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Financial burden responses from client survey:

- 37% pay \$200 or less/month
- 28% pay \$200 - 400
- 28% pay \$400 - 600
- 7% did not complete this section
- 12% reported receiving rent supplements
- 70% have trouble paying rent at some time in the year
- 18% constantly have trouble paying
- 15.9% often have trouble paying
- 29% infrequently (defined as at least once a quarter) have trouble paying
- 27.5% sometime have trouble paying
- 7.5% rarely have trouble paying

On the national “affordability index”, these rents compare to a nationally declared ‘affordable cost’ of \$405.75 monthly housing payment. Given that figure, over 65% of client respondents cannot even commit that portion of their fixed income to housing, with standard disability allocations of \$512 per month or 79% of their total income going to housing. Over 30% of a person’s income allocated to housing constitutes a ‘severe housing cost burden’. (HUD definition)

## **QUALITATIVE COMMENTS**

### Fixed income issues

*“Housing is a major, major hassle—I can’t even afford an apartment of my own, I only get \$486 a month.”* (Disabled client)

*“I live with my mom right now and she’s on a fixed income. Even without me she couldn’t afford housing ‘cause it takes 3.5 times your rent to afford housing.”* (Female client)

### Anxiety Among the Incarcerated

*“I’m scared to get out of here. When I get my first piece of money, I’m panicky. What I am going to do about housing for me and my kids?”* (Incarcerated client)

### Links to Substance Abuse

*“If there is one thing I’d want it is a decent place to live. It is very hard to stay clean when you’re in a neighborhood full of junkies.”* (Disabled client)

*“As part of my rehabilitation for drugs, I was given a nice efficiency and wish that could happen again, though I don’t want to ever get addicted again.”* (Substance User)

*“I wish I could live in a better place, the area I live in makes it very easy to slide back into bad habits. It is not just a matter of having better housing, it is the environment that shapes your whole existence.”* (Substance User)

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Discrimination

*"I have a criminal record and it is almost impossible to get shelter. I have to live with my mom 'cause I can't qualify for any kind of apartment."*  
(Disabled client)

Living with children

*"I'm African American, a single mother of a 2 year old daughter. I wasn't able to find housing that would let me, a person who is HIV positive and who had a kid."* (Female client)

*"The most important thing for me is to get money so I can get housing for me and my daughter."* (Woman of Childbearing Age)

## Transportation

Given the size and climate of the area, transportation is a significant consideration for HIV planning. Houston is the only city in the area served by an urban public transit system. In 1999, Houston METRO vehicles logged more than 59 million miles and served over 99 million passengers. There are 1,572 buses in the METRO fleet that cover 130 bus routes with 15 transfer centers. Twenty-seven of these routes are “Park and Ride,” where passengers from outside the city limits can drive to the site and then ride the bus into the city. A 7.5-mile rail line is scheduled to be operational in 2004. MetroLift van service offers transportation to people with disabilities, but hours of operation are limited.

CPCDMS data shows that 1,450 unduplicated clients utilized Ryan White Title I transportation services during the one-year period of 3/1/01 - 2/28/02. This represents 6.4% - 13.1% of the estimated 11,051 - 22,706 PLWH/A in the Houston area.

Different funding sources cover different geographic areas, which can make it complicated to access services. Many PLWH/A use transportation services not funded by Title I or TDH State Services.

**Table 5-2: INDIVIDUAL SERVICE NEEDS**

<b>Need Rank</b>	<b>Individual Service Need Ranks Support Services - All Respondents</b>	<b>% Needing</b>
1	Food Bank/Home Delivered Meals	49.2
6	Direct Emergency Financial Assistance	39.9
9	Transportation	35.5
10	Housing Payment	35.4
13	Housing	32.3
15	Exercise/Fitness Training	29.9
18	Mental Health Services	26.0
20	Health Insurance Payments	24.2
22	Counseling (Support Services)	23.0
26	Client Advocacy/Legal Services	20.1
28	Alternative Treatment	19.6
36	Buddy/Companion Services	14.7
49	Translation/Interpretation	9.7
54	Childcare	8.1
55	Adult Day or Respite Care	7.9
58	Adoption/Foster Care	5.3

Concerns voiced by client respondents were generic to transportation and not confined to METRO service. They were concerned about the overall time of travel required to access providers, many with a centralized location. In addition, policies by providers that do not compensate for the perceived problems of the transportation system added to the

frustration of clients upon late arrival not due to their fault. In general clients were satisfied with public transportation when they were able to access it.

