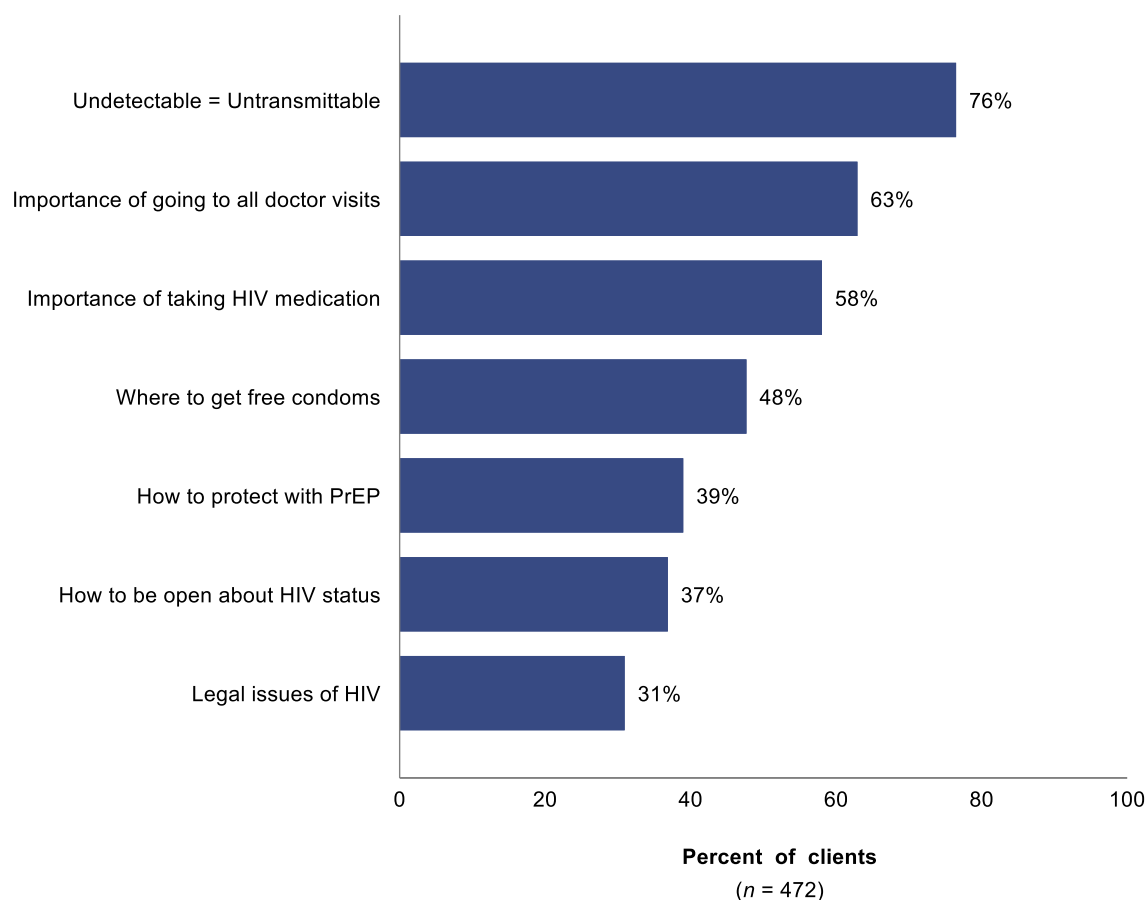
HIV-RELATED KNOWLEDGE

Figure A2. Sources of HIV Information



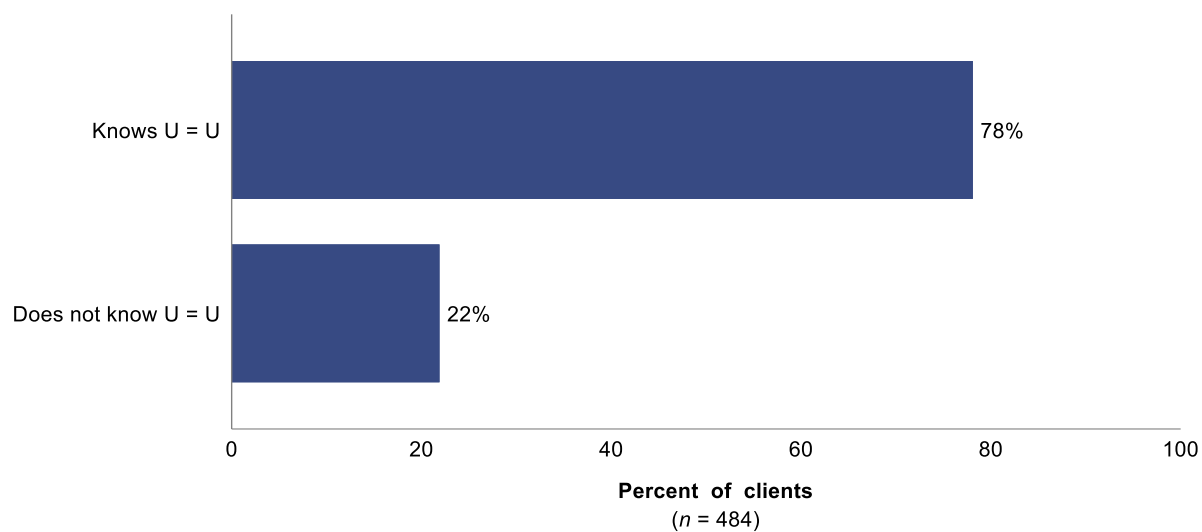
Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 488 individuals who responded to this question, 304 (62.3%) reported two or more sources of HIV information.

Figure A3. *Information Received on HIV Transmission and Related Issues in the Past 12 Months*



Note: Included in calculations but not presented in this figure are 24 individuals (5.1%) 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%. Of the 472 individuals who responded to this question, 358 (75.8%) reported having knowledge of two or more issues related to HIV.

Figure A4. Knows That HIV Undetectable = Untransmittable (U = U)



PLACE OF RESIDENCE

Figure A5. Map of Current Parish of Residence

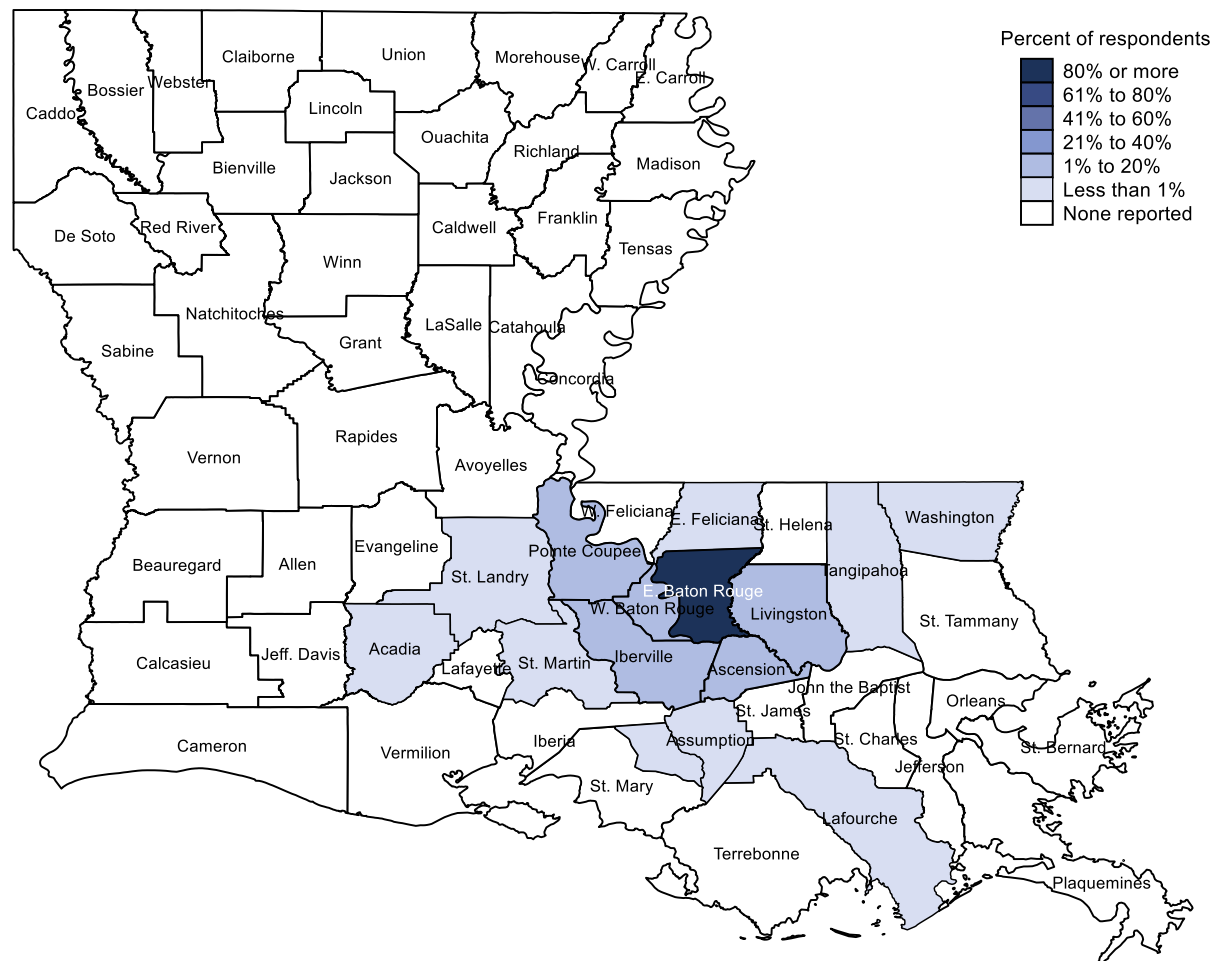


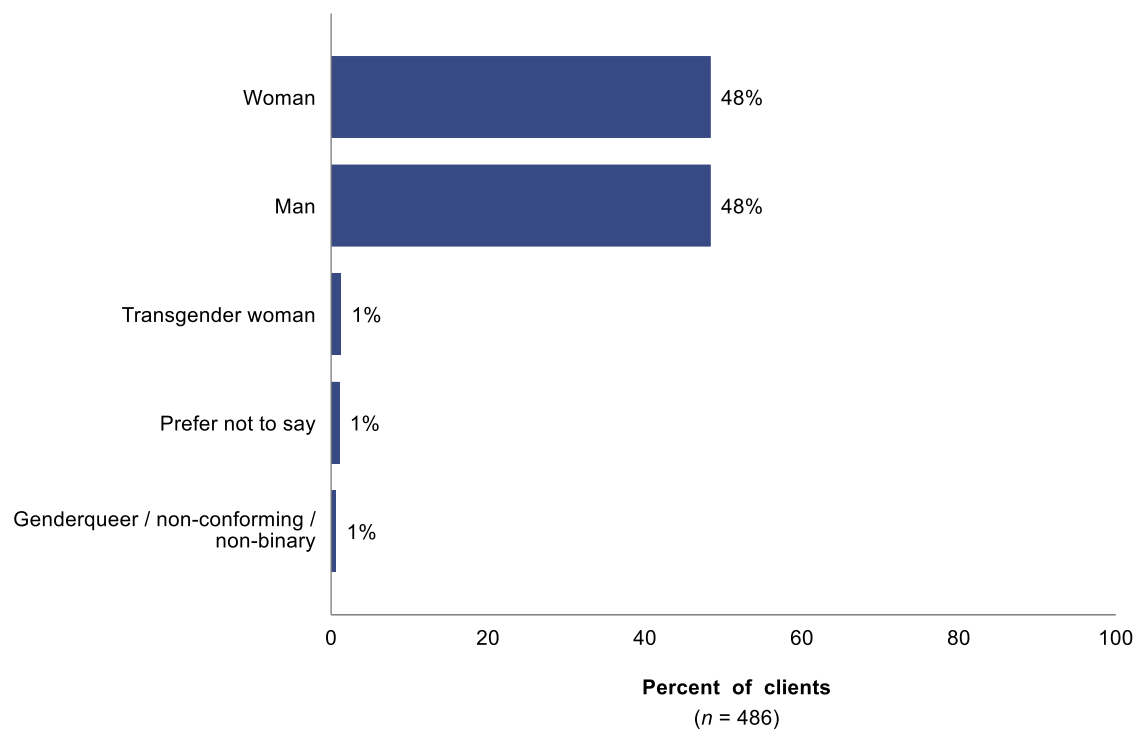
Table A1. Current Parish of Residence

Parish	Number Reporting (n = 481)	Percent Reporting
East Baton Rouge	426	88.6%
Livingston	11	2.3%
Ascension	8	1.7%
Iberville	8	1.7%
West Baton Rouge	8	1.7%
Pointe Coupee	7	1.5%

Note: Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in the following parishes: Acadia, Assumption, East Feliciana, Lafourche, St. Landry, St. Martin, Tangipahoa, or Washington.

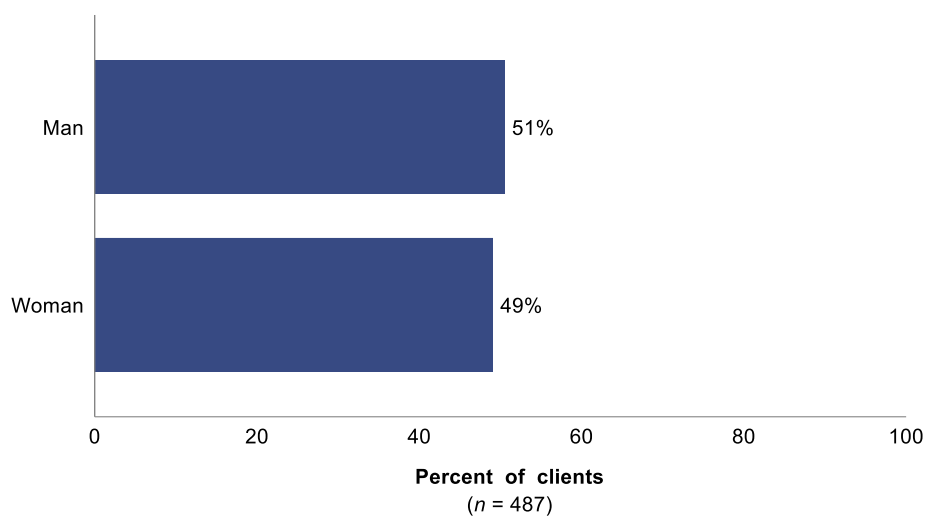
DEMOGRAPHIC CHARACTERISTICS

Figure A6. Gender Identity of Respondents



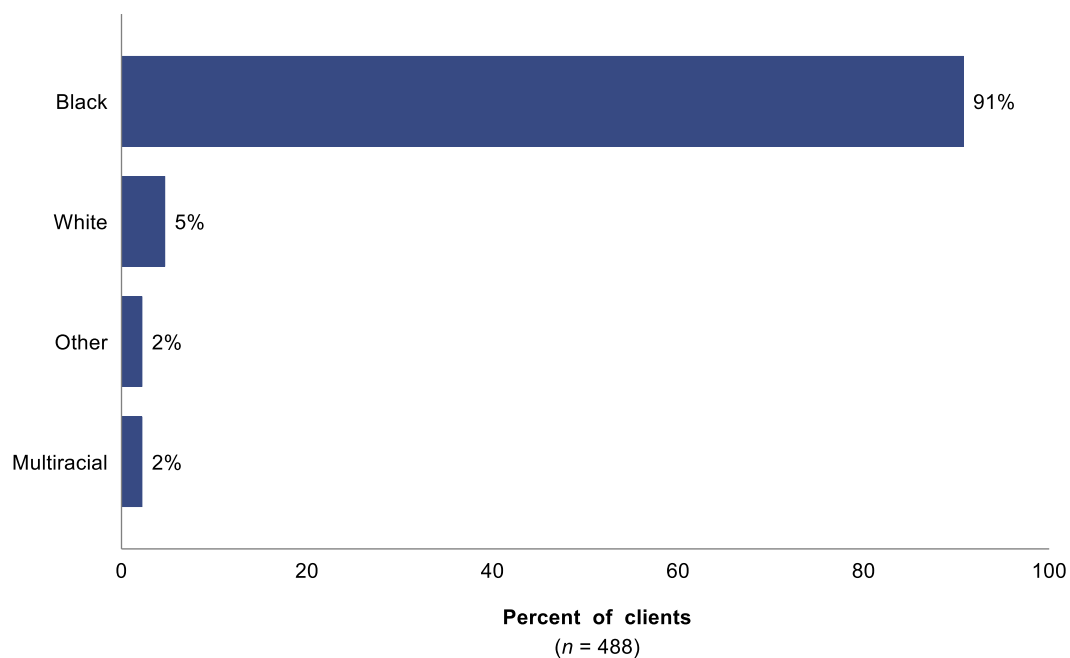
Note: Included in calculations but not presented in the figure is 1 individual who selected *transgender man* (0.2%) and 1 individual who selected *something else* (0.2%).

Figure A7. Sex at Birth of Respondents



Note: Included in calculations but not presented in the figure are 2 individuals who selected *prefer not to say* (0.4%).

Figure A8. Race of Respondents



Note: The category Other includes individuals who chose the response *other* (n = 6), along with those who identified as *Native American* (n = 3) and *Asian or Pacific Islander* (n = 2).

Figure A9. Identification of Respondents as Latino/Latina/Latinx/Hispanic

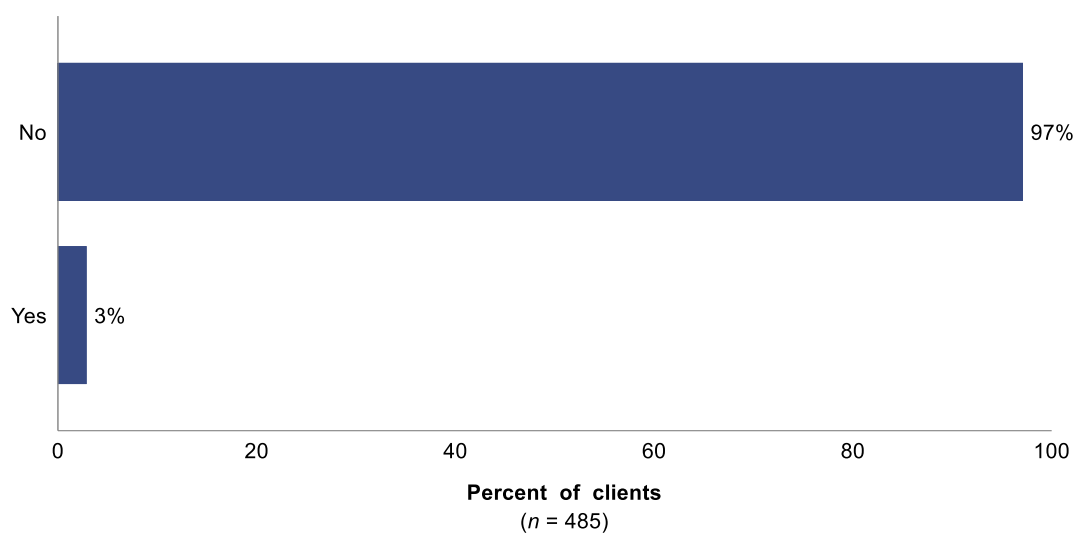


Figure A10. Age of Respondents

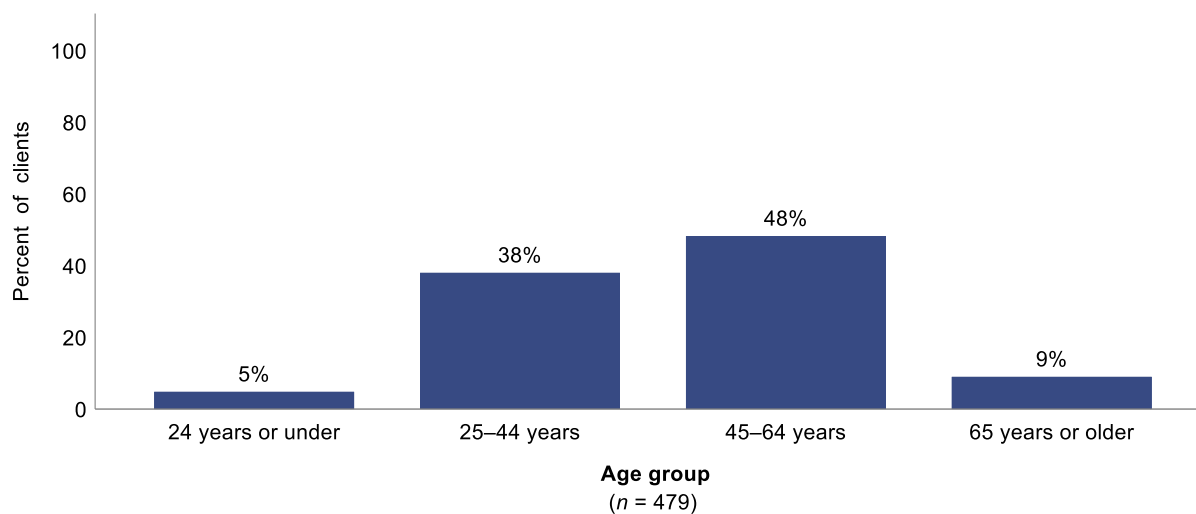
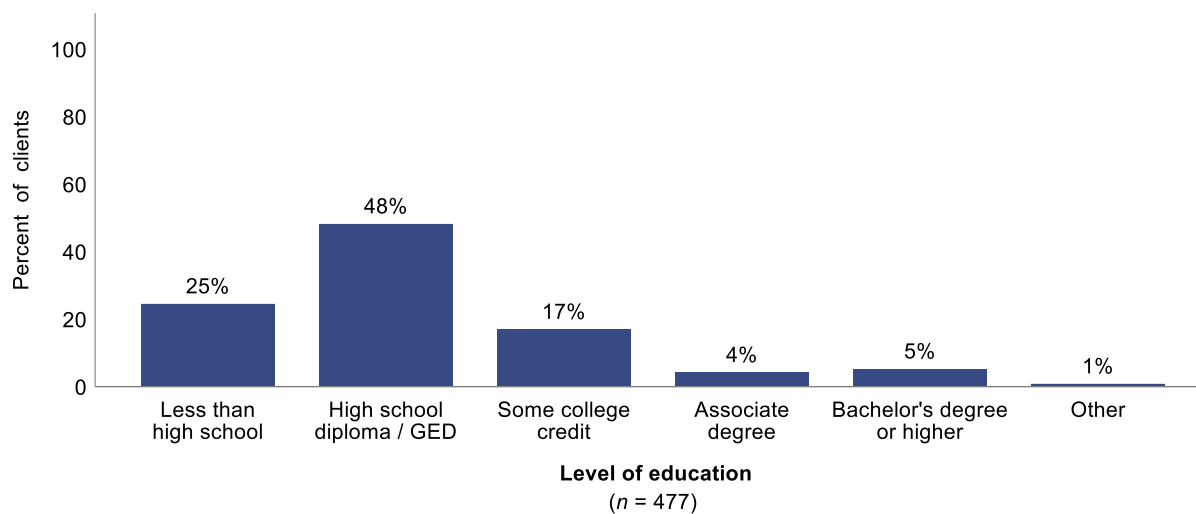
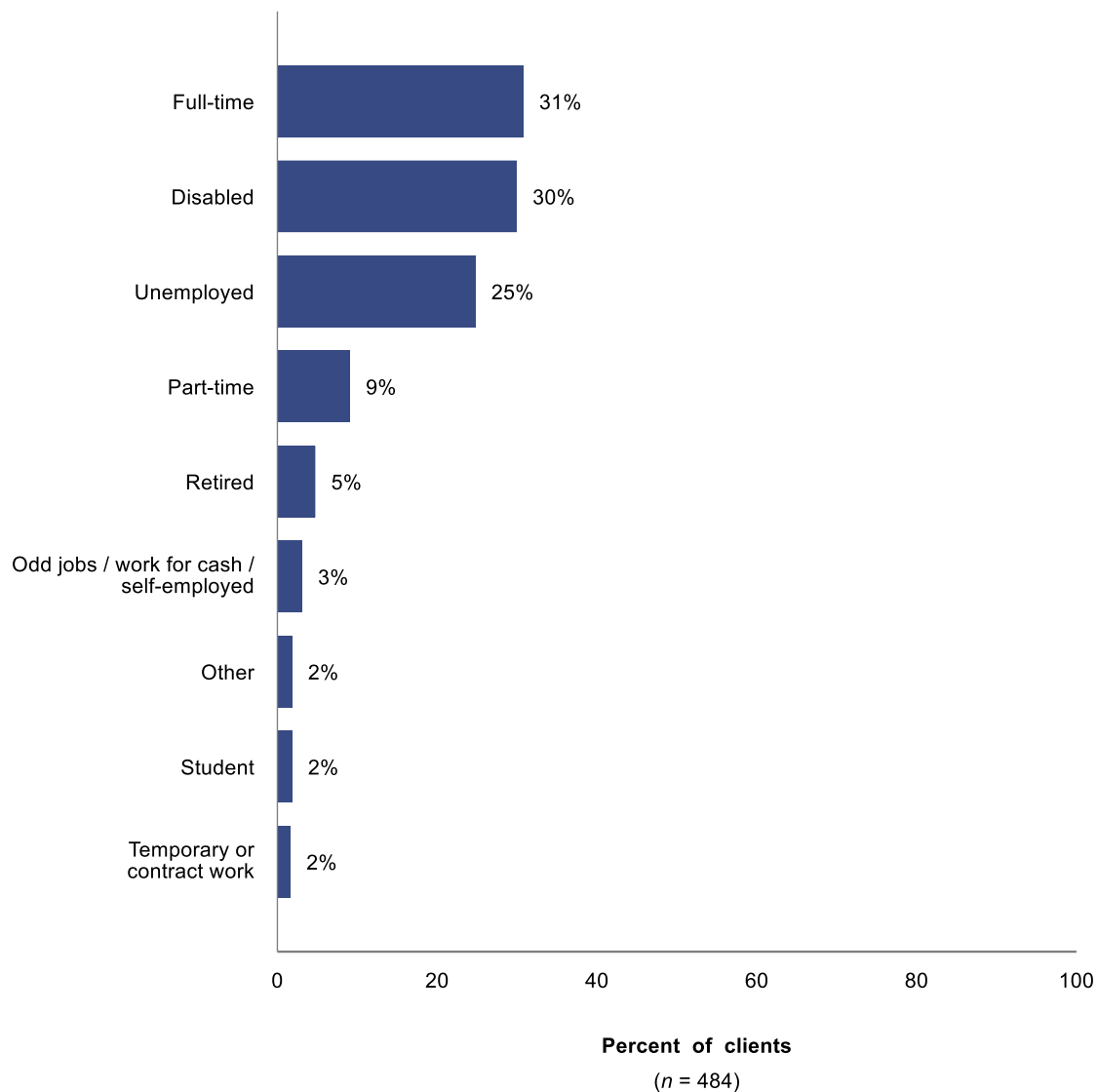


