



# Report of Indiana HIV Services Needs Assessment Survey

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August 2005

## About the Respondents

The Indiana State Department of Health Staff administered the HIV Services Needs Assessment Survey for 2005 to 550 clients receiving HIV services in Indiana. Most respondents completed the survey in English, though 6 respondents completed a Spanish version. To identify the respondents' geographic location, the survey asked for zip code. During analysis, we extrapolated HIV Community Planning Region from the respondent's zip code. Note that 52 respondents did not give their zip code; they are included in the total in the "Missing" row in Table 1.

**Table 1: Number of respondents in each Community Planning Region**

Planning Region	Primary City	Frequency	Percent
1	Gary	61	11.1
2	Elkhart	37	6.7
3	Fort Wayne	62	11.3
4	Lafayette	16	2.9
5	Muncie	49	8.9
6	Indianapolis	147	26.7
7	Evansville/Terre Haute	55	10.0
8	Bloomington	27	4.9
9	Cincinnati Area	14	2.5
10	Louisville Area	30	5.5
Missing		52	9.5
Total		550	100

A majority of the respondents are male (439 or 79.8%), the remaining are female (98 or 17.8%) and transgender (8 or 1.5%). Five respondents did not offer their gender. The survey had relatively few respondents indicating their race as Asian (1), "Multi-racial" (14), and "Other" (2). For this reason, they are condensed into "Other Races."

**Table 2: Race**

Race	Frequency	Percent
Black	105	19.1
Hispanic	35	6.4
White	392	71.3
Other Races	17	3.1
Missing	1	0.2
Total	550	100.0

A majority (459 or 83.5%) of respondents has been in Care Coordination for more than 12 months; the remaining 14.5% has been in Care Coordination for less than 12 months. See Table 3 for a breakdown. A majority (58.6%) of respondents earn \$12,000 or less. See Table 4 for a complete breakdown. Most respondents rely upon ISDH Programs (221 or 40.2%) or Medicaid (173 or 31.5%) to pay for their medical expenses. See Table 5 for a complete breakdown of how respondents pay for their medical expenses.

**Table 3: Length in Care Coordination**

<b>Length</b>	<b>Frequency</b>	<b>Percent</b>
Less than 3 months	27	4.9
3 to 12 months	53	9.6
More than 12 months	459	83.5
Missing	11	2.0
Total	550	100

**Table 4: Annual Household Income**

<b>Annual Income</b>	<b>Frequency</b>	<b>Percent</b>
Less than \$6,000	145	26.4
\$6,000 to \$12,000	177	32.2
\$12,001 to \$18,000	88	16.0
\$18,001 to \$24,000	68	12.4
\$24,001 to \$30,000	34	6.2
More than \$30,000	23	4.2
Missing	15	2.7
Total	550	100

**Table 5: Paying for medical expenses**

<b>Annual Income</b>	<b>Frequency</b>	<b>Percent</b>
Private Insurance	51	9.3
Medicaid	173	31.5
Medicare	32	5.8
ISDH Programs	221	40.2
Other Assistance	40	7.3
Out of Pocket	19	3.5
Missing	14	2.5
Total	550	100

## About the Gaps

Respondents were asked a series of questions about the number of days or time in which they experienced a particular hardship (e.g. the number of days in the last month the respondent was hungry or unable to get food). The respondents were able to answer "None," "1 to 2," "3 to 4," "5 to 6," or "7 or more." See Table 7 for the complete responses. To aid analysis, we condensed each of these items into a dichotomous variable (i.e. two possible responses, none or 1 or more). We then consulted with ISDH staff to determine percentages of respondents expected to fall in the "None" and "1 or more" categories. Table 6 contains the questions and expected percentages.

