

June 11, 2008

Dear community member:

The Hawaii Department of Health, the Hawaii Public Housing Authority, and City and County of Honolulu are conducting a needs assessment to help plan how best to meet the needs of people living with HIV/AIDS across Hawaii. They have contracted with our agency, Building Changes, to coordinate the information-gathering.

The needs assessment will include input from a broad range of sources, including surveys and focus group meetings of people with HIV or AIDS. Please help us to learn what you need in terms of both housing and care services by filling in a survey or participating in a focus group.

Your input is very important to this needs assessment, and to our future decision-making. We won't be able to respond individually to requests or problems that you share through this process (we will keep the information that you share with us anonymous) but we hope that the information we collect will help us match more people living with HIV/AIDS in Hawaii with more of what they need.

We realize that there are many demands on your time and energy, and we are grateful to you for helping to making this needs assessment a success. If you have questions or suggestions regarding this process, please don't hesitate to direct them by phone (206-322-9444) or email to Katherine Cortes (katherine.cortes@buildingchanges.org / x33) or Mark Putnam (mark.putnam@buildingchanges.org / x27). Thank you for your participation!

Sincerely,



Mark Putnam
Manager of Community Initiatives



Katherine Cortes
Community Planner

HAWAI'I HIV/AIDS HOUSING and SERVICES SURVEY

This is a survey for people who have HIV/AIDS. Your participation is very important. The information gathered in this survey will be used to assess the housing and services needs of people living with HIV/AIDS, and is an extremely important part of planning efforts. Your answers are completely confidential. Please do not write your name on this survey. If you need help to complete this survey, please talk with the person who gave it to you.

Please complete this survey only once, and thank you for your participation!

Section 1: HIV Status

1. **Do you have HIV or AIDS?** *Please choose only one answer.*

- Yes**, I am HIV-positive with symptoms
- Yes**, I am HIV-positive with no symptoms.
- Yes**, my doctor has told me I have AIDS.
- No**, I do not have HIV or AIDS. I am HIV-negative. → **Please stop here!**

2. **How old were you when you found out you had HIV or AIDS?** _____

Section 2: Housing Situation

3. **What is the Zip Code where you live now?** _____

If you are homeless, in what neighborhood do you stay most frequently? _____

4. **Please pick the type of place that best describes where you are living today.** *Please choose only one answer.*

- Apartment or house – stable situation
- Apartment or house – temporary situation
- Transitional housing or treatment program
- Group home
- Hotel or motel
- A shelter
- The streets, on the beach, in parks, or in a vacant building
- In a car or other vehicle
- In jail or prison
- Hospital (including psychiatric hospital)
- Other kind of place (*please explain*): _____

5. Please pick the choice that best describes your living situation. Please choose only one answer.

- I own my home
- I rent the place where I live
- I stay with friends or relatives
- I live in housing entirely paid for by a program or agency
- I am homeless → **Please skip to question 11**
- Other (please explain): _____

5. Do any of the following problems exist where you are living now? Please check Yes or No for each.

Yes No

- Neighborhood safety problems (such as drug activity, violence, prostitution, gangs, etc.)
- Housing quality problems (such as lack of heating, incomplete kitchen or bathroom, water leaks, broken windows, insects/rodents)

6. How many bedrooms are in the home you own or rent? _____

If you live in a studio apartment, please specify "0."

7. Does the government or another organization pay or help pay for your housing? Please choose only one answer.

- Yes**, I receive rental assistance every month.
- Yes**, I receive rental assistance but NOT every month.
- No**, I don't get any help with my housing. → **Please skip to question 10**
- I am not sure** if I am getting help paying for my housing.