Figure A11. Highest Level of Education Completed



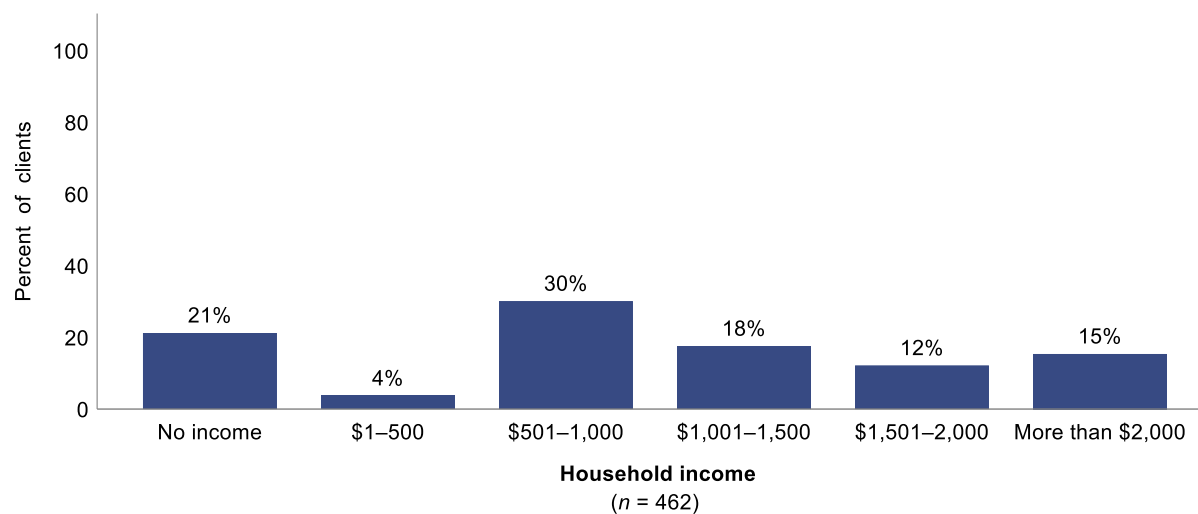
EMPLOYMENT AND INCOME CHARACTERISTICS

Figure A12. Employment Status

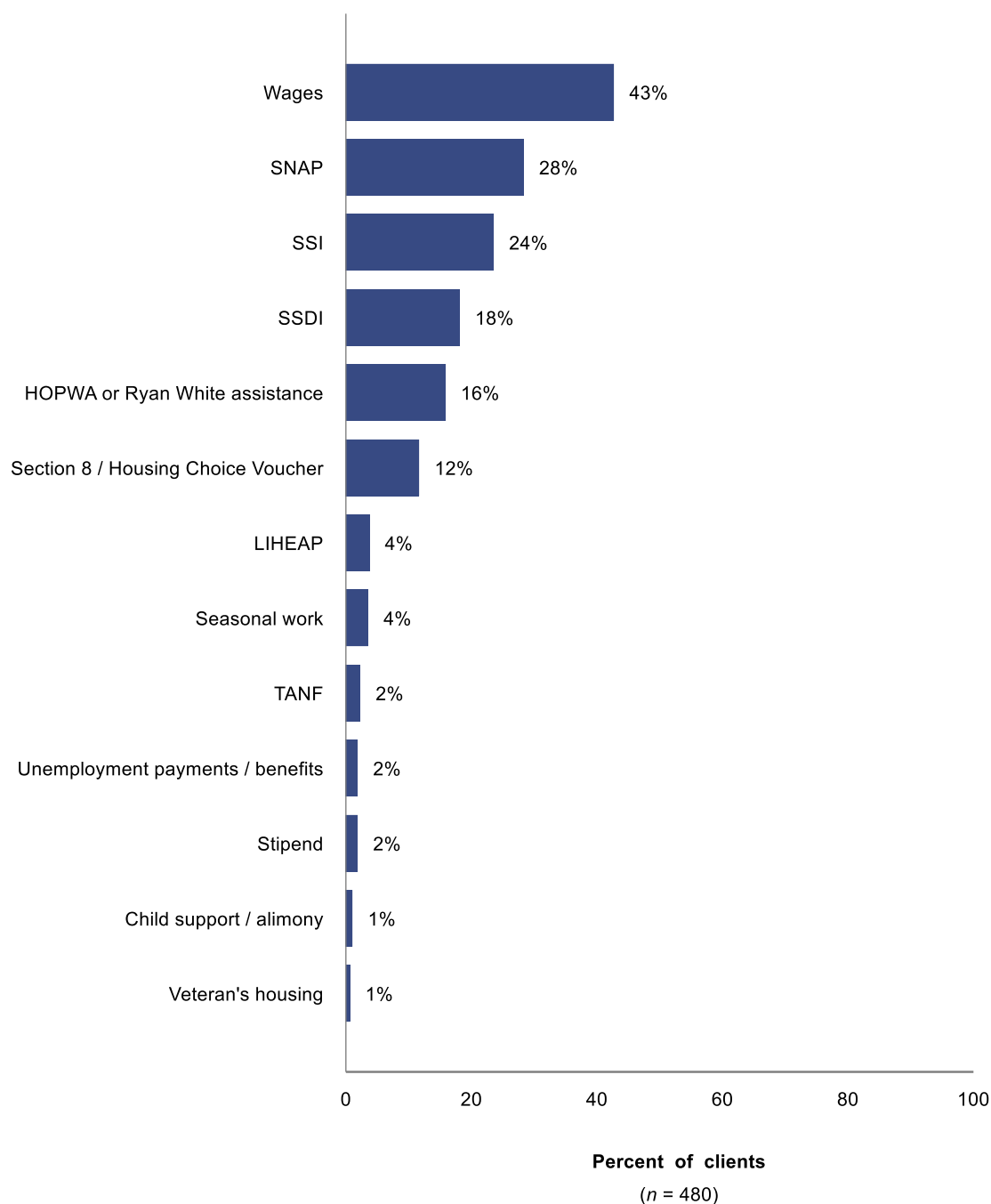


Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 484 individuals who responded to this question, 35 (7.2%) reported having two or more employment statuses.

Figure A13. Household Income in Month Prior to Survey



Note: Included in calculations and presented in this figure are 10 outliers reported by 11 respondents in the *More than \$2,000* category. The reported monthly incomes for these 11 respondents range from \$5,000 to \$186,000.

Figure A14. Sources of Income and Assistance

Note: Included in calculations but not presented in this figure are 2 individuals (0.4%) who selected *FEMA*, and 34 individuals (7.1%) who only selected *I didn't receive any wages, financial assistance, or housing assistance in the past 6 months*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 480 individuals who responded to this question, 66 (13.8%) reported receiving two or more forms of income and/or assistance.

HOUSING CHARACTERISTICS

Figure A15. Housing Status at the Time of Survey

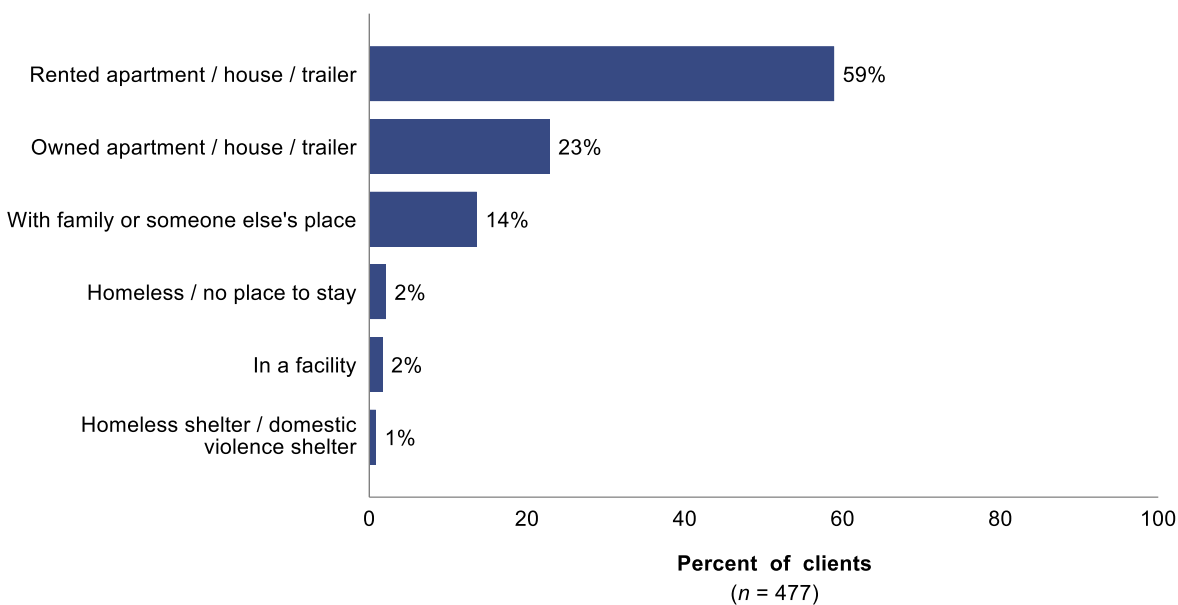
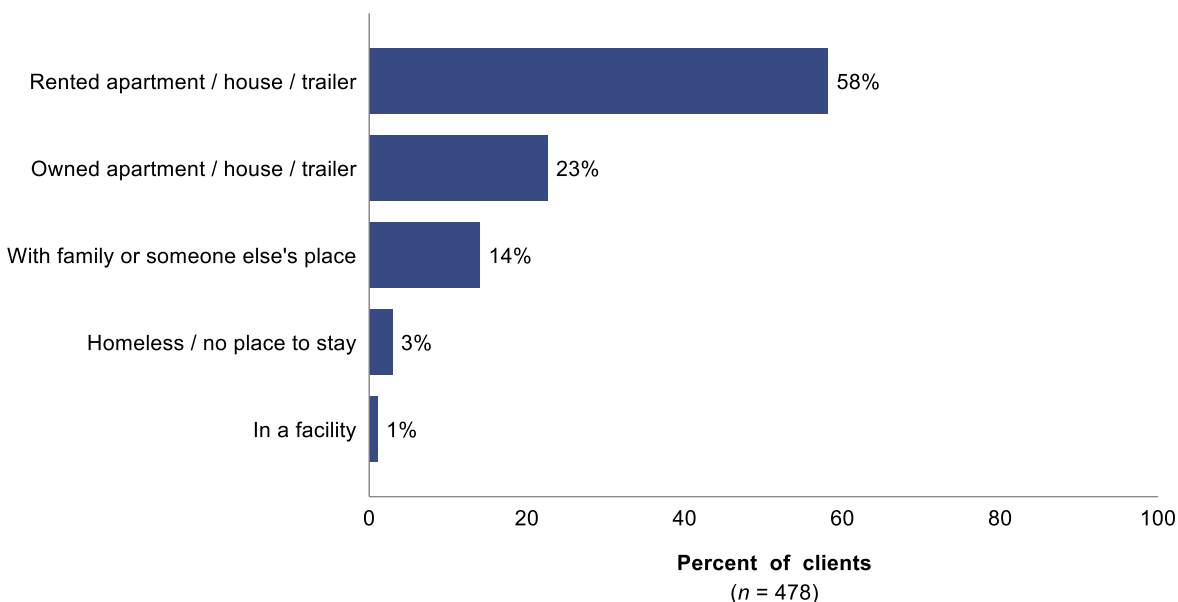
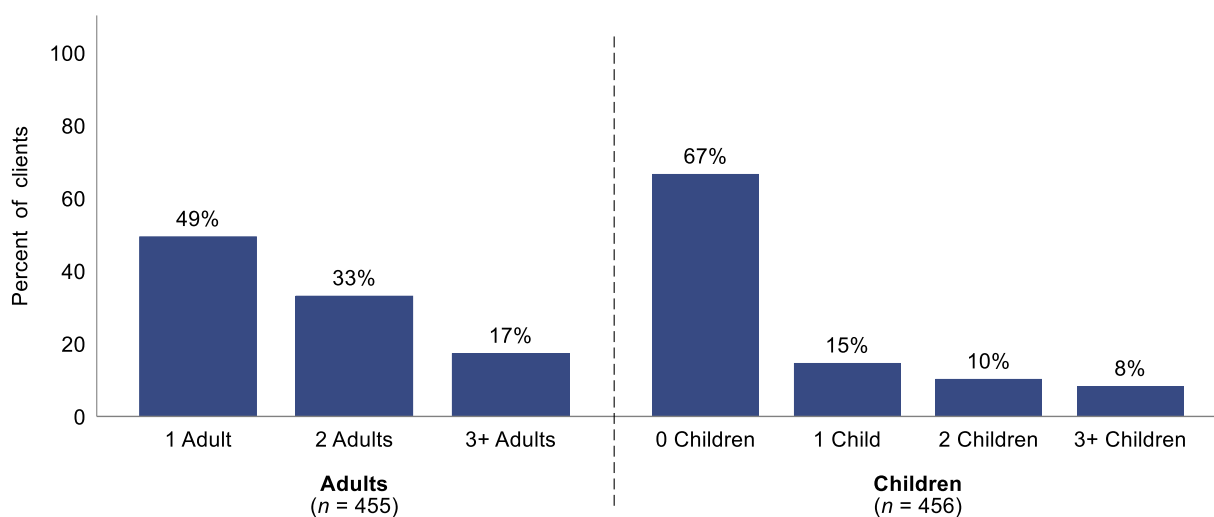


Figure A16. Housing Status 6 Months Prior to Survey



Note: Included in calculations but not presented in this figure are 2 individuals (0.4%) who selected *in custody of parish at a jail*, 2 individuals (0.4%) who selected *homeless shelter/domestic violence shelter*, 1 individual (0.2%) who selected *in custody of DOC, housed at a parish jail*, and 1 individual (0.2%) who selected *in a DOC facility*.

Figure A17. Number of Adults and Children in Household



Note: The average response for number of adults living in the household was 2. The average response for number of children living in the household was 1.

Figure A18. Number of Bedrooms in Respondents' Residences

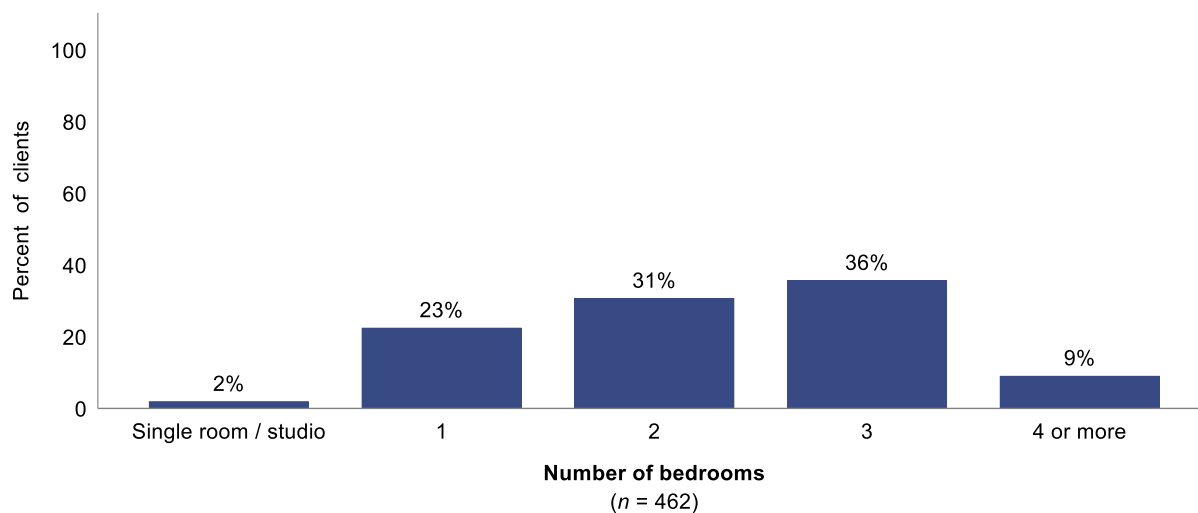


Figure A19. Number of Places Lived in Past 12 Months

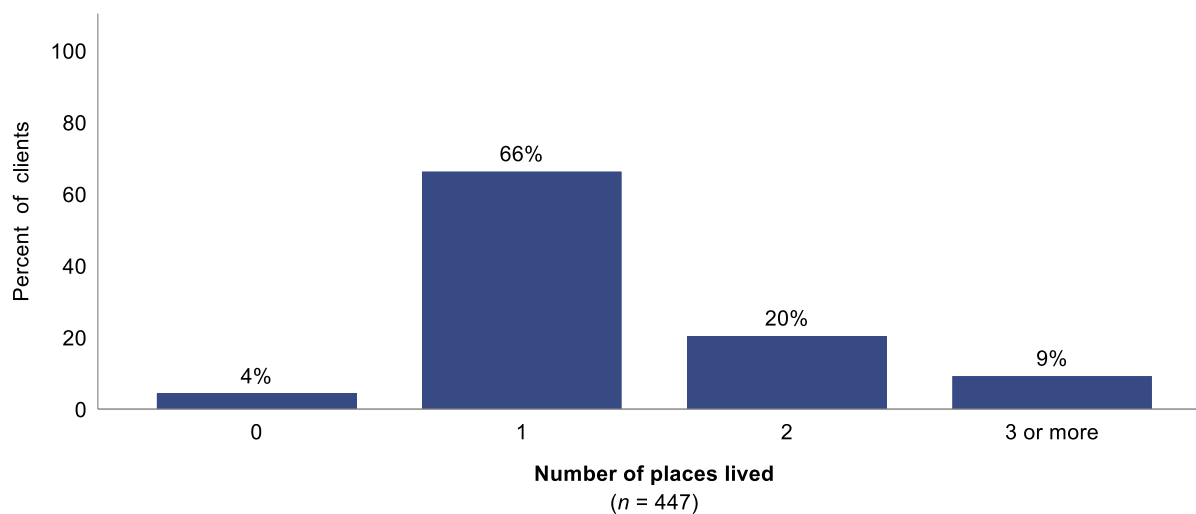


Figure A20. Length of Time at Current Residence

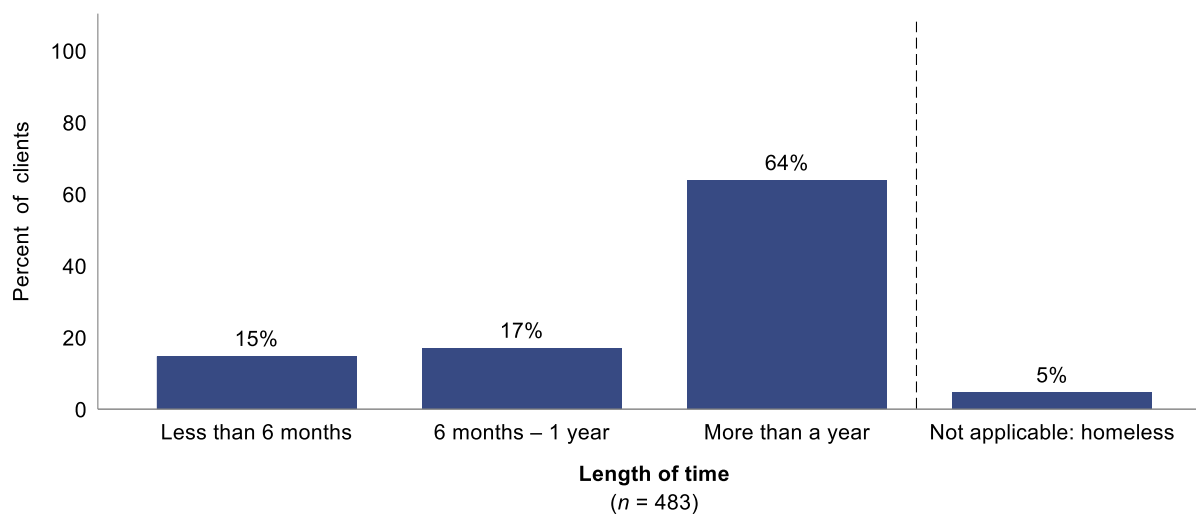


Figure A21. Nights Spent Homeless or Without a Place to Sleep in the Past 12 Months

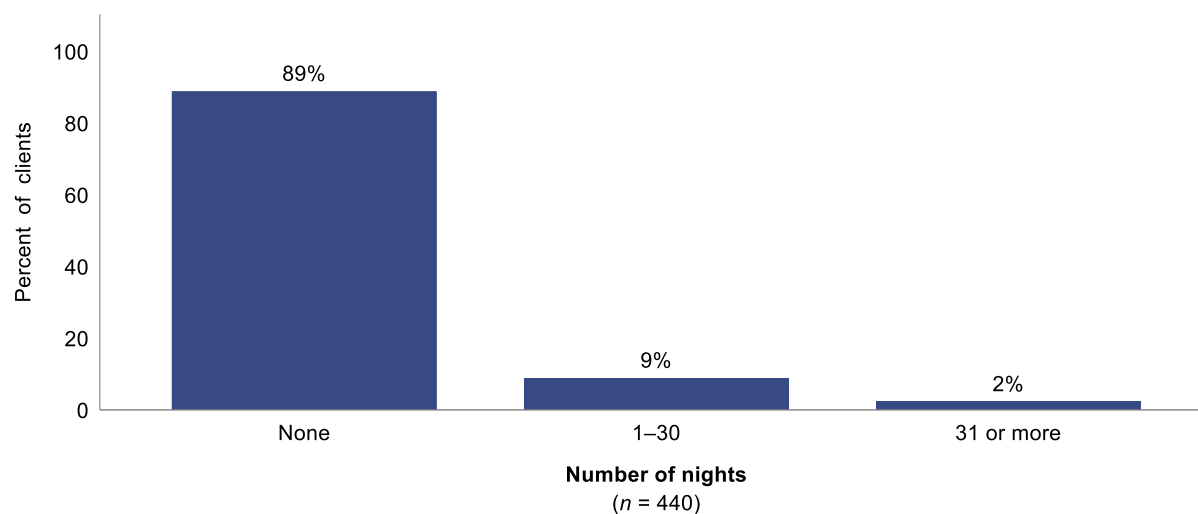


Figure A22. Had to Move Because Could No Longer Afford Home in the Past Three Years

