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PURPOSE OF A NEEDS ASSESSMENT?

The 2005 Comprehensive HIV/AIDS Health Services Needs Assessment was conducted to identify the service needs of people living with HIV/AIDS in the San Francisco EMA (Counties of San Francisco, San Mateo and Marin). The needs assessment focused on underserved populations and populations with the greatest need of HIV/AIDS-related health and social services. A wide variety of information was collected, including demographic information, status of HIV and non-HIV related health issues, and the utilization of CARE-funded services.

As part of the Ryan White CARE Act, the needs assessment data are used by the San Francisco HIV Health Services Planning Council (CARE Council) to set priorities for the allocation of funds and to develop strategies for addressing service needs within the SFEMA. This snapshot of people living with HIV/AIDS (PLWH/A) in the SFEMA also serves as a resource for planning groups, local government, service providers, and programs to ensure that the needs of the target population are effectively met. This report provides a summary of key data from the full report, which is available through the CARE Council.

Defining Severe Need

On June 28, 2005 the HIV Health Services Planning Council defined Severe Need as individuals who meet all of the following criteria:

- ✓ **Disabled** by HIV/AIDS or with symptomatic HIV diagnosis
- ✓ **Active substance use or mental illness**
- ✓ **Poverty**, defined as annual federal gross income equal to or less than 150% of the Federal Poverty Level; up to \$14,355 for one person in 2005.

Needs Assessment Successes

- Survey population more diverse than previous assessments
- Mixed methods approach captured diverse voices
- Examined service utilization and service needs for different groups
- Provided insight into specific areas (e.g., severe needs, PWP, needs of aging PLWH/A)

SFEMA EPIDEMIOLOGY: A REVIEW

Approximately 85.1% of people living with AIDS within the San Francisco EMA reside in San Francisco, 7.9% live in San Mateo and another 7% live in Marin County.

HIV/AIDS Prevalence: There are 26,254 cumulative cases of AIDS in San Francisco (1980-2005). Approximately 8,514 persons are currently living with AIDS in San Francisco; 785 in San Mateo; and 700 in Marin (includes San Quentin prison).

AIDS Incidence: There were 88 newly diagnosed cases in San Francisco (through June 30, 2005); 32 new cases in San Mateo in 2002; and 40 new cases in Marin in 2002.

Overall, the two leading modes of transmission are men who have sex with men (MSM) and injection drug use (IDU): In San Francisco, MSM is the most common transmission category at 72%; in San Mateo County, 19% of cases can be attributed to IDU; in Marin County, the largest proportion of AIDS cases occurred among MSM at 46%.

Populations are disproportionately affected: In San Francisco, White and Black/African American men are disproportionately affected by AIDS compared to the general population. While AIDS cases in Marin County have primarily occurred among Whites, the proportion of Latino/Hispanic and Black/African American AIDS cases has increased from 11% in 2000 to 25% in 2002. (This may be reflective of county population shifts).

METHODS

Client Survey

The client survey was administered to 607 PLWH/A in the San Francisco EMA. A non-random stratified sampling method was used to determine the client survey sample. Select subpopulations were over-sampled to report reliable data about the selected groups. Over-sampling was determined by current local epidemiology, past needs assessments, current local research findings, and discussions with the Needs Assessment Work Group. A variety of strategies such as group survey administration, telephone administration, and one-on-one interviews were used to effectively reach a diverse sample of PLWH/A. Harder+Company (H+Co) worked with HIV/AIDS service providers and community stakeholders to recruit participants. The survey was professionally translated into Spanish for mono-lingual Spanish speakers. Trained community interviewers worked with H+Co staff to implement the survey. All respondents who completed the survey received a \$15 grocery incentive.

Focus Groups

With the aim of providing rich, in-depth information about HIV/AIDS services from a range of hard-to-reach populations, H+Co staff facilitated eleven focus groups. Participants were recruited through service providers and flyers posted throughout the community. All participants received a \$15 grocery incentive.

Provider Survey

Recipients of Ryan White Care funds and other service providers for PLWH/A participated in an online survey to identify: 1) the range of services provided in the San Francisco EMA; 2) service numbers and unduplicated client counts; 3) strengths and challenges of the current system of HIV care in the San Francisco EMA; and 4) gaps in services for underserved and unserved populations. The responses from the provider survey were analyzed and used to estimate care system capacity and to provide recommendations regarding service provision.

