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Needs Assessment of People Living With HIV/AIDS in Rural Indiana

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Introduction

- When southern Indiana experienced the outbreak of HIV in early 2015, through which over 170 people were infected, it became apparent that this topic demands research aimed specifically at local and regional impact. Also, with the alarming rate that people in the 15-24 year old age range have been becoming infected it is important to understand how to curb the spread of this disease, and improve the quality of life for those affected.
- Persons Living With HIV or AIDS (PLWHA), suffer with an immense social stigma. They have a lot to deal with in terms of losing many societal benefits and basic needs such as: housing, insurance, employment, family support, friendships, the potential for romantic and/or sexual partnership, and procreation. There are programs elsewhere, but Indiana is geographically challenged in that it is not an urban environment with public transportation to resources like in New York City. In some areas of Indiana PLWHA have to travel over 1.5 hours one way to see their care coordinators.

According to the World Health Organization:

- “With adequate support, PLWHA are more likely to be able to respond adequately to the stress of being infected and are less likely to develop serious mental health problems. Assessment and interventions may be aimed at the acutely stressful phase following notification of HIV infection, the ensuing adjustment period, and the process of dealing with chronic symptomatic HIV infection and disease progression through to death.”(WHO)

According to an article written by Kevin Khamarko, and Janet J. Myers:

- “we are able to infer that social support is associated with improvement in access and adherence to ART, medication uptake, retention in care, physical functioning, CD4 cell progression, virologic suppression, body weight of PLWHA, and mortality” (Khamarko &Myers, 2013)

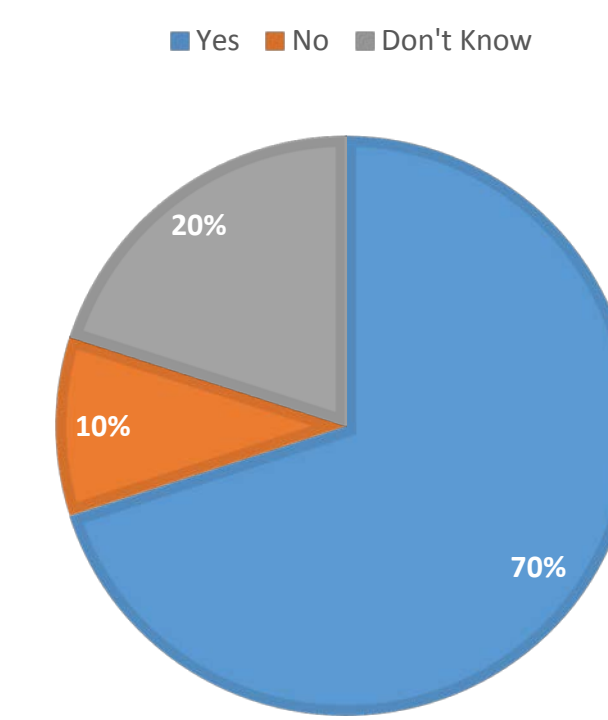
Methods

- Recruitment sites were identified through the Indiana Government’s list of HIV Care Coordination sites.
- Recruitment material was sent to the Care Coordination sites that said they would help recruit participants.
- Participants were allowed to go on-line to participate in the survey, have a survey conducted over the phone, or have a survey conducted in person.
- HIV+ and AIDS Group (n=25) Used Surveys (n=20), five were left out due to the respondent not being HIV positive
- Control group (n=27) of not HIV/AIDS positive respondents was recruited through online survey to provide a base line to compare with PLWHA.
- All participants took part in an online survey, in which they answered 35 questions one time. All items were constructed by the researcher based on the theoretical model of Khamarko & Myers (2013).
- Constructs measured included: emotional, financial, and medical support, demographics, and common obstacles to obtaining support.
- Emotional/social support was measured with 11 items, using Likert-type scales, including items such as “To what extent do you feel like you could lose a close relationship by disclosing your HIV status?”
- Financial /Employment support was measured using Likert-type scales and included 9 items, for example, “Are you able to afford your medications without assistance?”
- Medical support was measured using Likert-type scales with 6 items, which included items such as, “To what extent have you ever felt afraid to disclose your status to a medical professional?”
- Demographics collected were gender, income, employment status, and HIV/AIDS status. These are reported in Table 1.

