

**Community Needs and  
the Future of Service Delivery  
for  
Latino MSM Living with HIV  
in the San Francisco EMA**

# Background and Methodology

This needs assessment is a united effort by the Spanish-speaking Immigrant community, the Latino community at large, the Latino HIV Service providers and the SF HIV Health Services Planning Council.

In the Latino MSM Needs Assessment Work Group we explore the intersection between the needs of these communities, and we started the conversation about the impact of the final implementation of the Affordable Care Act.

# ARIES Data

3

for the 2011-2012 contract period

- HIV+ Latino Population in the SF EMA **1678**
- Latino MSM SF EMA **1201**

The Latino population is currently considered a targeted demographic within the San Francisco EMA HIV Health Services Planning Council's "Special Populations" Definition:

### **Special Populations**

Communities with linguistic or cultural barriers to care. The Council includes undocumented individuals in this category, as well as monolingual Spanish speakers.

In 2011, CMA decided to target "Latino MSM" for the next needs assessment.

# Latino MSM Needs Assessment Work Group

- Clinica Esperanza, Mission Neighborhood Health Center
- Clinica Salud, San Francisco General Hospital – Ward 86
- Edison Clinic, San Mateo DPH Community Clinic
- “El Ambiente”, Aguilas
- Instituto Familiar de la Raza
- Marin AIDS Project
- San Francisco EMA HIV Health Services Planning Council

### *Co-Chairs:*

Jorge Zepeda, San Francisco AIDS Foundation

Enrique Asis, HHSPC Staff

### The group determined:

- Focus groups would take place in English and in Spanish
- Focus groups would take place in HIV service locations familiar to clients in order to better outreach to and recruit participants. Outreach also took place during community meetings for the Latino HIV+ positive
- Structure of focus groups (described in next message)
- Members of the LMNA Work Group will also function as facilitators and note-takers for the focus groups. Attendance at a facilitator training to be mandatory for all focus group facilitators
- Attendance at focus groups would be incentivized (through \$30 gift certificates to Safeway and Walgreen's); lunch or dinner would also be provided.

# Focus Group Structure

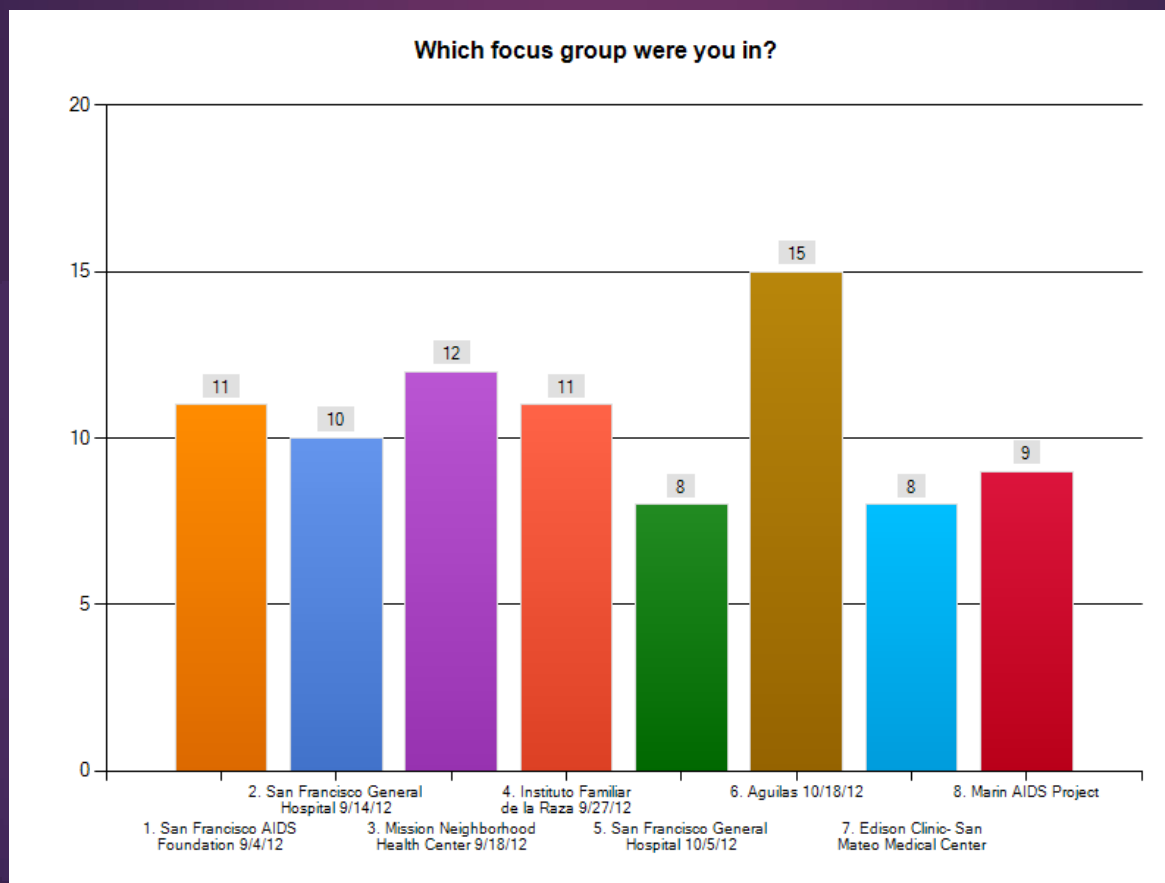
1. General facilitation and attendant interaction guidelines
2. Anonymous survey/questionnaire
3. Explanation of role and functions of HHSPC
4. Facilitated Discussion regarding utilization of services, access to services, barriers to care, and challenges/limitations in HIV service utilization
5. Description of Ryan White Part A HIV service categories
6. Service prioritization “dot exercise”
7. Participant evaluation of focus group session