**Table 6: Expected Percentages for Gap Questions**

Question	Expected %	
	None	1 or more
8. How many days in the last month were you hungry and unable to get food?	90	10
9. How many times in the last month did you miss work, school, or a doctor's appointment due to illness?	50	50
10. How many times in the last month did you miss work, school, or a doctor's appointment due to lack of transportation?	80	20
11. How many times in the last year were you prevented from getting your medications due to lack of transportation?	90	10
12. How many times in the last year were you prevented from getting your medications due to lack of insurance?	80	20
13. How many times in the last year were you prevented from getting your medications due to lack of money to pay for the co-payments or deductibles?	80	20
14. How many times in the last year have you been notified of possible eviction from your home or disconnection from your utilities?	50	50
15. How many times in the last year have you had trouble accessing dental care?	50	50
16. How many times in the last year have you had trouble accessing vision care?	50	50
17. How many times in the last year have you had trouble accessing specialty medical care (such as cardiology, endocrinology, or gynecology)?	50	50
18. How many times in the last year have you gone to the Emergency Room?	80	20
19. How many times in the last year have you felt that services were withheld from you due to discrimination against your HIV status?	90	10

**Table 7: Responses to Gaps Questions**

Question	Frequency (%)				
	None	1 to 2	3 to 4	5 to 6	7 or more
8. Days hungry	365 (66.4)	88 (16.)	40 (7.3)	26 (4.7)	31 (5.6)
9. Missed work (illness)	329 (59.8)	119 (21.6)	56 (10.2)	10 (1.8)	36 (6.5)
10. Missed work (transportation)	428 (77.8)	73 (13.3)	31 (5.6)	9 (1.6)	9 (1.6)
11. Unable to take medications (transportation)	465 (84.5)	53 (9.6)	15 (2.7)	5 (.9)	12 (2.2)
12. Unable to take medications (lack of insurance)	432 (78.5)	53 (9.6)	27 (4.9)	12 (2.2)	26 (4.7)
13. Unable to take medications (no money)	380 (69.1)	72 (13.1)	44 (8.0)	18 (3.3)	36 (6.5)
14. Eviction / Utility disconnect	350 (63.6)	103 (18.8)	51 (9.3)	24 (4.4)	22 (4.0)
15. Trouble accessing dental care	309 (56.2)	125 (22.7)	47 (8.5)	13 (2.4)	56 (10.2)
16. Trouble accessing vision care	362 (65.8)	105 (19.1)	35 (6.4)	8 (1.5)	40 (7.3)
17. Trouble accessing specialty medical care	450 (81.8)	55 (10.0)	20 (3.6)	8 (1.5)	17 (3.1)
18. Times in the emergency room	269 (48.9)	168 (30.5)	72 (13.1)	23 (4.2)	18 (3.3)
19. Services withheld because of discrimination	413 (75.1)	95 (17.3)	23 (4.2)	6 (1.1)	13 (2.4)

**Table 8: Question Comparisons**

Question	Predicted Percentage "None" / "1 or More"	Frequency (%)		Outcome
		None	1 or more	
8. Days hungry	90 / 10	365 (66.4)	185 (33.6)	Worse
9. Missed work (illness)	50 / 50	329 (59.8)	221 (40.2)	Better
10. Missed work (transportation)	80 / 20	428 (77.8)	122 (22.2)	Same <sup>a</sup>
11. Unable to take medications (transportation)	90 / 10	465 (84.5)	85 (15.5)	Worse
12. Unable to take medications (lack of insurance)	80 / 20	432 (78.5)	118 (21.5)	Same <sup>a</sup>
13. Unable to take medications (no money)	80 / 20	380 (69.1)	170 (30.9)	Worse
14. Eviction / Utility disconnect	50 / 50	350 (63.6)	200 (36.4)	Better
15. Trouble accessing dental care	50 / 50	309 (56.2)	241 (43.8)	Better
16. Trouble accessing vision care	50 / 50	362 (65.8)	188 (34.2)	Better
17. Trouble accessing specialty medical care	50 / 50	450 (81.8)	100 (18.2)	Better
18. Times in the emergency room	80 / 20	269 (48.9)	281 (51.1)	Worse
19. Services withheld because of discrimination	90 / 10	413 (75.1)	185 (33.6)	Worse

<sup>a</sup> Those that are marked "Same" did not reach statistical significance; that is, the probability that the actual value is different than the prediction is higher than standard tolerance (5% error), so it is more likely that the actual value is the same as the predicted values, despite appearing numerically different.