8. What type of assistance do you receive to help you pay for housing? Please check Yes or No for each.

Yes No

- Section 8 voucher
- Shelter Plus Care program voucher
- Short-term HOPWA or Ryan White rental assistance
- Long-term HOPWA rental assistance (I pay 30 percent of my income towards rent and HOPWA pays the rest).
- I live in subsidized or public housing.
- I live in a home for people living with HIV infection or AIDS.
- I live in another type of group or care home.
- Relatives or friends help me pay my rent.
- A church or other faith-based organization helps me pay my rent.
- I am getting help paying for my housing, but I don't know what it is called.
- Other (please describe): _____

9. Are you currently behind on any housing or utility bill payments? Please check Yes or No for each.

Yes No

- I am currently behind on paying a utility bill.
- I am currently behind on paying my rent or mortgage.
- I am not responsible for paying any housing or utility bills.

10. Which of the following BEST describes your need for help to pay for housing? Please choose only one answer.

- One-time or short-term help would be enough to stabilize my housing situation.
- I need longer-term or permanent assistance to maintain housing.
- I don't need help paying for housing.

11. Do any of the following people live with you now? Please check Yes or No for each.

Yes No

- My husband, wife, or partner
- My child or children that I am responsible for taking care of
- My mother, father, grandparent, cousin, godparents or other family members
- One or more friends or other adults
- Other people in a group home, shelter, or hospital
- Other people (please explain): _____

12. Including yourself, how many people live in your household?

Number of people age 18 or older: _____

Number of youth age 17 or younger: _____

13. Do you need any of these housing services (whether or not you currently have them)? Please check Yes or No for each.

Yes No

- Lists of apartments or houses that you might be able to afford
- List of landlords who accept Section 8 vouchers
- Help filling out housing applications and other forms
- Help paying for housing application fees
- Assistance with first and/or last month's rent, and/or deposits
- Housing that will accept pets
- Pre- or post-housing counseling services (such as ready-to-rent or tenant education)
- Information on programs that provide funds to make housing accessible to the disabled
- Other kind of housing service (please explain): _____

Section 4: Housing History

14. Have you moved in the past three years?

- Yes → If so, how many times? _____
- No

15. Have you been homeless in the past three years?

- Yes → If so, how many times? _____
- No → Please skip to question 18

16. How long was your longest episode of homelessness in the past three years?

_____ months

17. Have you been discriminated against or had problems when trying to get housing?

- Yes → Why? (please explain) _____
- No

Section 5: Medical and Support Services

18. Please rate each of these services in terms of their importance to your health, on a scale of 1 (NOT important) to 5 (extremely important).

	Not important				Extremely important
Outpatient health services, including HIV drug treatments	1	2	3	4	5
Substance abuse outpatient services	1	2	3	4	5
Dental and oral health care	1	2	3	4	5
Health insurance premium assistance	1	2	3	4	5
Mental health services	1	2	3	4	5
Medical case management, including treatment adherence services	1	2	3	4	5

19. Please rate each of these services in terms of their availability to you, on a scale of 1 (NOT available) to 5 (readily available).

	Not available				Readily available	Don't know
Outpatient health services, including HIV drug treatments	1	2	3	4	5	<input type="checkbox"/>
Substance abuse outpatient services	1	2	3	4	5	<input type="checkbox"/>
Dental and oral health care	1	2	3	4	5	<input type="checkbox"/>
Health insurance premium assistance	1	2	3	4	5	<input type="checkbox"/>
Mental health services	1	2	3	4	5	<input type="checkbox"/>
Medical case management, including treatment adherence services	1	2	3	4	5	<input type="checkbox"/>

20. If you said any of these services are NOT AVAILABLE to you, please explain why.

Outpatient health services, including HIV drug treatments	
Substance abuse outpatient services	
Dental and oral health care	
Health insurance premium assistance	
Mental health services	
Medical case management, including treatment adherence services	

21. Please rate each of these support services in terms of their importance to your health, on a scale of 1 (NOT important) to 5 (extremely important).