# Focus Groups

- ❖ 67 attendees participated in the six focus groups taking place in San Francisco
- ❖ 8 attendees participated in the San Mateo focus group
- ❖ 9 attendees participated in the Marin focus group
- ❖ 84 questionnaires were completed by focus group participants

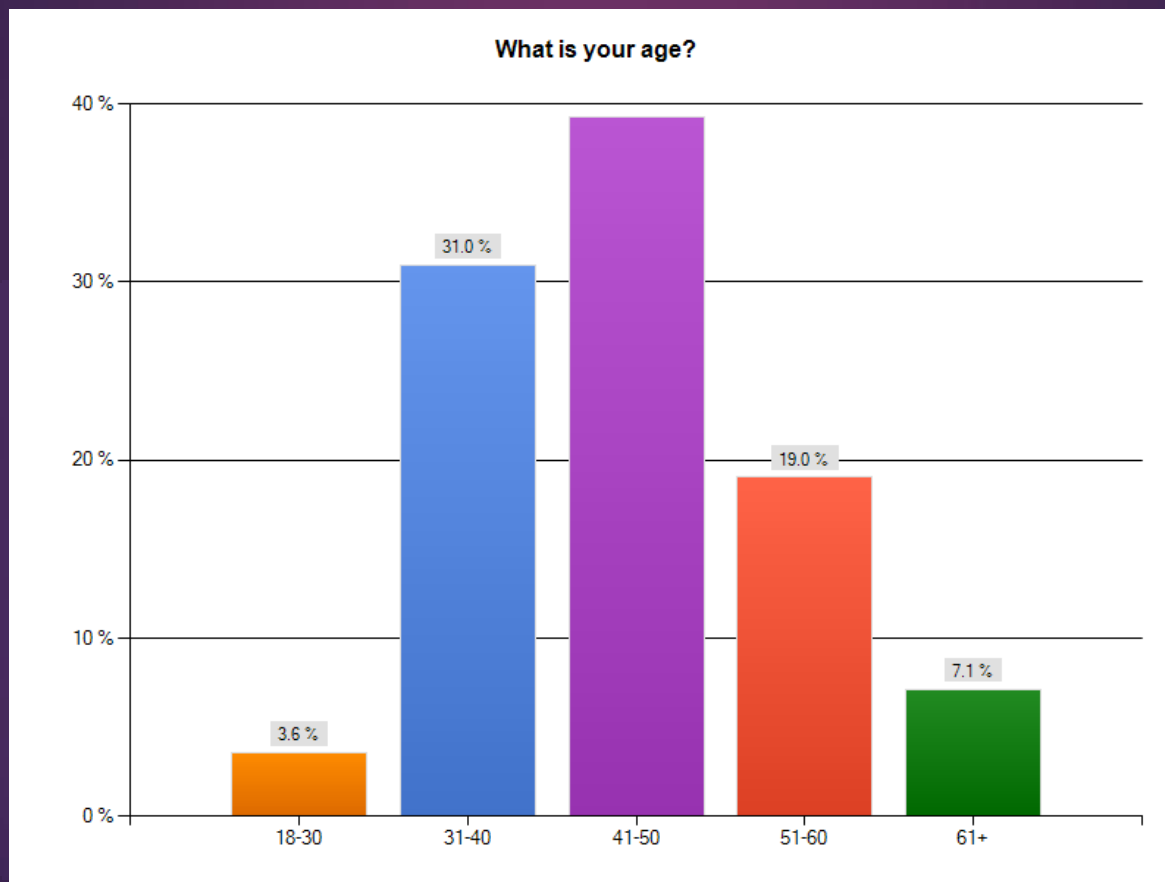


This chart shows the total number of participants in the Latino MSM Needs Assessment by survey venue. The total by county is 67 participants at 6 different dates in San Francisco county, as well as 8 participants in San Mateo County and 9 participants in Marin county. This amounts to a total of 84 unduplicated participants.



