

Community Needs Assessment African Americans Living with HIV in San Francisco

SUMMARY REPORT

BACKGROUND AND METHODOLOGY

This needs assessment is a united effort by service providers working with African American PLWHA, members of the recovery community, and the SF HIV Health Services Planning Council. The content of this document offers context and factors to consider regarding the needs of African Americans living with HIV in San Francisco.

According to the most recent HIV Epidemiological Report, *“Status of the HIV/AIDS Epidemic in San Francisco 2015”*, African Americans make up 13% of San Francisco’s PLWHA population, 11% of new HIV diagnoses in 2014 (N=15,979); while African Americans make up only 6% of the city’s total population. This report also noted that African Americans tended to poorer than average health outcomes in relation to other racial group.

African Americans are currently considered a targeted demographic within the San Francisco EMA HIV Health Services Planning Council’s “Special Populations” Definition:

The Council recognizes special populations which have unique or disproportionate barriers to care. They need additional or unique services, or require a special level of expertise to maintain them in care. The following populations were identified, based on the data that has been presented to the Council:

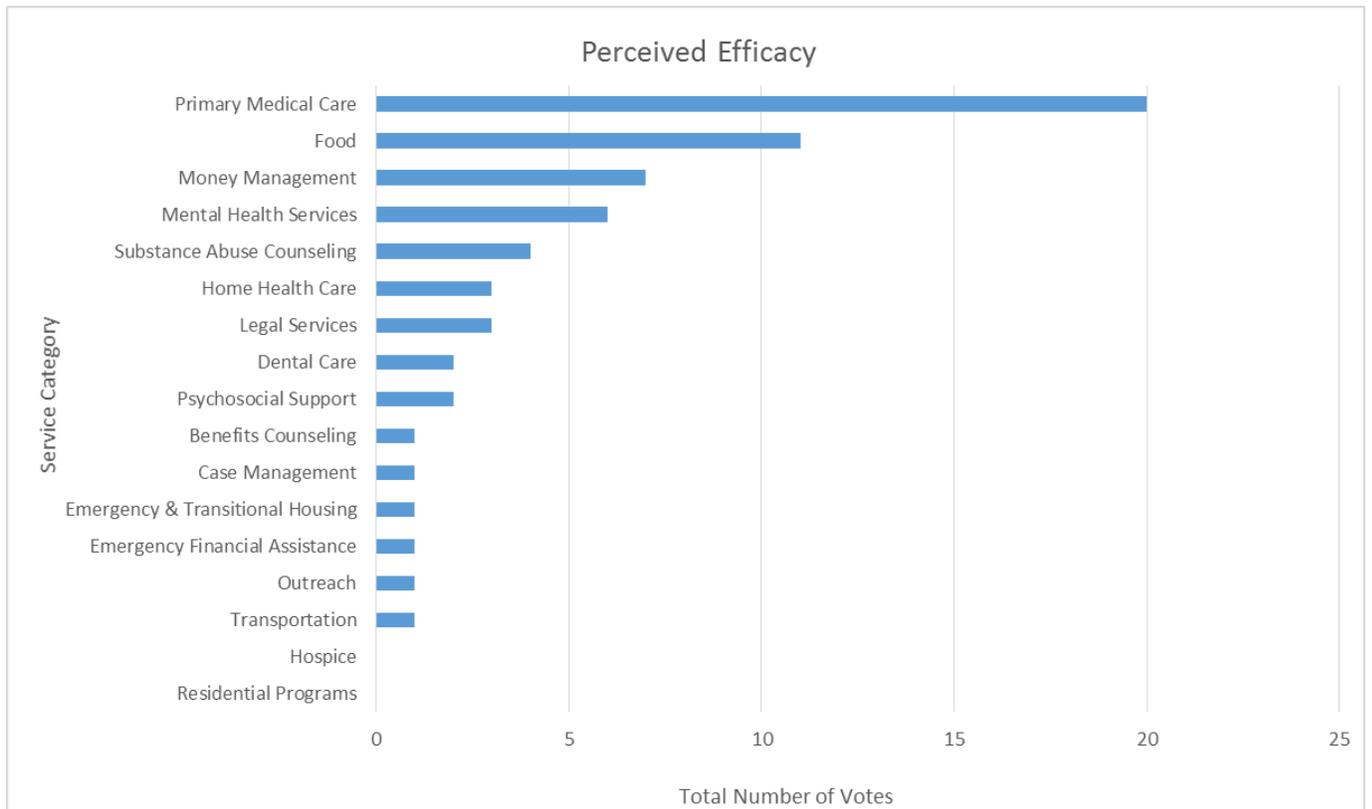
- Transgender individuals
- Populations with the lowest rates of use of ART (Antiretroviral Therapy).
- Communities with linguistic or cultural barriers to care. The Council included undocumented individuals in this category, as well as monolingual Spanish speakers.
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history.
- Persons living with HIV age 60 years or older.