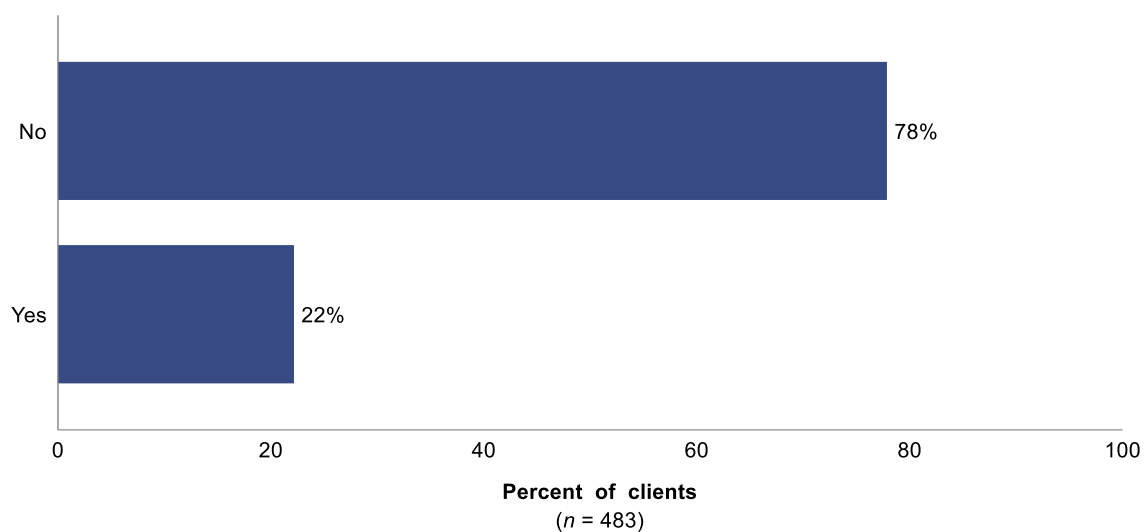


Figure A23. Had Trouble Obtaining Housing in the Past 12 Months

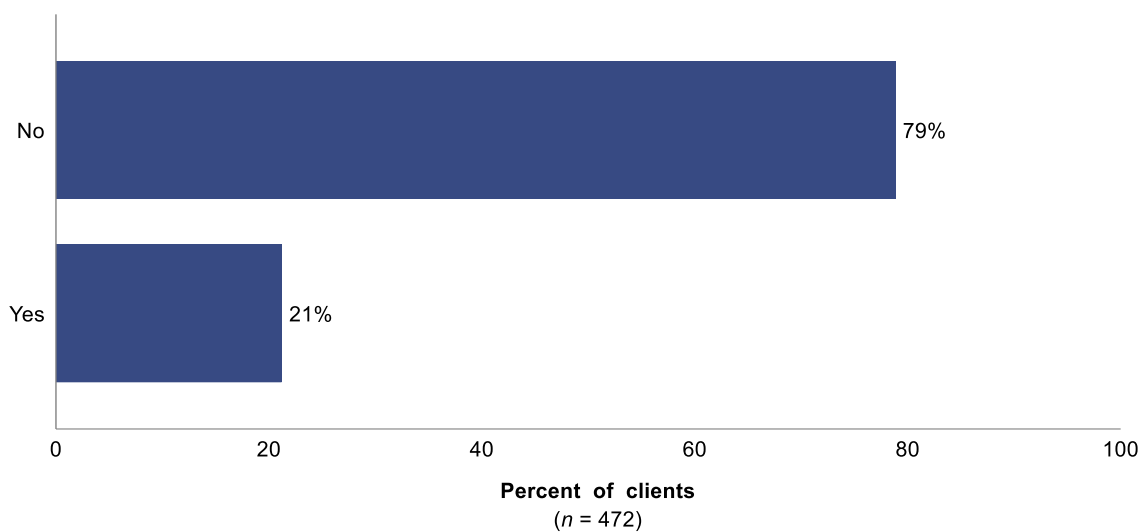
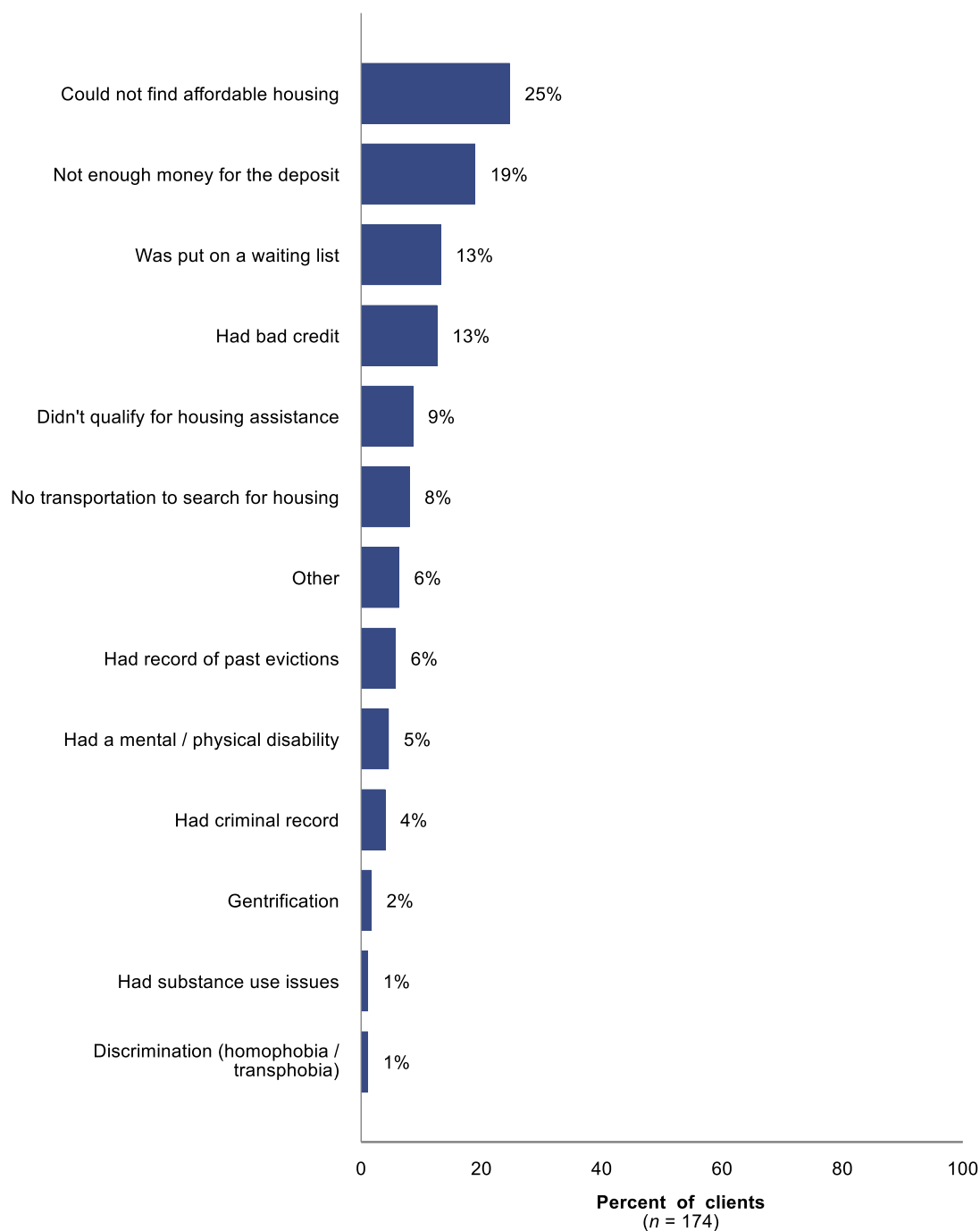
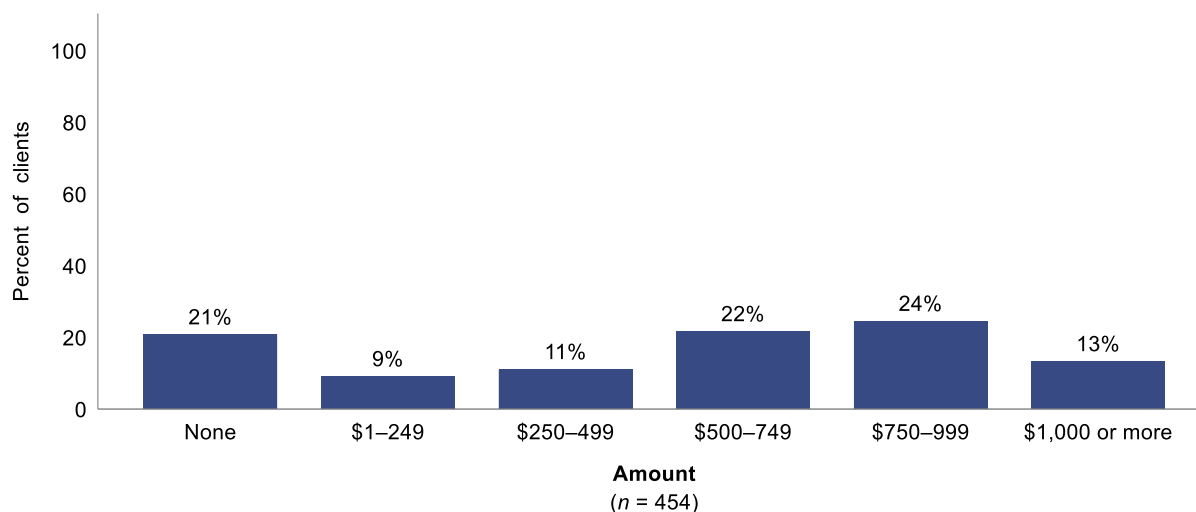
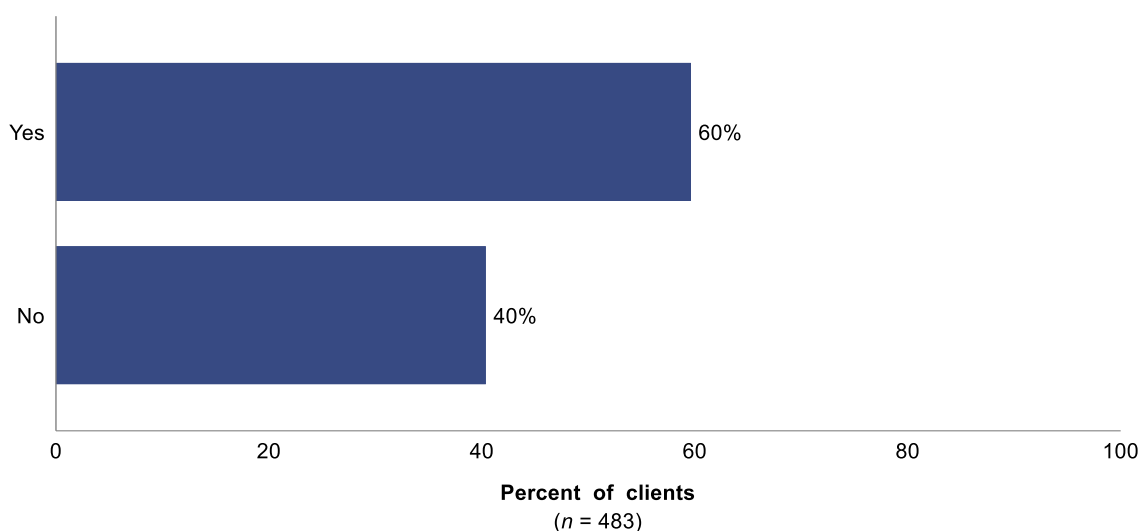


Figure A24. Barriers to Obtaining or Remaining in Housing

Note: Included in calculations but not presented in this figure are 85 individuals (48.9%) who selected / *didn't have any problems*. No individuals selected *discrimination (racism)*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 174 individuals who responded to this question, 46 (26.4%) reported experiencing two or more barriers to obtaining housing.

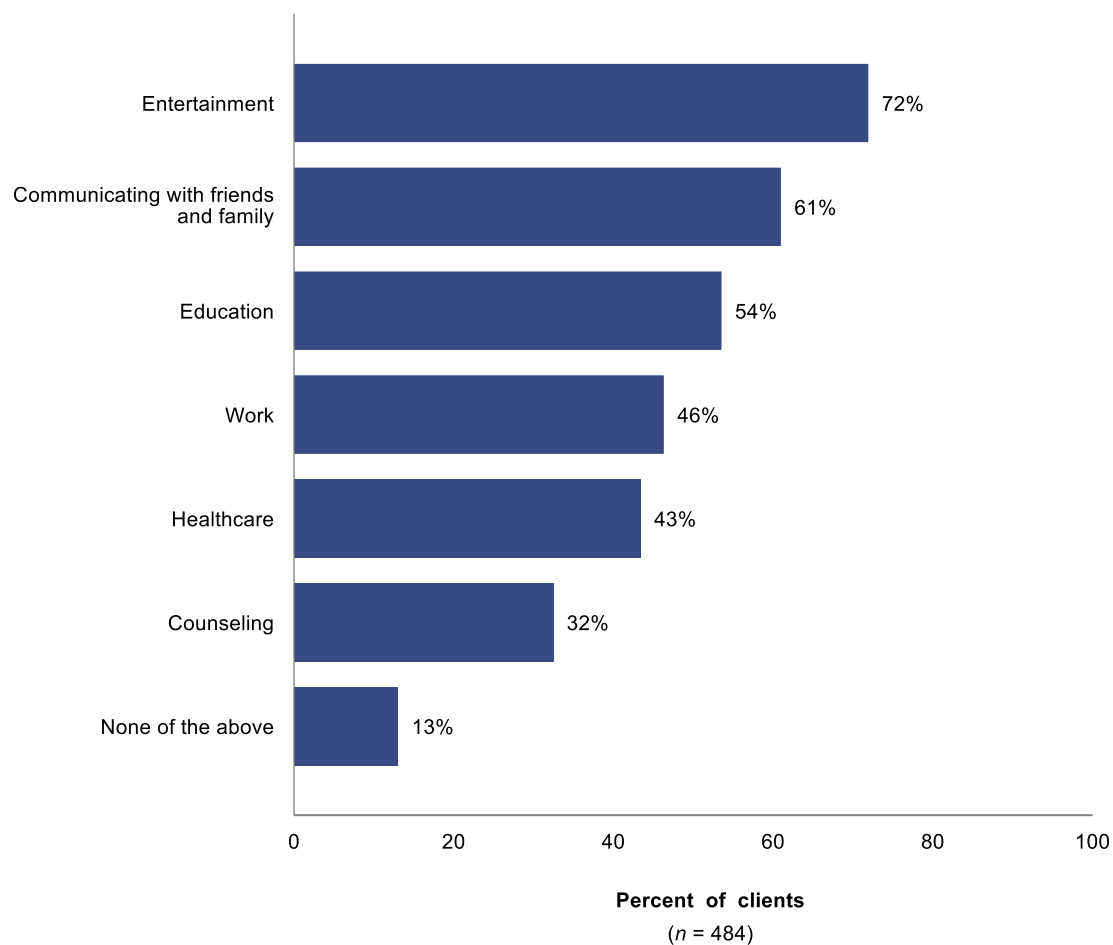
Figure A25. Rent/Mortgage Contribution Paid Out of Pocket

Note: Of the 360 individuals who reported that they do contribute to their rent/mortgage, 353 responded to a question about utilities. Of these 353 individuals, out-of-pocket rent/mortgage payments included the following utilities: *water* (45.6%), *electric* (37.1%), *garbage* (25.8%), *gas* (17.3%), or *none of these* (45.0%). An additional 23 individuals responded to a question about utilities but did not identify their out-of-pocket rent/mortgage contribution. Of these 23 individuals, out-of-pocket rent/mortgage payments included the following utilities: *electric* (47.8%), *water* (34.8%), *garbage* (17.4%), *gas* (13.0%), or *none of these* (43.5%).

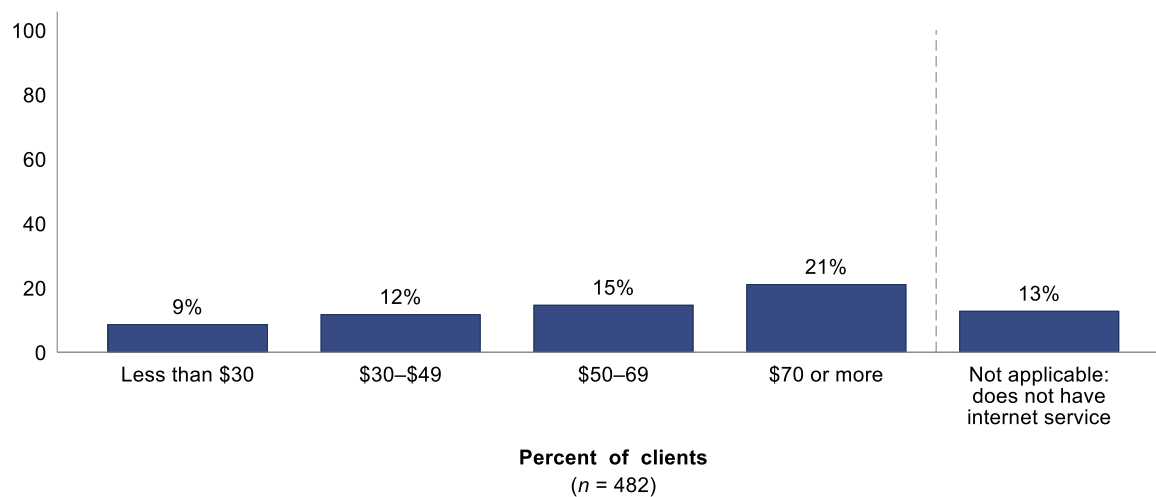
Figure A26. Had Difficulty Paying Rent, Mortgage, or Utility Bills in Past 12 Months

INTERNET USAGE

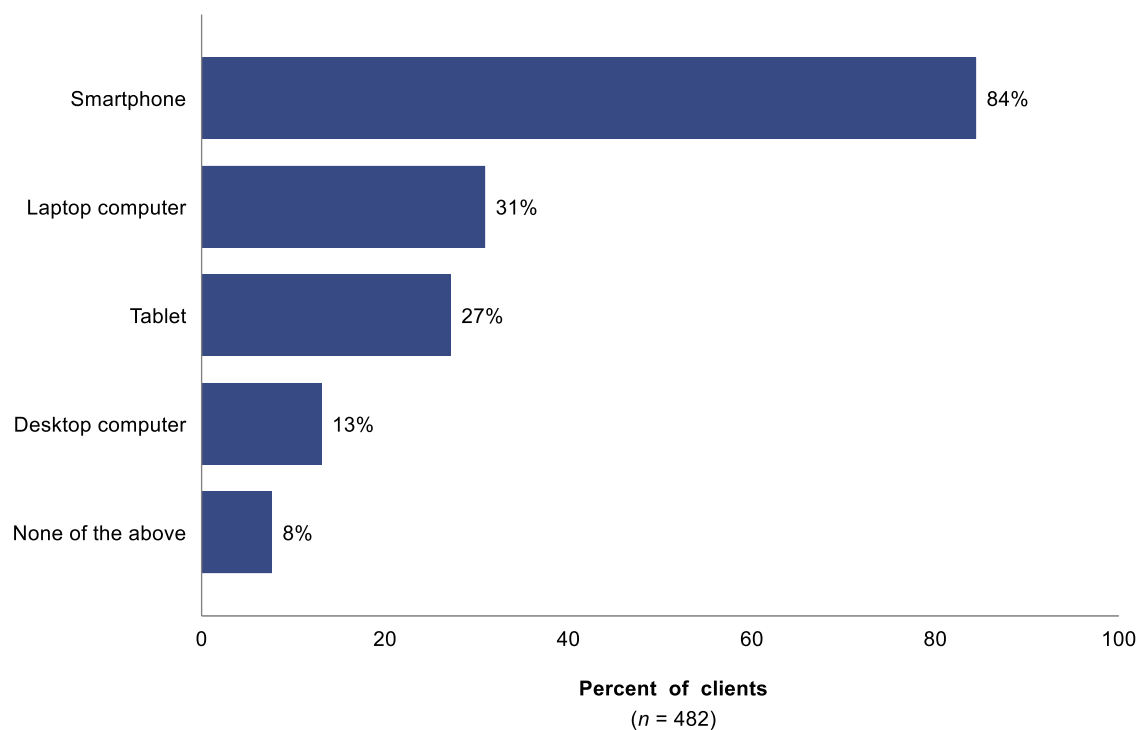
Figure A27. Ways of Using the Internet



Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 484 individuals who responded to this question, 324 (66.9%) reported two or more ways of using the internet.

Figure A28. Monthly Household Internet Cost

Note: Included in calculations but not presented in this figure are 116 individuals (24.1%) who selected *I don't pay for internet services, but I do have internet services at my home or on my phone*, and 32 individuals (6.6%) who selected *I pay for internet services, but I'm not sure how much*.

Figure A29. Devices Used by Respondents

Note: Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 482 individuals who responded to this question, 189 (39.2%) reported using two or more devices.

HIV CRIMINALIZATION IN LOUISIANA

Figure A30. Familiarity with Louisiana Laws Related to HIV

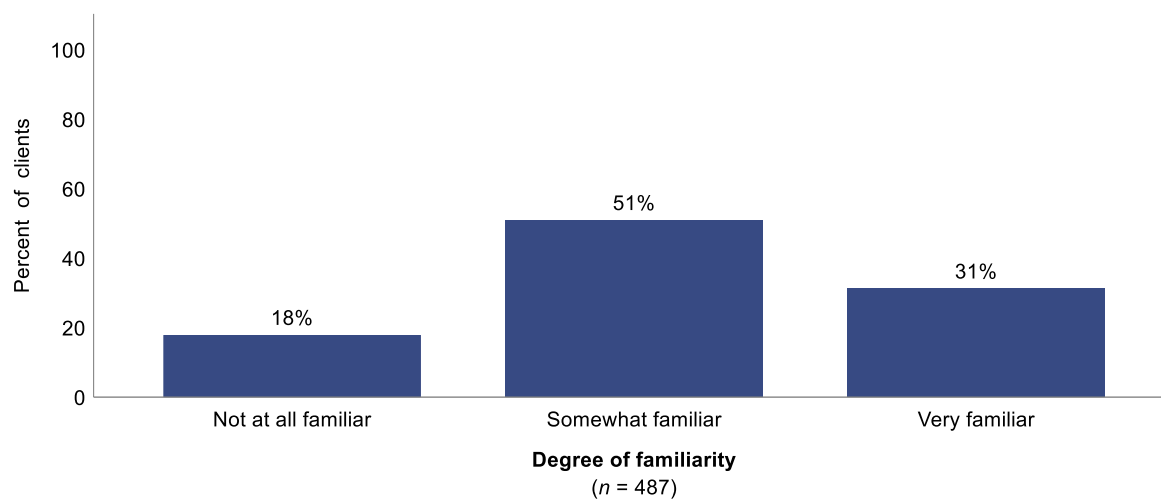
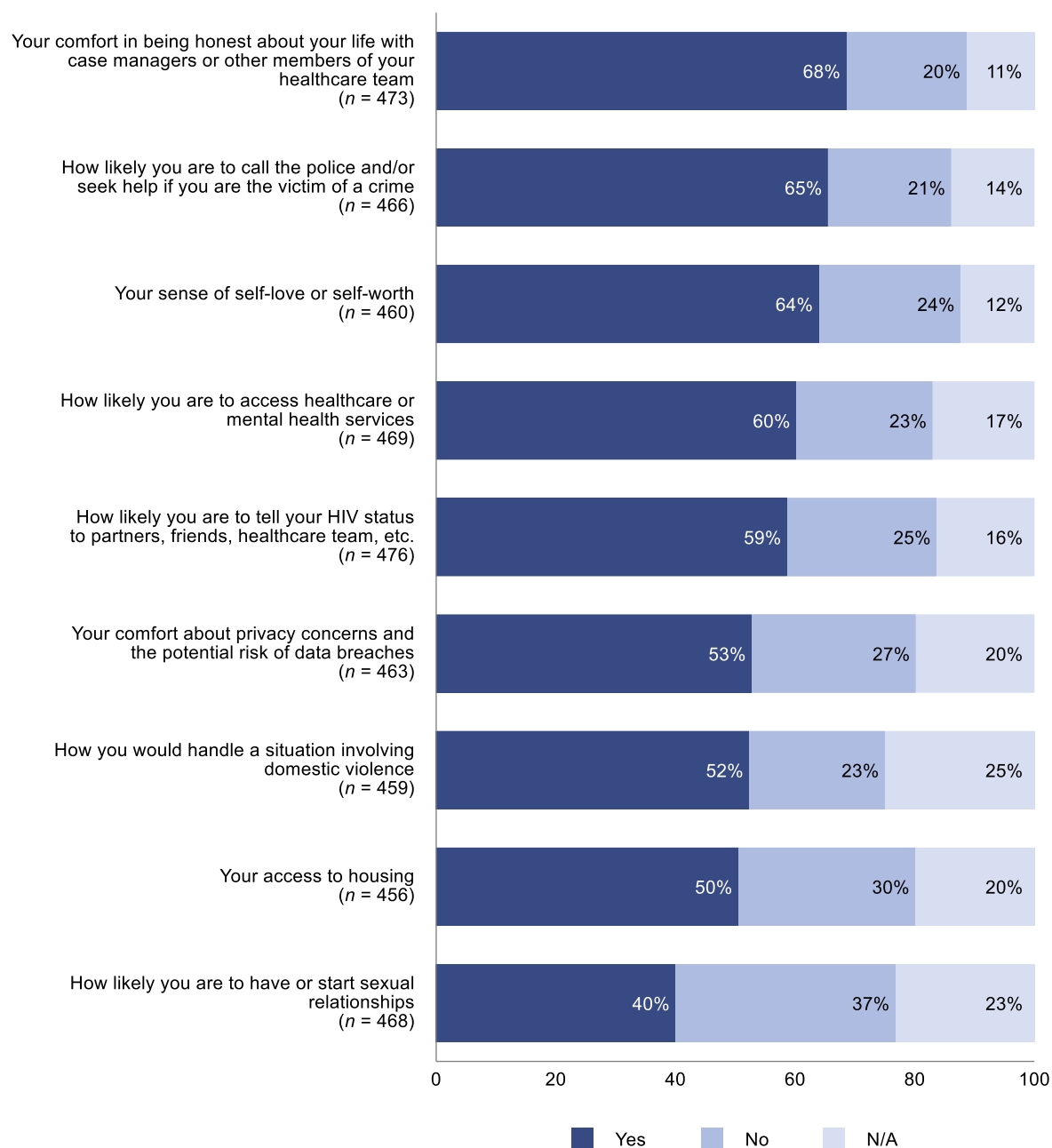


Figure A31. Have HIV Laws or Threats of HIV Criminalization Changed...

SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

Figure B1. Health Insurance Status

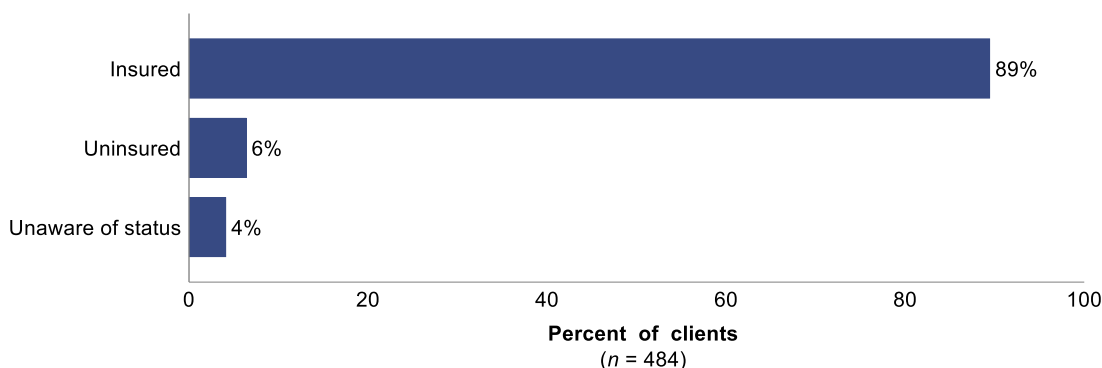
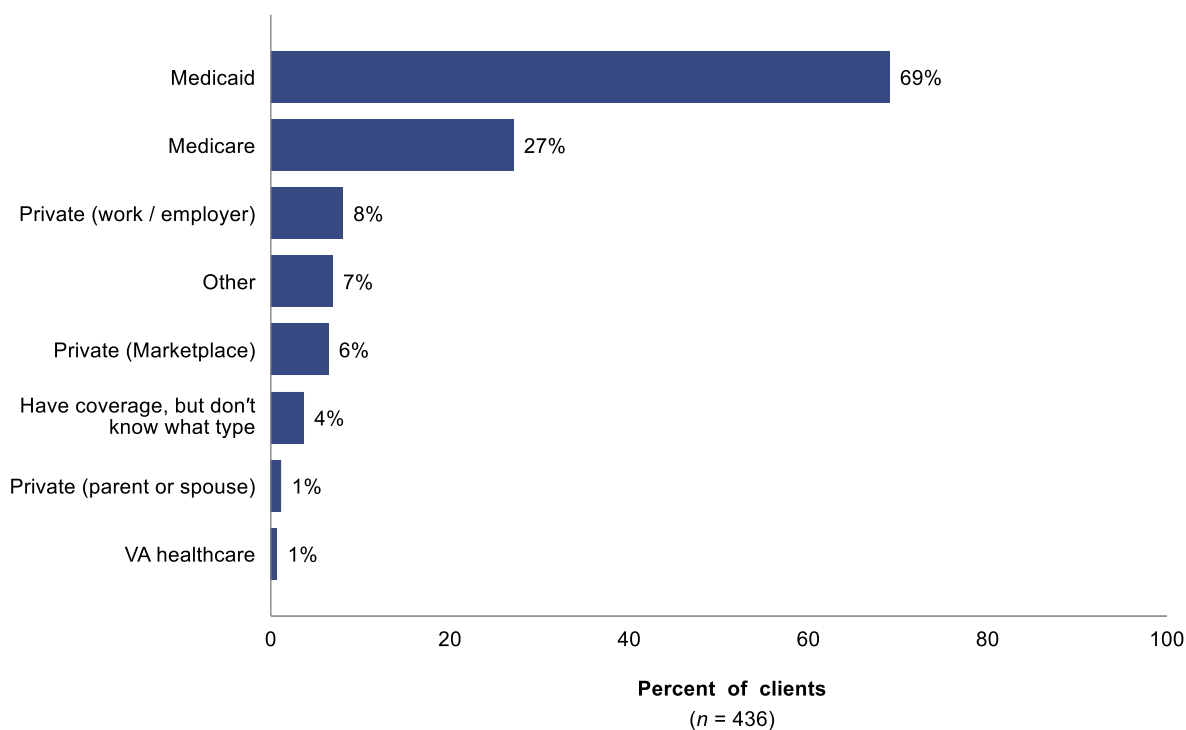
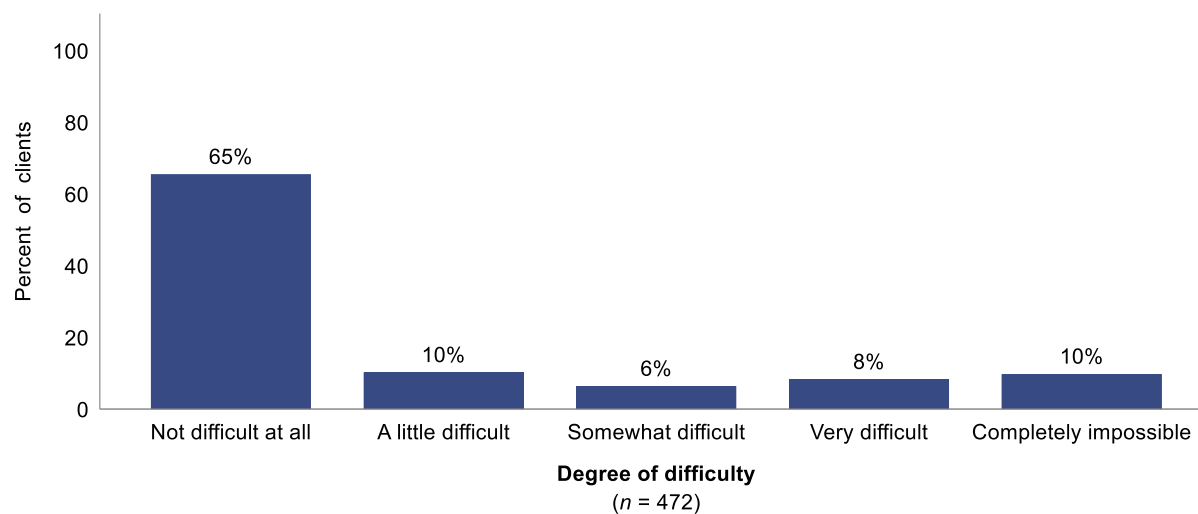


Figure B2. Sources of Health Insurance



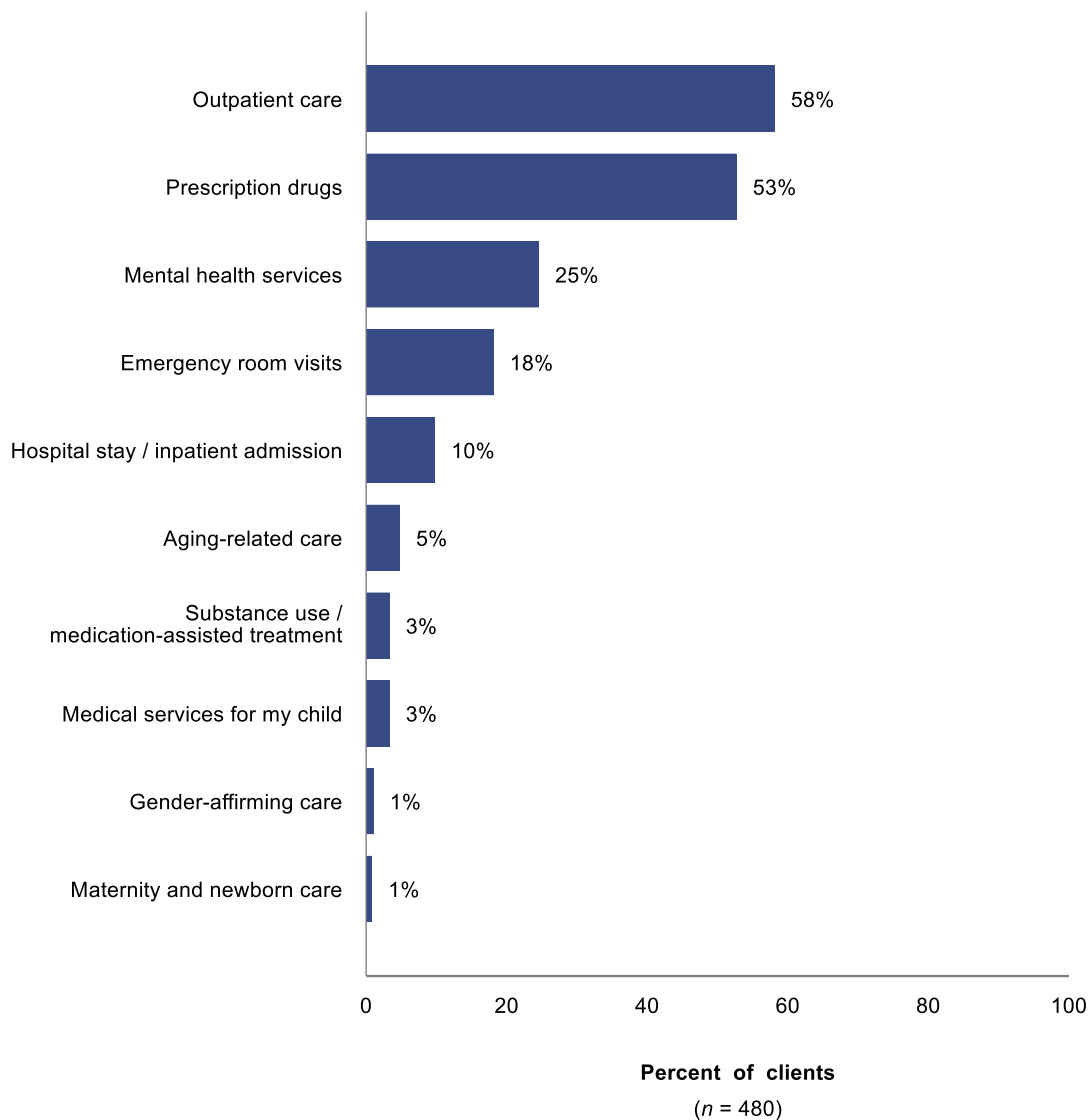
Note: Included in calculations but not presented in this figure are 2 individuals (0.5%) who selected *COBRA*, and 1 individual (0.2%) who selected *TRICARE* or other *military healthcare*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 436 individuals who responded to this question, 91 (20.9%) reported having two or more sources of health insurance.

Figure B3. Difficulties in Paying for HIV-Related Healthcare Costs



MEDICAL SERVICES

Figure B4. Medical Services Needed in the Past 12 Months



Note: Included in calculations but not presented in this figure are 87 individuals (18.1%) who selected / 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%. Of the 480 individuals who responded to this question, 263 (54.8%) reported a need for two or more services.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

Figure C1. Overall Health

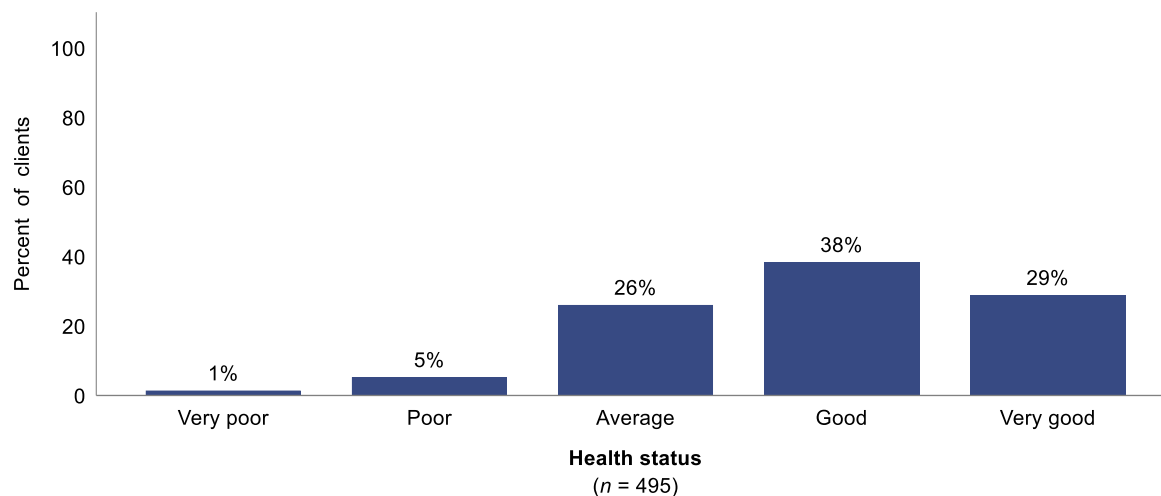


Figure C2. Current Viral Load

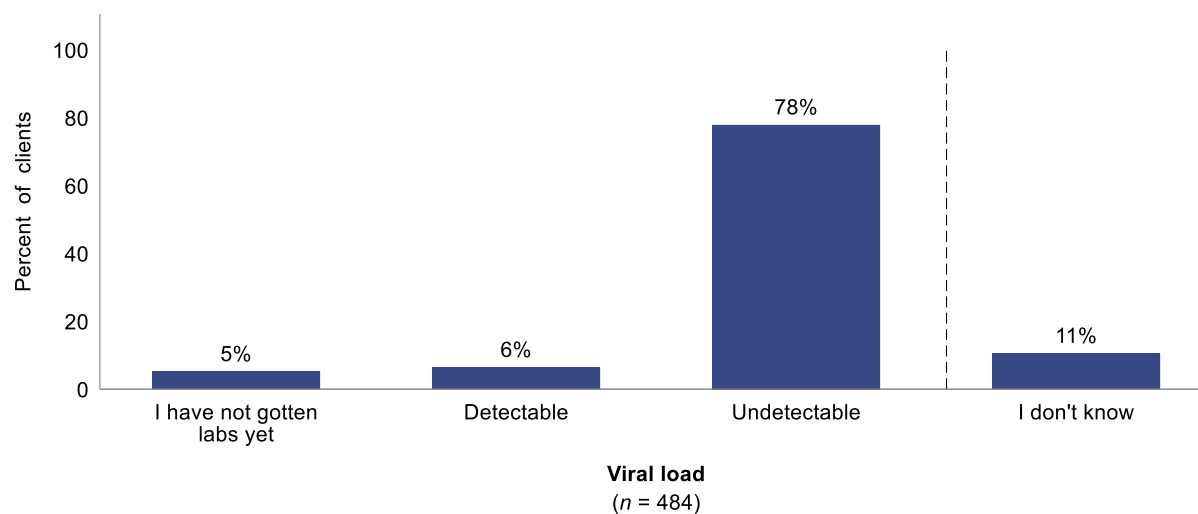


Figure C3. Self-Reported Depressive Symptoms Over the Past Two Weeks

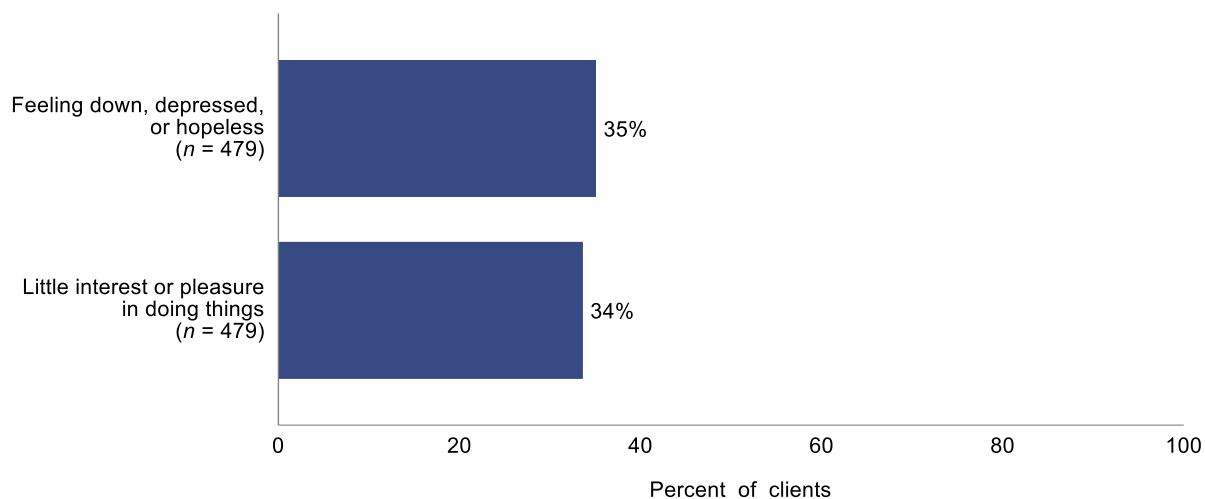
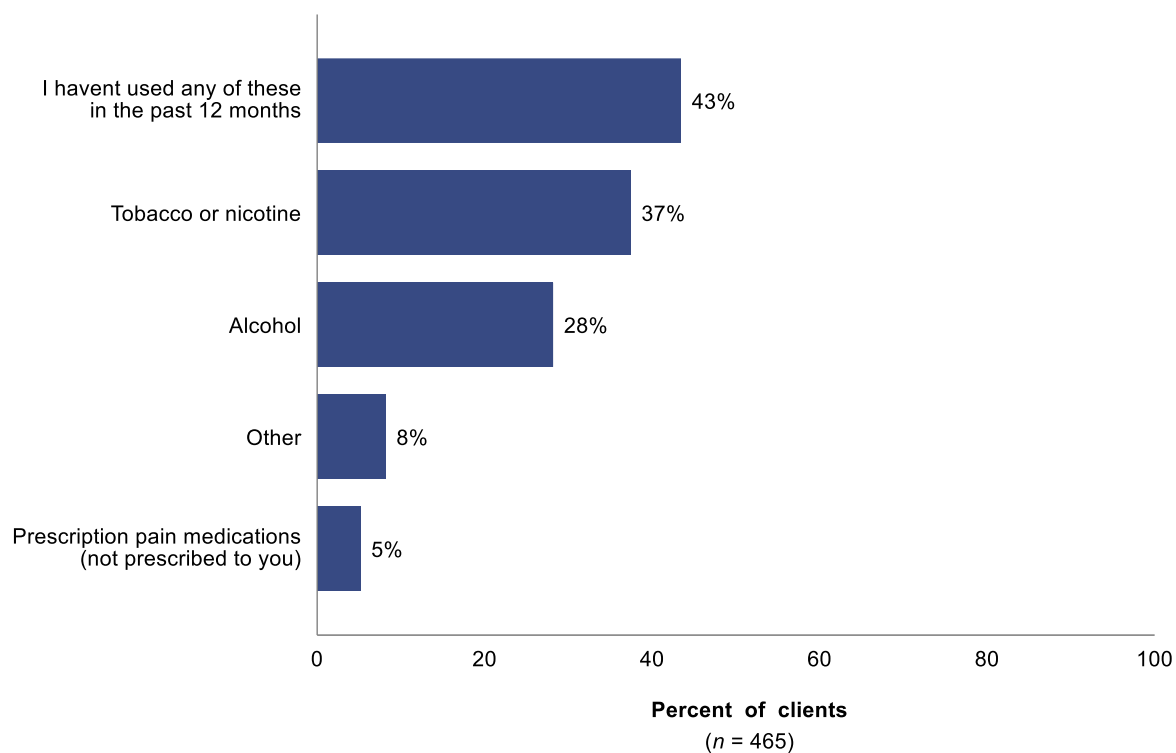


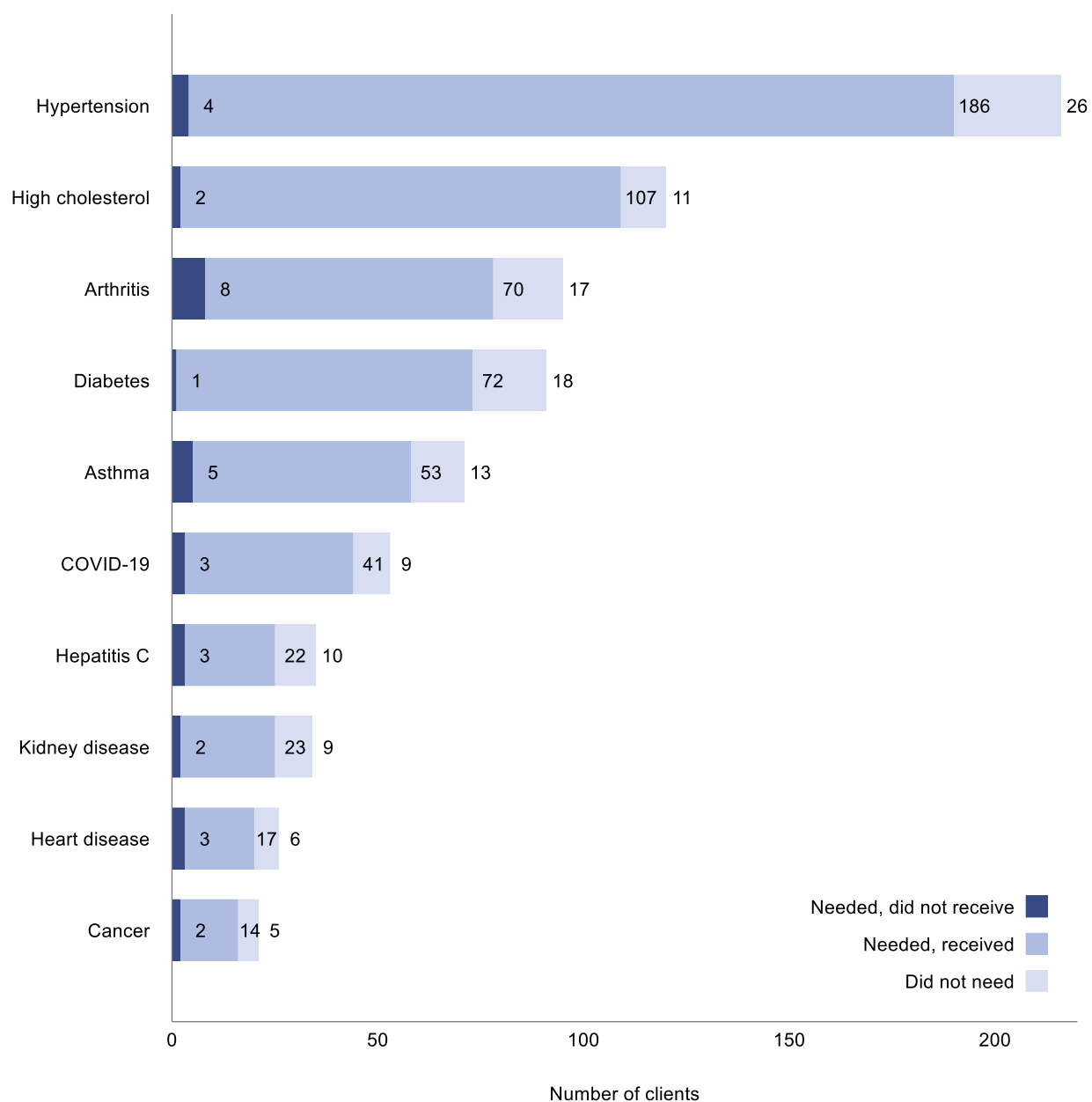
Figure C4. Self-Reported Substance Use in the Past 12 Months



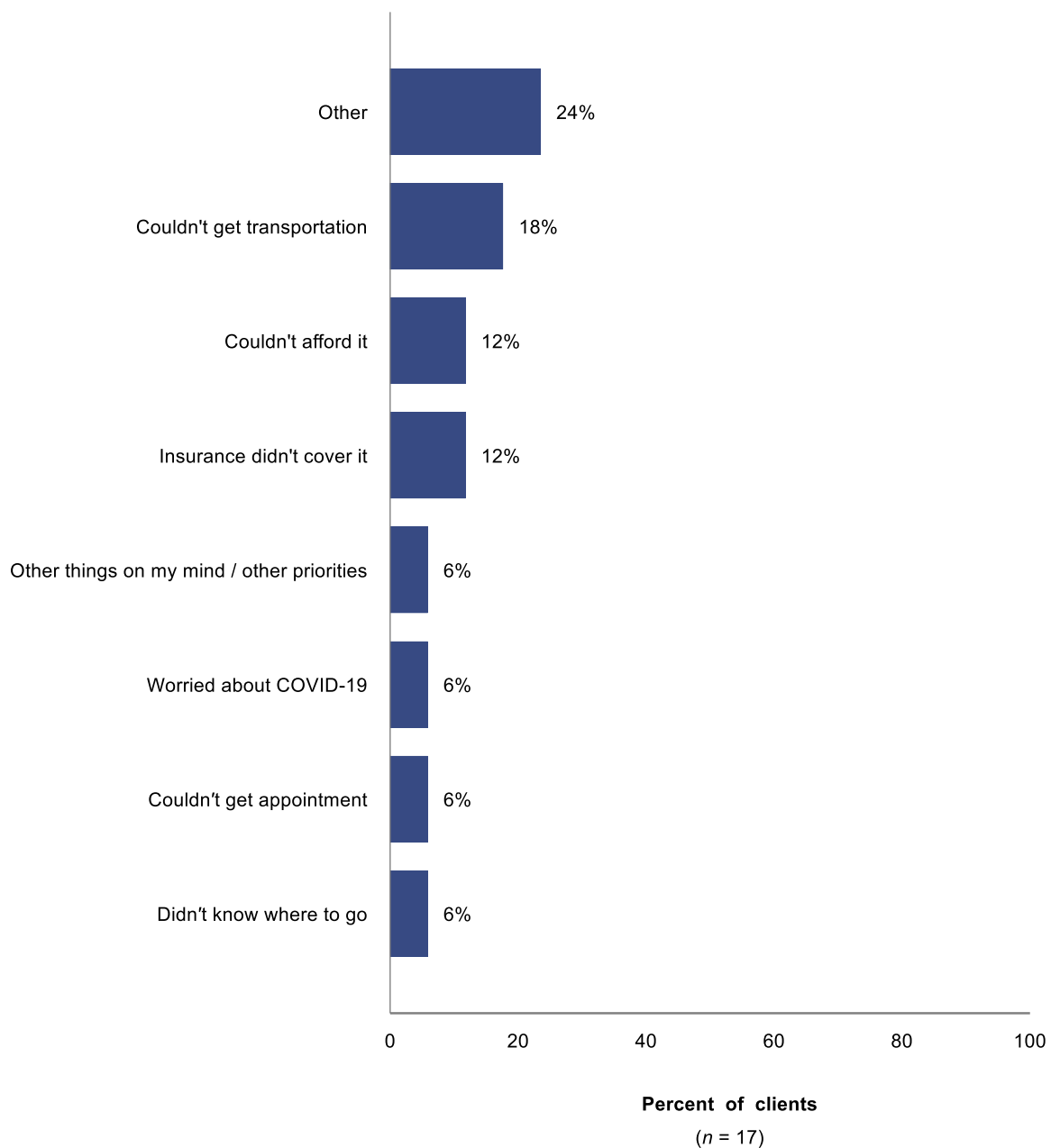
Note: No individuals selected *heroin*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 465 individuals who responded to this question, 92 (19.8%) reported using two or more substances.