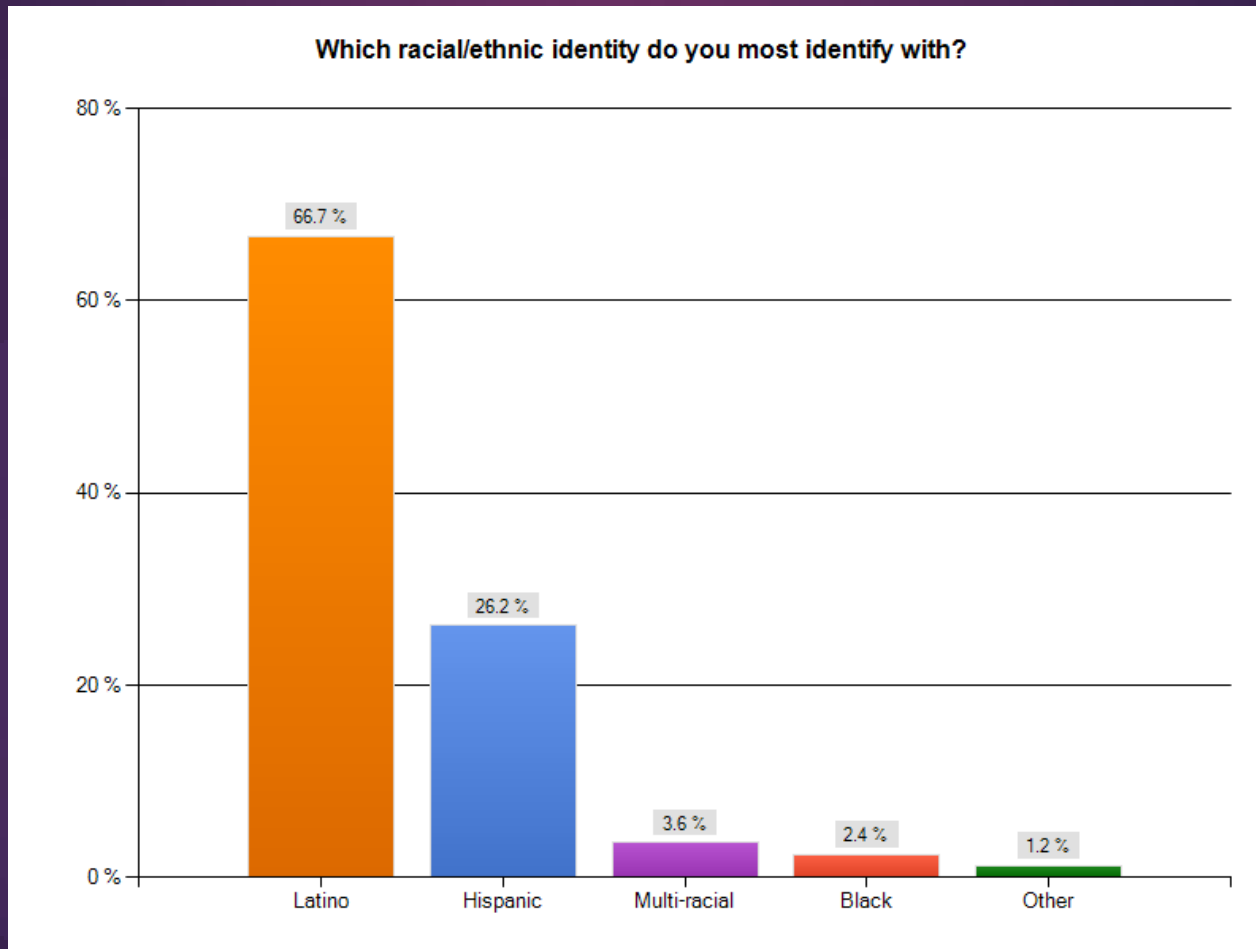
## DEMOGRAPHICS

The majority of participants (39.3%) fell into the 41-50 age bracket, with the smallest portions of participants falling into the youngest and oldest brackets.



