Community Outreach & Listening Activities

2013-2014 COLA SESSIONS UPDATE
2013-2014 COLA Sessions

- **Asian & Pacific Islander MSM**
  - API Wellness Center
  - 10 participants

- **African American MSM**
  - San Francisco AIDS Foundation- Black Brothers Esteem
  - 15 participants

- **Living in SRO’s**
  - Shanti Project
  - 8 participants
Asian & Pacific Islander MSM

API Wellness Center - 10 participants

- **Stigma**
  - Stigma about HIV in the API community builds stress and causes isolation (x7)
  - A community of peers helps
  - Support groups help

- **Housing**
  - Transitional housing causes health-damaging stress and is low quality

- **Dental**
  - Challenges with Dental (x5)
  - Financing operations is a challenge
  - Waitlists and a lack of service availability

- **Limited capacity in other counties**
  - San Mateo & Oakland have challenges serving API, so clients have to come to San Francisco
  - No language capacity in San Mateo

- **Emergency Financial Assistance**
  - Emergency Financial Assistance is important (x7)

- **Case Management**
  - Important for referral & linkage
  - Sometimes information given is inaccurate or out of date
Asian & Pacific Islander MSM

- **Primary Medical Care**
  - Patients don’t know they can change doctors

- **Food**
  - It is now harder to qualify for food services—clients have to go to their doctor for permission
  - Too little food

- **Legal**
  - Legal assistance is important for housing and social security benefits

- **Transportation**
  - There is not enough money to pay to get to appointments

- **Money Management**
  - Lowest quality service category (x6)
  - Many staff transitions, lack of staff training—staff provide misinformation
  - Punitive
  - Micromanagement

- **Case Management**
  - Highest quality service category (x5)
“There is low self-esteem in the API community.”

“It is important to have a doctor that works with you.”

“Money is the main thing.”

“Medical is important for more than just health.”
Stigma
- Cross-segments of religion, family, collective identity in the API community
- HIV seen as punishment for gay lifestyle
- Concept of “saving face”

Housing
- Mental health & substance use issues tied in with housing challenges
- Supportive housing: lots of clients use, but there is a lack of case management

Food
- Desire to see more culturally appropriate food options

Primary Medical Care
- Clients are pretty engaged - system is working
- System is impacted (e.g. 1 year wait for optometry)

Benefits Counseling
- Seeing denials for yearly Medi-Cal application
- Having a lawyer helps

Psychosocial Support
- Importance of supportive space
“It’s important for people to be around people to stay healthy.”

“HIV+ API’s don’t even raise a blip nationally.”

“Without housing, it’s so easy to lose access to other things.”

“Clients see [money management] as a barrier to their money.”

“Importance of sense of community for long-term survivors”
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African American MSM
San Francisco AIDS Foundation- Black Brothers Esteem
15 participants

- **Life challenges include:**
  - Mental health issues (x8)
  - Staying clean and sober (x8)
  - Medical issues

- **ACA/Benefits**
  - Challenges understanding ACA
  - Need a peer advocate or navigator to help with the changing system (x6)

- **Psychosocial Support**
  - Volunteer/buddy system
  - Need for support “from your own community”

- **Housing**
  - Need permanent housing in a safe neighborhood without other stressors (x2)

- **Discrimination/Stigma**
  - Discrimination occurs on a regular basis (x5)
  - Stigma is still an issue
  - Need to combat ignorance around HIV

- **Most effective services:**
  - Food (x7), Medical Care (x4), Hospice (x4)

- **Least effective services:**
  - Housing (x4), Dental (x4), Mental Health (x4)
African American MSM-Consumer Quotes

“I don’t understand half the stuff that’s going on with this benefits stuff.”

“People who are positive are forced to stay in the Tenderloin.”

“People still think HIV is a death sentence.”

