



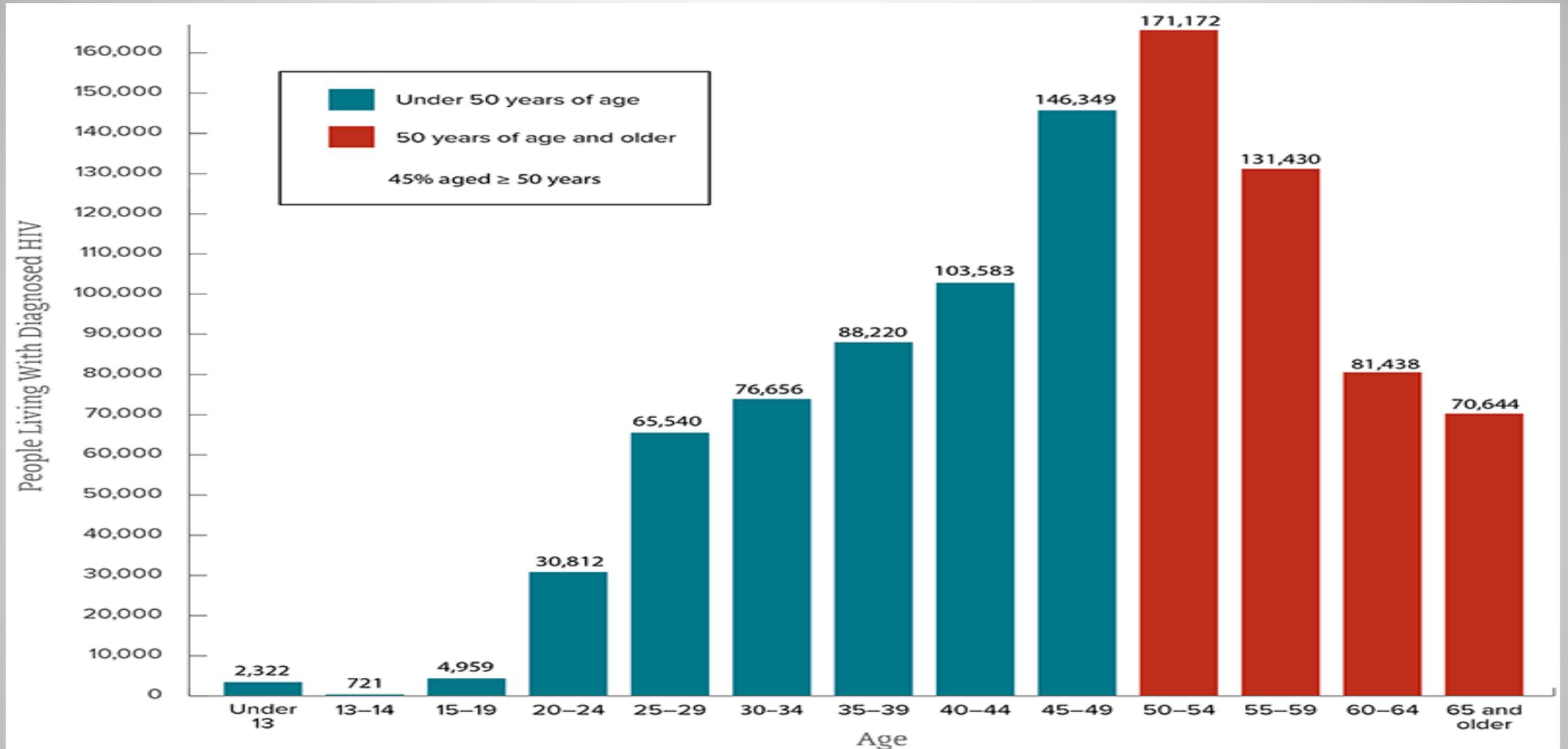
Community Needs
Assessment of
HIV+/50+

HIV + individuals over the age of 50 are currently considered a targeted demographic within the San Francisco EMA HIV Community Planning Council's "Special Populations" Definition.

The Council recognizes special populations which have unique or disproportionate barriers to care. The following populations were identified based on the data that has been presented to the Council:

- Populations with the lowest rates of use of ART (Antiretroviral Therapy)
- Communities with linguistic or cultural barriers to care, inclusive of undocumented individuals and monolingual Spanish speakers
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history
- Homeless Individuals
- Substance Users
- Persons living with HIV age 50 years or older

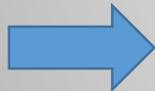
- In little more than a decade, 70% of people living with HIV will be over the age of 50. -Dr. Marcy Adelman
- Clinically, it is clear that the development of specific geriatric syndromes such as multimorbidity, frailty, and polypharmacy are hastened in those with HIV. Cardiovascular disease, diabetes, and several other conditions are more prevalent at all ages in those with HIV, suggesting there is an extra “hit” by HIV and/or ART—that is, accentuated aging. - *The Journals of Gerontology*



CDC. Diagnoses of HIV infection in the United States and dependent areas, 2016C

Table 1.3 Trends in persons living with HIV by demographic and risk characteristics, 2013-2017, San Francisco

	2013		2014		2015		2016		2017	
	Number	(%)								
Gender										
Men	14,582	(92)	14,666	(92)	14,677	(92)	14,681	(92)	14,656	(92)
Women	911	(6)	904	(6)	903	(6)	900	(6)	907	(6)
Trans Women	391	(2)	388	(2)	394	(2)	389	(2)	384	(2)
Trans Men	4	(<1)	4	(<1)	4	(<1)	5	(<1)	5	(<1)
Race/Ethnicity										
White	9,530	(60)	9,528	(60)	9,494	(59)	9,443	(59)	9,369	(59)
African American	1,959	(12)	1,936	(12)	1,928	(12)	1,910	(12)	1,905	(12)
Latino	2,946	(19)	3,000	(19)	3,042	(19)	3,079	(19)	3,100	(19)
Asian/Pacific Islander	856	(5)	894	(6)	916	(6)	947	(6)	973	(6)
Native American	63	(<1)	64	(<1)	65	(<1)	65	(<1)	67	(<1)
Multi-race	527	(3)	533	(3)	525	(3)	522	(3)	529	(3)
Unknown	7	(<1)	7	(<1)	8	(<1)	9	(<1)	9	(<1)
Age in Years (at end of each year)										
0 - 12	3	(<1)	3	(<1)	3	(<1)	2	(<1)	0	(0)
13 - 17	4	(<1)	3	(<1)	5	(<1)	3	(<1)	5	(<1)
18 - 24	161	(1)	136	(1)	133	(1)	113	(1)	101	(1)
25 - 29	491	(3)	477	(3)	449	(3)	428	(3)	390	(2)
30 - 39	1,916	(12)	1,889	(12)	1,835	(11)	1,785	(11)	1,745	(11)
40 - 49	4,758	(30)	4,346	(27)	3,957	(25)	3,649	(23)	3,371	(21)
50 - 59	5,554	(35)	5,754	(36)	5,849	(37)	5,880	(37)	5,879	(37)
60 - 69	2,533	(16)	2,781	(17)	3,067	(19)	3,305	(21)	3,510	(22)
70+	468	(3)	573	(4)	680	(4)	810	(5)	951	(6)
Transmission Category										
MSM	11,656	(73)	11,748	(74)	11,811	(74)	11,848	(74)	11,852	(74)
PWID	954	(6)	937	(6)	911	(6)	896	(6)	884	(6)
MSM-PWID	2,488	(16)	2,478	(16)	2,442	(15)	2,401	(15)	2,366	(15)
Heterosexual	546	(3)	546	(3)	558	(3)	564	(4)	569	(4)
Transfusion/Hemophilia	25	(<1)	25	(<1)	25	(<1)	25	(<1)	25	(<1)
Other/Unidentified	219	(1)	228	(1)	231	(1)	241	(2)	256	(2)
Total¹	15,888		15,962		15,978		15,975		15,952	



65% of total population 50 -70+

Needs Assessment Work Group

In April 2019, HCPC Community Engagement Committee initiated the formation of the HIV+ 50+ Needs Assessment Work Group by inviting a range of stakeholders, including providers and consumers of services. Members included:

- Derrick Map, Shanti Project
- Angela Di Martino, Curry Senior Center
- Jeremy Tsuchitani-Watson, HCAP
- David Gonzales, HCPC
- Ben Cabangun, HCPC
- Eric Sutter, HCPC
- T.J. Lee-Miyaki, HCPC
- Mike Schriver, HCPC
- Laura Thomas, HCPC
- HIV Community Planning Council Staff

Background and Methodology

- This needs assessment is a product of service providers working with HIV + individuals, community members, and SF HIV Community Planning Council members and staff.
- The Work Group developed an interview guide, tailored survey instrument and an outreach strategy.
- In an effort to gain greater qualitative data, and in response to challenges with stigma and public disclosure of personal concerns, the needs assessment was comprised of both one-on-one interviews performed by Council support staff, as well as focus groups held on-site with collaborating agencies.
- Consumer participation was incentivized through \$25 gift certificates to Safeway.

Data Acquisition

Individual interviews were conducted by Melina Clark, Jen Cust, and David Jordan.

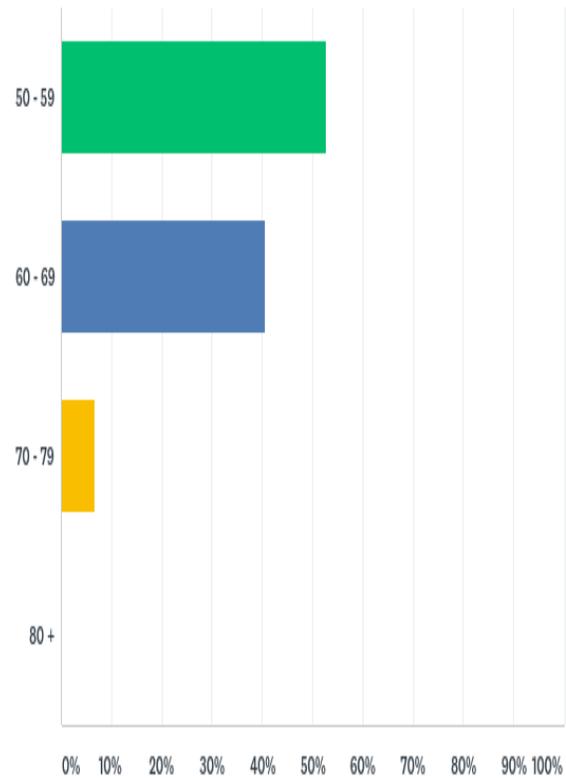
Additionally, Five focus groups took place:

- May 17th in collaboration with Manuel Renada of Curry Senior Center, facilitated by Melina Clark, Jen Cust and David Jordan.
- June 27th in collaboration with Derrick Map at the Older & Positive support group, Facilitated by Jen Cust, and David Jordan.
- July 23rd in collaboration with Mike Shriver at the Castro Country Club, Facilitated by Jen Cust, and David Jordan.
- July 24th In Collaboration Ramon Matos at Alliance Health Project, Facilitated By Melina Clark, and David Jordan.
- August 1st in collaboration with Greg Cassin at Meals Heal, Facilitated by Jen Cust.