Completed Focus Groups:

- African American males
- African American females
- Asian Pacific Islander: Filipino MSM
- Bayview residents
- Homeless
- Marin residents accessing services in San Francisco
- Monolingual Spanish speaking San Francisco residents
- Monolingual Spanish speaking San Mateo residents
- Released from prison within one year
- People living with HIV/AIDS age 55+
- Transgender (MTF and FTM)

Limitations

A number of limitations may preclude making definitive statements or conclusions about the HIV health services needs of PLWH/A in the SFEMA:

- **Prevents generalization of findings** to the larger population due to non-random and convenient sampling techniques
- **Response bias** in which some participants record what they thought to be the “correct answer”
- **Economic necessity** may have led some respondents to lie about being HIV-positive or living within the EMA in order to receive the cash incentive.
- **Most respondents completed a written survey with little or no assistance.** Although the survey was designed to be simple and straightforward, there may have been some items that individuals found difficult to understand which may have resulted in inaccurate information.
- **The data analysis was limited by the data collected by the client survey instrument.** Some conclusions regarding the sample could not be made as the necessary data was not collected.

Data Analysis

Quantitative survey data was entered into Statistical Package for the Social Sciences (SPSS) and analyzed using standard statistical procedures. The analysis plan was finalized with input from the Needs Assessment Work Group so that statistical procedures were utilized to effectively identify needs, unmet needs, and barriers among each population and within each strata. Focus group data was analyzed using content analysis, an approach which comprehensively examines participant commentary for trends and emerging themes. Direct participant statements that either supported or contradicted quantitative findings provided a more in-depth examination of client needs and gaps in services.

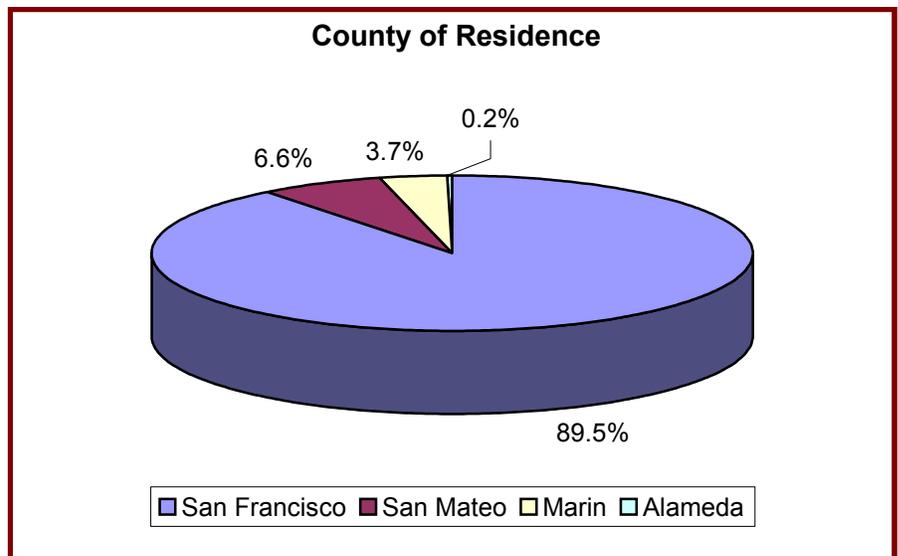
PARTICIPANT DEMOGRAPHICS

A majority of participants (81%) first tested positive in California. Of these, most (79%) tested positive in the SFEMA. 84% of the participants who reported an AIDS diagnosis were diagnosed in California. Of these, most (89%) were diagnosed in the SFEMA.

Age

The average age of survey participants was 46 years old. The youngest reported participant was 19 years old and the oldest was 92. 29% of survey participants were fifty or older. Of these, a majority (67%) were HIV+ with disabling symptoms. Most were male (75%), White (50%) and living in San Francisco (87%). These participants tended to rent their homes (40%), be on disability (47%), and have health coverage (86%).

Only 4% of participants were under 29 years old. About half (55%) had disabling HIV symptoms. Most were White (32%) or African American (27%), male (77%), homosexual (62%) and living in San Francisco (91%). Only 9% were working. Most did not have health coverage (68%), and many were homeless (27%).