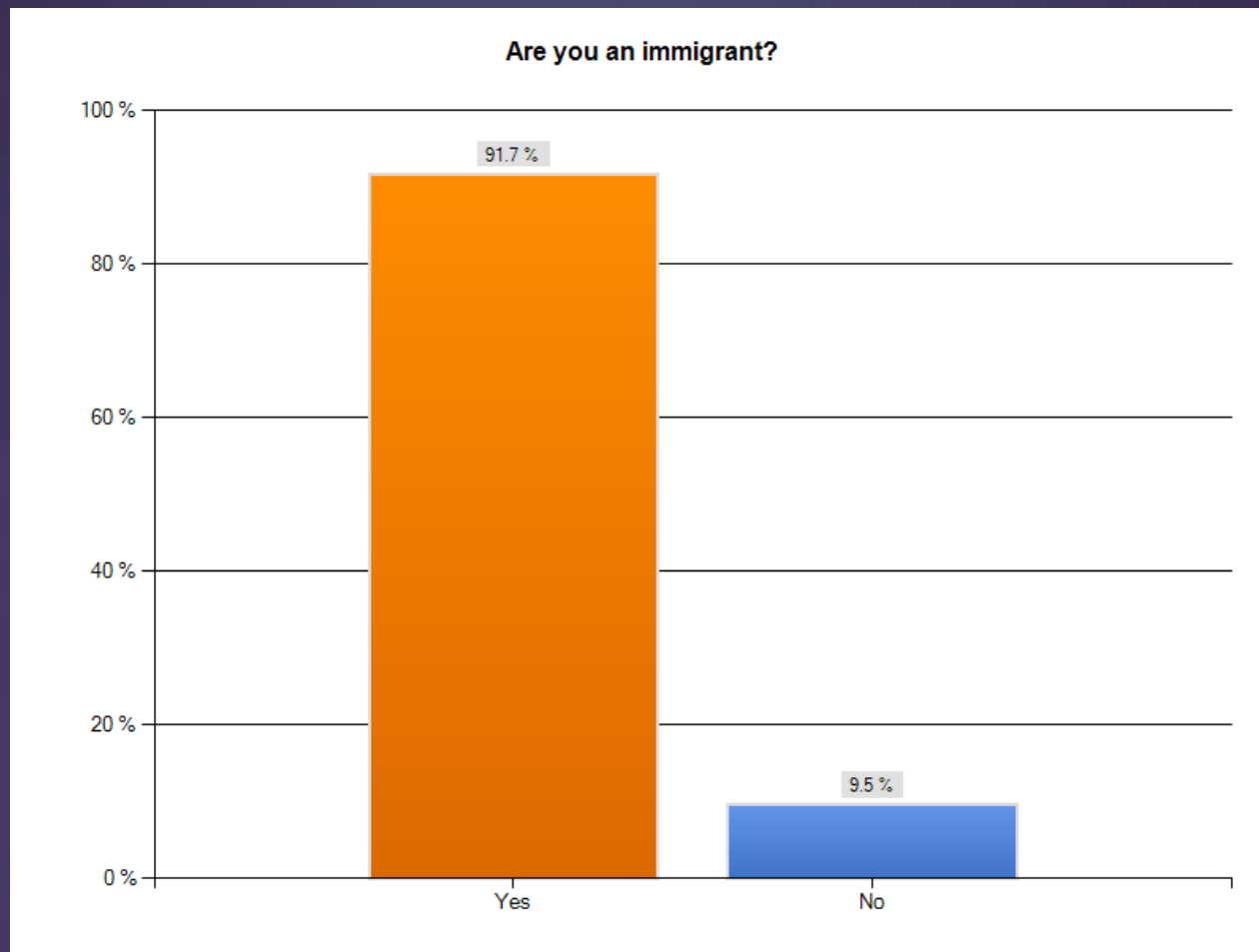
## DEMOGRAPHICS

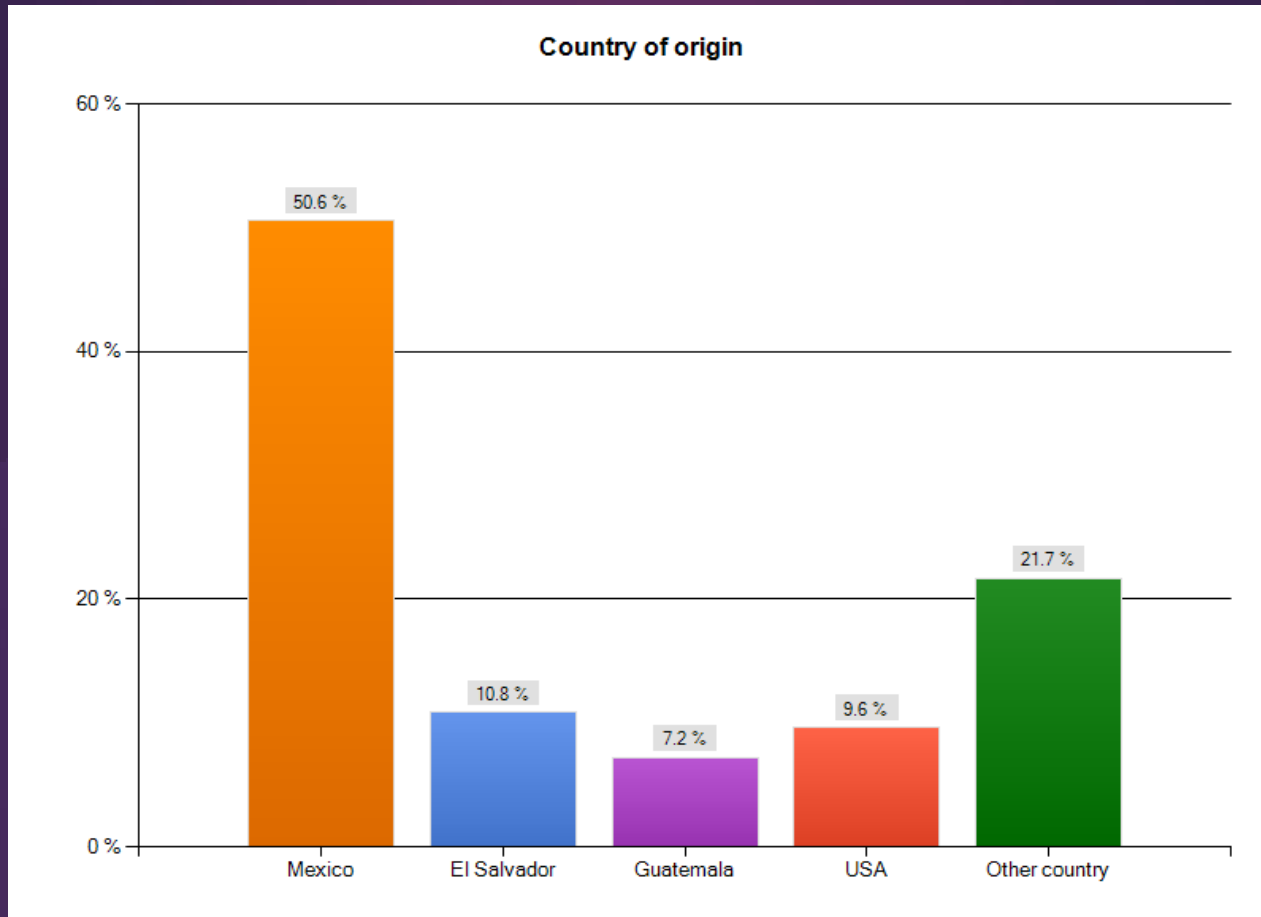
The majority of participants (39.3%) fell into the 41-50 age bracket, with the smallest portions of participants falling into the youngest and oldest brackets.