	Not important				Extremely important
Housing placement or other housing services	1	2	3	4	5
Food bank / home meals / nutritional supplements	1	2	3	4	5
Case management (OTHER than medical – legal, financial, etc.)	1	2	3	4	5
Financial assistance for utilities or medication	1	2	3	4	5
Client advocacy	1	2	3	4	5
Transportation	1	2	3	4	5
Alternative therapies (acupuncture, herbs, etc.)	1	2	3	4	5
Counseling / social support services	1	2	3	4	5
Other services (<i>please explain</i>): _____	1	2	3	4	5

22. Please rate each of these support services in terms of their availability to you on a scale of 1 (NOT available) to 5 (readily available).

	Not available				Readily available	Don't know
Housing assistance (financial)	1	2	3	4	5	<input type="checkbox"/>
Housing placement or other housing services	1	2	3	4	5	<input type="checkbox"/>
Food bank / home meals / nutritional supplements	1	2	3	4	5	<input type="checkbox"/>
Case management (OTHER than medical – legal, financial, etc.)	1	2	3	4	5	<input type="checkbox"/>
Financial assistance for utilities or medication assistance)	1	2	3	4	5	<input type="checkbox"/>
Client advocacy	1	2	3	4	5	<input type="checkbox"/>
Transportation	1	2	3	4	5	<input type="checkbox"/>
Alternative therapies (acupuncture, herbs, etc.)	1	2	3	4	5	<input type="checkbox"/>
Counseling / social support services	1	2	3	4	5	<input type="checkbox"/>
Other services (<i>please explain</i>): _____	1	2	3	4	5	<input type="checkbox"/>

23. If you said these services are NOT AVAILABLE to you, please explain why.

Housing assistance (financial)	
Housing placement or other housing services	
Food bank / home meals / nutritional supplements	
Case management (OTHER than medical – legal, financial, etc.)	
Financial assistance for utilities or medication assistance)	
Client advocacy	
Transportation	
Alternative therapies (acupuncture, herbs, etc.)	
Counseling / social support services	
Other services (<i>please explain</i>): _____	

24. Have you had help from any of the following programs in the past 12 months? Please check Yes or No for each.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | HIV/AIDS support group |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health counselor, therapist, or psychologist |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatrist for medication to help with a mental health problem |
| <input type="checkbox"/> | <input type="checkbox"/> | Group home or apartment for people with mental health problem |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric hospital |
| <input type="checkbox"/> | <input type="checkbox"/> | 12-step program (AA, NA, CA, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug and alcohol counseling program (no methadone) |
| <input type="checkbox"/> | <input type="checkbox"/> | Methadone maintenance program |
| <input type="checkbox"/> | <input type="checkbox"/> | Residential treatment or recovery program |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (<i>please explain</i>): _____ |

25. Is there one doctor or other medical provider whom you consider to be in charge of your overall HIV health care now?

- Yes**
 No

26. How often do you see a medical provider? Please choose only one answer.

- More than once every 3 months
 Every 3 to 6 months
 At least once a year
 Less than once a year

27. Is the medical provider you see most often located in the town where you live?

- Yes**
 No → *How many miles do you travel one way to your medical provider?*
_____ miles

28. Which of the following best describes your history of lab tests (CD4 and/or viral load) to monitor your HIV disease? Please choose only one answer.

- I have not had a lab test since I was diagnosed with HIV/AIDS.
 Most recent lab test in the last 12 months
 Most recent lab test more than 12 months ago

29. Do you take medications prescribed by a doctor for the treatment of HIV?

- Yes
 No

30. In the past year, have you ever NOT purchased medication or medical services because you needed the money for food, shelter, or other immediate needs?

- Yes
- No

31. Do you have a case manager right now? *A professional case manager helps you figure out what services you need, helps you sign up for the services and then keeps working with you to make sure that you have the services you need.*

- Yes
- No

32. Do you know anyone (other than yourself) who has HIV/AIDS who is NOT currently receiving medical care?

- Yes
- No

33. Do you know anyone (other than yourself) who has HIV/AIDS who is NOT currently receiving case management?

- Yes
- No

If you know people who are not in care who might be willing to complete a survey or participate in a focus group, please ask the person who gave you this survey for an extra copy of the survey and focus group flyer to give to them.