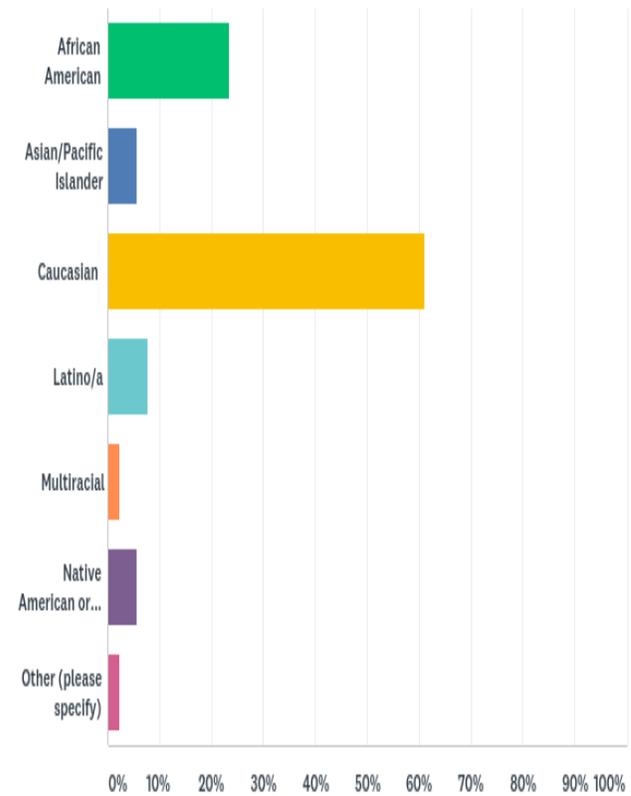
There were a total of 91 participants – 28 individuals in focus groups and 63 individuals in one-on-one interviews.

Participant Demographics

Q1 What is your age?

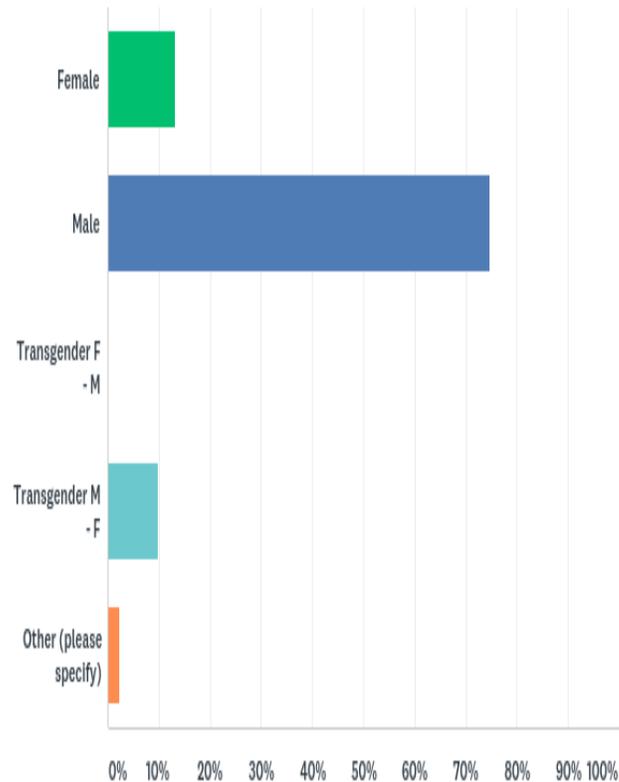


Q2 What is your race?

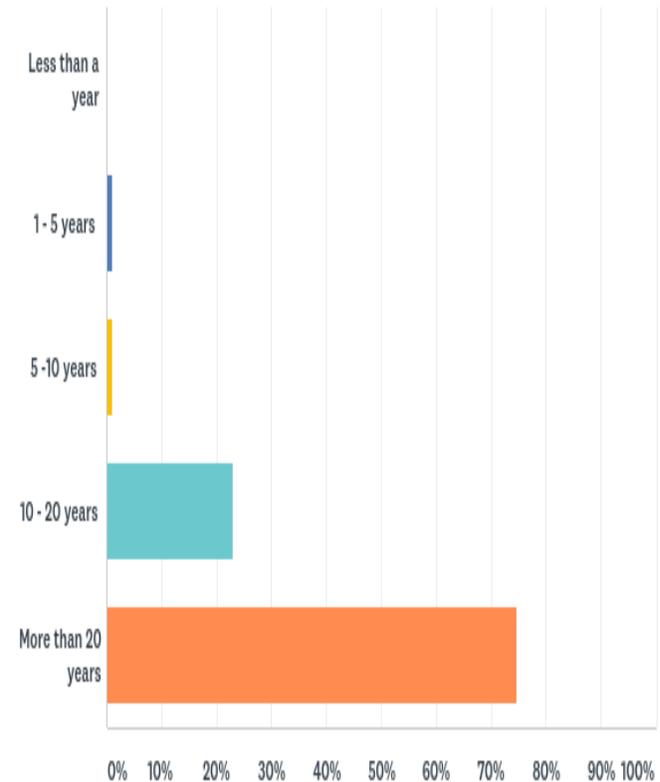


Participant Demographics

Q4 What is your current gender identity? (check all that apply)

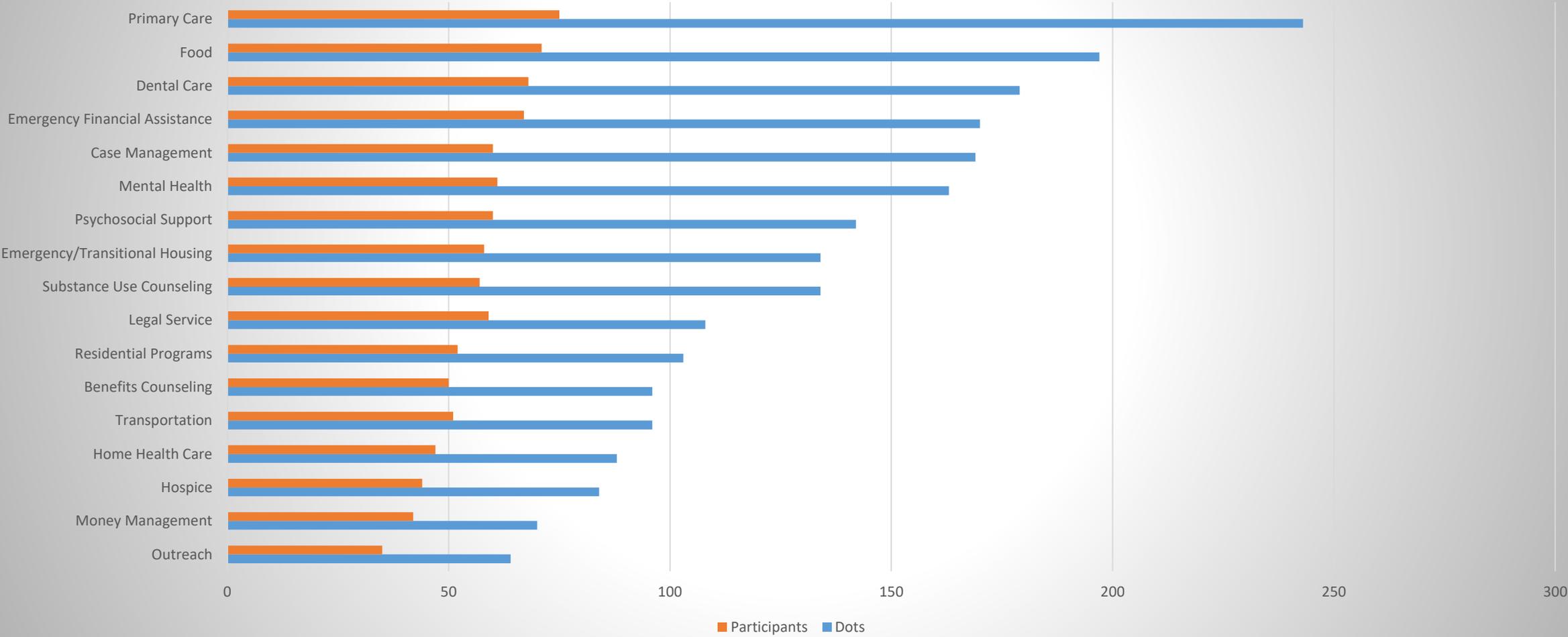


Q6 How Long have you been living with HIV?



Participant Prioritization Total

50+ Needs Assessment



Participant Prioritization Total

Service Categories	# of Dots	# of respondents
Primary Care	243	75
Food	197	71
Dental Care	179	68
Emergency Financial Assistance	170	67
Case Management	169	60
Mental Health	163	61
Psychosocial Support	142	60
Substance Use Counseling	134	57
Emergency/Transitional Housing	134	58
Legal Service	108	59
Residential Programs	103	52
Transportation	96	51
Benefits Counseling	96	50
Home Health Care	88	47
Hospice	84	44
Money Management	70	42
Outreach	64	35

2019	2018	HRSA Service Category	RWPA
		CORE SERVICES	
1	1	Mental Health Services	YES
2	2	Primary Medical Care	YES
3	3	Centers of Excellence	YES
4	4	Medical Case Management	YES
5	5	Dental/ Oral Health Care	YES
6	7	Outpatient Substance Use	YES
7	6	Pharmaceuticals	NO
8	9	Home Health Care	YES
9	8	Hospice Services	YES
10	10	Early Intervention Services [TMP - Therapeutic Monitoring Programs]	GF Only
11	11	Home & Community-based Health Services [CMP - AIDS Case Management]	YES
		SUPPORT SERVICES	
1	1	Housing: Emergency Housing	YES
2	2	Housing: Transitional Housing	YES
3	4	Emergency Financial Assistance	YES
4	3	Food/ Delivered Meals	YES
5	6	Psychosocial Support	YES
6	5	Residential Mental Health	YES
7	7	Housing: Residential Programs & Subsidies	GF Only
8	8	Legal Services	YES
9	9	Non-Medical Case Management (includes Money Management & Benefits Counseling)	YES
10	10	Transportation	Marin
11	11	Facility-based Health Care	YES
12	12	Outreach	YES
13	13	Residential Substance Abuse/ Non-Medical Detox	NO
14	14	Medical Detox	NO
	15	Referral for Health Care/ Supportive Services	n/a
15	16	Rehabilitation	NO

Medical Care

- The majority of clients felt satisfied with primary care services and referred to HIV doctor as “lifesaving.”
- Some clients spoke to difficulty requesting and receiving timely specialty referrals
- Some clients felt that medical staff treated them more respectfully when case managers accompanied them to appointments.
- A number of clients noted that it was difficult or impossible to procure eye-glasses, hearing aids and certain dental procedures.
- Some clients spoke about difficulties separating HIV related symptoms and age-related symptoms and finding an adequate treatment balance. There was a strong desire for medical staff to specialize in aging as well as HIV.

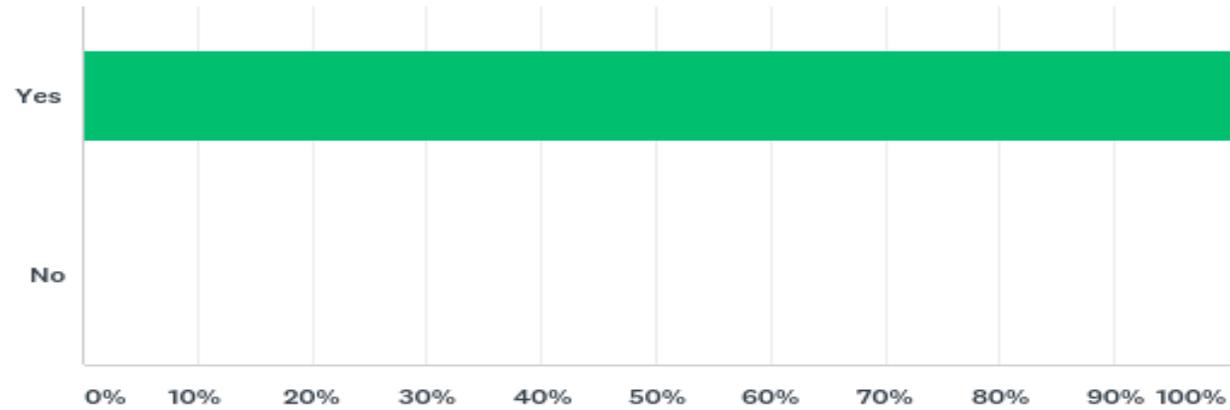
“It’s important to have a long-lasting relationship with your doctor.”