HEALTH DIAGNOSES AND CARE

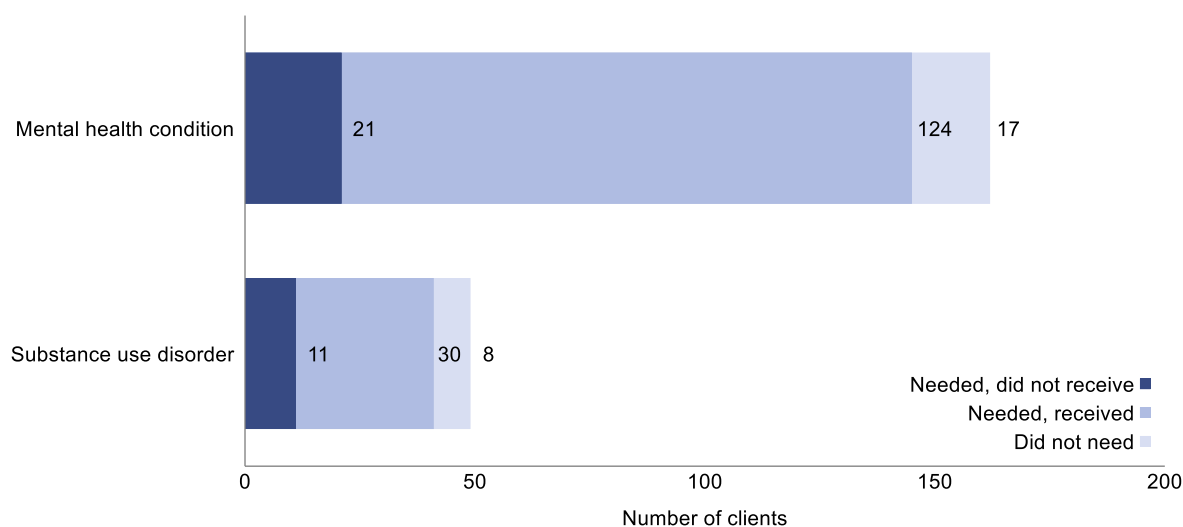
Figure C5. Medical Diagnoses



Note: Two hundred and nineteen respondents reported two or more medical diagnoses. Twenty-four respondents reported their HIV diagnosis as an *other* medical condition. Included in calculations but not presented in this figure are 41 individuals who indicated that they were diagnosed with some *other* medical condition, of which 10 did not need treatment, 29 needed and received treatment, and 2 needed and did not receive treatment. Eleven individuals indicated a second *other* medical condition, of which 7 did not need treatment, 3 needed and received treatment, and 1 needed and did not receive treatment. Four individuals indicated a third *other* medical condition, of which 2 did not need treatment, 1 needed and received treatment, and 1 needed and did not receive treatment.

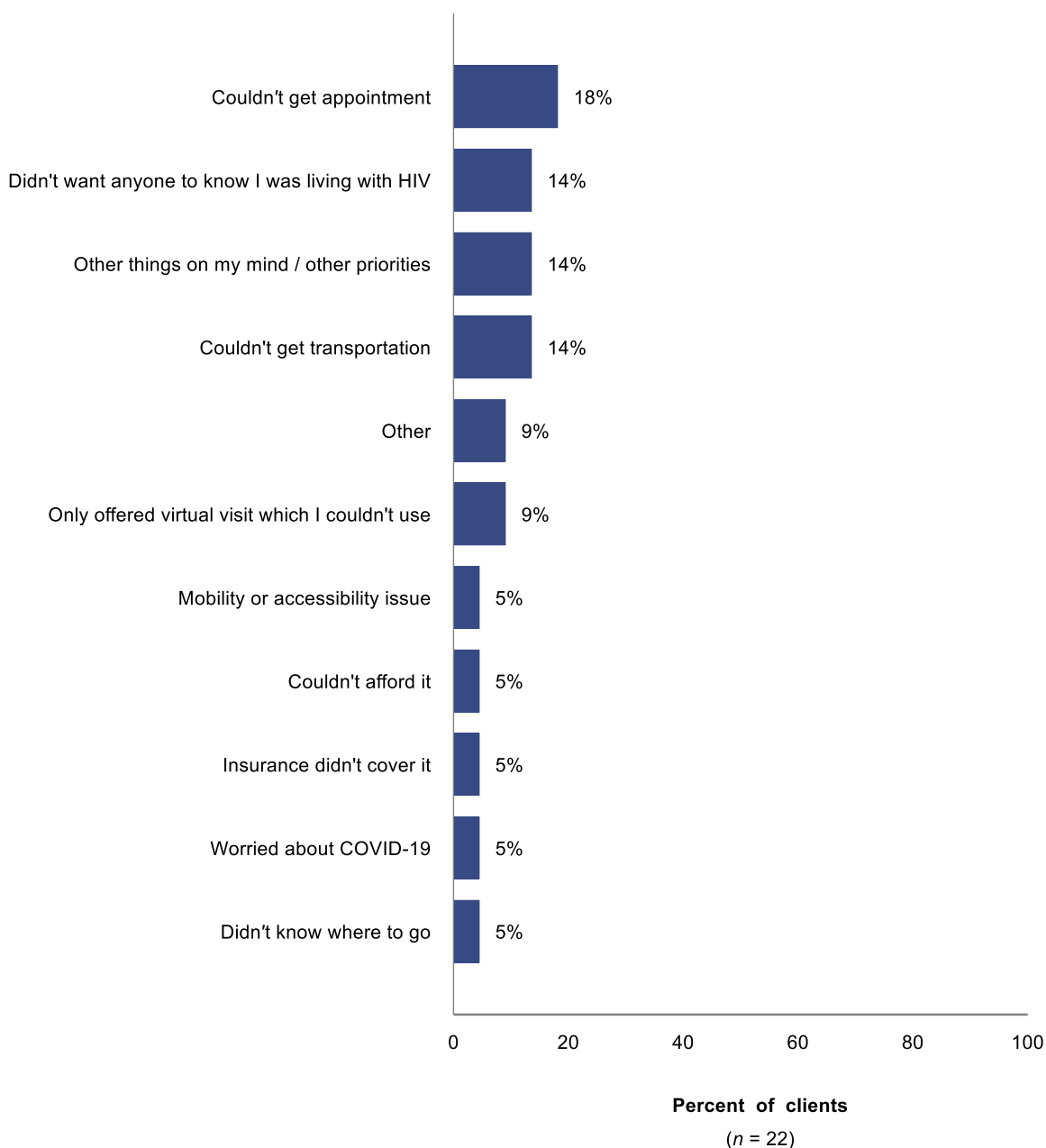
Figure C6. Reasons Did Not Receive Needed Medical Care

Note: Included in calculations but not presented in this figure are 4 individuals (23.5%) who selected *not applicable, I did receive the needed medical care*. No individuals selected *I didn't want anyone to know I was living with HIV, I had a language or cultural barrier, or I have a mobility or accessibility issue*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 17 individuals who responded to this question, 2 (11.8%) selected two or more reasons. Those who report other are given the opportunity to write in additional information; write-in responses included: *care south didn't prescribe medication, Viral load has to be monitored, Right Knee is the Problem, they only Removed the fluid build-up, didn't treat the ARthRitis. Still having Problems with it., and seen By PeP.*

Figure C7. Behavioral Health Diagnoses

Note: Thirty-three respondents reported two or more behavioral health diagnoses. Included in calculations but not presented in this figure are 4 individuals who indicated that they were diagnosed with some *other* behavioral health condition, of which 3 did not need treatment and 1 needed and received treatment. Four individuals indicated a second *other* behavioral health condition, of which 3 did not need treatment and 1 needed and received treatment. Two individuals indicated a third *other* behavioral health condition, of which 2 did not need treatment.

Figure C8. Reasons Did Not Receive Needed Behavioral Health Care



Note: Included in calculations but not presented in this figure are 7 individuals (31.8%) who selected *not applicable, I did receive the care I needed*. No respondents 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%. Of the 22 individuals who responded to this question, 3 (13.6%) selected two or more reasons.

HEALTH SEEKING BEHAVIOR

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

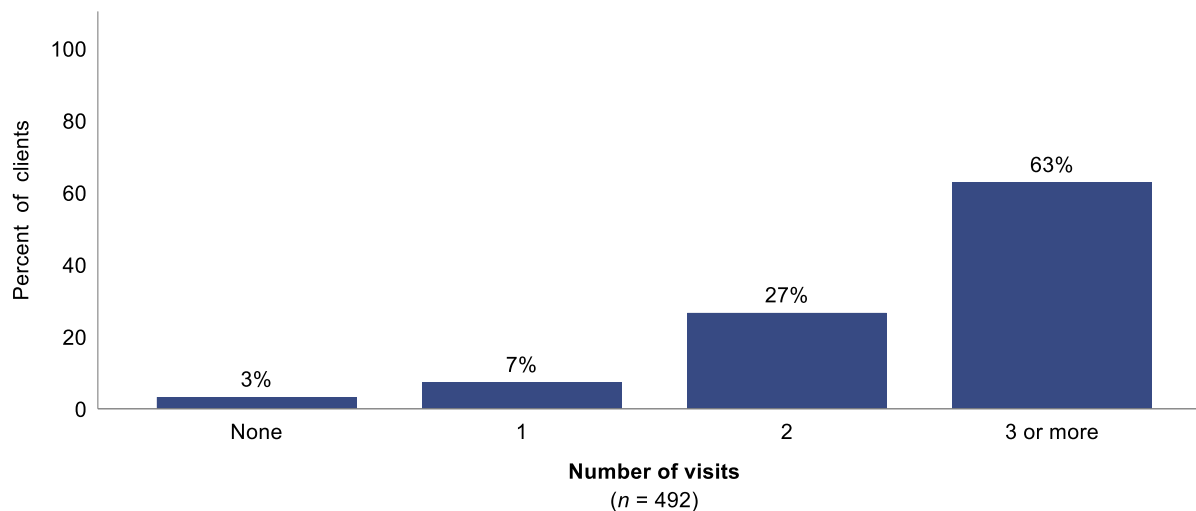


Figure C10. HIV-Related Medical Care Visits via Telehealth in the Past 12 Months

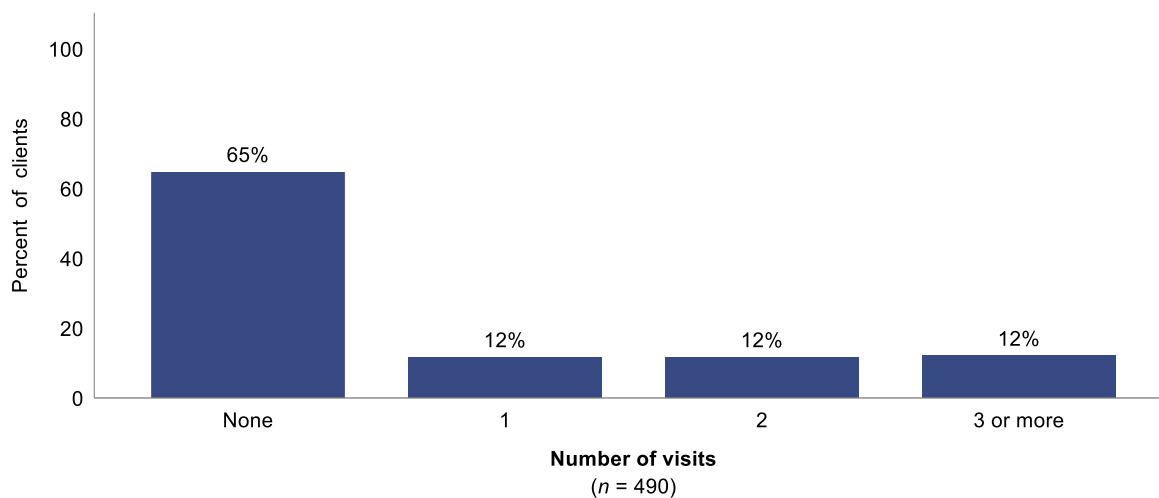
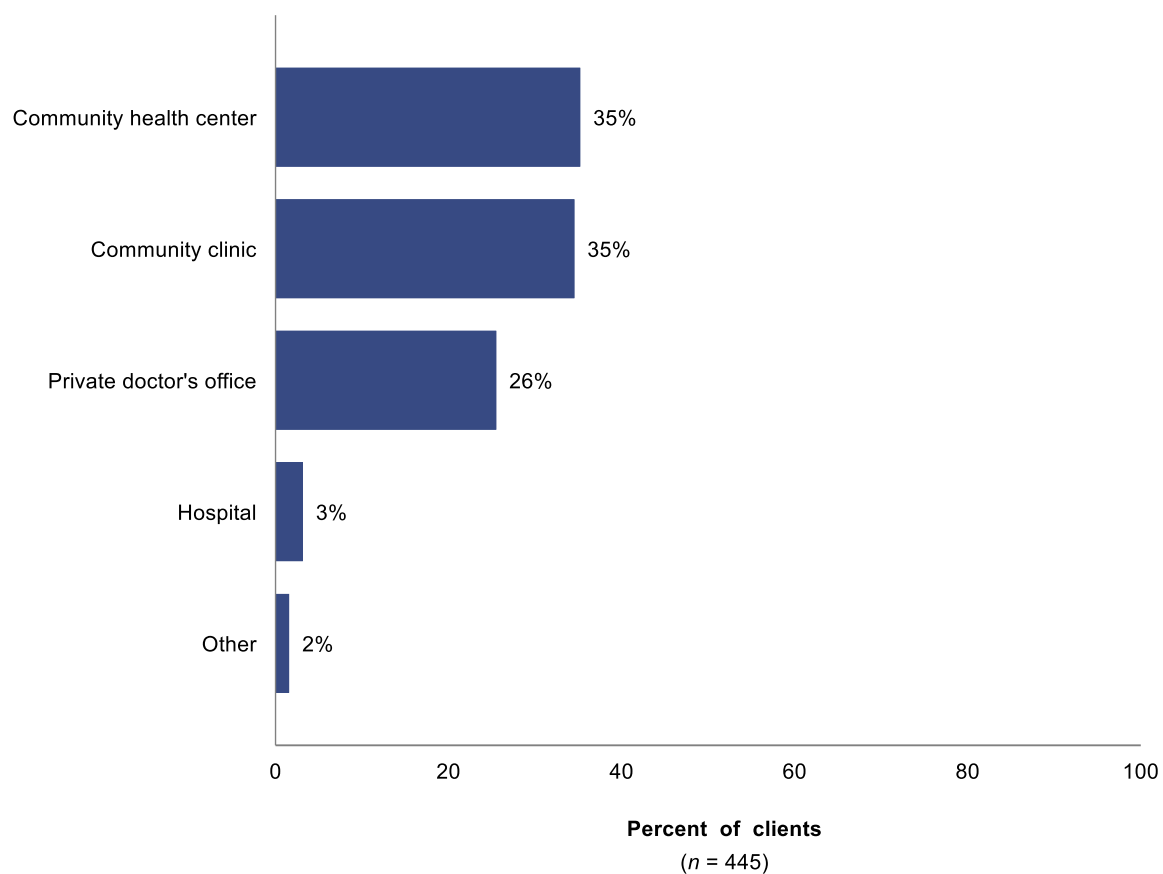
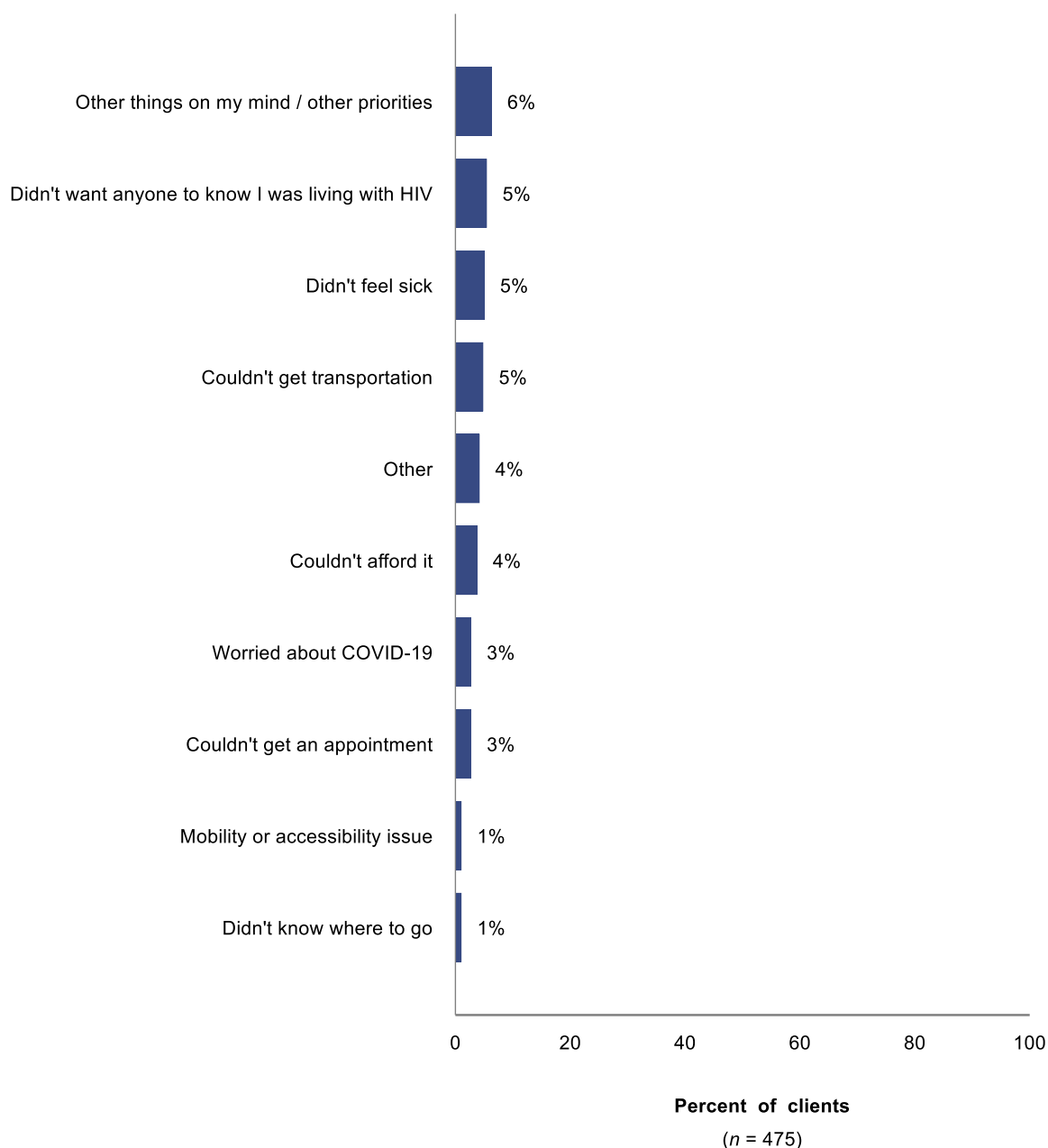


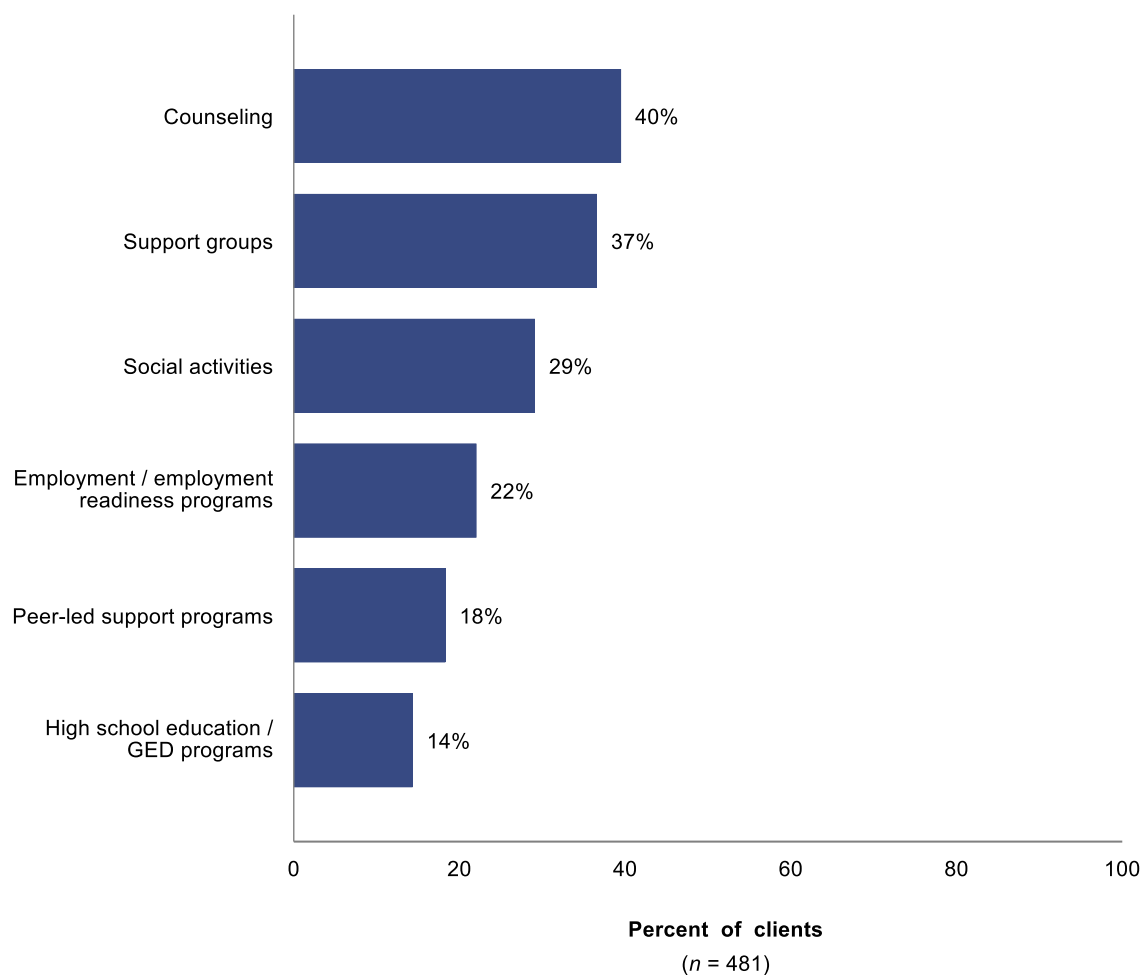
Figure C11. Place Where Respondent Regularly Receives Medical Care, Including HIV-Related Care



Note: Included in calculations but not presented in this figure are 2 individuals (0.4%) who selected VA hospital/clinic.