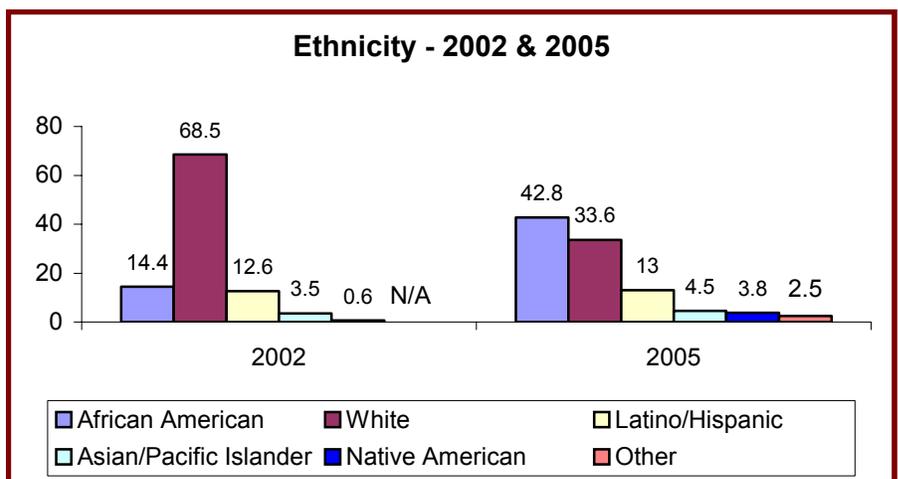


Birthplace and Language

Most clients stated they were born in the United States (87%) and 91% were U.S. citizens. 90% spoke English as their primary language. 7% of participants listed Spanish as their preferred spoken language.

Employment, Income, Housing

Nearly half (47%) of participants reported not working and being on full disability. 46% of participants reported annual incomes at or below 100% of the Federal Poverty Level (FPL) (< \$9,571). An additional 39% were at 150% of FPL. Participants reported paying an average of \$415.67/month for housing. 27% of participants were homeless at one time in the last 2 years. 8% reported being currently homeless.



Gender and Sexual Orientation

73% of participants identified as male; 19% female, and 7% transgender (mostly MTF). 64% of male participants identified as homosexual; 19% as heterosexual and 15% as bisexual. Among survey participants, 59% were categorized as MSM. Of these, 86% identified as homosexual; 10% as bisexual; and 2% as heterosexual.

HEALTH STATUS

All survey participants were HIV positive. A majority of participants (67%) were HIV+ with disabling symptoms. 58% of participants have been living with HIV for >10 years. 59% reported they were most likely infected by having sex with a man; 15% reported sharing needles as the cause.

Almost half (46%) of participants received an AIDS diagnosis. 8% reported they were diagnosed with AIDS at the same time that they tested HIV+. Of these, 47% identified as heterosexual, 42% were Black/African American, and 9% had never seen an MD for their HIV/AIDS.

34% of participants reported having Hepatitis C; 23% reported having Hepatitis B. 36% of participants reported having neuropathy; 25% reported having high cholesterol. The high rate of chronic disease is a possible indicator of an aging HIV/AIDS population.

Respondents who had taken HIV/AIDS medications were taking an average of 6 prescription drugs. These prescriptions were mostly paid for by Medi-Cal/Medicaid (71% of participants), AIDS Drug Assistance Program (ADAP) (33%), and Medicare (30%).

Most people reported never skipping HIV/AIDS medication or only skipping once or twice a month (42% and 37% respectively).

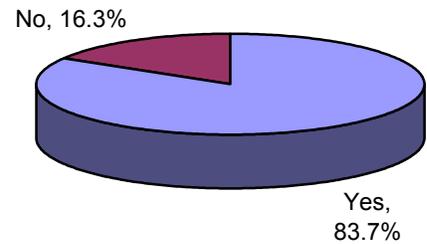
67% of participants had received mental health services since they were infected with HIV. Among those:

- The majority (78%) received individual counseling/therapy.
- 66% of participants had been diagnosed with depression and 47% with anxiety in the last 2 years.

In general, participants rated their health fairly highly. Over half of participants (64%) rated their health as good or better. Participants reported *not feeling physically well* an average of 8 days out of the month and *not feeling mentally well* an average of 9 days out of the month.