“I feel like I’m judged by my medical providers. I see other people getting better treatment.”

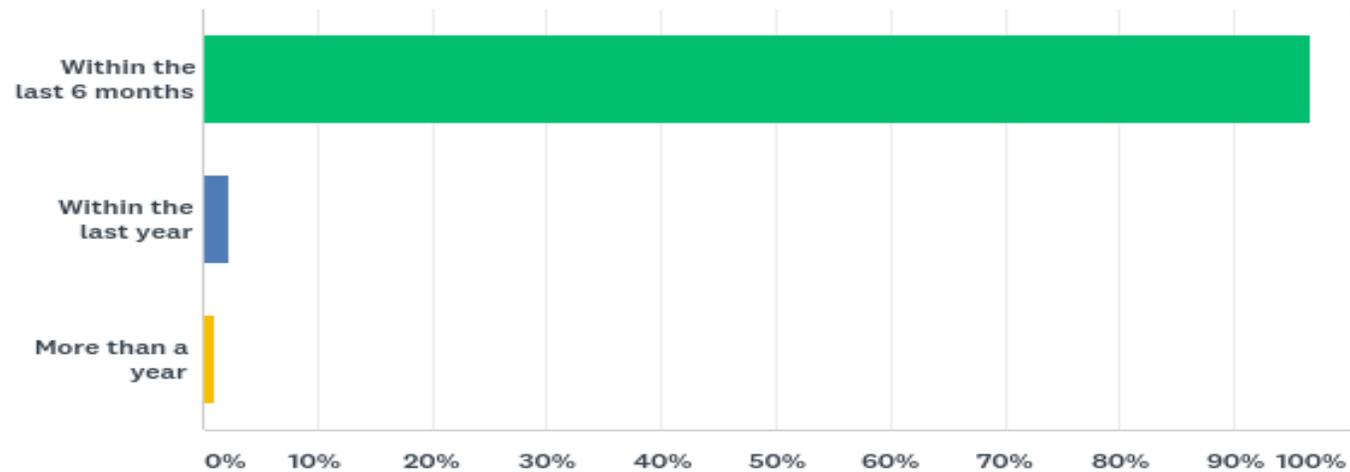
“You’ll get more respect if you have a care navigator with you when you go to the doctor.”

“My doctor is like my friend.”

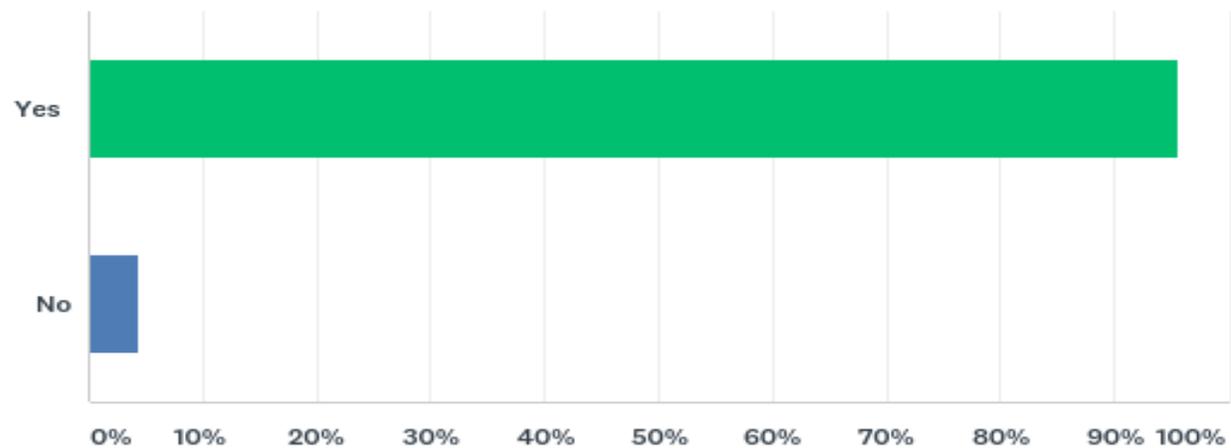
Q7 Are you engaged in medical care?



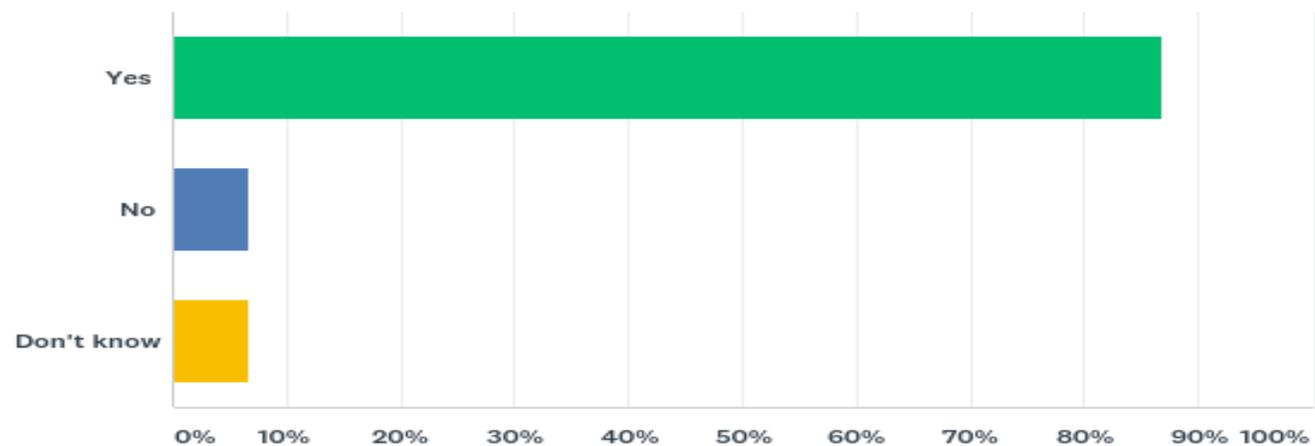
Q8 If so, when was the last time you saw your primary medical care provider?



Q10 Are you using HIV meds/antiretroviral therapy?

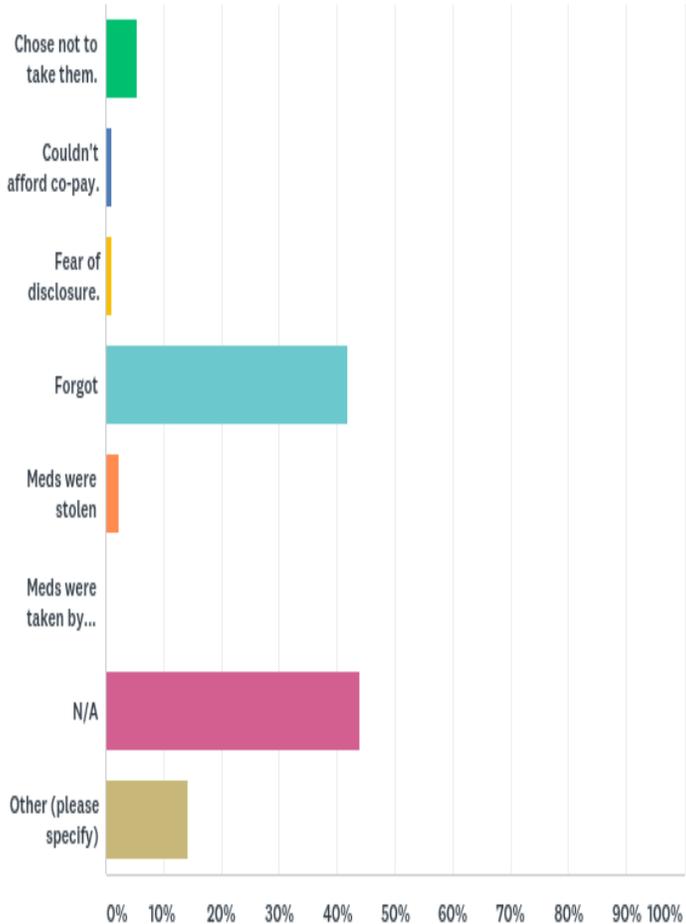


Q12 Are you virally undetectable?



Medication Adherence

Q11 In the last 12 months have you failed to take your meds for any of the following reasons?

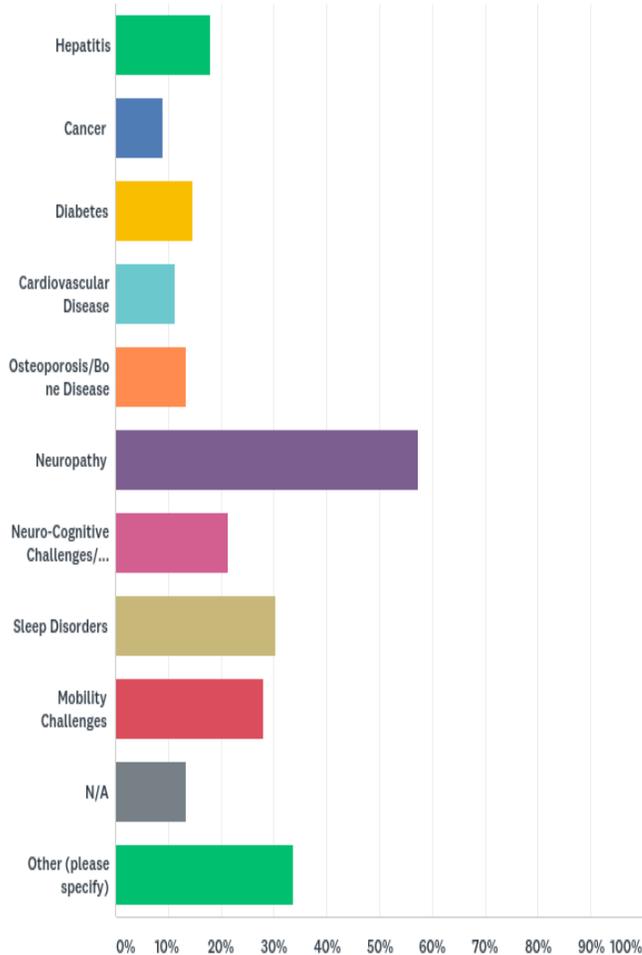


Included in “Other”

- Sick and could not keep down meds.
- Pharmacy issues.
- ADAP had not kicked in at that time.
- Hospitalization/ sickness.
- Tried to see how sick I would become and how fast.
- Waiting for doctor to put me back on.
- Ran out at hospital without getting a refill.
- Doctor did not get paperwork in time to release meds at treatment facility.
- Depression.