For each question, we analyzed if the actual percentage breakdown is statistically the same as the predicted percentages in Table 6. In cases where the actual percentages were not statistically the same as the prediction, we made an assessment as to whether the survey responses were "better" or "worse" than expected. As these items are negative events or hardships, a "better" outcome would be one where a higher percentage of respondents than expected indicated that they have never experienced the particular hardship (i.e. those that are in the "None" category). This technique is called a chi-square goodness-of-fit test. This statistical test gives the probability that a data set fits a particular prediction (i.e. the predicted percentages in Table 6). A limitation of this technique is that it relies upon predicted percentages that were suggested by a discussion with ISDH staff, not empirically derived data. Therefore, the outcome is only meant to be judged upon the specific prediction made for the question.

More respondents have experienced hunger or were unable to procure food in the prior month than expected. However, fewer people missed work, school, or appointments due to illness than expected and the same amount, as expected, missed work, school, and appointments due to lack of transportation. Slightly more than expected never experienced a possible eviction or utility disconnection.

The same number of respondents as expected was prevented from taking

**Obtaining medications remains problematic for the respondents.**

medications due to lack of insurance. Additionally, more respondents than expected were prevented from taking medications due to lack of transportation. More than expected were prevented from taking medications due to lack of money for co-payments or deductibles. This suggests that, in general, obtaining medications remains problematic for the respondents.

Access to dental, vision and specialty medical care was better than expected - more respondents than expected never experienced trouble accessing these services. Specialty medical care, in particular, showed a better result than expected; 82% of respondents did not have difficulty accessing specialty care such as cardiology, endocrinology, or gynecology.

**More respondents than expected had used an emergency room.**

More respondents than expected had used an emergency room at least once in the past year. It is unclear whether respondents experienced an actual medical emergency that necessitated going to an ER or going to an ER was due to a lack of other available medical care.

Additionally, the question does not capture whether the ER visit was due to HIV or an unrelated cause, such as an accident. Unfortunately, almost 25% of respondents had felt that services were withheld from them because of discrimination against their HIV status. This is much higher than the expected 10%.

Most respondents (437 or 84%) felt that their care coordinators are knowledgeable about services available in their community; 31 (6%) felt that their care coordinator are not knowledgeable about services and 41 (7.1%) had no opinion on the matter. Respondents indicated which of the top five needs ISDH identified for people living

**Most respondents felt their care coordinators were knowledgeable about services.**

with HIV was most important to them. Most respondents indicated that "Access to HIV Medications" and "Basic HIV Medical Care" were most important. See Table 9 to see the complete breakdown. Respondents also indicated other needs that are important to them; "Access to Specialty Services" and "Housing" were indicated as most important. See Table 10 to for complete results.

**Table 9: Needs that are most important to respondent**

Annual Income	Frequency	Percent
Basic HIV Medical Care	162	29.5
Access to HIV Medications	222	40.4
Dental Care	77	14.0
Case Management	35	6.4
Supportive Services	46	8.4
Missing	8	1.5
Total	550	100

**Table 10: Other Needs that are important to respondent**

Annual Income	Frequency	Percent
Substance Abuse Treatment	35	6.4
Mental Health Treatment	84	15.3
Vision Care	68	12.4
Housing	165	30.0
Access to Specialty Medical Care	188	34.2
Missing	10	1.8
Total	550	100

## Discussion

Respondents to the survey had barriers to taking their medications in the form of lack of transportation, insurance, and funds to cover co-payments. This is consistent with more respondents citing "Access to HIV Medications" as their top need than any other. Though respondents cited "Access to Specialty Medical Care" most often as another important need, over 80% of respondents never experienced trouble accessing such care. Respondents cited dental care as a top need, which is consistent with the almost 44% that had experienced trouble accessing dental services at least once; 10% of respondents had experienced 7 or more instances of trouble accessing dental care. Many of the needs suggested by this survey need to be explored in more depth before general conclusions can be drawn about gaps in Indiana HIV care.