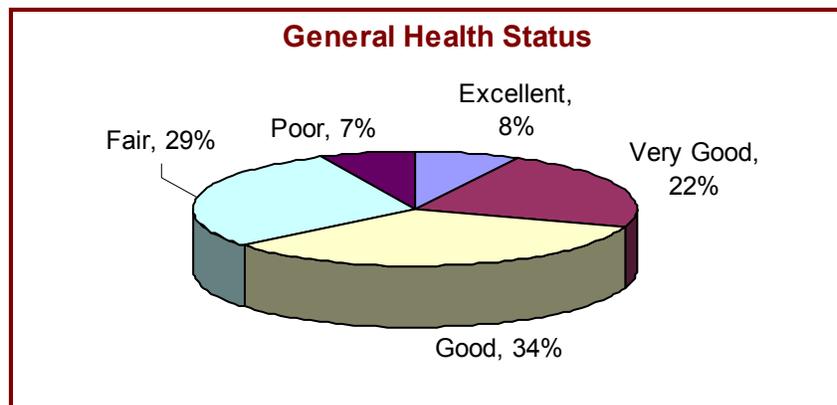
Survey participants reported a higher rate of health coverage than in 2002 (58%). Among those who had health coverage, 73% had Medi-Cal/Medicaid and 45% received Medicare.

Do you have health coverage?



Where do you receive care most often?

Location	Number	Percent
SF General	231	38.1
Community clinic	200	33.3
UCSF	68	11.3
Private MD/Clinic	66	10.9
St. Mary's	53	8.8



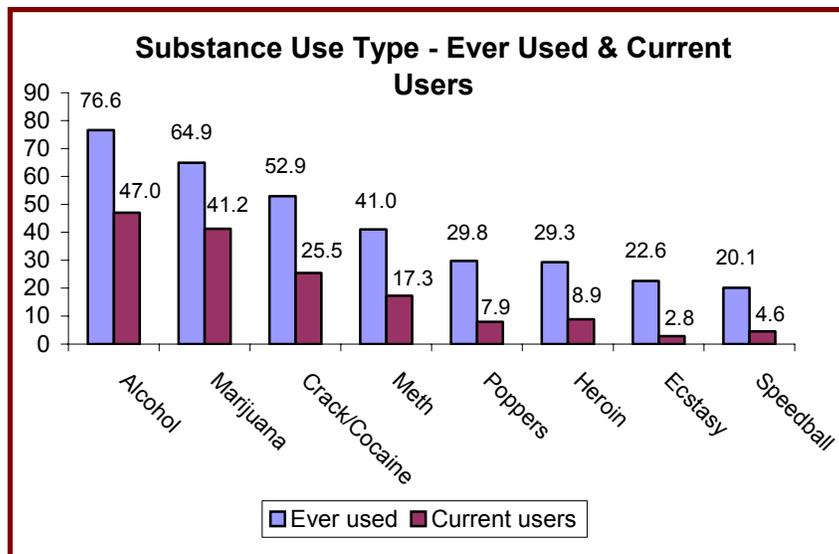
HEALTH STATUS

Substance Use

Current substance users made up 66% of the survey sample. The most common substances used by clients were alcohol, marijuana, and crack/cocaine. 41% reported ever using methamphetamine; of those, 17% were current users.

Substances such as alcohol, marijuana, crack/cocaine, heroin, and methamphetamine were typically used once a week or more. “Party drugs” such as GHB, poppers, and ecstasy were used less than once a month.

A majority of participants that reported recent drug use had received substance use counseling or treatment since being infected with HIV.



Out-of-Care

One priority of the needs assessment is to identify the needs of those who know their status but have not received care. A client is considered to be out-of-care if they have not seen a doctor, nurse, or other health care professional for their HIV/AIDS in more than one year or have never received care.

Return to Doctor or Clinic after HIV Diagnosis (n=578)

	Number	Percent
I have never seen a doctor or gone to a clinic since I found out I was HIV+.	49	8.5
Less than 6 months ago.	488	84.4
Six to twelve months ago.	18	3.1
More than a year ago.	23	4.0

Among the survey participants, 13% were considered out-of-care. Of those, 68% had never been in care and 32% had not been in care for over one year. 9% have never seen MD since finding out they were HIV+. Another 4% were last in health care >1 year ago. Of participants who had seen a doctor for their HIV more than a year ago or never:

- Mostly Black/African American (60%);
- 65% were male and 23% were female;
- 41% were heterosexual;
- All were at or below 150% of FPL;
- 78% had health coverage.

Trends were similar among those who have **never received care from a prescribing doctor in the last year** and those who **saw a doctor >1 year after diagnosis**.