Co-Morbidities

Q13 Are you dealing with any additional diagnoses or chronic illnesses, if so, what are they?
(check all that apply)

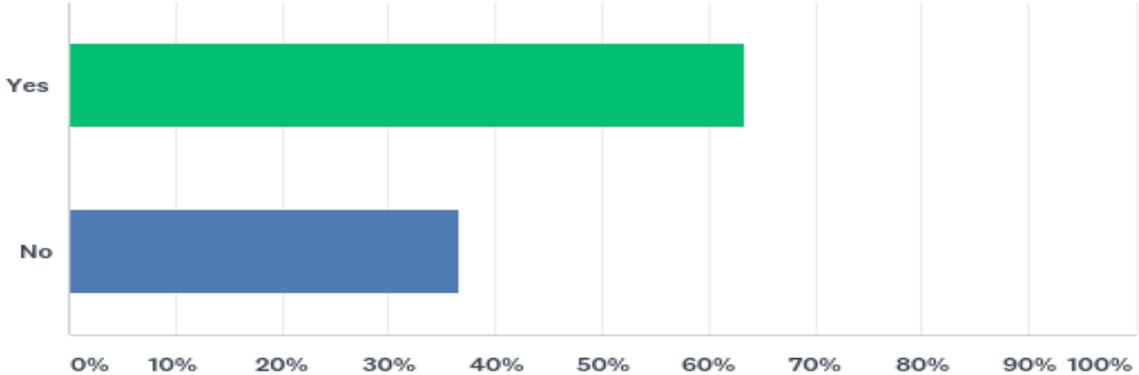


Included in “Other”

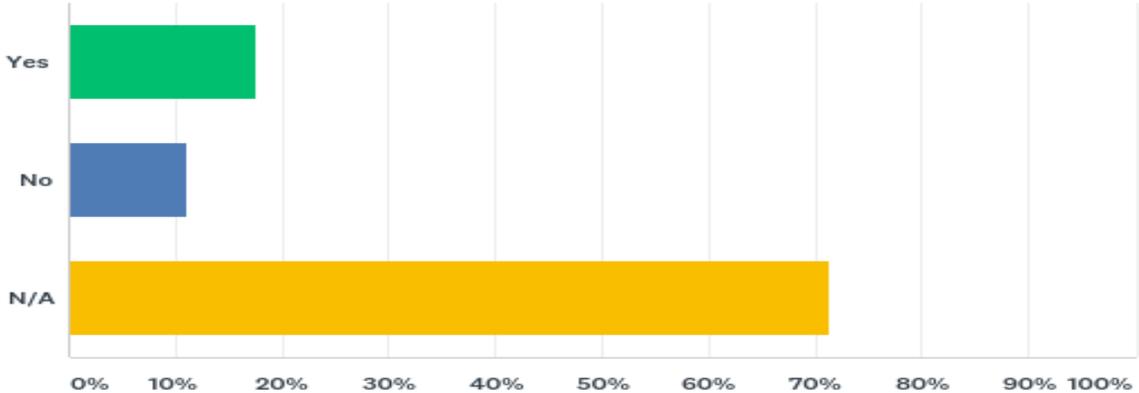
- Non-functioning adrenal glands/ pituitary tumor
- Epilepsy.
- Renal/ blood clots/ dysplasia.
- Liver- hypertension.
- Arthritis, HBP.
- Gut issues.
- Encephalitis.
- Heart failure.
- Chronic back pain.
- OCPD, BPH.
- Liver disease/ MAC/ Stenosis.
- Prostate issues.
- Toxoplasmosis scars caused seizures.
- Degenerative joints.
- Kidney disease.
- Sulfate allergy.
- Joint issues/ fatigue.
- Celiac disease.
- Low vision.
- Emphysema.
- Hypoglycemia.
- Bowel obstruction.

STI Testing and Treatment.

Q14 Have you been tested for STI's in the last 12 months?

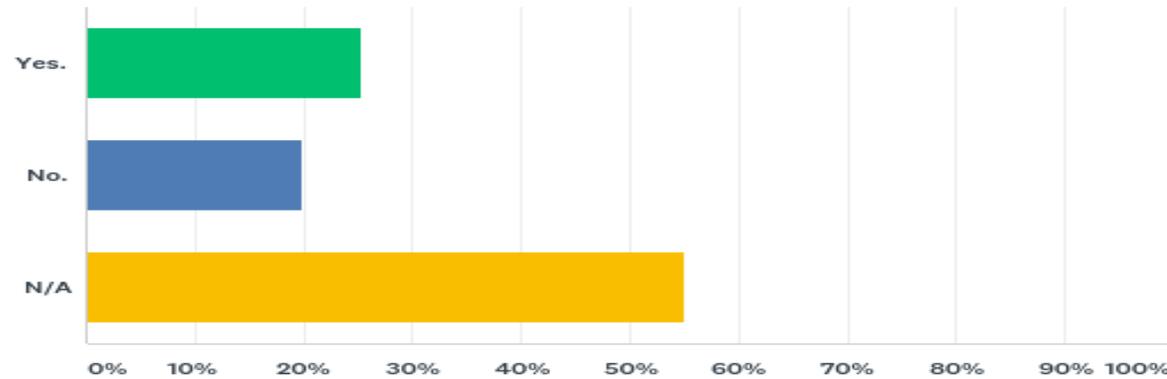


Q15 If you tested positive for an STI, Did you Access treatment?

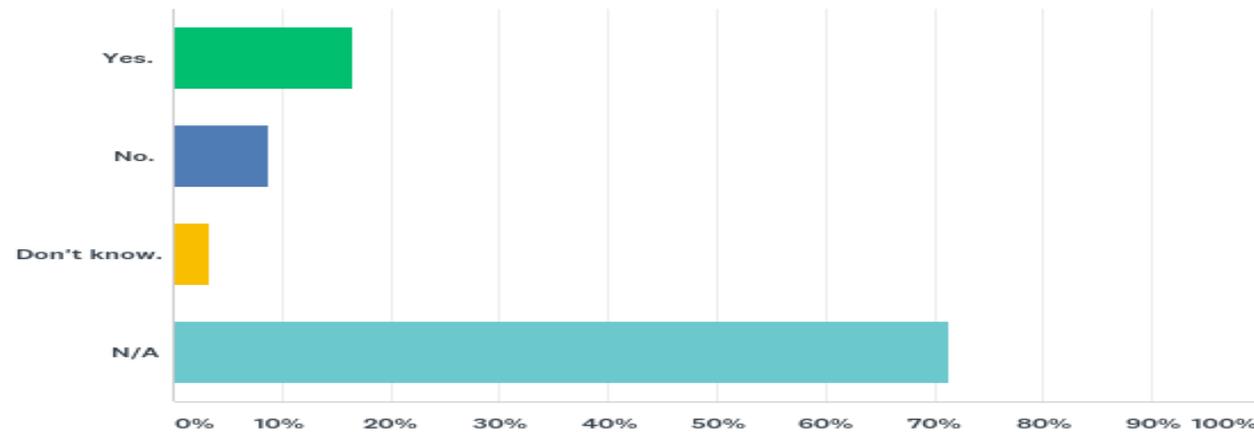


Hep C Testing and Treatment

Q16 If applicable, have you accessed Hep C treatment?



Q17 If you accessed Hep C treatment, Have you cleared the virus?



Mental Health

- Most participants described dealing with some type of mental health challenge. The most ubiquitous of these were depression, anxiety, and isolation.
- Many clients spoke to challenges accessing consistent, long-term mental health services including on-going psychotherapy by a licensed clinician.
- A number of clients felt excluded from accessing mental health services due to a perceived lack of severe mental health diagnosis or substance use.

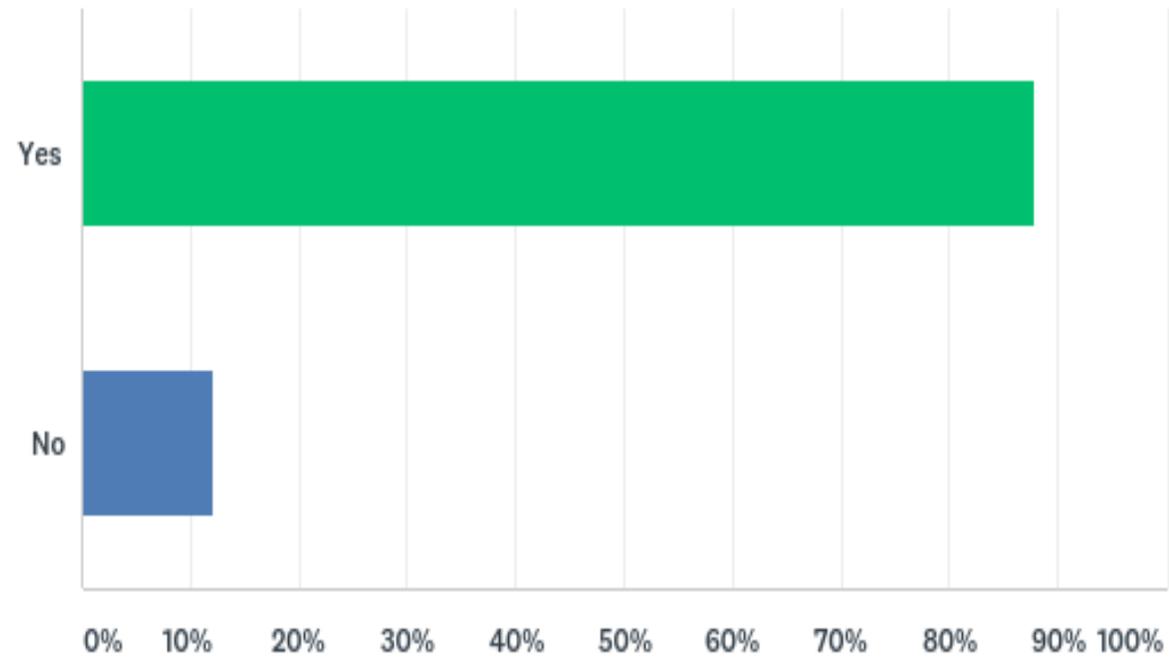
“I was doing much better when I had a weekly check-in with my therapy, but I went beyond my 20 session maximum.”

“Because I’m not in the middle of a psychotic break, I can’t access mental health services.”

“I have had an intern therapist, but they left after 6 months.”

“Because of my health I had to miss some appointments and so they cut my therapy.”

Q32 Are you currently or have you ever experienced mental health challenges(including depression or anxiety)?



Psychosocial & Community

- Many clients cited support groups, especially those that incorporated outings and activities, as a relief to feelings of loneliness and isolation. Outings and activities made clients feel like they were an active member of society and allowed them to participate in city-life without financial burden.
- A number of clients spoke of a desire to volunteer and/or go back to work in order to feel needed and avoid isolation
- Some clients noted a desire to have access to 50+ support group with a more intimate settings in order to have safe place to share and be part of a community.
- A number of clients spoke to mobility challenges as major contributing factor to isolation.

“I have seen too many people die alone in their room and no one noticed.”