Figure C12. Barriers to Receiving Needed Medical Care

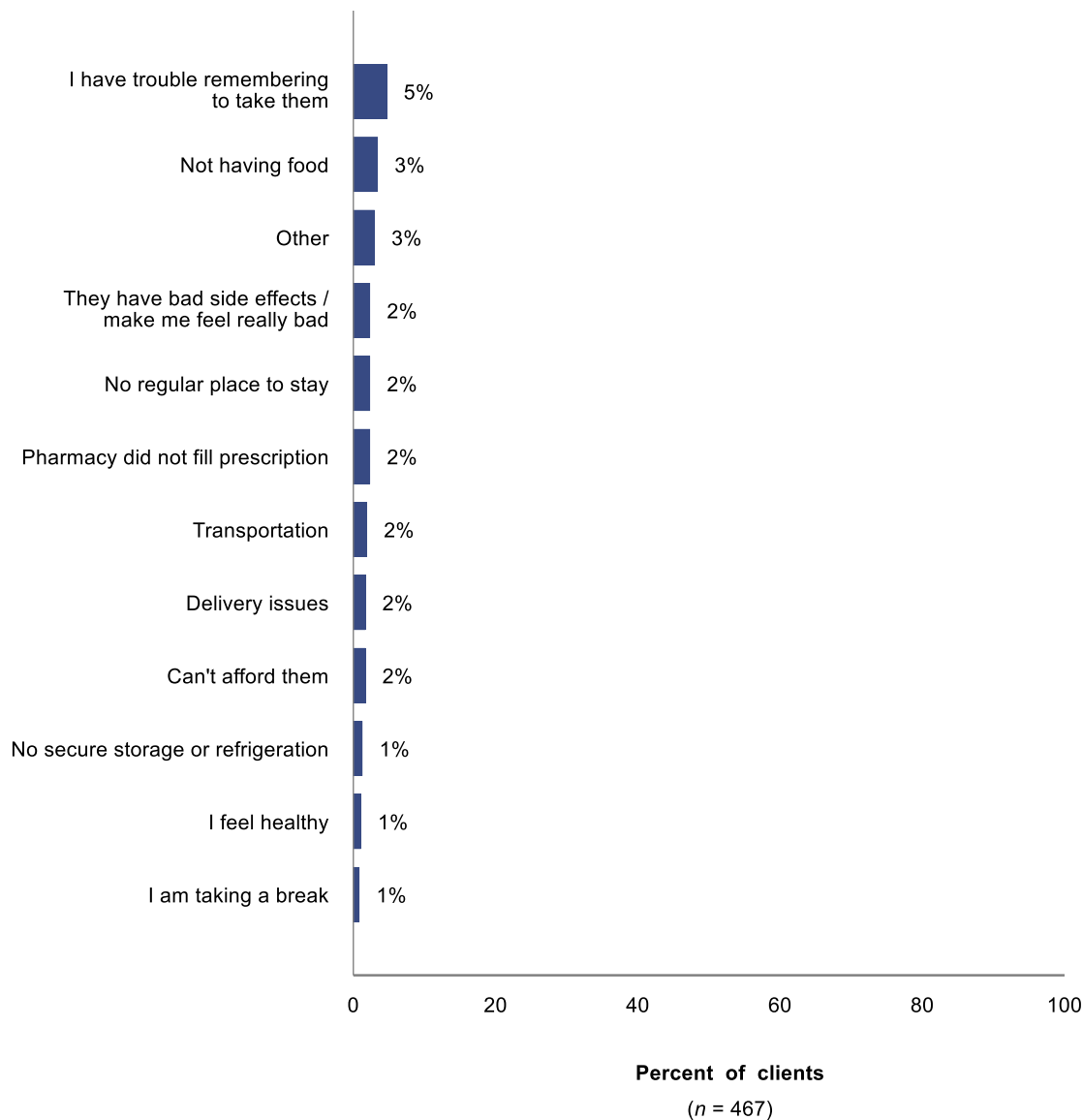
Note: Included in calculations but not presented in this figure are 2 individuals (0.4%) who selected *I was only offered a virtual visit which I didn't/couldn't use* and 342 individuals (72.0%) who selected *not applicable, I did receive the medical care I needed*. No individuals selected *I had a language or cultural barrier*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 475 individuals who responded to this question, 32 (6.7%) selected two or more barriers.

Figure C13. Interest in Psychosocial Support

Note: Included in calculations but not presented in this figure are 125 individuals (26.0%) who selected / would not use any of these programs. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 481 individuals who responded to this question, 204 (42.4%) selected two or more types of support.

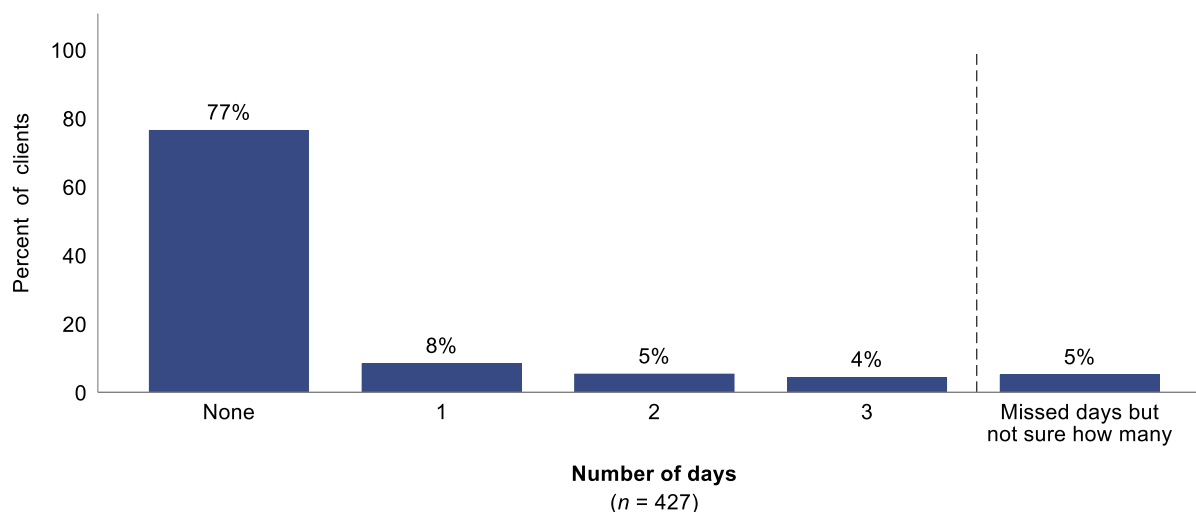
HIV MEDICATION AND MEDICAL ADHERENCE

Figure C14. *Reasons for Not Taking HIV Medication in the Past 12 Months*



Note: Included in calculations but not presented in this figure are 107 individuals (23.0%) who selected *not applicable: I haven't been prescribed any HIV medications* and 270 individuals (57.8%) 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%. Of the 467 individuals who responded to this question, 21 (4.5%) selected two or more reasons.

Figure C15. Number of Days Respondent Did Not Take Full HIV-Medication Regimen in the Past Three Days



Note: Respondents were subsequently asked to estimate their current viral load. Of the 22 respondents who indicated that they missed days but were not sure how many, 21 indicated their current viral load: 13 individuals indicated *undetectable/virally suppressed*; 1 individual reported *detectable (more than 200 copies/mL)*; 2 individuals reported *I haven't gotten my labs yet*; and 5 individuals reported *I don't know*.

SECTION D. NEED AND USE OF SERVICES

Figure D1. Need and Receipt of Core Medical Services

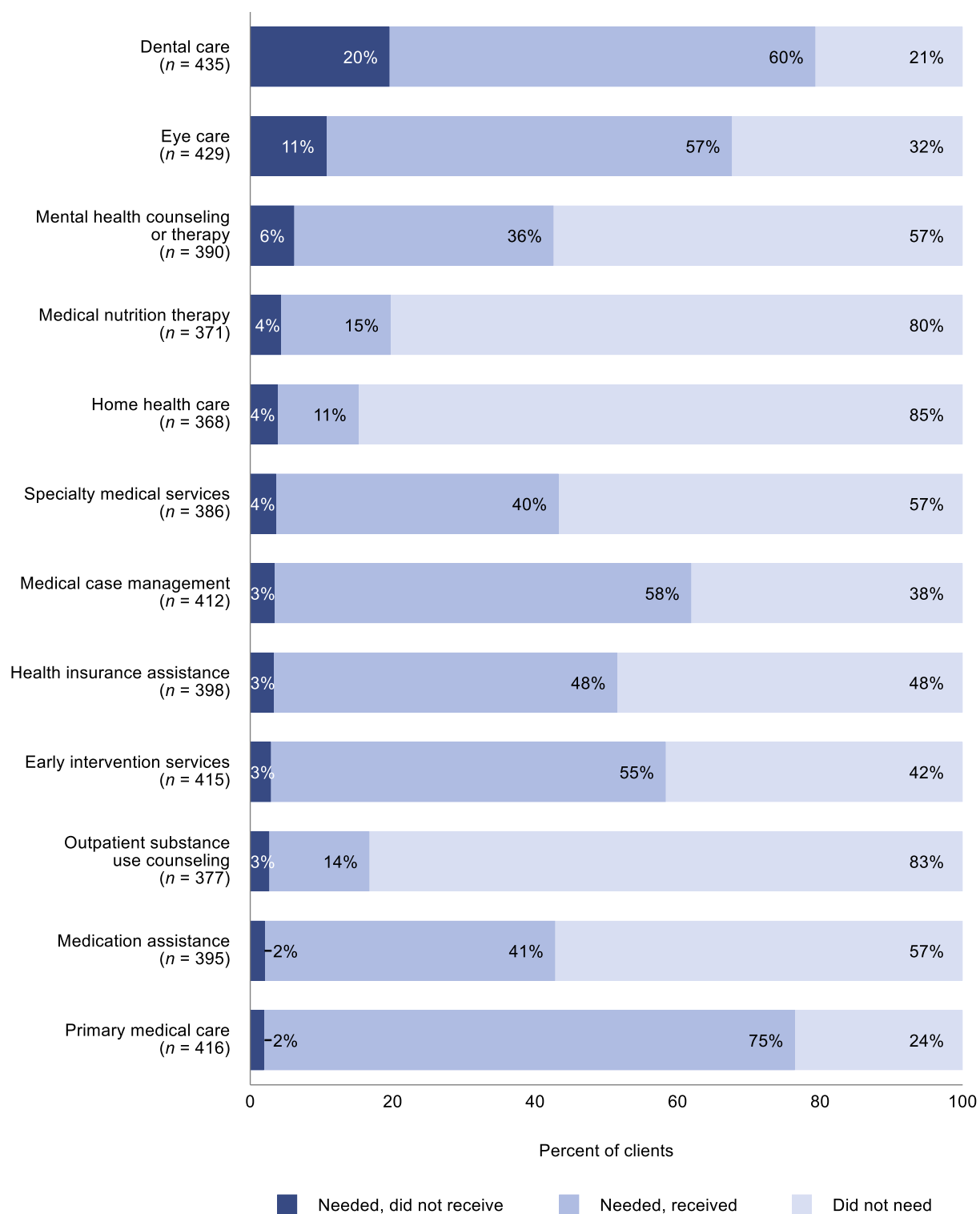


Figure D2. Need and Receipt of Supportive Services

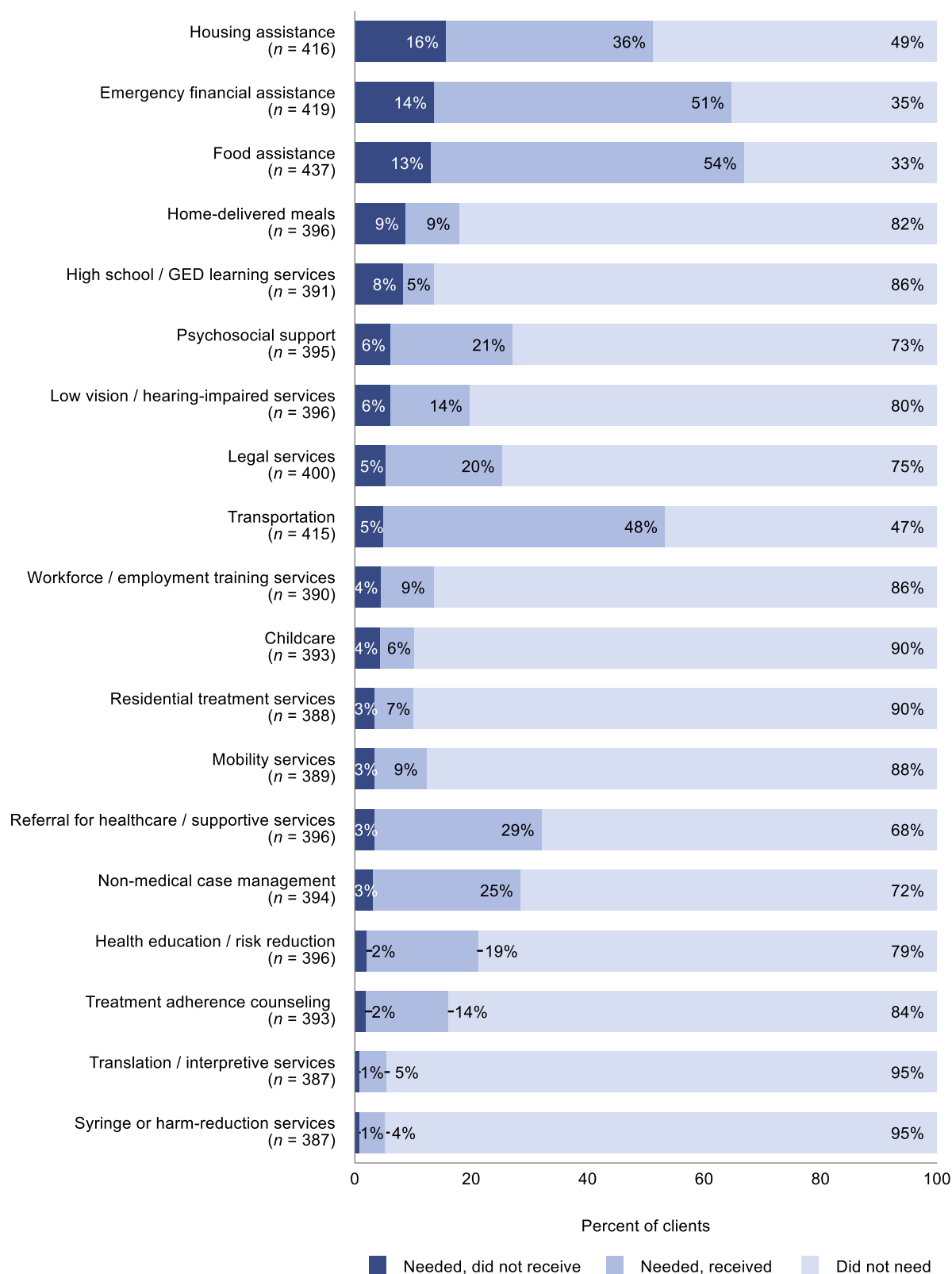
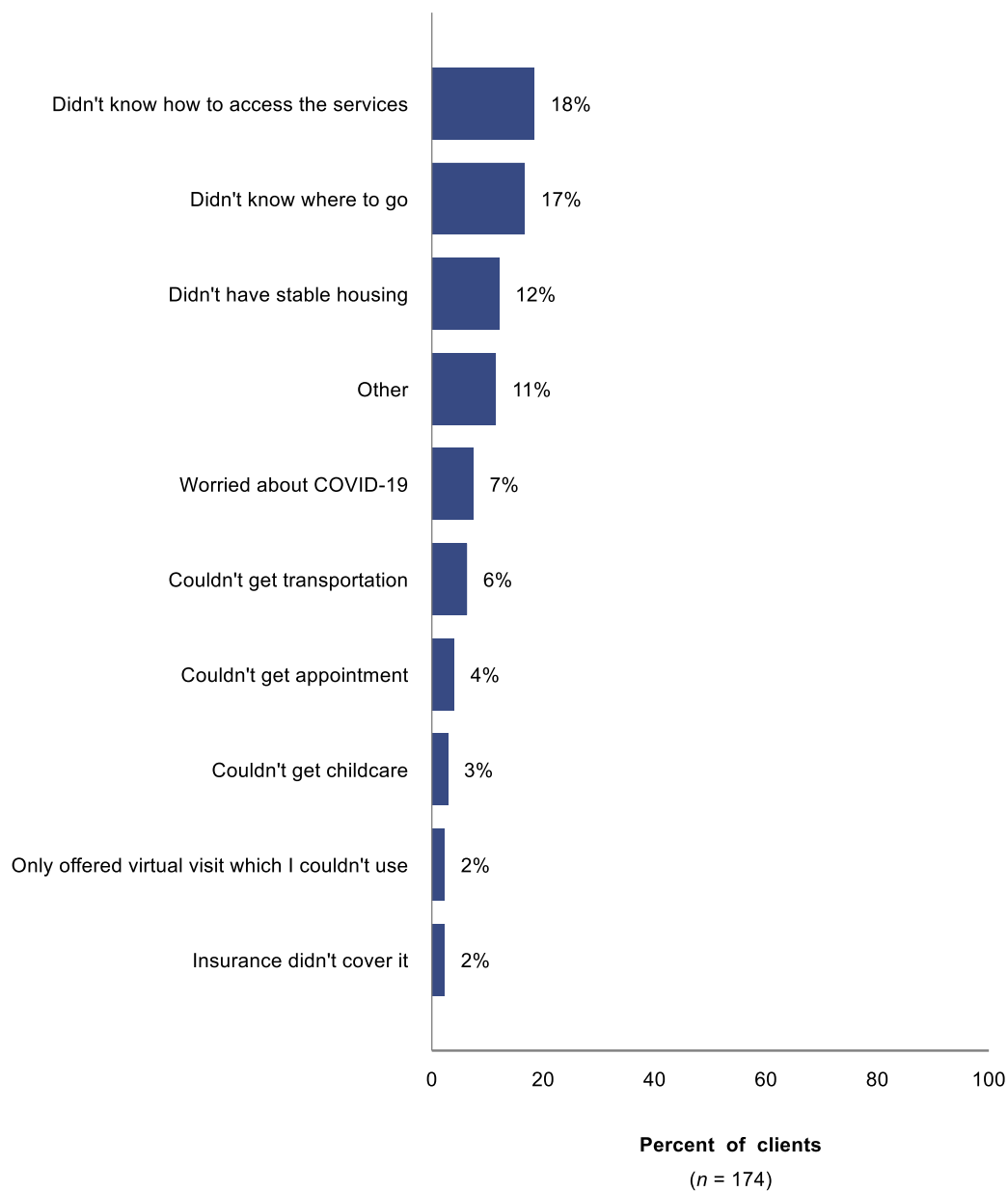


Figure D3. Reasons for Not Receiving Needed Core Medical and Supportive Services



Note: Included in calculations but not presented in this figure are 75 individuals (43.1%) who selected *not applicable, I did receive the services I needed*. Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Of the 174 individuals who responded to this question, 23 (13.2%) selected two or more reasons.

Figure D4. Need and Receipt of Housing Services

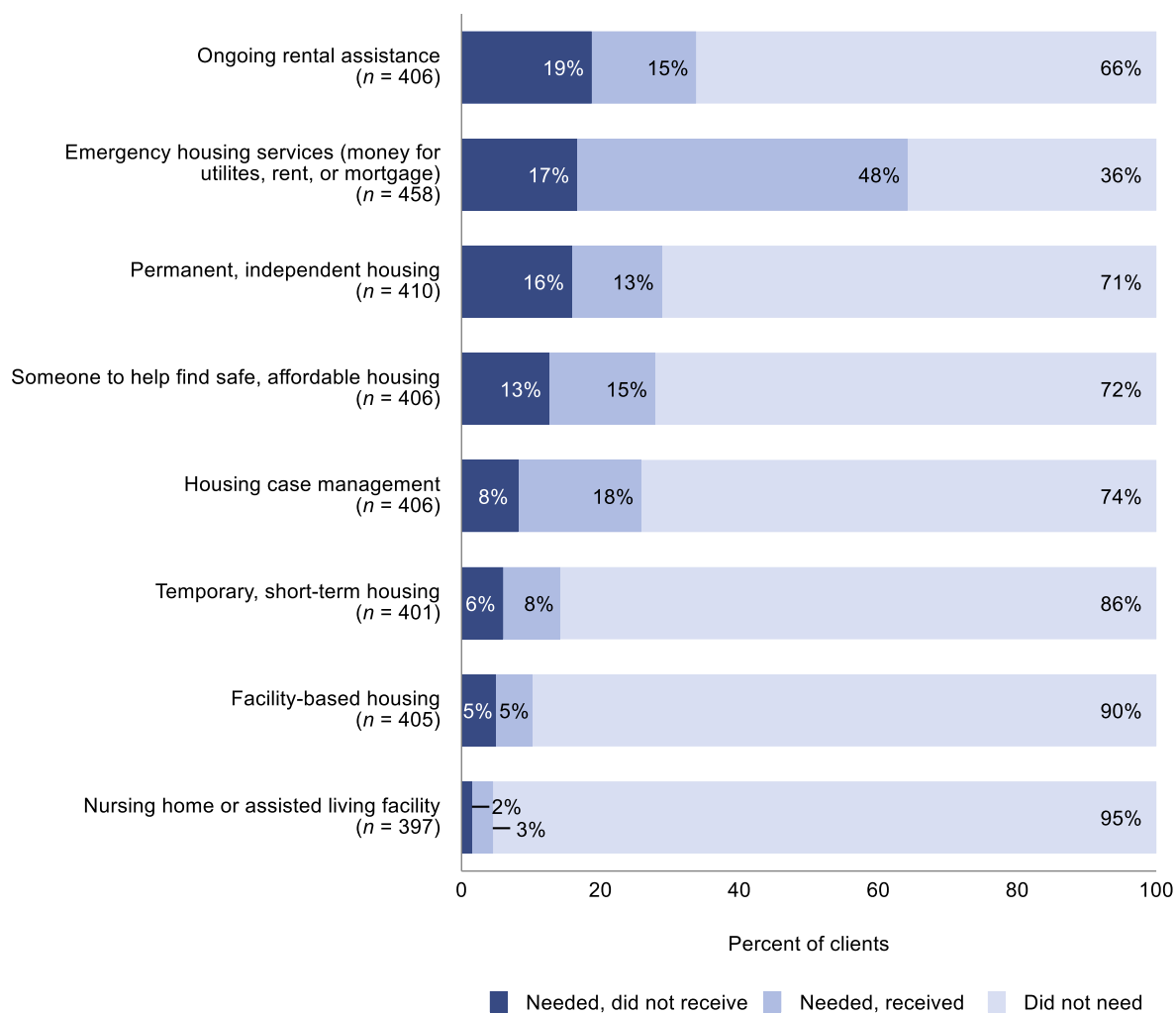
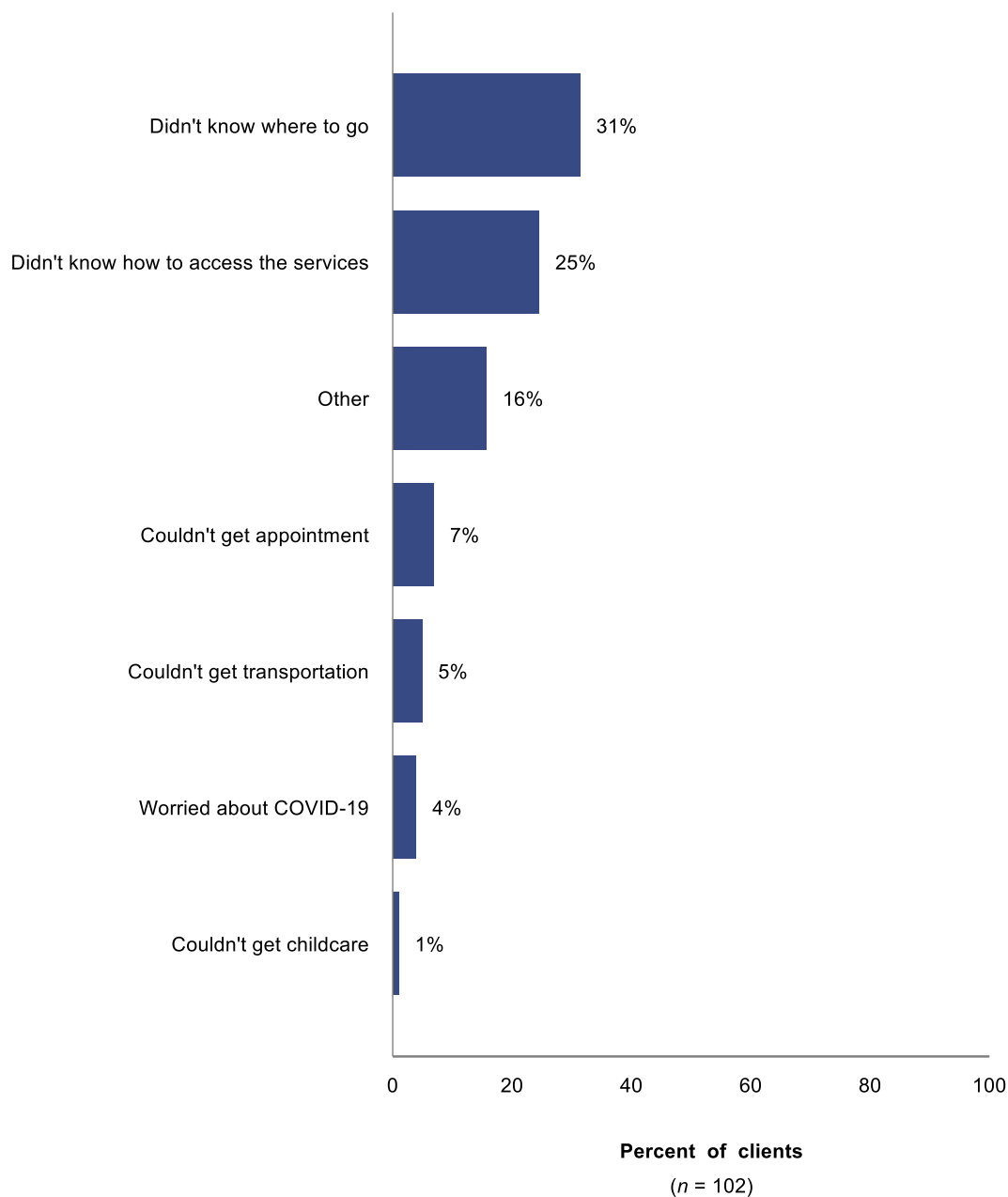


Figure D5. Reasons for Not Receiving Needed Housing Services

Note: Included in calculations but not presented in this figure are 36 individuals (35.3%) who selected *not applicable, I did receive the needed services*. No respondents selected *I was only offered a virtual visit 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%. Of the 102 individuals who responded to this question, 19 (18.6%) selected two or more reasons.