In 2015, it was determined that the African-American population would be targeted as the focus of one of two annual needs assessments.

- In April 2015, HHSPC Staff initiated the formation of the African American Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services. In an effort to gain greater qualitative data, and in response to challenges with stigma and public discussion of personal challenges noted at a 2014 COLA targeting African Americans, it was determined that the needs assessment would be primarily comprised of one-on-one interviews to be performed by Council Community Services Manager David Jordan and Council Support Intern Rachel Sui. The Work Group developed an interview guide, tailored survey instrument and an outreach strategy. Consumer participation would be incentivized through \$25 gift certificates to Safeway. Additionally, two focus groups took place: the first on July 10th in collaboration with the African American Center of Excellence facilitated by David Jordan and Program Coordinator Jennifer Cust, the second on August 14th in collaboration with Black Brother Esteem facilitated by David Jordan.
- A total of 20 participants participated in focus groups.
- A total of 45 participants participated in one on one interviews.

FINDINGS

Prioritization Exercise Results



1. Primary Medical Care and Mental Health

- Participants prioritized primary medical as one of the most important and effective service.
- Areas of concern:
 - Senior – Five senior participants directly expressed anxiety and lack of understanding regarding medication interactions between HIV treatment and co-morbidities associated with aging (high blood pressure, cholesterol, diabetes, depression).
 - Transgender – Two transgender participants expressed frustration with and apprehension of primary care doctors focusing on only transgender issues instead of primary care needs.

2. Food

- Food appears to be working effectively among participants with some areas of concern.
 - Participants prioritized food as highly important and as the second most effective service.
 - Many participants expressed frustration regarding type of food that is given at food agencies.
 - Due to lack of housing or kitchen facilities, many fresh food options are wasted. Would like to have canned and dry goods available to be able keep food throughout the week.
 - Would like to see diet specific food options for diabetics and people suffering from cardiovascular disease.
 - Two participants were not able to access food services due to medical disqualifications of ‘not being sick enough’. However, participants still depended on food agencies to maintain health.

3. Dental Care

- Dental care was ranked second in prioritization, however many clients had difficulty accessing service.
 - Participants value and uphold dental care as a key service to increase quality of life and health. However, many expressed that they could not find providers that accept MediCare or services offered were too expensive.
 - Many participants feel that major dental work is needed and often neglected because lack of funds. Cleaning and diagnosis is not enough to maintain quality of life.

5. Housing

- Housing is a top concern for participants and often identified as the triggers for depression, stress, isolation, health problems, and substance abuse.

6. Psychosocial Support

- Majority of participants expressed that psychosocial support groups are vital in harm reduction and maintaining mental care.
 - Many participants expressed that support groups were vital in maintaining social connections, a safe place to voice challenges and concerns, and reduce isolation by developing a sense of community.
 - Senior and Transgender participants did not feel like they had access to social groups specific to their demographic, causing an increase in isolation.

7. Navigation

- Overall, participants felt there was confusion regarding where to access services or what service are available.
 - Many participants would like a consolidated information source regarding services offered with step-by-step instructions in how to access services.
 - Participants expressed concern that many agencies have a lack of follow through and counseling, especially with changing rules and policies.