Section 3: Income, Benefits, and Expenses

34. What is your current employment situation? *Please choose only one answer.*

- Employed FULL-TIME for pay → **Please skip to question 37**
- Employed PART-TIME for pay
- Unemployed or unable to work
- Retired → **Please skip to question 39**

35. If you DO NOT work for pay, or work less than full time, does anything prevent you from working full time? Please check Yes or No for each.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My health (related to HIV or AIDS) |
| <input type="checkbox"/> | <input type="checkbox"/> | My disability (other than HIV/AIDS) |
| <input type="checkbox"/> | <input type="checkbox"/> | My alcohol or drug use |
| <input type="checkbox"/> | <input type="checkbox"/> | My mental health problem |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty finding a job |
| <input type="checkbox"/> | <input type="checkbox"/> | Responsibilities for caring for children or other family members |
| <input type="checkbox"/> | <input type="checkbox"/> | The cost of transportation or difficulty in getting to where a job might be available |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty finding a job that fits my schedule |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of skills/training/education |
| <input type="checkbox"/> | <input type="checkbox"/> | No phone or mailing address |
| <input type="checkbox"/> | <input type="checkbox"/> | Cost of clothing or equipment needed for work |
| <input type="checkbox"/> | <input type="checkbox"/> | Fear of losing benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Other barrier (please explain): _____ |

36. How many hours do you usually work per week? _____ hours

37. What is your average monthly income from employment? _____ dollars per month

38. Do you currently receive the following types of income and benefits? Please check Yes or No for each.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Security Income (SSI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Disability Insurance (SSDI) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF (Temporary Assistance for Needy Families) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other public assistance (general assistance) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony and/or child support |
| <input type="checkbox"/> | <input type="checkbox"/> | Food stamps / EBT |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterans benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security retirement check |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance from church or other faith-based group |
| <input type="checkbox"/> | <input type="checkbox"/> | Other benefit (please explain): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't have any income or benefits. |

39. Please tell us how your medical bills have been paid in the past year. Please check Yes or No for each.

Yes No

- Personal income or savings
- Family or friends' assistance
- Private health insurance through work or COBRA
- Private health insurance NOT through work
- Private disability insurance
- Medicaid (Quest or Fee-for-Service)
- Medicare
- Ryan White-funded clinics (such as Spencer Clinic and Waikiki Health Center)
- Ryan White Insurance Continuation Program (HCOBRA)
- HIV Drug Assistance Program (HDAP)
- Hawaii Seropositivity and Medical Management Program (HSPAMM)
- Veterans' Administration (VA) benefits
- State health insurance (such as Sage PLUS, etc.)
- Don't pay bills
- Other (please explain): _____

40. Please help us understand your financial situation by estimating the average amount you pay each month for the following items. For costs that go up and down from month to month, please do your best to estimate the average cost you pay each month.

Rent/mortgage	\$
Utilities (gas, electric, water, phone/internet)	\$
Groceries	\$
Medications	\$
Other medical costs	\$
Transportation (including your own car)	\$
Debt payment	\$
Other major expense (please specify): _____	\$

Section 6: Demographic Information

41. How old are you? _____ years old

42. Which best describes your gender identity? Please check only one.

- I am female.
- I am male.
- I am transgender.

43. Which best describes your ethnic identity? If multi-racial, please check all that apply.

- White
- Black/African American
- Hispanic/Latino(a)
- American Indian/Alaskan Native
- Asian (non-Pacific-Islander)
- Native Hawaiian
- Other Pacific Islander (*please specify*): _____

44. Have you ever been in jail or prison?

- Yes
- No → Please skip to question 47

45. When were you most recently released (year)? _____

46. Please add anything you think is important for us to know.

Thank You!

Please return the completed survey to the person who gave it to you or mail it to:

Survey – Building Changes
c/o Cornerstone Strategies
1155 N. State Street, #614
Bellingham, WA 98225

**If you are HIV-positive and need assistance, please call
1-800-321-1555 for information on how to get help.**