Listed below are qualitative comments from focus group participants, with specific impact of issues tied to transportation method:

**Table 5-3: METHODS OF TRANSPORTATION**

<b>Transportation Method</b>	<b>Impact</b>	<b>Reporting Group</b>
MetroLift	Erratic courtesy and varied punctuality of drivers	Disabled (5/9 participants expressed issues with service)
METRO Bus Service	Limited hours of operation. Long drive times outside Beltway 8.	Young Women with Children Anglo MSM Rural - North & South
Funded Van Shuttle Service	Missed or late appointments	Disabled Rural
Taxi Cabs	Resistance and confusion about voucher policy	Long-Term Survivors

Transportation equaled housing as a persistent need (See Figure 5-6), complicating adherence to treatment regimens, ability to independently function and concerns about distance to services for the medically disabled. METRO was criticized, with 35% - 40% of PLWH/A citing transportation as a factor in missed appointments. Rural residents were more critical of transportation, citing excessive transport times (multiple hours) frequently incurred to access services within the Beltway. Finally, the influence of drivers was cited in a few focus groups as an invaluable resource about the spectrum of services (medical and social) to new clients.

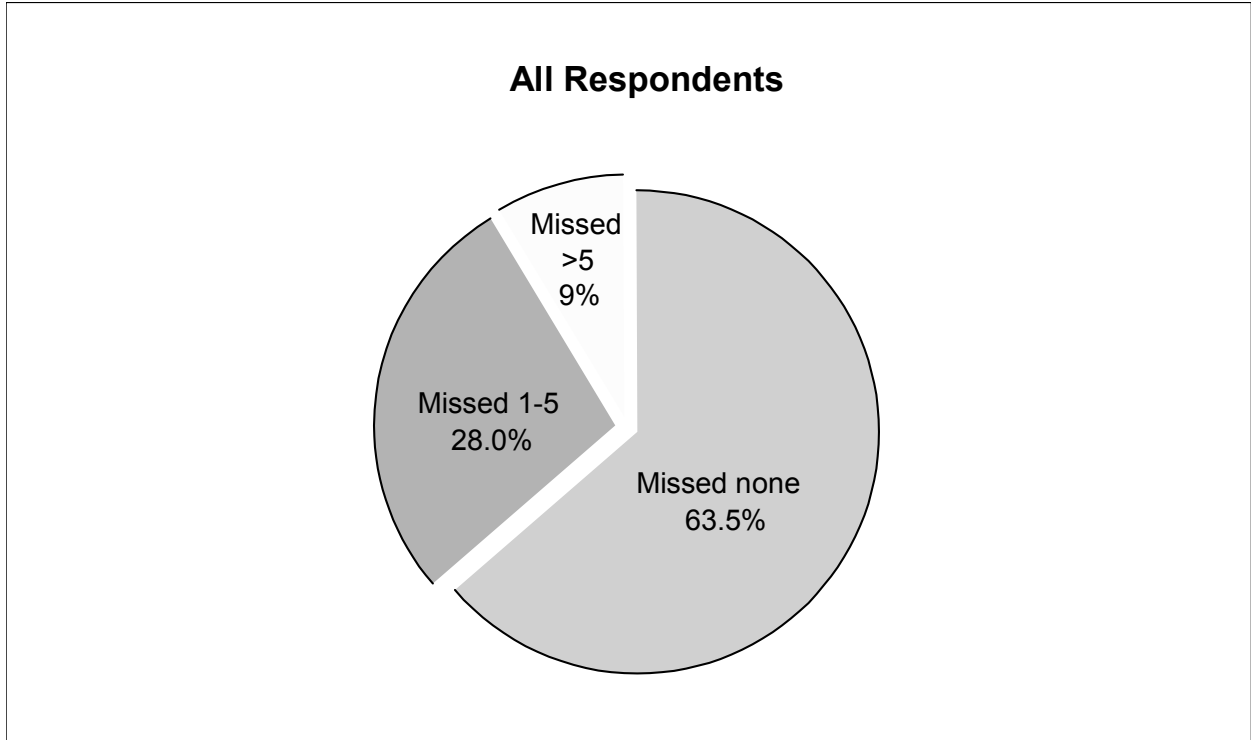
Rural PLWH/A voiced particular difficulty with transportation, experiencing:

- Reduced access to personal and public forms of transportation
- Intersection points with other services, dental care, medical and social service appointments.
  - 25.8% say it is difficult to get to childcare from their house
  - 23.9% difficult to get to transportation from their house
  - 23% to basic services
  - 21% to social services
  - 20.8% say it is difficult to get to medical services