QUOTES FROM PARTICIPANTS

“To be honest with you is what I am trying to find is someone to explain to me what is going on with me in my life time. I am 71 years old, will my HIV meds clash with my old age meds. What would you do if you don’t feel like getting up in the morning, your energy wanes, what do you do to maintain appointments?”

“Transgender doctors only focus on transgender issues”

“I had to access Westside through Shanti. It was one more step and my 3rd time having to come. The experience would have been good, but it was a longtime to put the pieces together with healthcare. It would have been nice to have a 1 or 2 stop shop to access service”

“Home Health Care is a very effective service. The nurse provided social care. It was really important to help me keep track of meds. It was an injection of positive power”

“I am concerned about my future, especially being a black transgender HIV positive women”

“There is a disparity in the services for gays/lesbians and even less for transgender. I want services for my demographic. I can’t go somewhere that really sees me. I want to go to meetings for transgender that are not funded especially for drug or mental services. I want meetings for job interviews, social vent, and normalcy. Within the black community, transgender and positives are looked down even more”

“I’m really fortunate. I can and have been able to access services when I needed it and I am living in a rent control building. Compared to other states, there are a lot of services and agencies in San Francisco.”

“The most effective service has been food and medical. I have no problem with either. But the least effective service is housing. I have been on a waiting list for a long time without hearing anything back, it has been over a year. It takes some people 3-4 years to find a place. It added a lot of stress and because of this housing issue I am drinking again after being 3 years sober. The place where I am at now, people make lots of noise and management does not do anything. It adds to my stress and drinking. When I drink I am not productive and my quality of life is going down. I am trying to stay optimistic and access a program of drinking”

“My health is a reason why I am going to these programs. I want a job but I have to get my drinking and housing under control”

“SF doesn’t have a central voice”

“Homelessness is a disease like HIV”

-“Why can’t I see a doctor as a person? My HIV doctor focuses too much on my HIV and not on my other health issues. It is very discouraging going to my doctor. The city policy states that I cannot have 2 doctors. I don’t have a primary care doctor. It is depressing. You have to be in critical condition in order to get help or to be heard”

“There is no community board with all the information [services/service providers for HIV]. The information around is either a hit or a miss”

“People judge you especially about being transgender.”

“People need a pull up not a handout”

“We need more housing, especially for LGBT & Trans. It’s a revolving door.”

“treatment for African Americans is so bad, I don’t want to use services”

“African Americans are locked out of housing, we are the last on the list, and the last to be invited to the table.”

“We need more culturally appropriate therapists, I have to be both a doctor & a patient”

“There is not enough time to explain yourself to your provider. They are quick to prescribe things without speaking to me.”

“Shelter + Care doesn’t service the black community, the black staff end up leaving”

“Providers feel uncomfortable with black people and they silence us.”

“The shelter system makes it difficult for us, if we don’t act a certain way”

“The money is being disturbed unfairly for black people.”

Most of the white clients will go to the new SFAF Castro location and the people of color will stay on Market Street.

“Building a new SFAF in the Castro makes us feel unwelcomed and shut out”

“I trust health care providers, but communicating with them is hard. We need more peer support, so we can speak more freely”

CONCLUSIONS

1. Participants felt that navigation was high priority, though at times providers lack consistency in their follow through and that there was a lack of a centralized source of information. With added funding Navigation as well as benefits counseling and the new updated resource guide, it is hoped that many of these difficulties can be ameliorated.
2. Psychosocial support continues to be an important means to maintaining community with an emphasis on harm reduction, dealing with isolation and depression, as well as information sharing. This need for support appears to be heightened among the senior and transgender communities.
3. Though participants rated primary medical care and mental health care highly, many expressed that they feel unheard and prejudged by service providers, this seemed to be exacerbated among transgender individuals. There appears to be a need for more culturally appropriate service provision.
4. Dental care continues to be an important aspect of quality of life and overall health, and while participants seemed to feel it was an important service, many felt that it continued to be less than effective. Participants seemed unsure services were available to them and what might be covered under Denti-Cal.