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 become 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/AIDS (PLWHA) suffer from an immense social stigma. They face a deficit in well-being 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 proscription. 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 anxiety-stress phase following notification of HIV infection, the ensuing adjustment period, and the process of dealing with chronic symptomatic HIV infection and disease progression through 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 to ART, medication uptake, retention in care, physical functioning, progression through to death.” (WHO)

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 baseline 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.

Results

- 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)=4.83, p<.001, d=.205
- Friend Support: t(44)=.540, p<.001, d=.56

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.

- Additionally, they travel much farther for care.

- They have a lot to deal with in terms of losing many societal benefits and stigma. They have a lot to deal with in terms of losing many societal benefits and stigma.

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