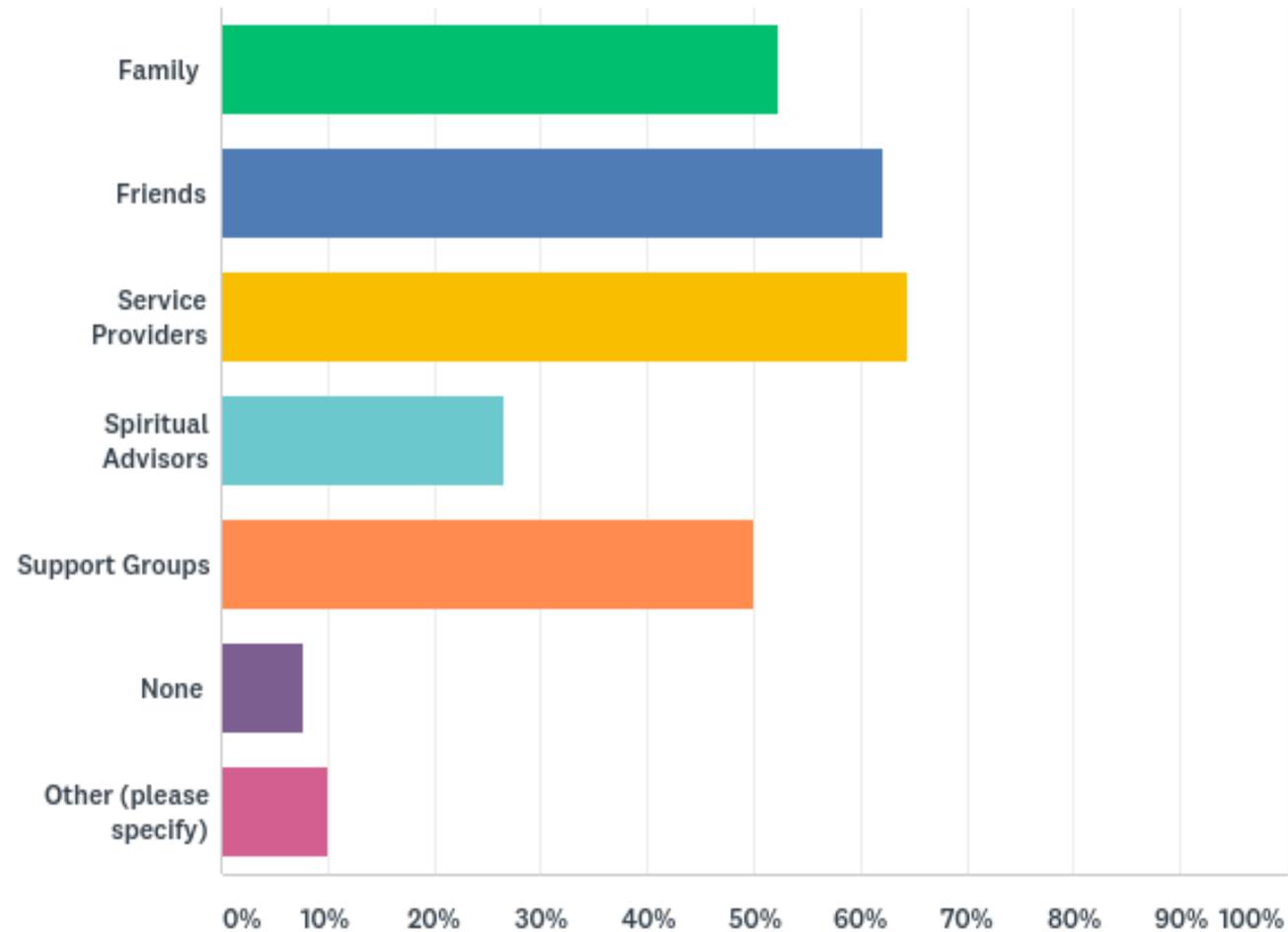
“I want to be able to volunteer, give back and feel important again.”

“People who use drugs/ have more severe mental health issues are able to get housing before people who are more stable.”

“Due to mobility challenges and mental health challenges, some older people can't leave their place.”

“This city caters to youth and people with money, it makes us feel more isolated.”

Q37 Do you have a support system, and if so, who is it? (Check all that apply)



Navigation & Case Management

- The majority of clients cite care navigators/case managers and social workers as playing a significant role in maintaining health and well-being. Furthermore, a number of clients cited the collaboration between case management, medical staff, housing staff and legal support as contributing to viral suppression, maintaining vital benefits and preventing eviction.
- Many clients felt overwhelmed and confused by HIV services landscape and desired more consolidated access point to navigation services.
- Some clients desired more advocacy around medical services and noted that they felt more respected, listened to and prioritized when case manager accompanied them to doctor's appt. Furthermore, client mentioned that appointment accompaniment supported challenges with mobility, memory and mental health.
- Many clients who saw primary care providers at a private practices or non-public health clinics were unaware of navigation resources and wanted better access to case management services.
- Some clients spoke of frustration around case manager's inability to support client's lives in a holistic manner due to specialization of services/constraint of scope of services.

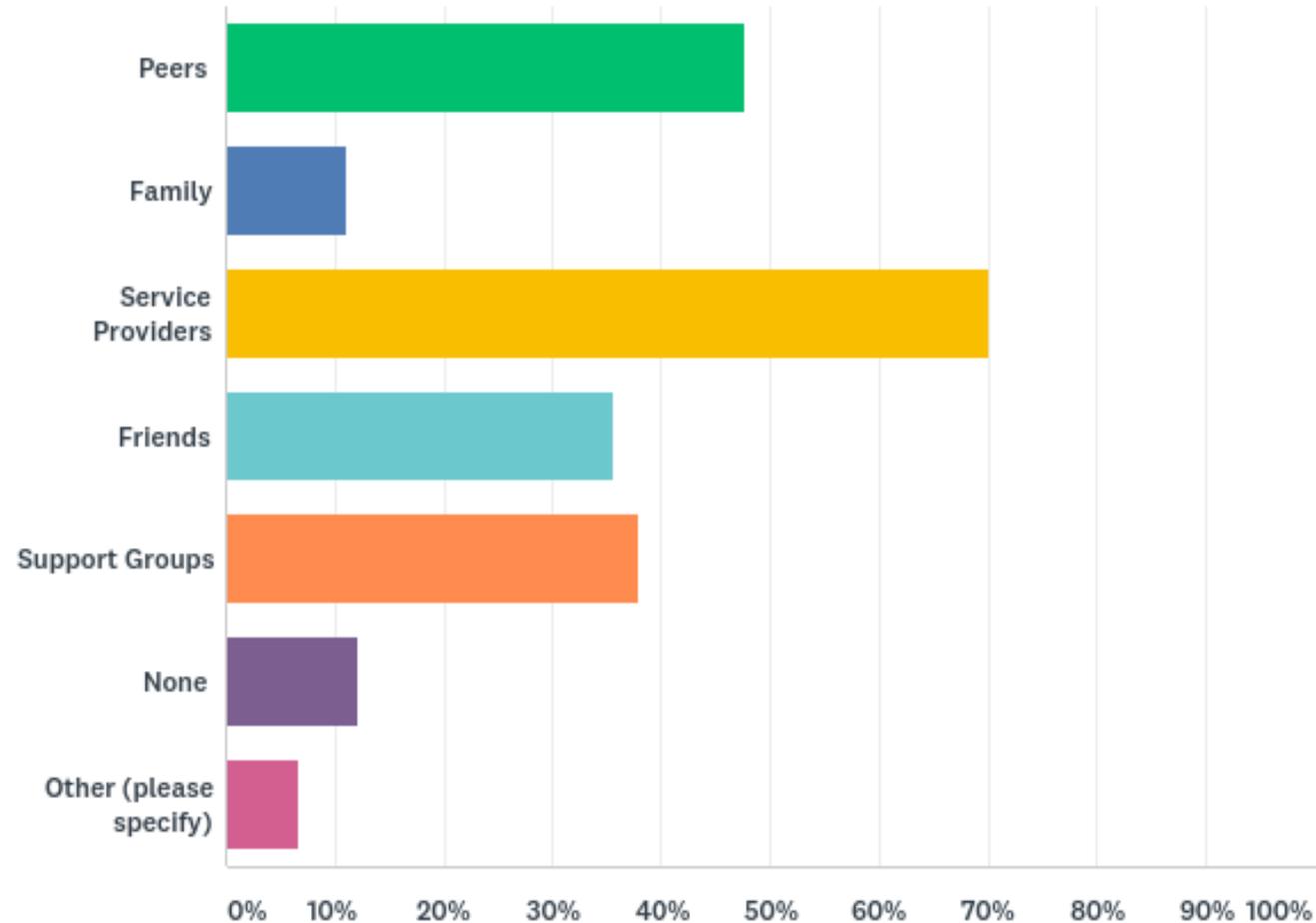
“Care navigators can get passed the red tape.”

“I know there are services I could access/qualify for, but I don’t know about them.”

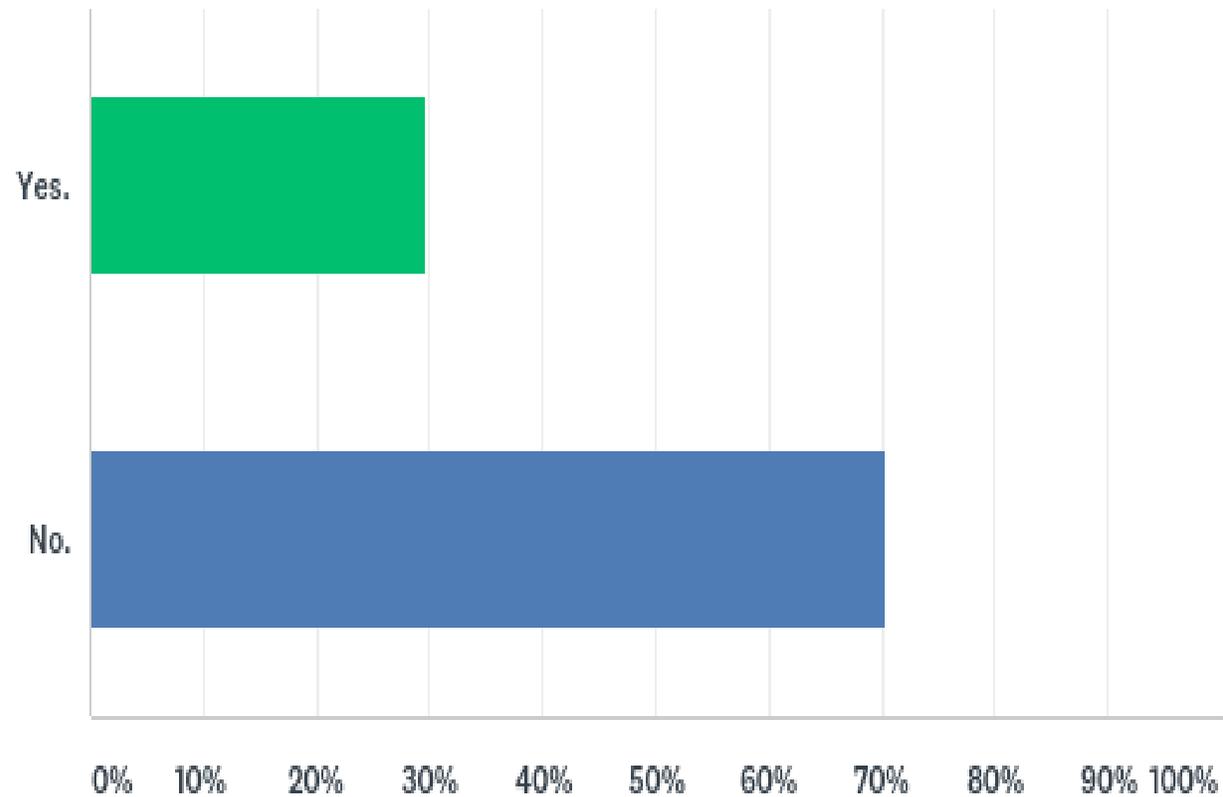
“Seniors need help getting to the doctor.”