## ***A New Dimension of Severe Need***

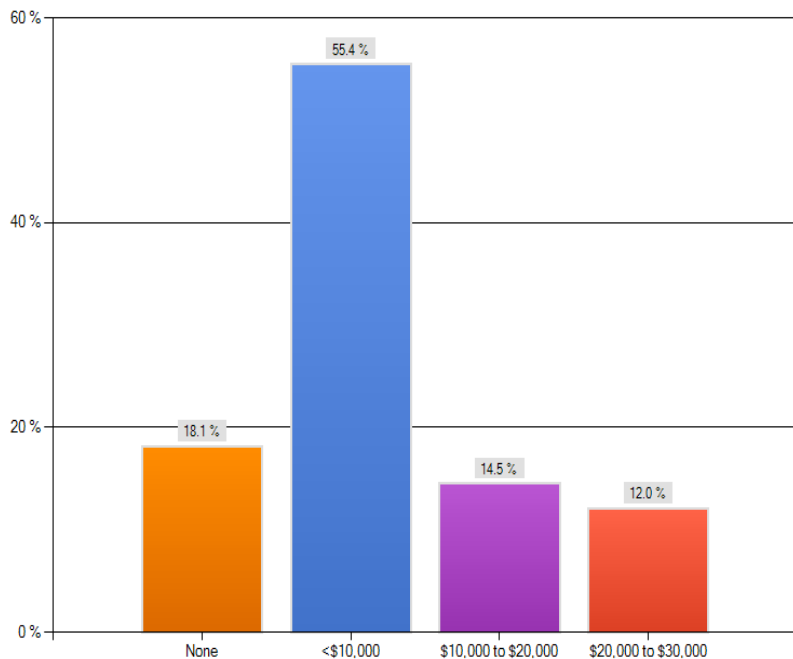
The focus group participants are a “special population” that encounters barriers on several different levels: severe poverty, linguistic challenges, cultural difference, and issues around legal status barriers. This creates a series of systematic and structural barriers and challenges.



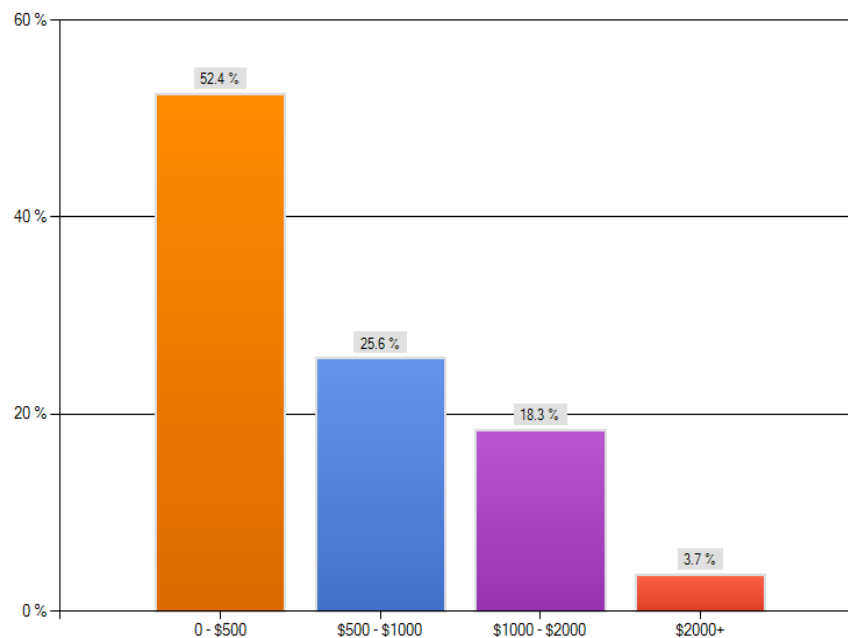


Over 91% of participants are immigrants to the US, with a majority of participants originally from Mexico.

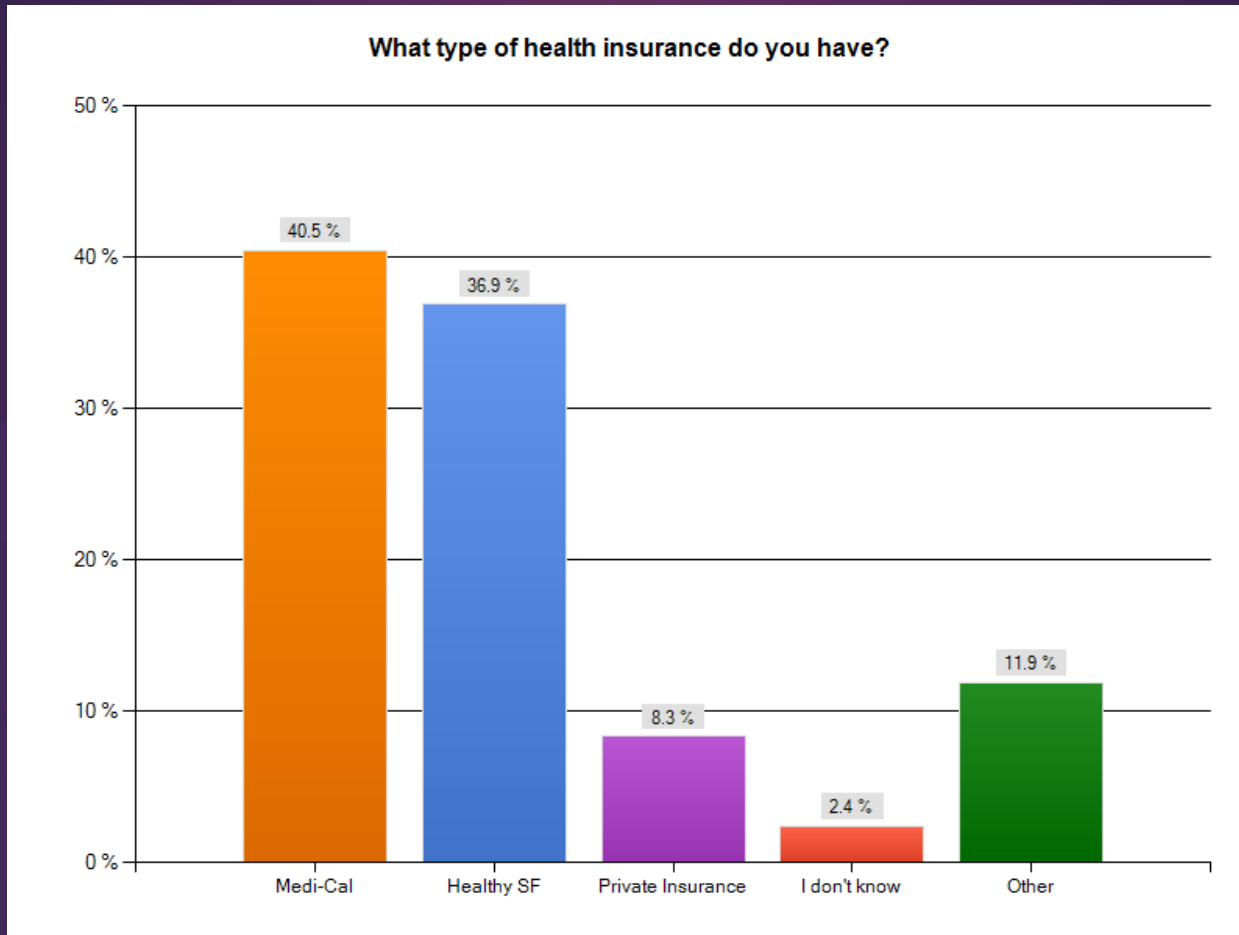
What is your annual income?