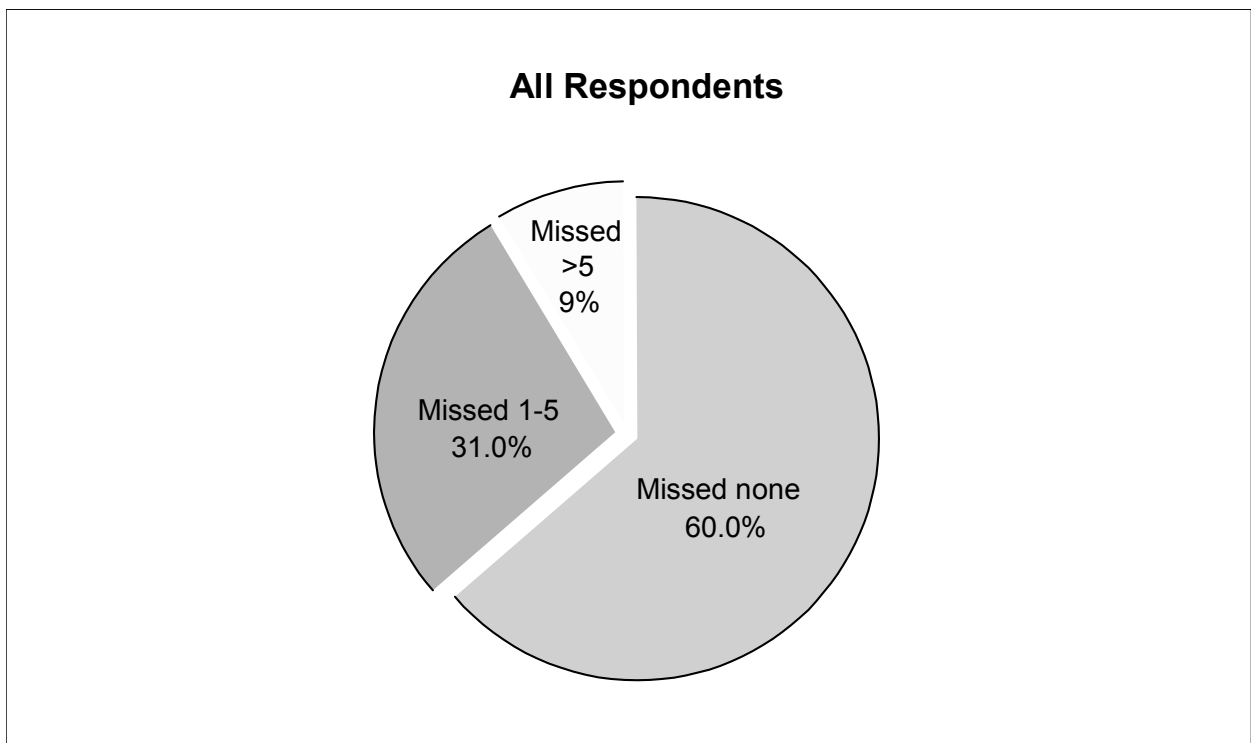
*(Clients could respond to more than one barrier, so responses add to over 100%)*

Transportation limitations impacted access to medical care and HIV services with between 35% - 40% of PLWH/A missing medical or service appointments due to transportation limitations. See Figures 5-4 and 5-5.

