

Community Needs Assessment Asian and Pacific Islanders Living with HIV in San Francisco

SUMMARY REPORT

BACKGROUND AND METHODOLOGY

This needs assessment is a united effort by service providers working with Asian and Pacific Islanders (API), members of the API community, and the SF HIV Health Services Planning Council. The content of this document offers context and factors to consider regarding the needs of API living with HIV in San Francisco.

According to the most recent HIV Epidemiological Report, “*Status of the HIV/AIDS Epidemic in San Francisco 2015*”, API make up 7% of San Francisco’s PLWHA population and make up 13% of new HIV diagnoses in 2014 (N=15,979). This report also noted that API appear to have better than average health outcomes.

CDC research shows that more than 1 in 5 (22%) Asians living with HIV do not know they have it. People living with undiagnosed HIV cannot obtain the care they need to stay healthy and may transmit HIV to others. Cultural factors may affect the risk of HIV infection. Some Asians may avoid seeking testing, counseling, or treatment because of language barriers or fear of discrimination, the stigma of homosexuality, immigration issues, or fear of bringing shame to their families.

Asian and Pacific Islander PLWH 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, the Consumer & Community Affairs (CCA) Committee of the San Francisco EMA HIV Health Services Planning Council (HHSPC) discussed potential target populations for the annual Needs

Assessment. Factors for choosing a target population included target populations noted within the HHSPC's 2012-2014 Three-Year Comprehensive Plan, HIV disease burden within targeted populations, and the amount of time since a targeted population has received a needs assessment. After deliberating on the topic over the course of two meetings, CCA determined that the 2015 HHSPC Needs Assessment would target the A&PI population.

In April 2015, HHSPC Staff initiated the formation of the API Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services.

At its first meeting, the group elected two Co-Chairs: Ron Hernandez (HHSPC Council Member) and David Jordan (HHSPC Staff). The group decided to operate by consensus, and to avoid the use of formal parliamentary procedure in order to better encourage participation by all of its members. The membership of this work group consisted of:

- CM Bruce Ito
- CM Ron Hernandez
- Nathan Manuson (API Wellness)
- HHSPC Support Staff

The group determined:

- A focus group would take place in HIV service location familiar to clients in order to better outreach to and recruit participants, API Wellness Center was and the focus group was scheduled to coincide with one of their on-going interventions.
- A series of questions designed to gain a demographic "snapshot" of the participants, as well as other questions that would provide insight as to their service utilization and potential barriers to care; these questions became a survey tool for focus group participants.
- Structure of focus groups (described below)
- Attendance at focus groups would be incentivized through \$25 gift certificates to Safeway; lunch or dinner would also be provided.

Focus Group Structure

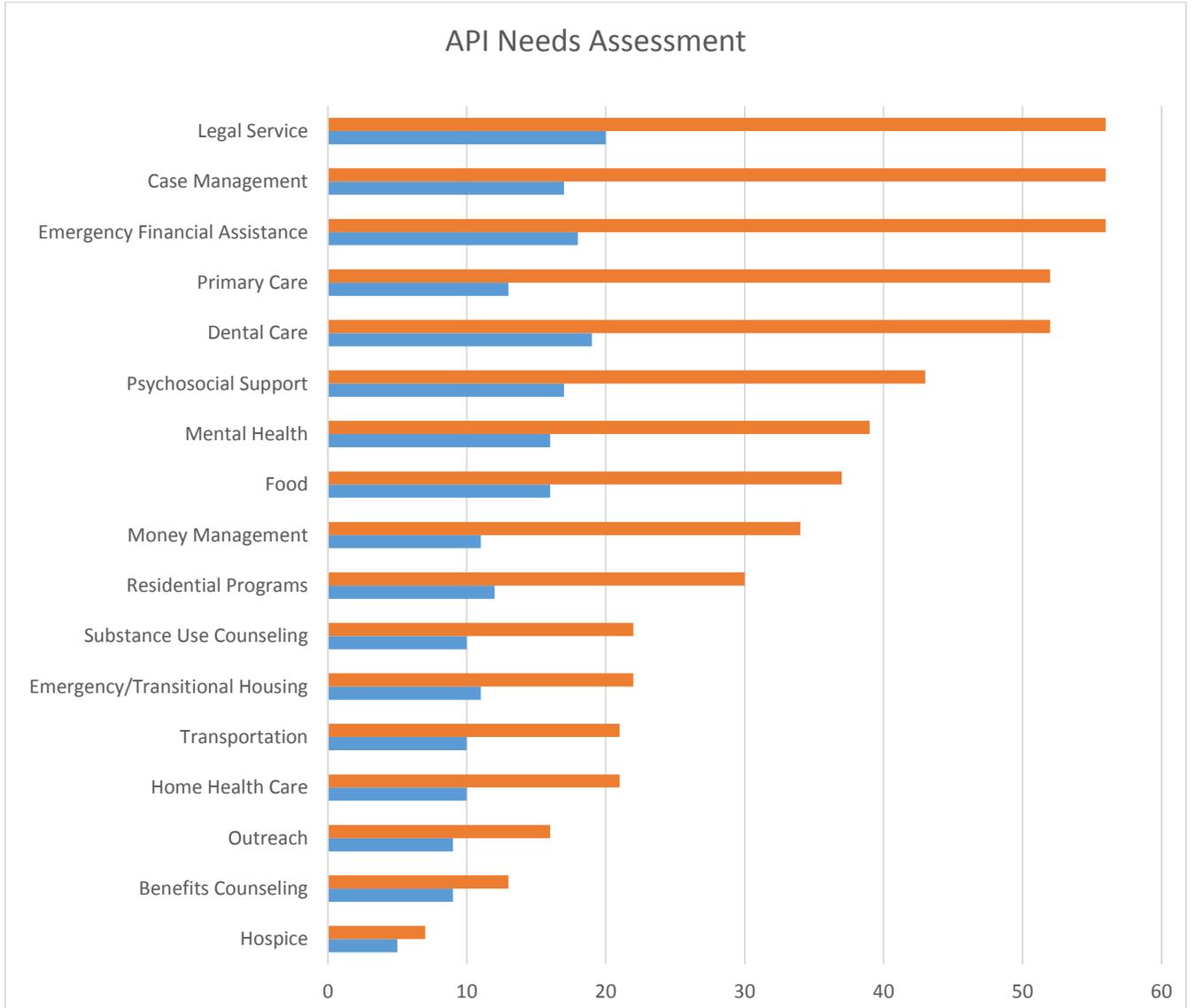
- 1) General facilitation and attendant interaction guidelines.
- 2) Anonymous survey/questionnaire.
- 3) Explanation of role and functions of HHSPC.
- 4) Facilitated Discussion regarding individual challenges, in particular barriers to care.
- 5) Description of RWPA HIV service categories.
- 6) Service prioritization "dot exercise".
- 7) Facilitated Discussion regarding utilization of service categories and challenges with HIV service utilization.