“I don’t find out about things, I’m in the dark.”

Q38 Do you feel like you have trusted sources of information regarding available services, and if so what are they? (check all that apply)



Q36 In the last 12 months, have you had a negative or stigmatizing experience with a service provider?



Benefits & Finance

- Many clients spoke about difficulties with the social security office and the threatening of benefit termination, including a handful of clients who no longer received social security benefits. Clients spoke of some success navigating social security benefits with the help of legal support but others found navigation too challenging and gave up on reinstatement.
- A number of clients spoke of difficulties balancing the need to work due to cost of living, and maintaining social security benefits.
- Many clients spoke to challenges not qualifying for needed services due to making slightly too much income. Many of these clients spent down all of their income or had to find under-the-table work in order to make ends meet.
- Some clients cited having to go back to work in order to affording living in San Francisco, as benefits no longer covered all expenses. Many of these clients felt exhausted and overwhelmed by working due to mobility and aging issues as well as trying to balance work and maintenance of health and well-being.

“We kept getting passed from organization to organization and no one could help [When trying to resolve SSA termination].”

“Social Security got cut off due to missing annual appointment due to being homeless and having no mail services.”

“Case manager and lawyer helped me navigate getting my SSI back after being cut off.”

“I’ve had to go to SSI 5 times to try and get my money back.”

“They’re targeting us and trying to kick us off [SSI]” Subsidies are so important- that’s the only way I’m allowed to stay in SF.”

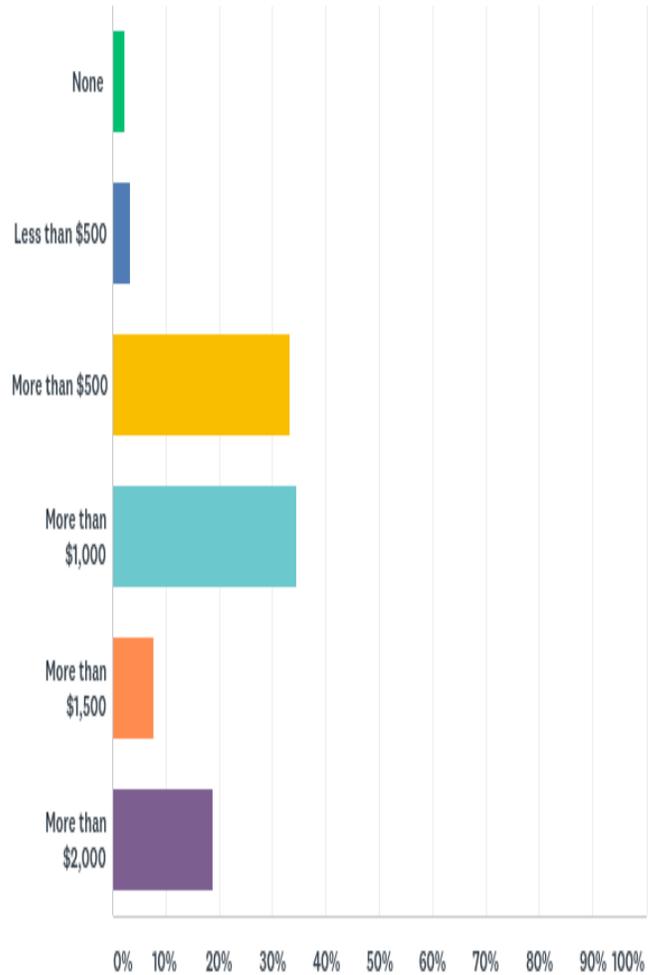
“I had to start driving for Caviar just to make ends meet.”

“Everyone I know has a side hustle.”

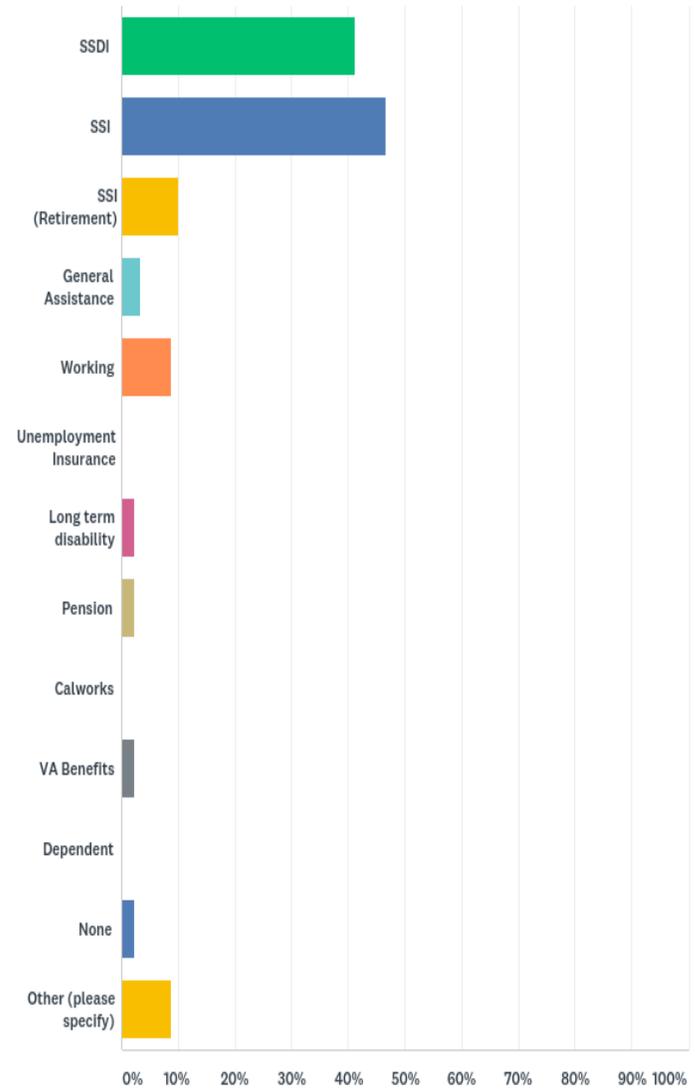
‘Going back to work has wiped me out, I am too old to be doing this work.’

“If one little thing goes away, I will have to leave San Francisco- but where will I go?”

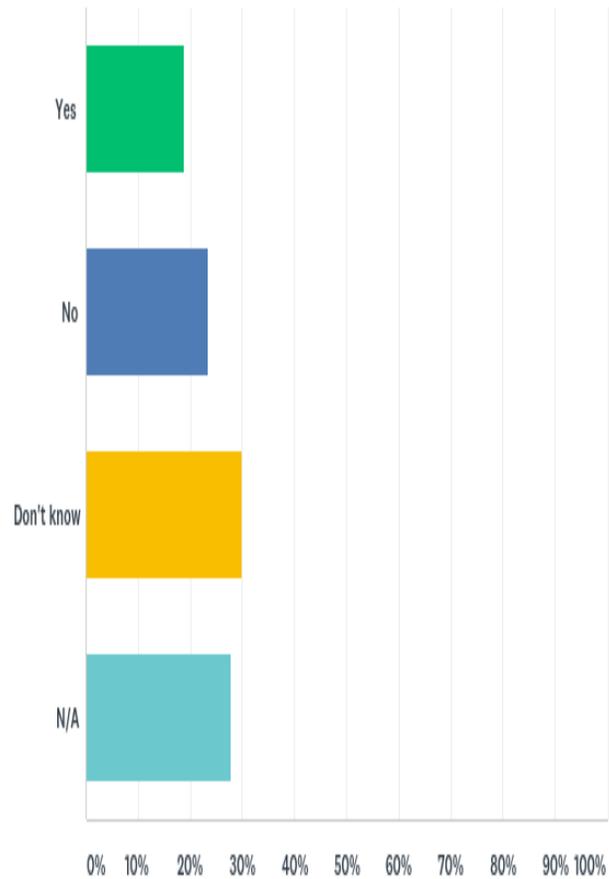
Q21 What is your monthly income?



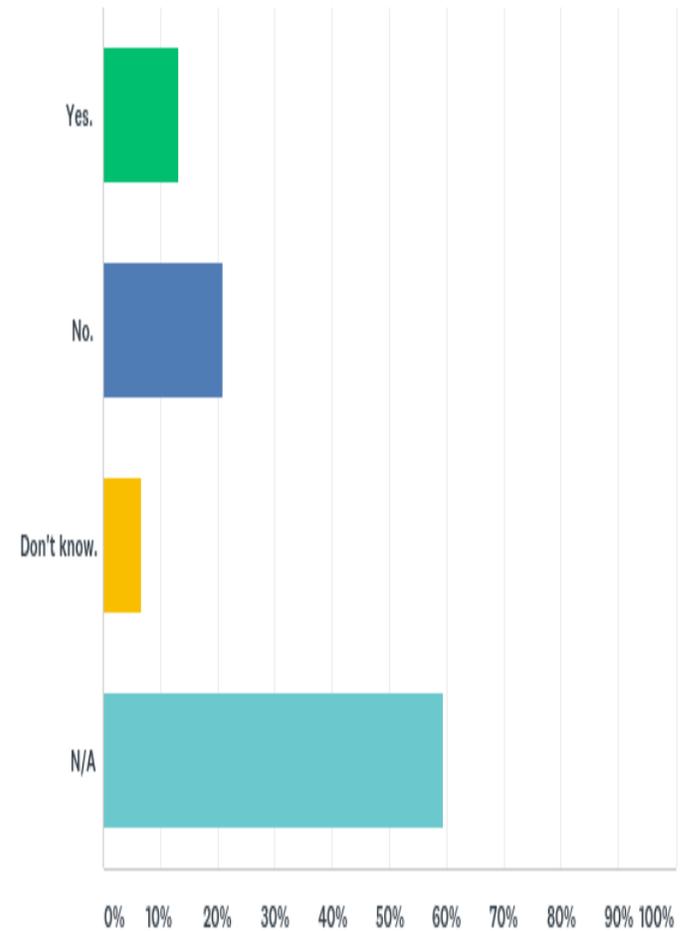
Q20 What is your primary source of income?



Q22 If you are below 65 years of age, are you anticipating an income reduction after retirement age?



Q23 If you are beyond retirement age, did you experience a financial reduction?



Housing

- Most clients interviewed noted housing as the biggest challenge facing 50+ population.
- Many clients were unaware or overwhelmed by the access points to housing lists and applications. They noted that housing options were unavailable or always changing and pathways unclear to clients.
- A number of clients felt unable to access affordable housing opportunities due to not having severe enough needs.
- A number of clients felt fear of aging in San Francisco due to housing being inappropriate for mobility issues, eviction or benefits no longer adequate to afford rising costs.