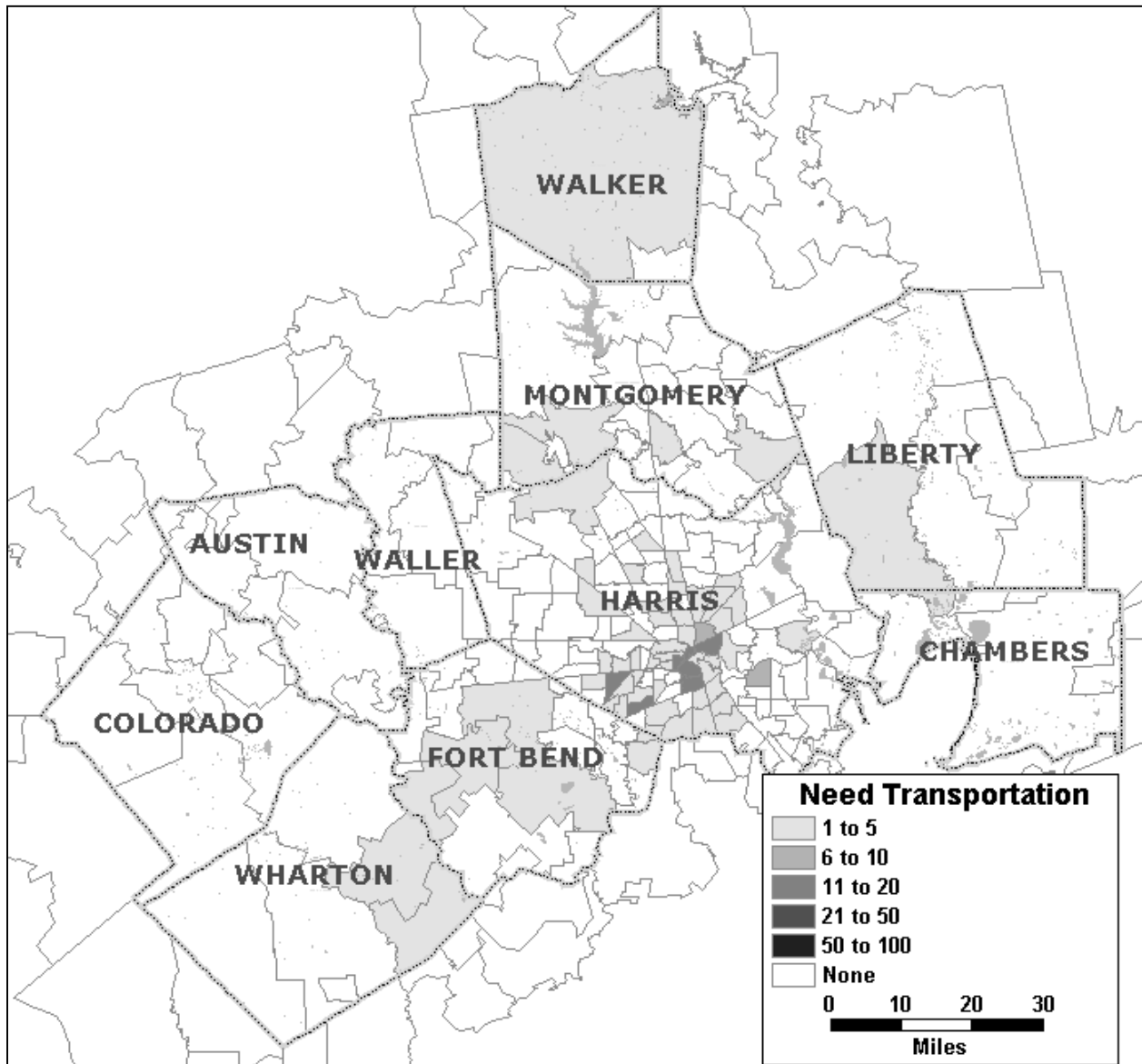
**Figure 5-4: HIV MEDICAL APPOINTMENTS MISSED DUE TO TRANSPORTATION**