Severe Need

Severe Need is defined as 1) disabled by HIV/AIDS or with symptomatic HIV; 2) active substance abuse or mental illness; and 3) an annual federal gross income equal to or less than 150% of the FPL.

Almost half (47%) of the survey respondents were considered to be in the severe need category (n=286). Of these:

- The average age was 46 years old;
- 93% lived in San Francisco;
- 68% had an AIDS diagnosis;
- 76% were male, 16% female, 5% transgender;
- 49% identified as homosexual;
- Most were African-American (41%), White (35%), or Hispanic/Latino (13%);
- 8% spoke Spanish as their primary language; and
- 90% had health coverage (mostly Medical); 94% were currently in care.

SERVICE UTILIZATIONS

Service utilization trends are presented by service category in order of client utilization, beginning with the service that demonstrated the highest rate of utilization.

Food

Grocery pantry and food closet (including nutritional supplements); food vouchers; home delivered meals; and nutrition education and counseling:

- Food was the most needed and most utilized service.
- Most people in need of Food/Grocery Pantry received it; there was a bigger gap for food vouchers; only 59% in need received it.
- Among the severe need population, over half (59%) expressed a need for home delivered meals, but less than half reported receiving them.
- Focus group participants in Bayview and Marin reported difficulty accessing food services; many groups expressed a need for more nutritional food.

Health Care

Outpatient medical care; dental care; medication cost reimbursement and assistance to pay for HIV/AIDS related drugs and/or health insurance; home health care; professional support to maintain medication schedule; and alternative care including acupuncture and traditional Chinese medicine:

- There were gaps for medical services such as dental care, assistance with medication costs, and alternative care. For example, 39.8% of people who needed assistance paying for medication didn't receive it.
- Severe need participants reported high level of need of dental services and outpatient medical care.

Case Management

Coordination of HIV/AIDS care and benefits; treatment advocacy; peer advocates to take clients to appointments and advocate for services on behalf of clients; volunteer assistance with shopping, cleaning, etc.; health education/risk reduction; and employment assistance:

- Overall those with disabling HIV accessed case management in greater proportion than those without these symptoms.
- Over half of the severe need population (56%) requested Peer Advocate services, however only 40% received them.
- Those "out-of-care" used case management services the least.

Housing

Assistance in accessing housing; rental assistance or subsidy; emergency financial assistance for housing, utilities, and other emergency expenses; supportive housing where services like case management or nursing care is available; and transition housing:

- More unmet needs in this service category compared to others; for example, only 64% of those in need of rental assistance received it.
- Higher proportion of females reported a need for housing services.
- There was no difference in the need for housing services among those on the Housing Wait List than those who were not.
- Among the homeless living on the street, only 26% reported receiving housing information.

Summary of Service Utilization Results

Most Used Services: Food; Healthcare; Case Management

Most Needed Services: Food; Healthcare; Housing

Most Important Services: Housing; Healthcare; Food; and Substance Use (from community forums conducted by the CARE Council)

Client Feedback

Comments regarding services in clients' own words.

Food

It's good to have something in the freezer. I know I can have a good well balanced meal at least once a day. (55+ focus group)

Medical Care

My doctors, they go further than just my medical [care]. They get into my drug use, prostitution, my housing, my food-not just about my health. (Transgender focus group)

Case Management

My English is limited. So the API case worker comes with me, but sometimes if they can't come, I don't know how to talk to my doctor. (API focus group)

Housing

Laundry is an issue. Being homeless, it is hard to go and get a job, if I have dirty clothes, it's hard to get a job. [That affects] my self esteem. (Homeless focus group)

Mental Health

As a Latino, the shock of hearing that you have AIDS is overwhelming because we associate it with death. So, for someone who is recently diagnosed, it should be required to get therapy, go to a support group or to see a counselor. (San Mateo Latino focus group)

SERVICE UTILIZATION

Transportation

Van transportation to HIV/AIDS services; taxi vouchers; bus tokens or passes; and volunteer assistance with transportation:

- Overall, severe need population expressed a higher rate of need for transportation services than the overall population.
- 56% of severe need clients reported needing van transportation; of those, less than half received it.

Mental Health

Outpatient individual or group mental health therapy; residential mental health services; psychiatric assessment- 1 or 2 psychiatric sessions to determine type of care; crisis mental health intervention including suicide hotline; and peer counseling, support, or drop-in groups:

- Overall, need for this category are being met at higher rate than other services.
- 81% needing outpatient mental health received it.
- 73% needing psychiatric assessments received it.
- 76% needing peer counseling/ support groups received it.
- Need for these services was higher among severe need participants.