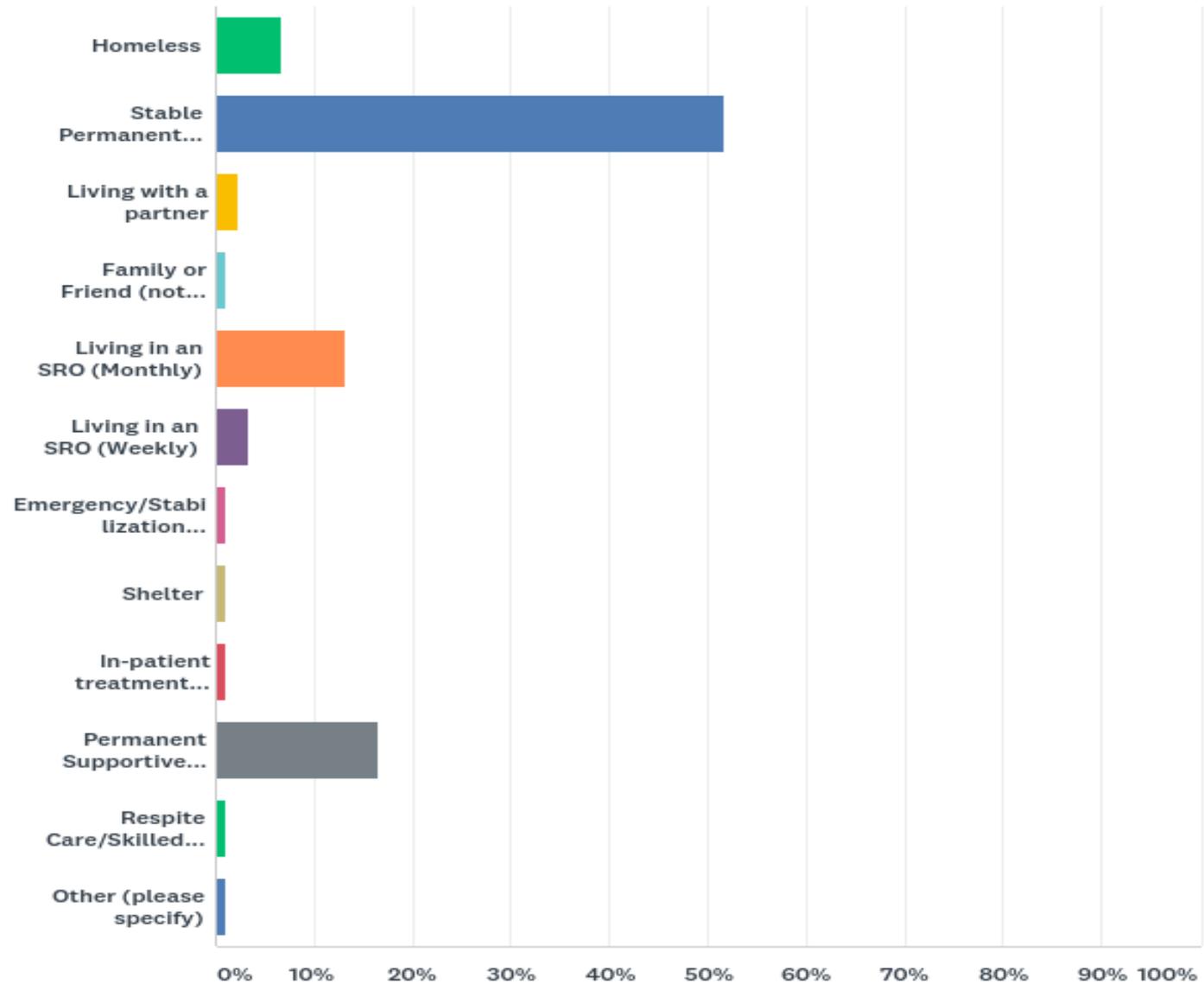
“Hard to pay attention to deadlines or receive communication when homeless due to lack of phone and permanent mailbox.”

“I have not been able to get housing in 5 years of being homeless.”

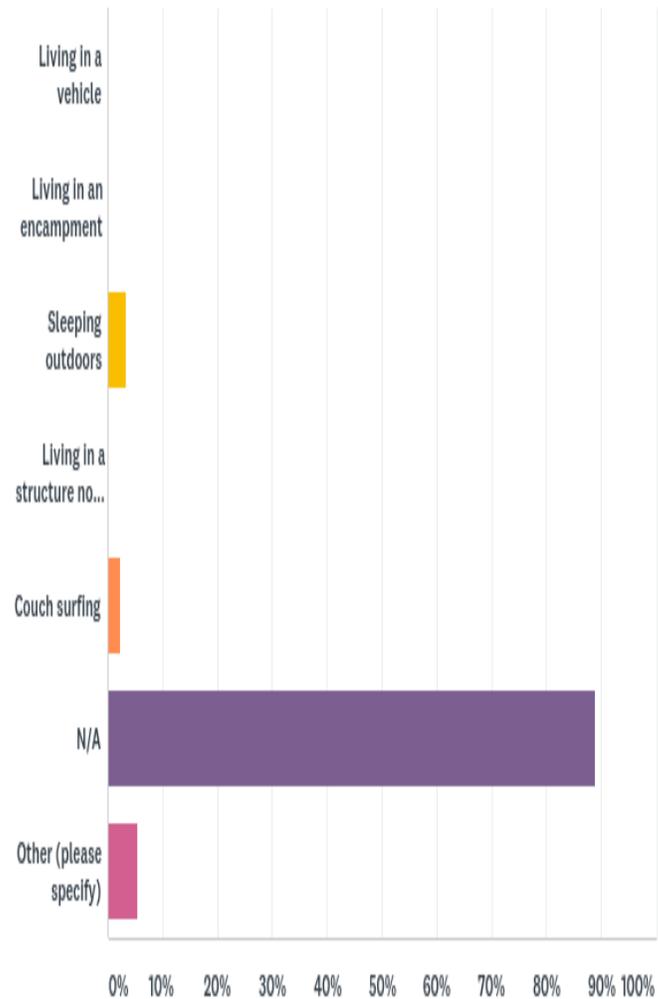
“Doctor, lawyer, housing manager and case manager all worked together to keep my housing- it was a team effort.”

“God knows how many waitlists I’m on”

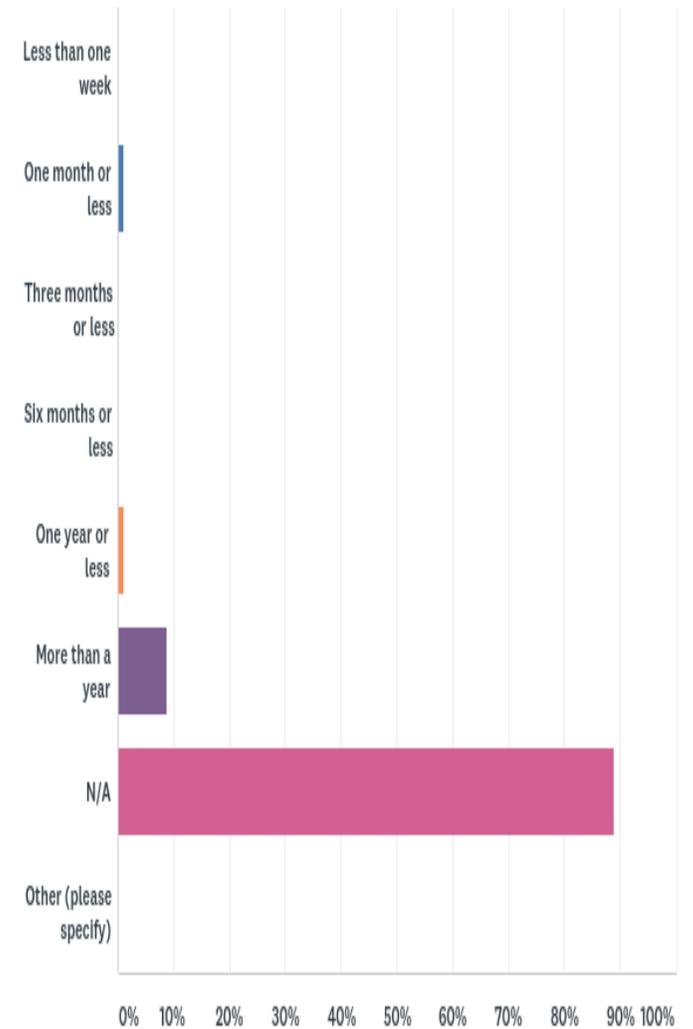
Q24 What best describes your living situation?



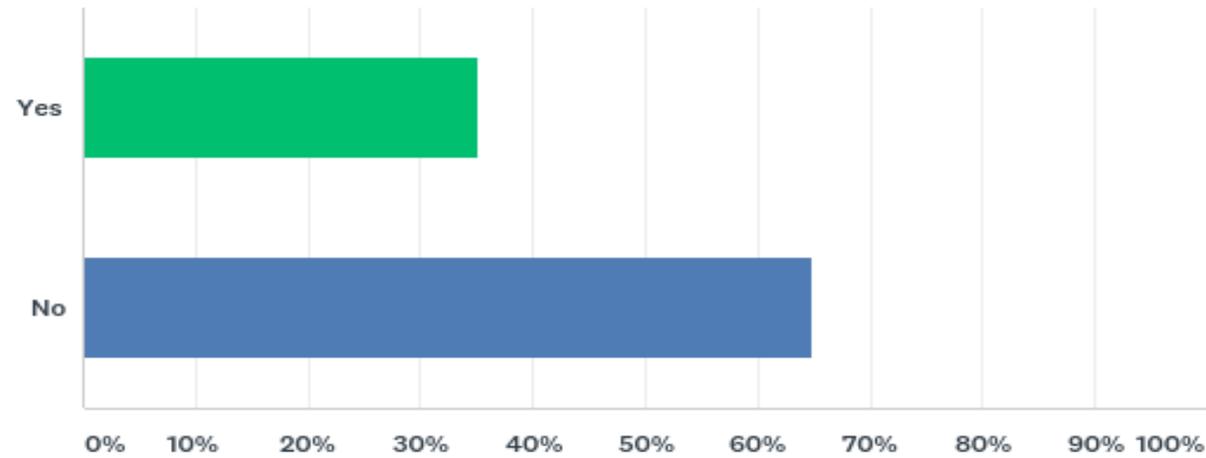
Q25 If you are currently homeless, what best describes your circumstance?



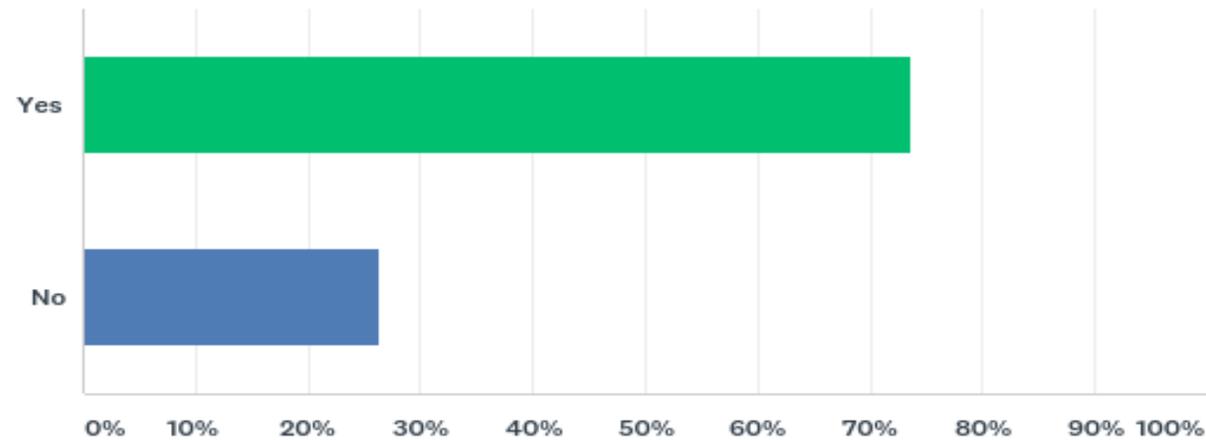
Q26 If you are currently homeless, for how long have you been homeless?