Focus Group

- 28 attendees participated in the focus group that was facilitated by Community Services Manager David Jordan.
- Another 13 participated in one on one interviews with an API Wellness staff member who was able to speak to them in Cantonese.

FINDINGS

Prioritization Exercise Results



FINDINGS

1. Benefits and Navigation

- Some participants reported challenges in accessing benefits information, specifically around changing services, eligibility, and changes to the ADAP formulary. Though most participants felt that the navigation services were working well, to the extent that many of the changes caused by the Affordable Care Act were largely invisible to them.

2. Primary Medical care

- Participants in general spoke highly of primary medical both in terms of quality and value, although a portion of the participants expressed frustration at what they view to be changes in service (particularly around pain management), and an added layer of bureaucracy.

3. Transportation

- Participants felt that though the free MUNI disabled pass was extremely helpful day to day, taxi vouchers continue to be important to individuals with mobility challenges and in urgent situations.

4. Emergency Financial Assistance

- Participants spoke of the importance of emergency financial assistance in that most consumers of RWPA are receiving monthly fixed income payments and have limited ability to address unexpected financial challenges on their own.

5. Mental Health

- Participants stated the mental health services are a high priority. Participants reported suffering from depression, anxiety, and PTSD. Some consumers reported challenges in accessing mental health care and perceived a diminishing of services.

6. Psychosocial

- Participants expressed API specific psychosocial support is vital in helping them cope with isolation, and depression as well as providing a valued sense of community. Further, they reported that support groups are a great resource for information sharing, as well as accentuating their importance to the elder population.

QUOTES FROM PARTICIPANTS

“A lot of API clients are immigrants. We learn from each other. People may not know how to access services, but we teach each other. Support groups are how we navigate the system or care.”

“I’m lonely and depressed, this increases with age.”

“It’s much more difficult to see a doctor in the city now.”

“Doctors won’t give meds they used to give, or they won’t up the dosage in relation to the pain.”

“They give you meds or you die, that’s why it’s most important.”

“API services have changed, I left for 5 years and the services seem lessened.”

“Even with SSI I’m still below the poverty line, so any financial assistance is good.”

“Benefits counseling not important to me because my case manager handles that.”

“If I don’t get mental health care I can’t work or sleep.”

“I’m suffering from isolation and depression, just getting by instead of living.”

“I’ve lost three friends to suicide.”

“Support groups have made a difference, I don’t wait to lose fiends anymore.”

CONCLUSIONS

1. Legal services of particular importance.
2. Psychosocial services specific to the API population are vital, with an emphasis on the senior population.
3. Mental health services are of high importance.
4. Navigation and benefits remain a focal point for the API population.
5. Substance use counseling and services for the previously incarcerated continue to be important