In the last 30 days, how much money did you receive including all or your sources of income?



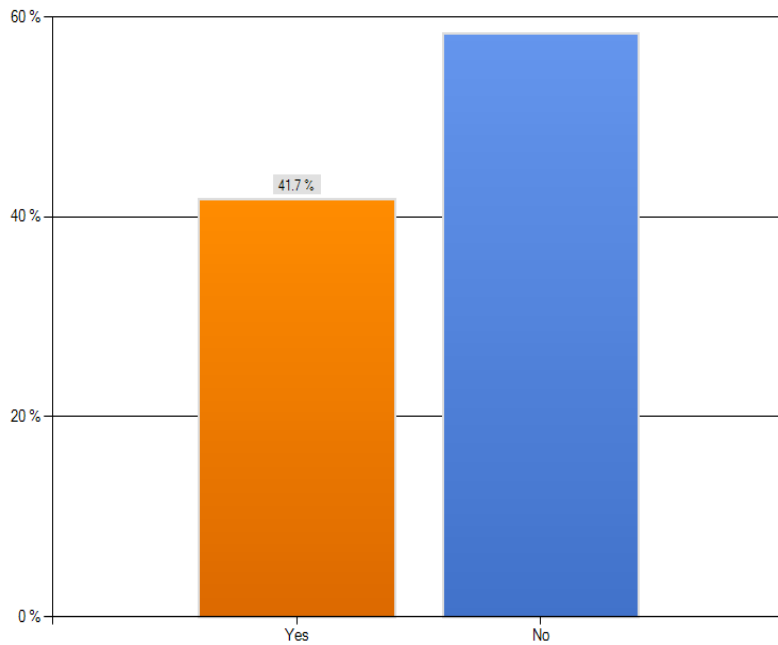
These charts indicate a severe level of poverty in the Latino MSM community. Of the participants, over 55% reported bringing in less than \$10,000 a year, and 14.3% reported receiving no income whatsoever.



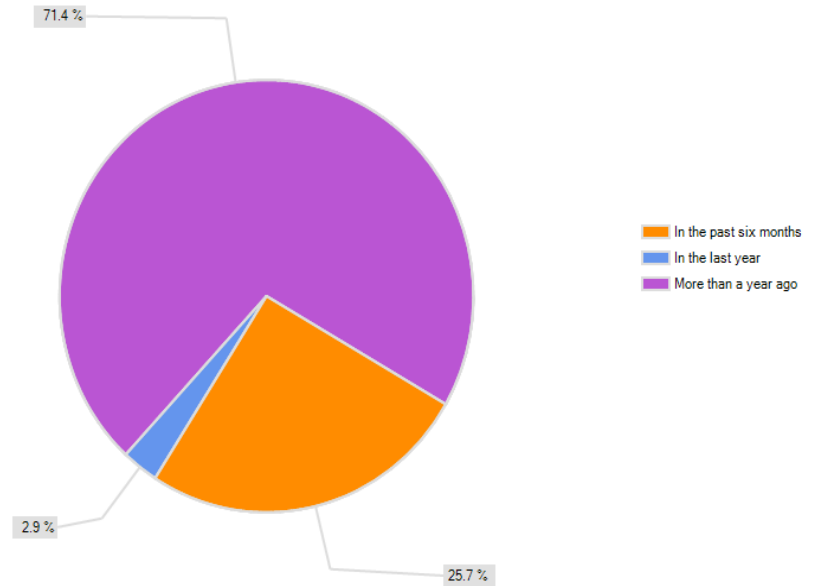


# HOUSING

Have you ever been homeless, lived in a shelter or in a transitional housing situation?