Table 1. Demographic information

	HIV+&AIDS Group (N=20)	Control Group (N=27)
Gender		
Male	60%	29.63%
Female	32%	70.37%
MTF		
Transgender	8%	0%
FTM		
Transgender	0%	0%
Agender	0%	0%
Income		
0-15000	64%	22.22%
15001-35000	24%	25.93%
35001+	12%	51.85%
Employment		
Full Time (33 hours +)	20%	48.15%
Part Time (32 hours and less)	24%	29.63%
Multiple Jobs	12%	3.70%
Unemployed	12%	11.11%
Retired	4%	0.00%
Disabled	28%	7.41%
HIV Status		
HIV +	65%	0.00%
AIDS	35%	0.00%
HIV-		100%

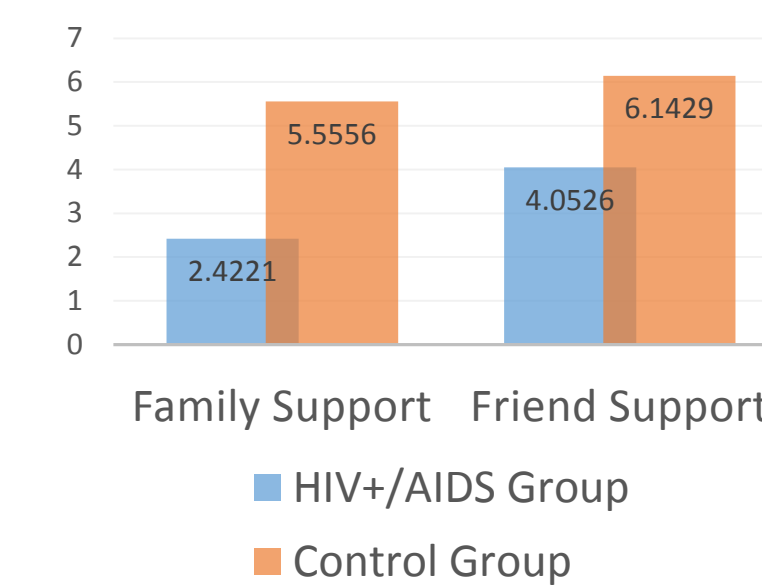
SUFFERED HIV STATUS DISCRIMINATION



In 2012 9,268 people in the state of Indiana were HIV+

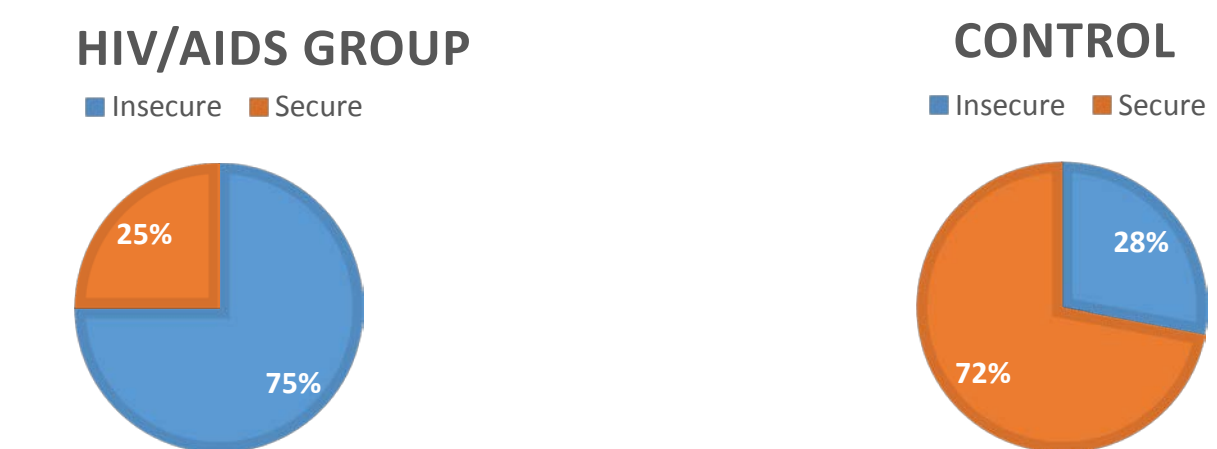
Results

Figure 1. Emotional Support



Emotional Support differed between PLWHA and the control group. As Figure 2, illustrates, PLWHA feel they have significantly less support than the control group. Family Support: $t(44)=6.83, p<.001, d=2.05$ Friend Support: $t(44)=5.40, p<.001, d=1.56$