Client Advocacy

Benefits counseling; money management services; legal services such as preparing wills, assistance with evictions, housing discrimination, and immigration issues; and consumer advocacy to assist clients with grievance process with care funded agencies:

- About half of participants (55%) needed benefits counseling; other services in this category were needed by less than half of participants.
- Overall, transgender participants needed these services in a higher proportion than other genders.
- Funding cuts, not being able to afford services, and inadequate health insurance were the largest perceived barriers for those who did not receive these services.

Substance Use

Outpatient individual or group substance abuse treatment or counseling; residential substance abuse services; Detox services; and methadone maintenance:

- 41% of participants needed outpatient substance use services; of those, 84% received it.
- 50% of transgender participants stated a need for outpatient services.
- Severe need participants reported needing outpatient and residential services at a higher rate than the overall population.
- Among those who reported injecting street drugs in the last year, 23% reported receiving methadone maintenance.

Day/Respite Care

Adult day care, such as services provided at Continuum; day care for children during a care giver's appointment for HIV/AIDS care:

- Overall, this category had the lowest rate of reported utilization compared to other services.
- Severe need population indicated a slightly higher need (25%) for adult day care.

Perceived Barriers

Most Common

- Reduced or discontinued services due to funding cuts.
- Inadequate health insurance.
- Not eligible for a service.

Least Common

- Service not being available in county of residence
- Not being able to communicate with providers in preferred language
- Lack of child care

Barriers by Population

Out of Care

Funding cuts (33%); Fear that HIV/AIDS status would be known by peers (27%); Not knowing service location (26%); and Finding a provider in preferred language (40% non-English speakers).

Severe Need

Funding cuts (42%); Not knowing service was available (25%); Not being able to afford services (24%); Fear of being reported to immigration (55% born outside U.S.); and Finding a provider who spoke their preferred language (40% non-English speakers).

Older Participants

Funding cuts (35%); not knowing service was available (30%); and not being able to afford services (23%).

ADDITIONAL DATA

Provider Survey

The provider survey was sent to 58 providers. 43 providers completed the survey (75% response rate).

The majority of agencies who completed the survey were non-profit organizations. Eight were government agencies. 25 agencies received Ryan White Title I funds, totaling an amount of \$9,959,904. After Ryan White Title I funds, the second largest reported source of funding for all agencies came from CDC Prevention Funds.

The primary service for 30% of respondents (10 agencies) was medical care; case management was the primary service for 27% (9 agencies). 76% of agencies reported received CARE funding for their primary services.

32 providers reported having made change services in the last year that affected their ability to provide services to PLWH/A. 25 providers reported plans to add or eliminate services provided at their agencies next year.

Prevention with Positives (PWP)

In order to gather input from clients about ways to integrate prevention into care settings, questions regarding PWP issues were integrated into the 2005 Needs Assessment.

Over 60% of participants have discussed prevention issues with their medical provider. Roughly 50% of participants reported they had the same discussions with their case manager, health educator, or counselor. Discussions with medical providers were more common than discussions with other types of providers for all PWP issues.

Survey participant seemed to be fairly knowledgeable about PWP issues. 88% thought condoms were likely to effectively reduce infecting someone else with HIV/AIDS. 79% thought a person's viral load is likely to affect transmission of HIV/AIDS. 87% believed combining recreational drugs with sex is likely to affect the risk of HIV infection.

Focus group data supported survey findings. Participants across groups seemed to agree that discussing PWP topics with providers was important. Participants seemed comfortable having these discussions with medical providers. Participants gave a variety of reasons to explain why they had not had these discussions (not enough time, doctor assumes client is knowledgeable, etc.).

CONCLUSIONS

The 2005 Needs Assessment provides a wealth of information and can be “sliced” many different ways. This year focused on capturing the service needs of underserved populations and groups with the most severe need of HIV/AIDS-related health and social services.

Opportunities for future study include:

- Further examination of the needs of an aging HIV+ population;
- Investigation of drug use and substance use services among women;
- Collect more information from the younger HIV+ population and those recently diagnosed; and
- Further develop PWP questions.

Acknowledgements

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Special thanks to the PLWH/A who completed the consumer survey and participated in the focus groups. Their contribution gives voice to PLWH/A in San Francisco, San Mateo, and Marin Counties.