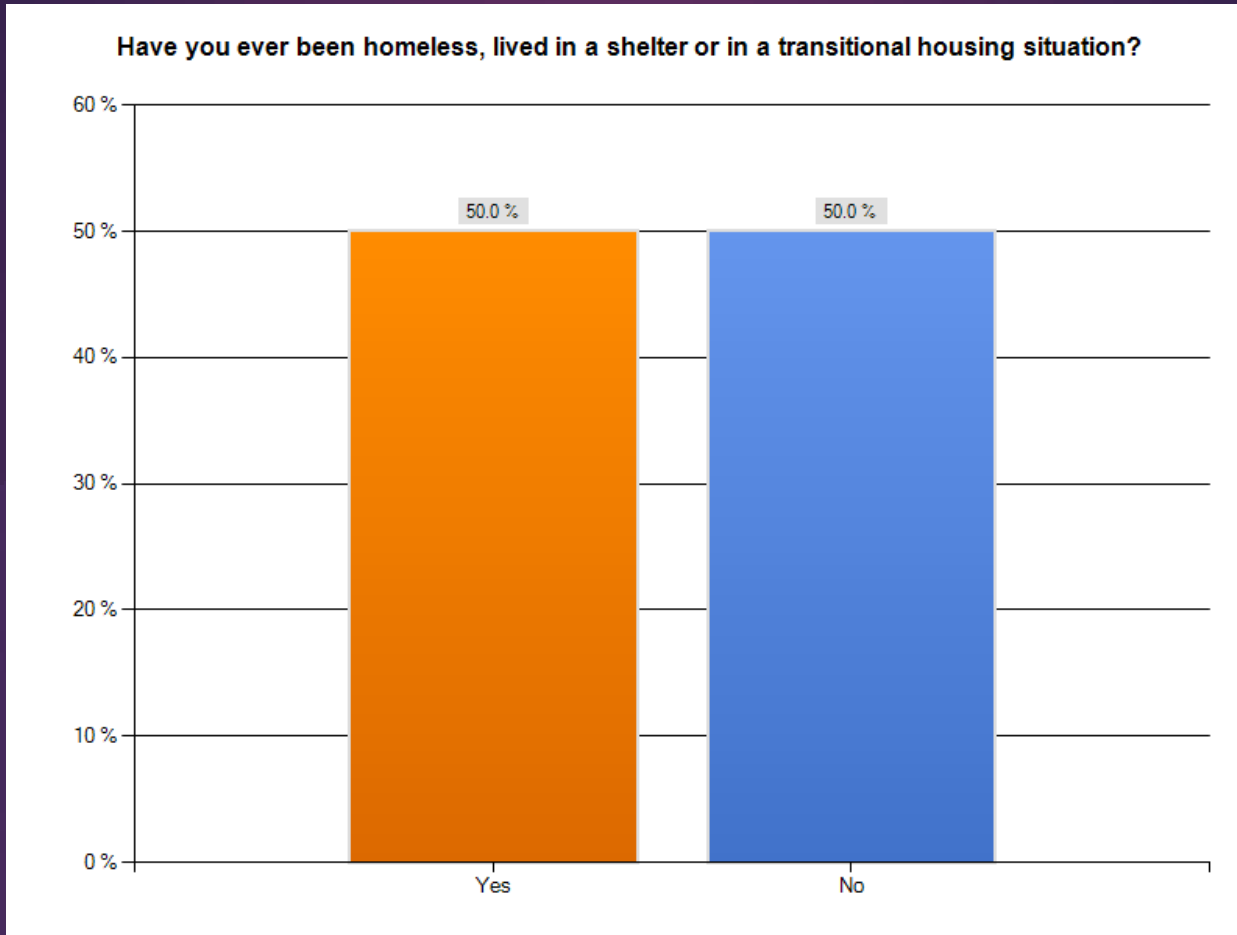


When was the last time you were in this situation (homeless or living in a shelter)?



# MONOLINGUAL SPANISH SPEAKERS

18



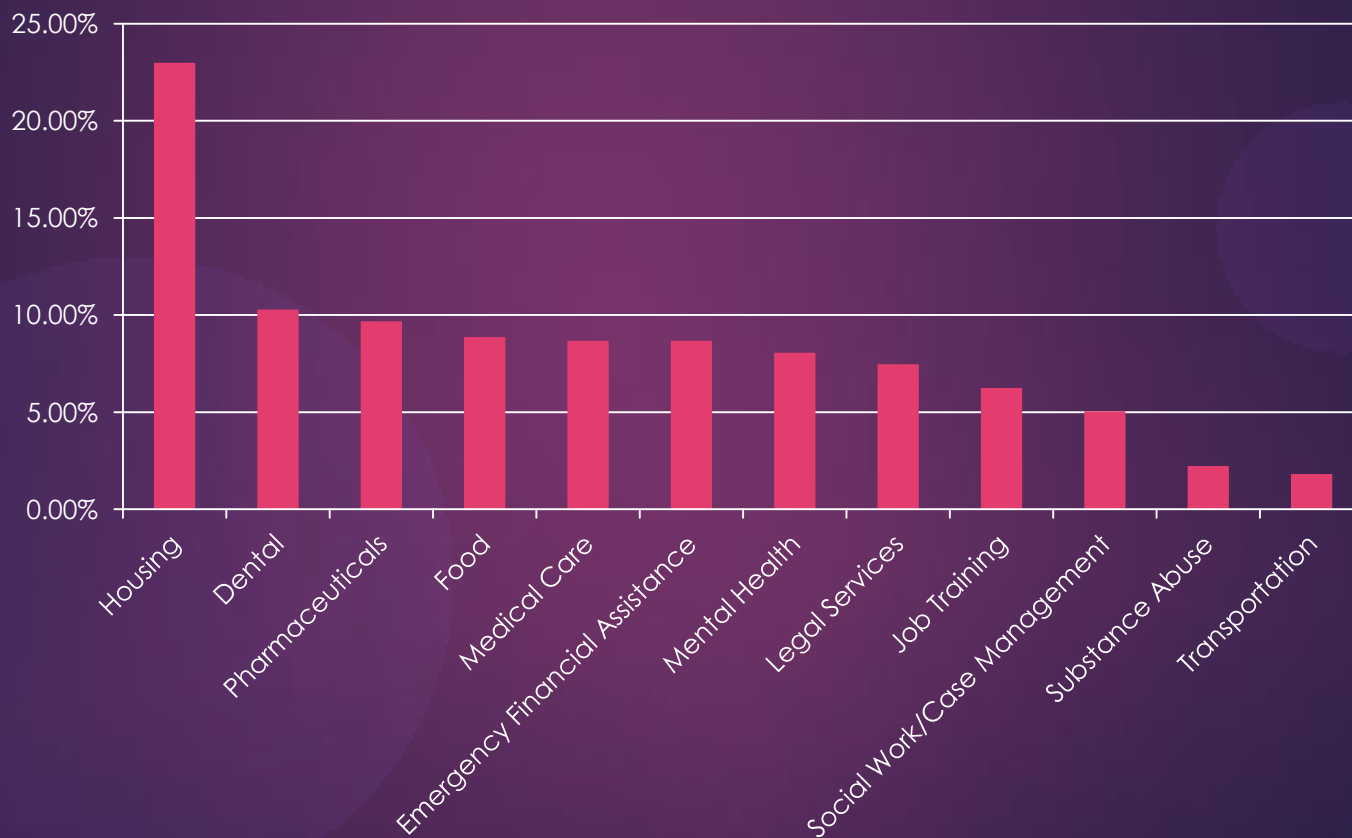
Monolingual Spanish speakers (n=16) were almost 10% more likely to have been homeless or marginally housed in their lives than other Latino MSM participants.