Figure 3. Financial/Employment Needs

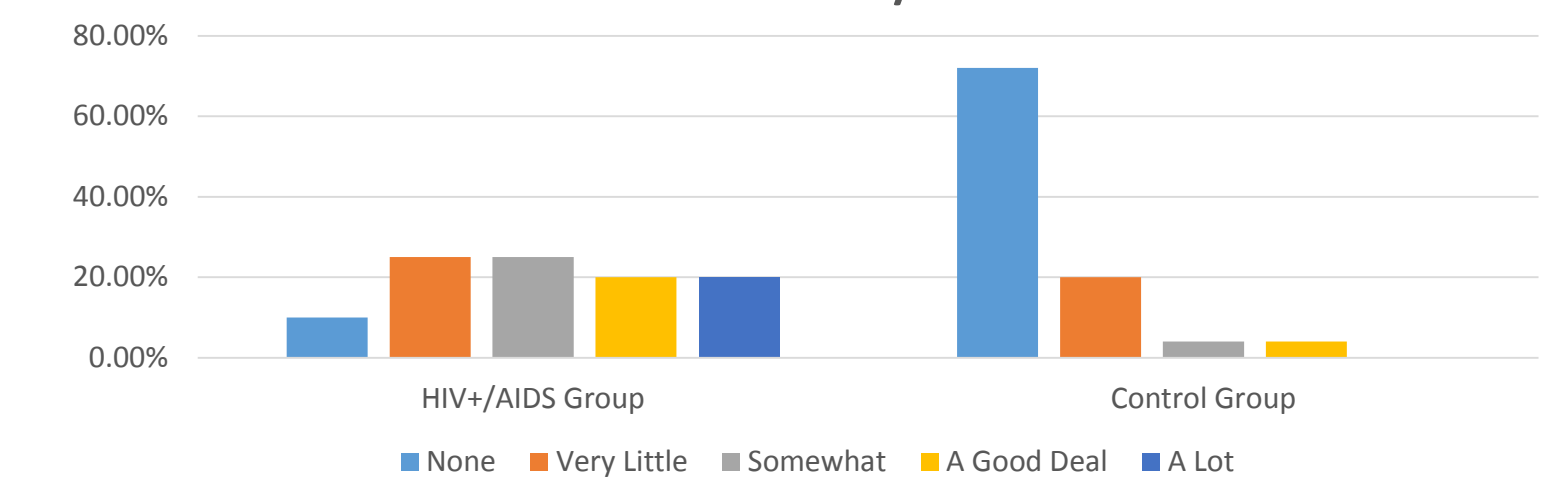


Perceptions of safety when disclosing their status at their place of employment for PLWHA and Control group subjects, $t(44)=3.64, p<.001, d=1.13$

Medical Support

- PLWHA report more discrimination from medical professionals than control group subjects. $t(44)=4.44, p<.001, d=1.37$
- Additionally, they travel much farther for care.

Fig. 4. Discrimination from Medical Professional Due to HIV Status/ Illness



85% of PLWHA have to travel to see physician vs 35% of Control Group



Discussion

- Part of the survey asked the question about what they felt that they would need to feel more supported. There were a few major themes that ran through the responses. The theme that nearly all respondents talked about was the feeling of wanting someone that they can talk to that has been through the same thing they are going through (i.e., being HIV+ or having AIDS).
- The other prominent theme was wanting to have medical or care coordination closer to them. The average respondent went to their Care Coordinator 1.9 times a month. Each of these trips averaged 70 miles round trip
- 100% of respondents did not attend a HIV/AIDS support group.
- My recommendation would be to do an online support group or Facebook Page that is by invitation-only, so that they could have another person to talk to. 85% of respondents said they would be willing to attend an online support group.
- Further 90% of respondents said that they would like to attend a support group of any kind.
- With such a large amount of people having to take time off work to travel (or drive someone) to Care Coordination appointments, it is recommended to have satellite offices in more counties so that people’s commutes are reasonable.