**Figure 5-5: HIV SERVICES APPOINTMENTS (NON-MEDICAL) MISSED DUE TO TRANSPORTATION**

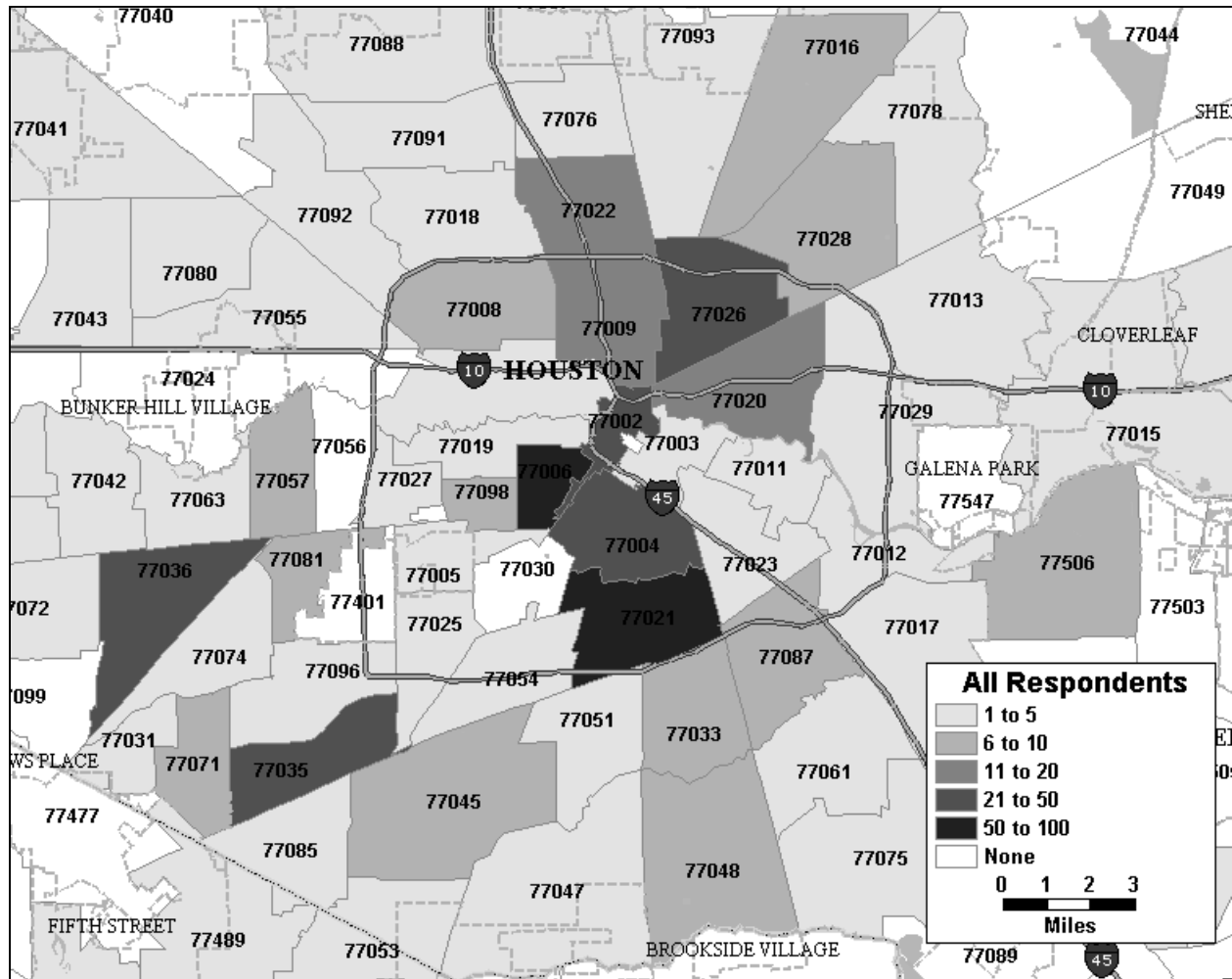


**Figure 5-6: 10-COUNTY TRANSPORTATION NEED MAP**



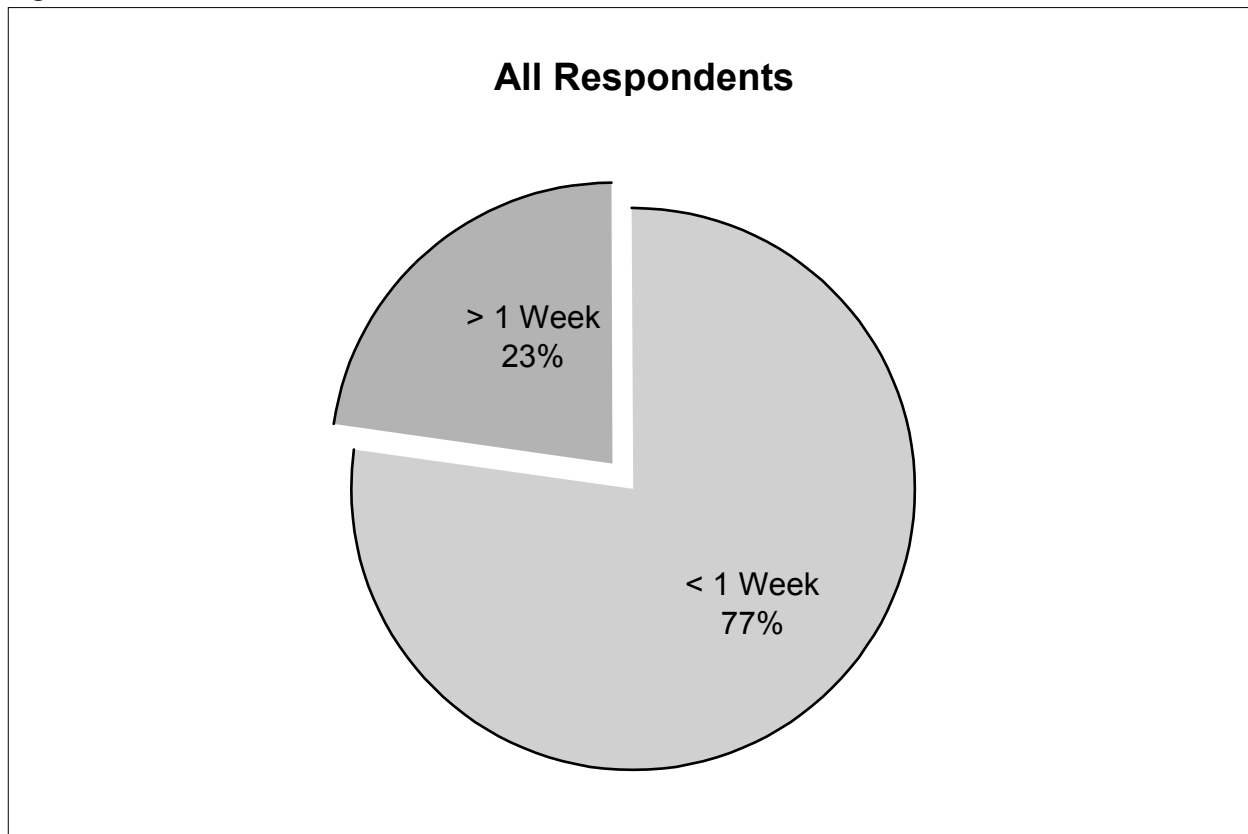
Client Survey respondents commented on need **within the ten-county area** (see Figure 5-6 on page 170) and the Outer Loop (see Figure 5-7), with higher ratings (#1 gap ranking for transportation) for Outer Loop residents.