Q27 Are you currently experiencing food insecurity?



Q28 Do you have access to a kitchen or the ability to store and prepare food?



WELLBEING & QUALITY OF LIFE

- Many clients reported feeling segregated, with most affordable housing options and social services located in the Tenderloin/SOMA neighborhoods.
- Many clients spoke to fear of being assaulted/harassed (or had been assaulted/harassed previously) in Tenderloin/SOMA due to density of population with severe needs, issues of poverty, and harassment from police.
- Some clients cited isolation challenges due to fear of leaving home.
- A number of clients spoke to a need for after-hours drop-in services during nights and weekends, especially homeless clients who needed safe place to go.

“As a homeless woman, I’ve been assaulted many times in the Tenderloin, especially after getting my money from my payee.”

“As a woman who lives outside I have been attacked and molested a lot.”

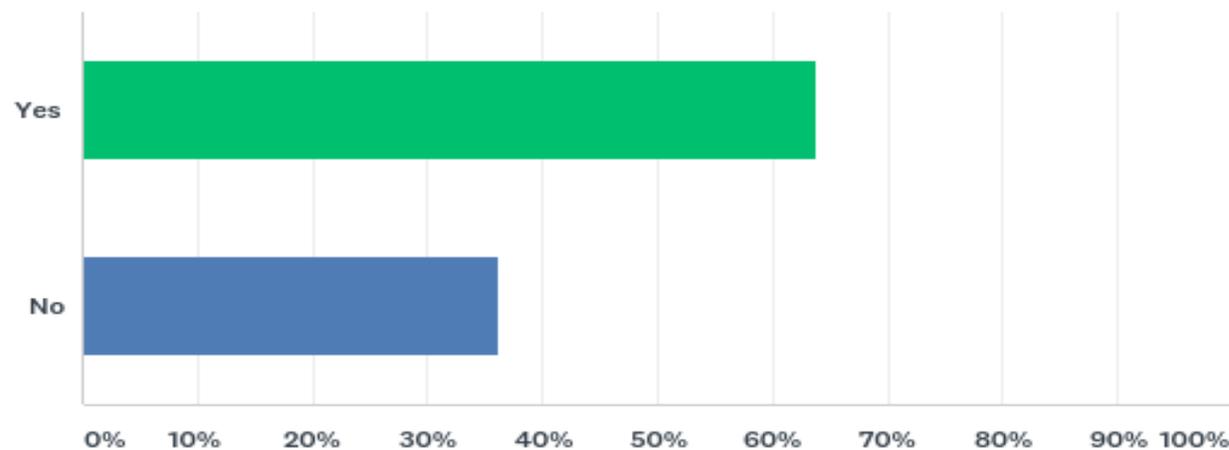
“Everything shuts down on the weekends.”

“Substance use treatment doesn’t work, because you get placed back in the Tenderloin afterwards.”

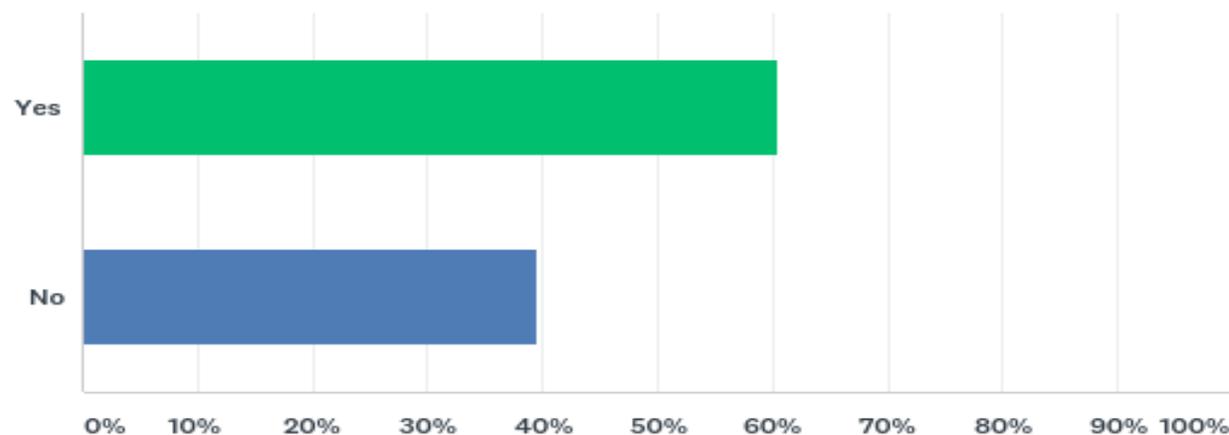
“Thank God I have a boyfriend, he’s my protector in the Tenderloin.”

“I wish police were better trained to work with people in the Tenderloin.”

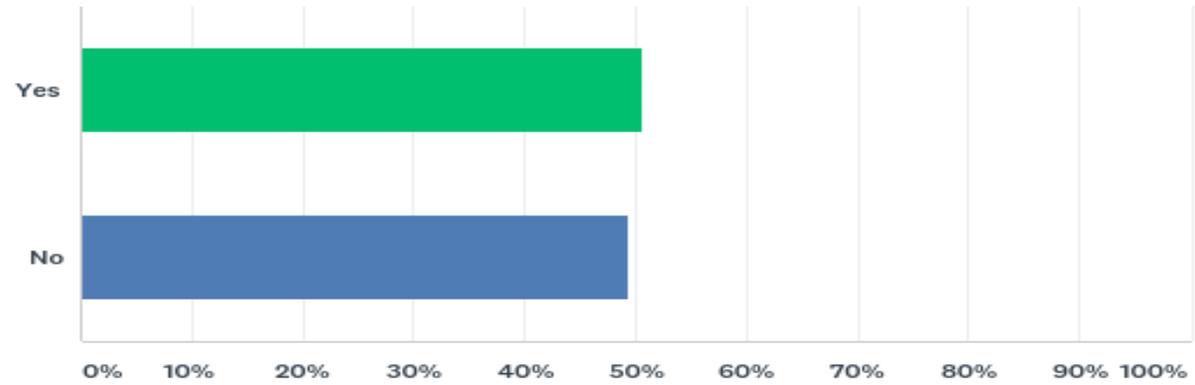
Q34 Would you describe yourself as ever having a problem with substance use?



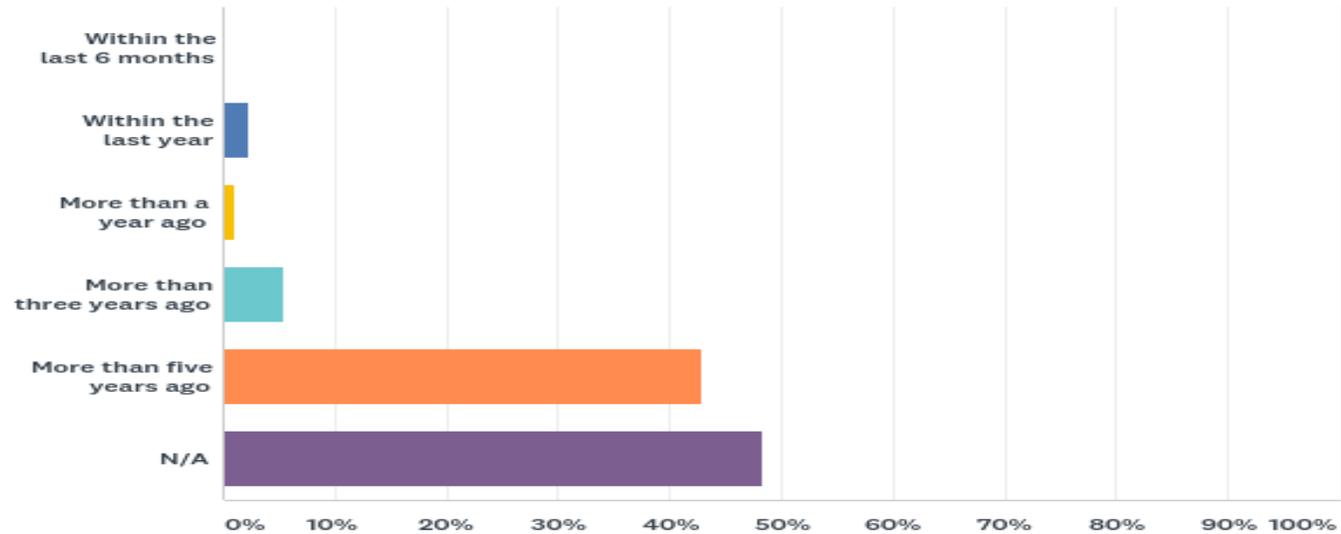
Q35 Have you ever accessed substance use treatment?



Q30 Have you ever been incarcerated?



Q31 When was the last time you were incarcerated?



Conclusions

- There was a general fear of losing housing due to income reduction, inability to stay in home due to mobility challenges, losing housing subsidy and eviction. Also, many clients who live in affordable housing units felt unsafe in their buildings and in their neighborhoods in general, which contributes to isolation. Other who were seeking affordable housing were unsure of how to easily access.
- Because the HIV positive population is aging, many people live with both age-related and HIV symptoms as well as co-morbidities. There was frustration with the inability to separate age-related and HIV symptoms and a desire to find a sustainable treatment balance.
- There was a general anxiety and fear around losing benefits as well as inability to navigate system once benefits were lost. A significant amount of people spoke of being cut-off social security benefits or threatened with the loss of benefits; reasons for this included inability to maintain work/benefits balance, inability to receive mail in timely manner, social security office clerical errors, lack of time/effort to navigate benefits offices, etc. Many people feared losing benefits after retirement age.

Conclusions cont'd

- Many people spoke of a desire to have mental health care, including long-term psychotherapy by licensed clinician. Some people felt unable to access mental health care due to lack of severe need. There was also concerns around isolation, as many people felt a lack of community perpetuated by a lack of resources, mobility issues and time commitment of maintaining health and well-being.
- Due to the broadness of this year's needs assessment target population, data collected from clients representing a spectrum of income levels. There were significant numbers of people who had extensive work history and the previously ability to make ends meet with work or disability income. Due to the inability to work, and a reduction of income after retirement age, many of these clients now rely on public benefits and need access to services in order to continue to live in San Francisco. Many felt their needs were not severe enough, or that they made slightly too much money, or did not know how to reach providers in order to qualify for needed services (i.e. mental health care, in-home support services, case management, psychosocial support, transportation service, etc.).

Recommendations

- Prioritize one-time only emergency funds for durable medical equipment (eyeglasses, hearing aids, mobility assistance equipment, and specialty dental care).
- Explore ways to augment mental health services, specifically to address issues surrounding aging. These services should include individual psychotherapy as well as support groups, with an emphasis on therapies by licensed staff or those with significant clinical expertise. These services would not be limited to clients with severe mental health diagnosis, but would be made available to those dealing with mental health challenges common to the ageing population, such as depression, anxiety, loneliness and isolation
- As new funds become available to create intensive case management program specific to the ageing population, inclusive of case managers skilled in working with those with complex challenges around both medical and benefits, as well as increased mobile peer advocacy.
- The Community Engagement Committee will compile demographic data by COE in order to assess the possibility of bolstering gerontology services within the current COE model. The committee will also explore collaboration with LTCC and the Department of Aging as well as seek ways to educate and share information within the aging population.

Questions?