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	435	345	79%
2	Primary medical care	416	318	76%
3	Eye care (vision services)	429	290	68%
4	Food assistance	437	292	67%
5	Emergency financial assistance	419	271	65%
6	Emergency housing services	458	294	64%
7	Medical case management	412	255	62%
8	Early intervention services	415	242	58%
9	Transportation	415	221	53%
10	Health insurance assistance	398	205	52%
11	Housing assistance	416	213	51%
12	Medication assistance	395	169	43%
13	Specialty medical services	386	167	43%
14	Mental health counseling or therapy	390	166	43%
15	Ongoing rental assistance	406	137	34%
16	Referral for healthcare/supportive services	396	127	32%
17	Permanent, independent housing	410	118	29%
18	Someone to help find affordable housing	406	113	28%
19	Non-medical case management	394	112	28%
20	Psychosocial support	395	107	27%
21	Housing case management	406	105	26%
22	Legal services	400	101	25%
23	Health education risk reduction	396	84	21%
24	Medical nutrition therapy	371	73	20%
25	Low vision hearing impaired services	396	78	20%
26	Home delivered meals	396	71	18%
27	Outpatient SA counseling	377	63	17%
28	Treatment adherence counseling	393	63	16%
29	Home healthcare	368	56	15%
30	High school/GED learning services	391	53	14%
31	Temporary or short-term housing	401	57	14%
32	Workforce/employment training services	390	53	14%
33	Mobility services	389	48	12%
34	Childcare	393	40	10%
35	Residential treatment services	388	39	10%
36	Facility based housing/group home	405	41	10%
37	Nursing home or assisted living facility	397	18	5%
38	Translation/interpretive services	387	21	5%
39	Syringe or harm-reduction services	387	20	5%

Note: This table presents core medical, supportive, and housing services ranked by need in the past 12 months. Total responses (n) represents the number of respondents who answered each question about service needs.

Table A.2. Services Ranked by Gap

Ranking	Service	Total Responses (n)	Number Who Needed Service, but Did Not Receive it	Percent Who Needed Service, but Did Not Receive It
1	Dental care	435	85	20%
2	Ongoing rental assistance	406	76	19%
3	Emergency housing services	458	76	17%
4	Permanent, independent housing	410	65	16%
5	Housing assistance	416	65	16%
6	Emergency financial assistance	419	57	14%
7	Food assistance	437	57	13%
8	Someone to help find affordable housing	406	51	13%
9	Eye care (vision services)	429	46	11%
10	Home delivered meals	396	34	9%
11	Housing case management	406	33	8%
12	High school/GED learning services	391	32	8%
13	Low vision hearing impaired services	396	24	6%
14	Temporary or short-term housing	401	24	6%
15	Mental health counseling or therapy	390	24	6%
16	Psychosocial support	395	24	6%
17	Legal services	400	21	5%
18	Facility based housing/group home	405	20	5%
19	Transportation	415	20	5%
20	Workforce/employment training services	390	17	4%
21	Childcare	393	17	4%
22	Medical nutrition therapy	371	16	4%
23	Home healthcare	368	14	4%
24	Specialty medical services	386	14	4%
25	Medical case management	412	14	3%
26	Residential treatment services	388	13	3%
27	Mobility services	389	13	3%
28	Referral for healthcare/supportive services	396	13	3%
29	Health insurance assistance	398	13	3%
30	Non-medical case management	394	12	3%
31	Early intervention services	415	12	3%
32	Outpatient SA counseling	377	10	3%
33	Primary medical care	416	8	2%
34	Medication assistance	395	8	2%
35	Health education risk reduction	396	8	2%
36	Treatment adherence counseling	393	7	2%
37	Nursing home or assisted living facility	397	6	2%
38	Syringe or harm-reduction services	387	3	1%
39	Translation/interpretive services	387	3	1%

Note: 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; the subsequent columns represent individuals who responded *needed but did not receive* services, indicating a gap.

APPENDIX B. SELECT FINDINGS BY RACE/ETHNICITY

Table B.1. Knows That HIV Undetectable = Untransmissible (U=U)

Result	Overall	White	Black	Latinx/Hispanic	Other
	(n = 484)	(n = 21)	(n = 433)	(n = 14)	(n = 11)
Knows U = U	78.1%	85.7%	78.1%	85.7%	72.7%
Does not know U = U	21.9%	14.3%	21.9%	14.3%	27.3%

Table B.2. Need and Receipt of Core Medical Services by Race

Medical Service	Overall	White	Black	Latinx/Hispanic	Other
Dental care	(n = 435)	(n = 21)	(n = 390)	(n = 11)	(n = 8)
Needed, did not receive	19.5%	28.6%	18.5%	27.3%	12.5%
Needed, received	59.8%	42.9%	60.5%	63.6%	75.0%
Did not need	20.7%	28.6%	21.0%	9.1%	12.5%
Eye care	(n = 429)	(n = 21)	(n = 382)	(n = 12)	(n = 8)
Needed, did not receive	10.7%	23.8%	9.2%	33.3%	25.0%
Needed, received	56.9%	33.3%	59.2%	41.7%	50.0%
Did not need	32.4%	42.9%	31.7%	25.0%	25.0%
Mental health counseling or therapy	(n = 390)	(n = 18)	(n = 352)	(n = 9)	(n = 6)
Needed, did not receive	6.2%	16.7%	5.4%	11.1%	0.0%
Needed, received	36.4%	27.8%	36.1%	55.6%	83.3%
Did not need	57.4%	55.6%	58.5%	33.3%	16.7%
Medical nutrition therapy	(n = 371)	(n = 18)	(n = 334)	(n = 8)	(n = 6)
Needed, did not receive	4.3%	5.6%	3.6%	12.5%	0.0%
Needed, received	15.4%	11.1%	15.9%	12.5%	16.7%
Did not need	80.3%	83.3%	80.5%	75.0%	83.3%
Home health care	(n = 368)	(n = 18)	(n = 331)	(n = 9)	(n = 6)
Needed, did not receive	3.8%	5.6%	3.0%	11.1%	0.0%
Needed, received	11.4%	0.0%	11.8%	22.2%	33.3%
Did not need	84.8%	94.4%	85.2%	66.7%	66.7%
Specialty medical services	(n = 386)	(n = 18)	(n = 349)	(n = 9)	(n = 7)
Needed, did not receive	3.6%	11.1%	2.9%	11.1%	0.0%
Needed, received	39.6%	33.3%	41.0%	33.3%	42.9%
Did not need	56.7%	55.6%	56.2%	55.6%	57.1%

Table B.2. Need and Receipt of Core Medical Services by Race (Continued)

Medical Service	Overall	White	Black	Latinx/Hispanic	Other
Medical case management	(n = 412)	(n = 21)	(n = 366)	(n = 10)	(n = 10)
Needed, did not receive	3.4%	9.5%	2.7%	10.0%	0.0%
Needed, received	58.5%	33.3%	60.4%	60.0%	90.0%
Did not need	38.1%	57.1%	36.9%	30.0%	10.0%
Health insurance assistance	(n = 398)	(n = 20)	(n = 357)	(n = 9)	(n = 6)
Needed, did not receive	3.3%	10.0%	2.5%	11.1%	0.0%
Needed, received	48.2%	40.0%	49.6%	55.6%	66.7%
Did not need	48.5%	50.0%	47.9%	33.3%	33.3%
Early HIV intervention services	(n = 415)	(n = 19)	(n = 371)	(n = 11)	(n = 8)
Needed, did not receive	2.9%	5.3%	2.4%	18.3%	0.0%
Needed, received	55.4%	47.4%	55.8%	54.5%	87.5%
Did not need	41.7%	47.4%	41.8%	27.3%	12.5%
Outpatient substance use counseling	(n = 377)	(n = 18)	(n = 340)	(n = 9)	(n = 6)
Needed, did not receive	2.7%	5.6%	2.4%	11.1%	0.0%
Needed, received	14.1%	16.7%	13.5%	11.1%	33.3%
Did not need	83.3%	77.8%	84.1%	77.8%	66.7%
Medication assistance	(n = 395)	(n = 20)	(n = 351)	(n = 10)	(n = 9)
Needed, did not receive	2.0%	5.0%	1.4%	10.0%	0.0%
Needed, received	40.8%	40.0%	39.9%	60.0%	77.8%
Did not need	57.2%	55.5%	58.7%	30.0%	22.2%
Primary medical care	(n = 416)	(n = 20)	(n = 368)	(n = 12)	(n = 11)
Needed, did not receive	1.9%	5.0%	1.6%	8.3%	0.0%
Needed, received	74.5%	70.0%	75.0%	75.0%	81.8%
Did not need	23.6%	25.0%	23.4%	16.7%	18.2%

Note: The category Other includes individuals who chose the response *other*, along with those who identified as Native American and Asian or Pacific Islander.

Table B.3. Need and Receipt of Supportive Services by Race

Supportive Service	Overall	White	Black	Latinx/Hispanic	Other
Housing assistance	(n = 416)	(n = 19)	(n = 370)	(n = 10)	(n = 7)
Needed, did not receive	15.6%	21.1%	14.9%	20.0%	0.0%
Needed, received	35.6%	15.8%	37.6%	30.0%	28.6%
Did not need	48.8%	63.2%	47.6%	50.0%	71.4%
Emergency financial assistance	(n = 419)	(n = 21)	(n = 368)	(n = 10)	(n = 10)
Needed, did not receive	13.6%	23.8%	12.2%	20.0%	0.0%
Needed, received	51.1%	38.1%	52.2%	40.0%	60.0%
Did not need	35.3%	38.1%	35.6%	40.0%	40.0%
Food assistance	(n = 437)	(n = 19)	(n = 391)	(n = 9)	(n = 7)
Needed, did not receive	13.0%	21.1%	11.8%	22.2%	0.0%
Needed, received	53.8%	31.6%	55.0%	44.4%	71.4%
Did not need	33.2%	47.4%	33.2%	33.3%	28.6%
Home-delivered meals	(n = 396)	(n = 19)	(n = 351)	(n = 9)	(n = 7)
Needed, did not receive	8.6%	5.3%	8.3%	22.2%	0.0%
Needed, received	9.3%	5.3%	9.7%	0.0%	0.0%
Did not need	82.1%	89.5%	82.1%	77.8%	100.0%
High school/GED learning services	(n = 391)	(n = 19)	(n = 347)	(n = 9)	(n = 7)
Needed, did not receive	8.2%	10.5%	6.9%	22.2%	14.3%
Needed, received	5.4%	0.0%	5.5%	11.1%	14.3%
Did not need	86.4%	89.5%	87.6%	66.7%	71.4%
Psychosocial support	(n = 395)	(n = 19)	(n = 352)	(n = 9)	(n = 7)
Needed, did not receive	6.1%	15.8%	5.1%	11.1%	0.0%
Needed, received	21.0%	15.8%	21.0%	33.3%	57.1%
Did not need	72.9%	68.4%	73.9%	55.6%	28.6%
Low vision/hearing-impaired services	(n = 396)	(n = 18)	(n = 353)	(n = 9)	(n = 6)
Needed, did not receive	6.1%	11.1%	4.8%	11.1%	0.0%
Needed, received	13.6%	0.0%	15.0%	0.0%	0.0%
Did not need	80.3%	88.9%	80.2%	88.9%	100.0%
Legal services	(n = 400)	(n = 19)	(n = 357)	(n = 9)	(n = 6)
Needed, did not receive	5.3%	5.3%	4.8%	11.1%	0.0%
Needed, received	20.0%	5.3%	20.7%	11.1%	0.0%
Did not need	74.8%	89.5%	74.5%	77.8%	100.0%

Table B.3. Need and Receipt of Supportive Services by Race (Continued)

Supportive Service	Overall	White	Black	Latinx/Hispanic	Other
Transportation	(n = 415)	(n = 18)	(n = 371)	(n = 9)	(n = 7)
Needed, did not receive	4.8%	11.1%	3.8%	33.3%	0.0%
Needed, received	48.4%	27.8%	50.1%	22.2%	57.1%
Did not need	46.7%	61.1%	46.1%	44.4%	42.9%
Workforce/employment training services	(n = 390)	(n = 19)	(n = 348)	(n = 9)	(n = 6)
Needed, did not receive	4.4%	5.3%	3.7%	11.1%	0.0%
Needed, received	9.2%	0.0%	9.8%	0.0%	33.3%
Did not need	86.4%	94.7%	86.5%	88.9%	66.7%
Childcare	(n = 393)	(n = 17)	(n = 352)	(n = 8)	(n = 6)
Needed, did not receive	4.3%	5.9%	4.0%	25.0%	0.0%
Needed, received	5.9%	0.0%	6.3%	0.0%	0.0%
Did not need	89.8%	94.1%	89.8%	75.0%	100.0%
Residential treatment services	(n = 388)	(n = 19)	(n = 344)	(n = 9)	(n = 7)
Needed, did not receive	3.4%	5.3%	2.3%	11.1%	14.3%
Needed, received	6.7%	0.0%	7.3%	0.0%	0.0%
Did not need	89.9%	94.7%	90.4%	88.9%	85.7%
Mobility services	(n = 389)	(n = 19)	(n = 346)	(n = 9)	(n = 6)
Needed, did not receive	3.3%	5.3%	2.3%	22.2%	0.0%
Needed, received	9.0%	10.5%	9.0%	0.0%	0.0%
Did not need	87.7%	84.2%	88.7%	77.8%	100.0%
Referral for healthcare/supportive services	(n = 396)	(n = 19)	(n = 352)	(n = 9)	(n = 7)
Needed, did not receive	3.3%	10.5%	2.3%	11.1%	0.0%
Needed, received	28.8%	26.3%	29.0%	33.3%	71.4%
Did not need	67.9%	63.2%	68.8%	55.6%	28.6%
Non-medical case management	(n = 394)	(n = 18)	(n = 352)	(n = 9)	(n = 6)
Needed, did not receive	3.0%	5.6%	2.3%	11.1%	0.0%
Needed, received	25.4%	11.1%	27.0%	11.1%	33.3%
Did not need	71.6%	83.3%	70.7%	77.8%	66.7%
Health education/risk reduction	(n = 396)	(n = 19)	(n = 352)	(n = 9)	(n = 7)
Needed, did not receive	2.0%	5.3%	0.9%	11.1%	14.3%
Needed, received	19.2%	21.1%	18.8%	33.3%	57.1%
Did not need	78.8%	73.7%	80.4%	55.6%	28.6%
Treatment adherence counseling	(n = 393)	(n = 20)	(n = 348)	(n = 9)	(n = 6)
Needed, did not receive	1.8%	5.0%	0.9%	11.1%	0.0%
Needed, received	14.2%	10.0%	13.8%	0.0%	16.7%
Did not need	84.0%	85.0%	85.3%	88.9%	83.3%

Table B.3. Need and Receipt of Supportive Services by Race (Continued)

Supportive Service	Overall	White	Black	Latinx/Hispanic	Other
Translation/interpretive services	(n = 387)	(n = 18)	(n = 344)	(n = 9)	(n = 7)
Needed, did not receive	0.8%	5.6%	0.0%	11.1%	0.0%
Needed, received	4.7%	0.0%	4.4%	22.2%	28.6%
Did not need	94.6%	94.4%	95.6%	66.7%	71.4%
Syringe or harm-reduction services	(n = 387)	(n = 18)	(n = 346)	(n = 8)	(n = 6)
Needed, did not receive	0.8%	5.6%	0.0%	12.5%	0.0%
Needed, received	4.4%	0.0%	4.9%	0.0%	0.0%
Did not need	94.8%	94.4%	95.1%	87.5%	100.0%

Table B.4. Reasons for Not Receiving Needed Core Medical and Supportive Services by Race

Reason	Overall (n = 174)	White (n = 12)	Black (n = 145)	Latinx/Hispanic (n = 5)	Other (n < 5)
Didn't know how to access the services	(n = 32) 18.4%	(n = 5) 41.7%	(n = 23) 15.9%	(n = 3) 60.0%	- -
Didn't know where to go	(n = 29) 16.7%	(n = 4) 33.3%	(n = 22) 15.2%	(n = 2) 40.0%	- -
Didn't have stable housing	(n = 21) 12.2%	(n = 2) 16.7%	(n = 16) 11.0%	(n = 1) 20.0%	- -
Worried about COVID-19	(n = 13) 7.5%	(n = 2) 16.7%	(n = 10) 6.9%	(n = 1) 20.0%	- -
Couldn't get transportation	(n = 11) 6.3%	(n = 0) 0.0%	(n = 9) 6.2%	(n = 1) 20.0%	- -
Couldn't get appointment	(n = 7) 4.0%	(n = 1) 8.3%	(n = 4) 2.8%	(n = 0) 0.0%	- -
Couldn't get childcare	(n = 5) 2.9%	(n = 0) 0.0%	(n = 4) 2.8%	(n = 1) 20.0%	- -
Only offered virtual visit which I couldn't use	(n = 4) 2.3%	(n = 2) 16.7%	(n = 1) 0.7%	(n = 0) 0.0%	- -
Insurance didn't cover it	(n = 4) 2.3%	(n = 1) 8.3%	(n = 3) 2.1%	(n = 0) 0.0%	- -

Note: The category Other includes individuals who chose the response *other*, along with those who identified as Native American and Asian or Pacific Islander. Fewer than five individuals are included in the category Other. Therefore, the results for those individuals are omitted from the findings presented.

Table B.5. Need and Receipt of Housing Services by Race

Housing Service	Overall	White	Black	Latinx/Hispanic	Other
Ongoing rental assistance	(n = 406)	(n = 18)	(n = 365)	(n = 9)	(n = 7)
Needed, did not receive	18.7%	33.3%	18.1%	11.1%	0.0%
Needed, received	15.0%	5.6%	15.3%	22.2%	14.3%
Did not need	66.3%	61.1%	66.6%	66.7%	85.7%
Emergency housing services (money for utilities, rent, or mortgage)	(n = 458)	(n = 22)	(n = 407)	(n = 11)	(n = 11)
Needed, did not receive	16.6%	36.4%	15.2%	9.1%	0.0%
Needed, received	47.6%	22.7%	49.1%	54.5%	54.5%
Did not need	35.8%	40.9%	35.6%	36.4%	45.5%
Permanent, independent housing	(n = 410)	(n = 19)	(n = 368)	(n = 8)	(n = 7)
Needed, did not receive	15.9%	21.1%	14.9%	25.0%	14.3%
Needed, received	12.9%	5.3%	13.3%	0.0%	0.0%
Did not need	71.2%	73.7%	71.7%	75.0%	85.7%
Someone to help find safe, affordable housing	(n = 406)	(n = 19)	(n = 363)	(n = 9)	(n = 8)
Needed, did not receive	12.6%	10.5%	12.1%	11.1%	12.5%
Needed, received	15.3%	5.3%	16.0%	22.2%	12.5%
Did not need	72.2%	84.2%	71.9%	66.7%	75.0%
Housing case management	(n = 406)	(n = 18)	(n = 364)	(n = 8)	(n = 8)
Needed, did not receive	8.1%	16.7%	6.9%	25.0%	12.5%
Needed, received	17.7%	5.6%	18.7%	12.5%	12.5%
Did not need	74.1%	77.8%	74.5%	62.5%	75.0%
Temporary, short-term housing	(n = 401)	(n = 19)	(n = 359)	(n = 8)	(n = 7)
Needed, did not receive	6.0%	15.8%	4.5%	25.0%	14.3%
Needed, received	8.2%	10.5%	8.6%	0.0%	0.0%
Did not need	85.8%	73.7%	86.9%	75.0%	85.7%
Facility-based housing	(n = 405)	(n = 19)	(n = 363)	(n = 8)	(n = 7)
Needed, did not receive	4.9%	15.8%	3.9%	12.5%	0.0%
Needed, received	5.2%	5.3%	5.2%	0.0%	14.3%
Did not need	89.9%	78.9%	90.9%	87.5%	85.7%
Nursing home or assisted living facility	(n = 397)	(n = 19)	(n = 357)	(n = 7)	(n = 6)
Needed, did not receive	1.5%	5.3%	0.8%	14.3%	0.0%
Needed, received	3.0%	0.0%	3.4%	0.0%	0.0%
Did not need	95.5%	94.7%	95.8%	85.7%	100.0%

Table B.6. Reasons for Not Receiving Needed Housing Services by Race

Reason	Overall (n = 102)	White (n = 7)	Black (n = 89)	Latinx/Hispanic (n < 5)	Other (n < 5)
Didn't know where to go	(n = 32) 31.4%	(n = 4) 57.1%	(n = 26) 29.2%	- -	- -
Didn't know how to access the services	(n = 25) 24.5%	(n = 4) 57.1%	(n = 19) 21.3%	- -	- -
Couldn't get appointment	(n = 7) 6.9%	(n = 1) 14.3%	(n = 3) 3.4%	- -	- -
Couldn't get transportation	(n = 5) 4.9%	(n = 0) 0.0%	(n = 4) 4.5%	- -	- -
Worried about COVID-19	(n = 4) 3.9%	(n = 1) 14.3%	(n = 2) 2.2%	- -	- -
Couldn't get childcare	(n = 1) 1.0%	(n = 0) 0.0%	(n = 1) 1.1%	- -	- -

Note: Fewer than five individuals are included in the categories Latinx/Hispanic and Other. Therefore, the results for those individuals are omitted from the findings presented.

APPENDIX C. METHODS

To collect data for the *2023 Louisiana Needs Assessment*, a convenience sample survey on the current care service needs of PLWH was conducted with clients receiving HIV/AIDS services in BRTGA. 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 6, 2023 to February 22, 2024. Survey administration was managed by the Baton Rouge Ryan White Program (Ryan White). As an incentive for participation, survey respondents were offered \$25 *Walmart* gift cards. Agency staff and peer survey assisters were responsible for promoting the *2023 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.