**Figure 5-7. OUTER LOOP TRANSPORTATION BARRIER AREAS**



Advance time was also required to schedule transportation services as illustrated in Figure 5-8.

**Figure 5-8: ADVANCE TIME REQUIRED FOR TRANSPORTATION SERVICE BOOKING**



### **Qualitative Comments**

#### Concerns about exposure to infections:

*“Transportation is a ride from hell—You have to ride with 10 to 12 people at a time and it is uncomfortable. Sometimes you are healthy and other people are very sick. I think it would be good if they could find out in advance and determine if they mix both. We’re trying hard to stay healthy, it’s scary when you are around people sneezing, coughing, and not covering their mouth.” (Rural client-South)*

#### Issue related to provider policies:

*“They’re late—if you go to the provider, they “block schedule” and won’t accept you being late. It’s not their fault, they have to be strict, but it is a real pain when you are rescheduled for no fault of your own.” (Disabled client)*

*“I couldn’t even get to a mobile unit because of transportation becoming an issue.” (Rural client -North)*

*“There are people on buses that go through an ordeal to get a bus pass or gas card. If you have a problem with your care and transfer back to a bus pass, it could take a year to get back to having a gas card.” (AA MSM)*



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Issue related comorbidity (cardiomyopathy):

*“I definitely need practical assistance. As far as transportation, I found [provider] and I was able to use them today to get here. I don’t drive, I have to depend on friends to take me, and coming home, I take the bus. From my home to the clinic is not a big distance – its 2 buses. I go to [provider], and get off and walk from there. The bus ride is short, waiting for the bus and all is 45 minutes to an hour. And that distance for me to walk from the corner to [provider] is like you trying to walk 5 miles, because of the condition of my heart—I’m working with 25% of it only, the rest is non-functioning.” (AA MSM)*

## **RECOMMENDATIONS**

### **HOUSING**

- Continue to collaborate with housing related services such as HOPWA.
- Disengage as many specific referral requirements for housing from case management as possible.
- Incorporate disability qualifications into access to Housing services.

### **TRANSPORTATION**

- Continue to work with METRO for reliable mass transit.
- Maintain one system for transportation - shuttle or taxi with vouchers. Considerable confusion still exists with clients about which system is in place and their qualifications to access that system. Consider separating the system into a service for healthy PLWH/A (bus passes or taxi vouchers) and one for the sick (shuttle).
- Work with other planning bodies to maintain funding in order to not further stress an already overloaded system.
- Educate shuttle drivers in the resources available to clients, with specific training on spotting those new to care. Provision of brochures, informational materials and other assistance for those entering the system on the shuttles will allow these drivers to further support knowledge of the system. Several focus group participants specifically mentioned their support as vital for them understanding better where to go and what range of services could be accessed.