“Need to pay for more things [dental work] but less things are covered.”
African American MSM - Providers
San Francisco AIDS Foundation - 2 providers

- **Housing**
  - Need place to store meds
  - Stress around transitional housing
  - Not feeling safe in their environment - even though it’s a place to live, not stable or safe

- **Psychosocial Support**
  - Few venues for African American MSM in San Francisco - no social place to go
  - Need for community
  - Clients support each other

- **Benefits**
  - Confusion around ACA/benefits changes

- **Food**
  - High level of food insecurity, food hoarding
  - Many clients live in situations where they can’t cook

- **Substance Use**
  - Shame and stigma around falling off the wagon
  - Triggers in the Tenderloin

- **Stigma**
  - Caution/fear about disclosing HIV status
  - People are very isolated
### African American MSM - Provider Quotes

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<td>“Biggest case management issue is housing.”</td>
<td>“Many clients haven’t disclosed to family or have been rejected by family, and are careful about who does and doesn’t know.”</td>
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<td>“Those without housing are not thriving.”</td>
<td>“People don’t feel like there’s enough representation.”</td>
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<td>“Our work would be so much easier if everyone had a home.”</td>
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Living in SRO’s
Shanti Project- 8 participants

- **Challenges Living in an SRO:**
  - Difficulty transferring from one SRO to another
  - Pests (roaches, bedbugs)
  - Partners' difficulty with check-ins, overnights
  - SRO’s ghettoized in certain neighborhoods
  - Stigma of living in the Tenderloin (x5)
    - Presumed to be drug-seeking
  - Trapped, stuck in a cycle (x7)

- **Stress/Anxiety** (x7)
  - Stress related to finances (x2), housing
  - Lack of communication between agencies (x5)

- **Primary Medical Care**
  - Challenges with changing primary doctor

- **Dental**
  - Issues with billing and scheduling procedures

- **Food**
  - Not enough food- doesn’t last long
  - Challenges with adhering to dietary restrictions

- **Most effective services:**
  - Case management (x4), Primary medical care (x3)

- **Least effective service:**
  - Transportation (x4)
Living in SRO’s- Consumer Quotes

“I’m having to do the footwork myself.”

“Death might be preferable to life.”

“I wish there was a way to teach us to better our housing, advocate for ourselves.”

“Everyone’s always telling me no, no, no.”

“Being in jail would be easier.”
Challenges with SRO’s:
- Not conducive to healthy lifestyles
  - Food: no kitchen and limited fridge/freezer space. Can’t cook and can’t shop cost effectively. Unhealthy and expensive
  - Unsafe, lots of drug use
- Isolation
  - Impacts ability to have friends, relationships (overnight restrictions, showing ID, etc.) Clients isolate in that environment.
- Really hard to transition out - can’t get out of the Tenderloin
- Expensive for poor quality

Barriers to Housing:
- Bureaucracy: so much paperwork
- Criminal history: background checks
- Income limits are unrealistic: $1000 to apply to a place
- Waitlist: 2+ years
- Some are reluctant to use money management
Living in SRO’s- Providers

- **Psychosocial Support**
  - Important- once a relationship is developed, it’s easier to work with clients on other things

- **Legal Services**
  - Important resource to combat illegal housing practices or if benefits are cut

- **Mental Health**
  - Many clients need it but won’t go- trust is an issue

- **Transportation**
  - Very ineffective system

- **Benefits Counseling**
  - Most of their clients are on Medi-Cal or VA- so not many in their client pool have been affected by ACA

- **Emergency Financial Assistance**
  - Helps to have case management to access these services- frequently they are flexible but sometimes clients have challenges advocating for themselves
  - Biggest issue is that it has been the same amount disbursed for years, hasn’t adjusted for the cost of living
Living in SRO’s- Provider Quotes

“Clients are dealing with a lot of psychological issues and need a lot of support, even if it’s just to sit there and talk.”

“From a provider perspective, it’s hard to imagine more clients.”

“Even clients that don’t use [drugs] are around it all the time.”

“The system is punitive.”

“If our clients can’t keep shoes on their feet, how are they going to organize a credit report and references?”

“It’s not a client-centered process.”

“Is it better to house 1 person for a month or 2 people for 2 weeks?”
## Living in SRO’s

Prioritization Comparison

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Service Category Prioritization- Aggregate Results

- Food
- Dental
- Primary Medical Care
- Mental Health
- Emergency Financial Assistance
- Psychosocial Support
- Case Management
- Substance Use Counseling
- Outreach
- Home Health Care
- Legal Services
- Hospice
- Benefits Counseling
- Money Management

[Chart showing prioritization with Total Dots and Total Participants]