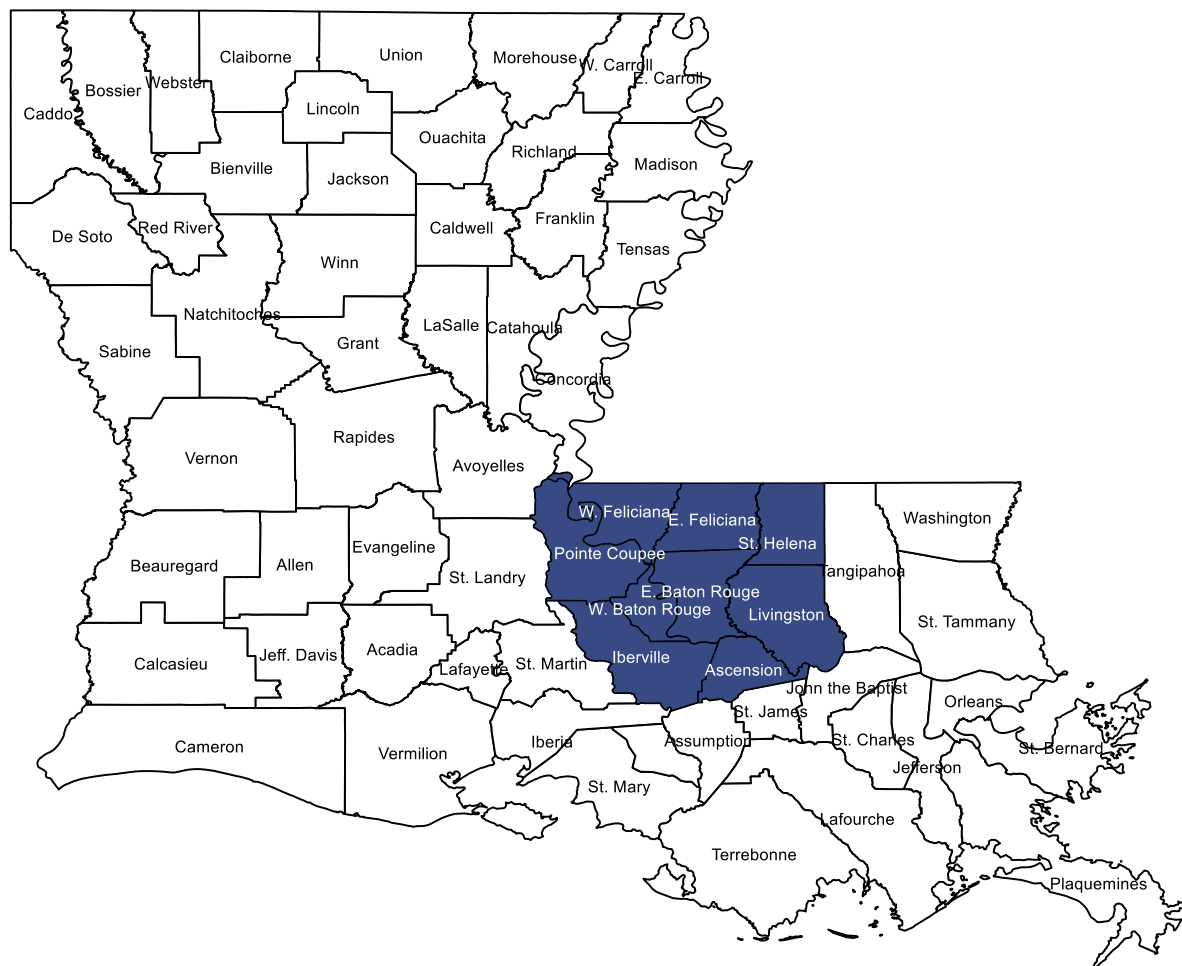
QUESTIONNAIRE

The *2023 Louisiana Needs Assessment* questionnaire is an adaptation of the statewide *2021 Louisiana Needs Assessment* questionnaire, developed based on feedback from OPH SHHP, New Orleans Regional AIDS Planning Council, New Orleans Health Department's Ryan White Services and Resources, Baton Rouge Transitional Grant Area Ryan White Advisory Council, Baton Rouge Transitional Grant Area providers, and Part B subrecipients in Regions 3 through 9. In addition to providing paper versions of the questionnaire to partner agencies, PRG provided an online mode of administration for the *2023 Louisiana Needs Assessment*. Clients could select to complete the survey either on paper or through an electronic link; 346 clients (68.9%) completed the survey on paper while 156 clients (31.1%) opted to take the survey electronically. OPH SHHP hired an individual contractor to translate the English questionnaire into Spanish; the Spanish questionnaire was only available on paper. One client (0.2%) opted to take the Spanish questionnaire.

The questionnaire is comprised of seven sections: Health and Medical Care; Needed Services; Medical Costs and Health Insurance Coverage; HIV Medication; Housing; General Information; and Income. The 18-page questionnaire includes a total of 53 primary questions. Most questions are close-ended, including multiple-selection, dichotomous, and select-all-that-apply response options. Some questions include an *other* response option so that clients can write in a unique response if the available categorical response options are not sufficient. Based on field testing, 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 *2023 Louisiana Needs Assessment*. The Office of Public Health specified a convenience sampling method in the initial Request for Proposal. In BRTGA, OPH SHHP determined that the desired sample size was 500 people, stratified by agency. BRTGA includes all parishes in Region 2 (East Baton Rouge, West Baton Rouge, Point Coupee, West Feliciana, East Feliciana, and Iberville), one parish from Region 3 (Ascension) and two parishes from Region 9 (Livingston and St. Helena). These parishes are indicated in Figure C.1.

Figure C.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 BRTGA, 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 during the administration period was eligible to complete the *2023 Louisiana Needs Assessment*. Ryan White and PRG staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

PARTNERS

The BRTGA *2023 Louisiana Needs Assessment* was conducted with the cooperation of agencies across BRTGA. Before data collection began, a staff member at each site was selected to serve as a point of contact between the agency, Ryan White, and PRG. Partner agency staff were responsible for distributing questionnaires and gift cards to clients. A partner list is provided on page i of this report.

Peer survey assisters were contracted on a temporary basis for agencies that requested assistance; their role was to manage the administration of questionnaires and distribution of gift cards. Peer survey assisters were selected based on responses to applications submitted to each agency. Preference was given to those with previous experience administering questionnaires as well as their ability to reach clients. The peer survey assisters' responsibilities included promoting the *2023 Louisiana Needs Assessment* at their local agency, helping clients complete the questionnaires, collecting all questionnaires, and distributing and documenting gift cards. Peer survey assisters received hourly payment from their agency for their time and effort.

TRAINING

PRG provided training for designated points of contact and peer survey assisters at each agency. The training covered survey administration, data collection materials, an overview of the questionnaire, logistics and planning, and the project timeline.

ADMINISTRATION

PRG and OPH SHHP 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 The Baton Rouge Division of Human Development and Services. Data were collected in BRTGA from November 6, 2023 to February 22, 2024. Ryan White aimed to administer 500 questionnaires to clients in the BRTGA region.

During the data collection period, eligible clients at participating agencies were offered the chance to take the *2023 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. To supplement the questionnaire, 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 *2023 Louisiana Needs Assessment* and how long it would take to complete the questionnaire, outlined the incentive structure and that clients could only complete one questionnaire, and emphasized that participation was completely voluntary.

If the questionnaire was completed in person at the agency, clients were provided a \$25 *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 aloud and marked the client's corresponding response. Completed paper questionnaires were placed in secure envelopes and

mailed to PRG. Completed electronic questionnaires were automatically recorded in the secure 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. In the event that a client did not come into the agency during the data collection period, emails with the link to the questionnaire were sent out during telehealth appointments, enabling clients to take the questionnaire on their own time. Clients who completed the questionnaire outside of the agency accessed it using the same link that was provided to those who took it at the agency; however, given the circumstances, no staff members were available to answer questions or troubleshoot issues for these respondents.

The final question of the electronic questionnaire asked respondents if the survey was taken *at the agency or somewhere else*. Respondents who indicated that 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 online form that was not connected to the 2023 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 assessment. OPH SHHP stored all contact information in a secure online database. After the 2023 Louisiana Needs Assessment was completed, OPH SHHP deleted all contact information.

DATA ENTRY AND CLEANING

Data processing began as soon as paper questionnaires were received by PRG. Questionnaires were counted, grouped by agency, and marked with a batch number. Each questionnaire was entered into an online Qualtrics form 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 for analysis.

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 they: (1) did not provide an answer to a particular question, (2) provided multiple responses to a particular question in which only one response was permitted, (3) did not belong to the subpopulation of respondents to which the question pertained, (4) provided conflicting information (e.g., indicated they had not used drugs and also named drugs they had used), or (5) provided an invalid response to the question. Details on data preparation can be found in Tables C1 and C2 of this report.

PRG reviewed responses to all questions with an *other* response. For each question, if over 20% of respondents in BRTGA 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 is included below the figure describing the distribution. For all questions, any category with zero responses was omitted from figures and is 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

Table C.1 provides PRG's general rules for editing data, based upon responses given.

Table C.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

Table C.2 includes descriptions of all the 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 Needs 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 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 C.2. Report Visual and Variable Descriptions

	Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics			
HIV Diagnosis	Figure A1. Length of Time Living With HIV	Q40	Number included in calculation who report when they found out about their HIV diagnosis.
HIV-Related Knowledge	Figure A2. Sources of HIV Information	Q35	Percentage (categorical) of clients who select each of the response options.
	Figure A3. Information Received on HIV Transmission and Related Issues in the Past 12 Months	Q36	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; 8 individuals were excluded.
	Figure A4. Knows That HIV Undetectable = Untransmittable (U = U)	Q37	Percentage (categorical) of clients who select each response option.
Place of Residence	Figure A5. 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 481 provided a response. The U.S. Department of Housing and Urban Development United States Postal Service's 3rd quarter 2023 ZIP Code Crosswalk File was used to determine the parish corresponding to each ZIP code. In some instances, 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 481 respondents for whom we designated a parish of residence, 32 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.
Demographic Characteristics	Figure A6. Gender Identity of Respondents	Q42	Percentage (categorical) of clients who select each response option.
	Figure A7. Sex at Birth of Respondents	Q43	Percentage (categorical) of clients who select each response option.
	Figure A8. 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.

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

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics		
Demographic Characteristics (Continued)	Figure A9. Identification of Respondents as Latino/Latina/Latinx/Hispanic	Q46 Percentage (categorical) of clients who select each response option.
	Figure A10. Age of Respondents	Q44 Percentage of clients whose responses fall within each age range.
	Figure A11. Highest Level of School Completed	Q47 Percentage (categorical) of clients who select each response option.
Employment and Income Characteristics	Figure A12. Employment Status	Q51 Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who report that they are <i>unemployed</i> as well as employed <i>full-time</i> or <i>part-time</i> ; no individuals were excluded.
	Figure A13. Household Income in Month Prior to Survey	Q52 Percentage of clients who self-report household monthly income as <i>no income</i> to more than \$2,000 per month. Clients are asked to check a box if they had no income or write in their income if they did have income. Excluded from calculations are individuals who selected <i>no income</i> and also reported the income amount their household received last month; 2 individuals were excluded.
	Figure A14. Sources of Income and Assistance	Q53 Percentage (categorical) of clients who select each of the response options. Included in calculations are 88 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 A15. Housing Status at the Time of Survey	Q24 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 A16: Housing Status 6 Months Prior to Survey	Q25 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.
	Figure A17. Number of Adults and Children in Household	Q23 Mean number of adults and children. The questionnaire asks respondents how many adults and children live in the household.
	Figure A18. Number of Bedrooms in Respondents' Residences	Q28 Percentage (categorical) of clients who report each number of bedrooms. Excluded from calculations are 25 individuals who selected N/A: <i>I don't live in an apartment, house, or trailer</i> .
	Figure A19. Number of Places Lived in Past 12 Months	Q26 Percentage of clients whose responses fall within each category.
	Figure A20. Length of Time at Current Residence	Q27 Percentage of clients whose responses fall within each category.
	Figure A21. Nights Spent Homeless or Without a Place to Sleep in the Past 12 Months	Q31 Percentage of clients whose responses fall within each category.

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

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background Characteristics		
Housing Characteristics (Continued)	Figure A22. Had to Move Because Could No Longer Afford Home in the Past Three Years	Q30 Percentage (categorical) of clients who select each response option.
	Figure A23. Had Trouble Obtaining Housing in the Past 12 Months	Q29 Percentage (categorical) of clients who select each response option.
	Figure A24. Barriers to Obtaining or Remaining in Housing	Q29a Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who selected that they did not have any problems and then indicated that they had experienced at least one other problem; 2 individuals were excluded. Also excluded from calculations are respondents who selected that they did not have trouble obtaining housing in Q29, but also reported a problem obtaining or staying in housing in Q29a; 7 additional individuals were excluded for this reason.
	Figure A25. Rent/Mortgage Contribution Paid Out of Pocket	Q31 Percentage of clients whose responses fall within each range.
	Figure A26. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Past 12 Months	Q33 Percentage (categorical) of clients who select each response option.
Internet Usage	Figure A27. Ways of Using Internet	Q48 Percentage (categorical) of clients who select each response option. Respondents are given the option to select all of the above. Clients who select this option are represented in the graphic under each of the usage options (<i>education, work, healthcare, counseling, entertainment, and communicating with friends and family</i>). Excluded from calculations are individuals who selected <i>none of the above</i> as well as one or more usage options; 1 individual was excluded.
	Figure A28. Monthly Household Internet Cost	Q49 Percentage (categorical) of clients who select each response option.
	Figure A29. Devices Used by Respondents	Q50 Percentage (categorical) of clients who select each response option. Excluded from calculations are individuals who selected <i>none of the above</i> as well as one or more devices; 2 individuals were excluded.
HIV Criminalization in Louisiana	Figure A30. Familiarity With Louisiana Laws Related to HIV	Q38 Percentage (categorical) of clients who select each response option.
	Figure A31. Have HIV Laws or Threats of HIV Criminalization Changed...	Q39 For each category, we present the percentage of clients who selected <i>yes, no, or N/A</i> .
Section B: Medical Care		
Health Insurance and Medical Coverage	Figure B1. Health Insurance Status	Q18 Percentage (categorical) of clients who select each response option.
	Figure B2. Sources of Health Insurance	Q18a 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; 4 individuals were excluded.
	Figure B3. Difficulties in Paying for HIV-Related Healthcare Costs	Q19 Percentage (categorical) of clients who select each of the response options.

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

Report Figure/Table		Data Source	Variable Construction/Analytic Strategy Notes
Section B: Medical Care			
Medical Services	Figure B4. 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 didn't need any of these services</i> as well as at least one medical service; 3 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	Q22	Percentage (categorical) of clients who select each response option.
	Figure C3. Self-Reported Depressive Symptoms Over the Past Two Weeks	Q8	Percentage of clients who select Yes to each problem.
	Figure C4. Self-Reported Substance Use in the Past 12 Months	Q7	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, 1 individual was excluded.
Health Diagnoses and Care	Figure C5. Medical Diagnoses	Q10	For each medical condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed and received treatment, and needed and did not receive treatment.
	Figure C6. Reasons Didn't Receive Needed Medical Care	Q11	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 Q10 to be included. Excluded from calculations are clients who indicate that they received the needed medical care, but also select a reason for not receiving treatment; 1 individual was excluded.
	Figure C7. Behavioral Health Diagnoses	Q12	For each behavioral health condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed and received treatment, and needed and did not receive treatment.
	Figure C8. Reasons Didn't Receive Needed Behavioral Health Care	Q13	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 Q12 to be included. Excluded from calculations are clients who indicate that they received the needed care, but also select a reason for not receiving treatment; 1 individual was excluded.
Health Seeking Behavior	Figure C9. In-person HIV-Related Medical Care Visits in the Past 12 Months	Q3	Percentage (categorical) of clients who select each response option.
	Figure C10. HIV-Related Medical Care Visits via Telehealth in the Past 12 Months	Q4	Percentage (categorical) of clients who responded to each response option.
	Figure C11. Place Where Respondent Regularly Receives Medical Care, Including HIV-Related Care	Q5	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 medical care; 13 individuals were excluded.

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

Report Figure/Table		Data Source	Variable Construction/Analytic Strategy Notes
Section C: Health and Health Behaviors			
Health Seeking Behavior	Figure C12. Barriers to Receiving Needed Medical Care	Q6	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; 6 individuals were excluded.
	Figure C13. Interest in Psychosocial Support	Q9	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; 4 individuals were excluded.
HIV Medication and Medical Adherence	Figure C14. Reasons for Not Taking HIV Medication in the Past 12 Months	Q20	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 reason for not taking as prescribed; 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; 7 individuals were excluded.
	Figure C15. Number of Days Respondent Did Not Take Full HIV-Medication Regimen	Q21	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; 17 individuals were excluded.
Section D: Need and Use of Services			
Needed Services	Figure D1. Need and Receipt of Core Medical Services	Q14	For each core medical service, we present the percentage of clients who did not need the service, needed and received the service, and needed and did not receive the service.
	Figure D2. Need and Receipt of Core Support Services	Q14	For each core support service, we present the percentage of clients who did not need the service, needed and received the service, and needed and did not receive the service.
	Figure D3. Reasons for Not Receiving Needed Core Medical and Core Support Services	Q15	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; no individuals were excluded.
	Figure D4. Need and Receipt of Housing Services	Q16	For each core housing service, we present the percentage of clients who did not need the service, needed and received the service, and needed and did not receive the service.
	Figure D5. Reasons for Not Receiving Needed Housing Services	Q17	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 individuals were excluded.

APPENDIX D. SURVEY INSTRUMENT



2023 Louisiana Needs Assessment

**Please STOP if you have already taken this survey this year.
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) \$25 Walmart 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 of these statements, please write "I agree" in the box below.

2023 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 disabilities, 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
- * **Veterans 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

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.
- * **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.

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"/> Aging-related care |
| <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> Emergency room visits |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Substance use/medication-assisted treatment |
| <input type="checkbox"/> Maternity and newborn care | <input type="checkbox"/> Hospital stay/surgeries/inpatient admission |
| <input type="checkbox"/> Gender-affirming care | <input type="checkbox"/> I didn't need any of these services |
| <input type="checkbox"/> Medical services for my child | |

3. 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"/>

4. In the PAST 12 MONTHS, how many times have you seen an HIV healthcare provider by video or by phone? *Select one answer.*

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

5. 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"/> Hospital |
| <input type="checkbox"/> Community clinic serving only clients with HIV | <input type="checkbox"/> VA hospital/clinic |
| <input type="checkbox"/> Private doctor's office/clinic | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Community health center | |

6. 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 the care I needed</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 didn't feel sick | <input type="checkbox"/> I have a mobility or accessibility issue, like a vision or hearing impairment |
| <input type="checkbox"/> I was worried about COVID-19 | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> I was only offered a virtual visit (video/call) which I didn't/couldn't use | |

7.

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 |

8.

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

9.

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 | |

- 10.** 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 & did NOT 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"/>

- 11.** If you did not receive treatment for at least one medical condition (in Q10), what were the main reasons? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Not applicable: I did receive the medical care I needed | <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: _____) |
| <input type="checkbox"/> My insurance didn't cover it | |

- 12.** Please tell us your 12-MONTH treatment history (whether you needed and received treatment) with each of the behavioral health 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.*

Behavioral health conditions:	Diagnosed with:	IN THE PAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder	<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"/>

- 13.** If you did not receive treatment for at least one behavioral health condition (in Q12), what were the main reasons? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Not applicable: I did receive the care I needed | <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: _____) |
| <input type="checkbox"/> My insurance didn't cover it | |

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.

- 14.** Please tell us about your Core Medical Service and Supportive Service 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 <u>NOT</u> RECEIVE
CORE MEDICAL SERVICES:			
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early HIV intervention services (HIV testing, linkage, and navigation)	<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 NOT RECEIVE
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food assistance (food bank/food pantry/voucher/commodities)	<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 (such as peer counseling, support groups, or individual counseling)	<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"/>

15. If you did not get at least one of the above needed Core Medical Services and Supportive Services (in Q14) in the PAST 12 MONTHS, what were the main reasons? *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> <i>Not applicable: I did receive the services I needed</i> | <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: _____) |
| <input type="checkbox"/> My insurance didn't cover it | |

- 16.** Please tell us about your Housing Service needs over the PAST 12 MONTHS. *Select only one answer per service.*

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"/>
Ongoing rental assistance	<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"/>

- 17.** If you did not get at least one of the above needed Housing Services (in Q16) in the PAST 12 MONTHS, what were the main reasons? *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> <i>Not applicable: I did receive the needed services</i> | <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 was only offered a virtual visit (video/call) which I didn't/couldn't use |
| <input type="checkbox"/> I couldn't get an appointment | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> I couldn't get transportation | |

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.

- 18.** 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 19
- ☐ I don't know
- ☐ Yes

- 18a** 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"/> Veterans 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 |

- 19.** 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 HIV medications and dosage. The information that you provide is very valuable; if you are not certain, please provide your best guess.

- 20.** 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"/> Not applicable: I haven't been prescribed any HIV medications | <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"/> No secure storage or refrigeration |
| <input type="checkbox"/> No regular place to stay | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Not having food | <input type="checkbox"/> None of these. I have taken my HIV medications as prescribed for the past 12 months. |

21. 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

☐

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

- ☐ Undetectable/virally suppressed
☐ Detectable (more than 200 copies/mL)

- ☐ I haven't gotten my labs yet
☐ 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.

23. 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?

24. 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., couchsurfing)
☐ In a facility (boarding house, assisted living, halfway house, transitional housing, treatment facility, hospice, nursing home, other)
☐ Homeless/No place to stay
☐ Homeless Shelter/Domestic Violence Shelter

25. 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., couchsurfing)
☐ In a facility (boarding house, assisted living, halfway 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/No place to stay
☐ Homeless Shelter/Domestic Violence Shelter

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

27. 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

☐

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

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

☐

Single room/studio

☐

1 bedroom

☐

2 bedrooms

☐

3 bedrooms

☐

4 bedrooms

☐

5+ bedrooms

☐

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

☐ No → Skip to Question 30

☐ Yes

29a If you had trouble getting housing in the PAST 12 MONTHS, what kept you from getting or staying in housing? *Select all that apply.*

☐ *Not applicable: I didn't have any problems*

☐ I didn't have enough money for the deposit

☐ I couldn't find affordable housing

☐ I had no transportation to search for housing

☐ I had bad credit

☐ I was put on a waiting list

☐ I had a mental/physical disability

☐ I had a criminal record

☐ I had a record of past evictions

☐ I didn't qualify for housing assistance

☐ I feel I was discriminated against (racism)

☐ I feel I was discriminated against (homophobia/transphobia)

☐ I had substance use issues

☐ Gentrification (neighborhood changes to include higher income people, leading to higher housing prices and living costs)

☐ Other (tell us: _____)

30. 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):

31. 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): \$

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

☐ Water

☐ Garbage

☐ Electric

☐ Gas

☐ No, none of these

33. Have you had difficulty in paying rent, mortgage, or utility (water, electricity, gas, oil) bills in the PAST 12 MONTHS?

- ☐ Yes
☐ No

34. 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 survey; your answers to this survey will be completely anonymous. Please be honest in your responses.

35. 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 | |

36. Has anyone explained the following things to you in the PAST YEAR? *Select all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> How to protect HIV-negative partners with 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 HIV medication |
| <input type="checkbox"/> How to be open about living with HIV | <input type="checkbox"/> <i>No, no one has explained any of these things to me in the past year</i> |

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

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

- ☐ True ☐ False

38. How informed or familiar are you with Louisiana laws related to HIV? *Select one answer.*

- | | | |
|---------------------------------|-------------------------------|---------------------------|
| Not at all informed or familiar | Somewhat informed or familiar | Very informed or familiar |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39. For each of the following questions below, please select either yes, no, or not applicable (N/A).

Have HIV laws or threats of HIV criminalization changed...?

	YES	NO	N/A
How likely you are to access healthcare or mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely you are to tell your HIV status to partners, friends, healthcare team, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your access to housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in being honest about your life with case managers or other members of your healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely you are to call the police and/or seek help if you are the victim of a crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sense of self-love or self-worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely you are to have or start sexual relationships (casual hookups, dating, or long-term partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort about privacy concerns and the potential risk of data breaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you would handle a situation involving domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

41. What is your zip code?

42. Do you think of yourself as...? *Select one answer.*

- ☐ Man
- ☐ Woman
- ☐ Transgender man
- ☐ Transgender woman

- ☐ Genderqueer/gender non-conforming/non-binary
- ☐ Prefer not to say
- ☐ Something else (tell us: _____)

43. What sex was originally listed on your birth certificate?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

44. What is your current age? years old

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

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

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

48. In what ways do you use the internet in your life? *Select all that apply.*

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Work | <input type="checkbox"/> Communicating with friends and family |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> <i>None of the above</i> |

49. How much does your household pay per month for internet (both home internet and mobile data plans)? *Select one answer.*

- | | |
|---|--|
| <input type="checkbox"/> I don't pay for internet services, but I do have internet services at my home or on my phone | <input type="checkbox"/> Between \$50/month and \$69/month |
| <input type="checkbox"/> I pay for internet services, but I'm not sure how much | <input type="checkbox"/> \$70/month or more |
| <input type="checkbox"/> Less than \$30/month | <input type="checkbox"/> <i>Not applicable: I don't have internet service at home or on my phone</i> |
| <input type="checkbox"/> Between \$30/month and \$49/month | |

50. What kind of devices do you regularly use? *Select all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Laptop computer | <input type="checkbox"/> Tablet |
| <input type="checkbox"/> Desktop computer | <input type="checkbox"/> <i>None of the above</i> |
| <input type="checkbox"/> Smartphone | |

INCOME

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

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

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

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

\$

☐ No income

53. 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
- ☐ Veterans 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. Thank you for completing this survey!