## Prioritization Exercise

Data about services priorities illustrates the importance of evaluating the San Francisco Model of Care and its outcomes as a continuum, with significant strides to be made towards addressing the social and economic determinants of health – including poverty, homelessness, and the unique linguistic and cultural challenges faced by Latino immigrants in the US.

# Prioritization Exercise

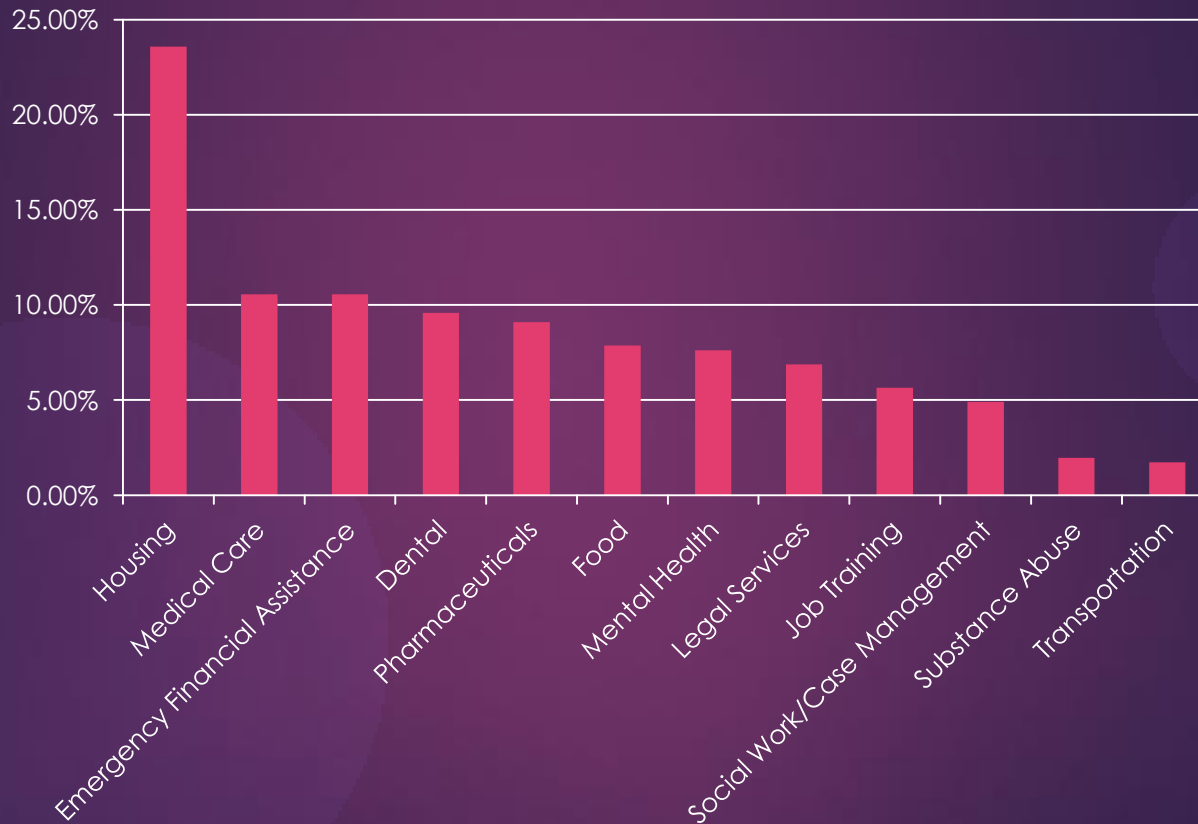
Total Results from San Francisco, San Mateo, and Marin Counties



# Prioritization Exercise

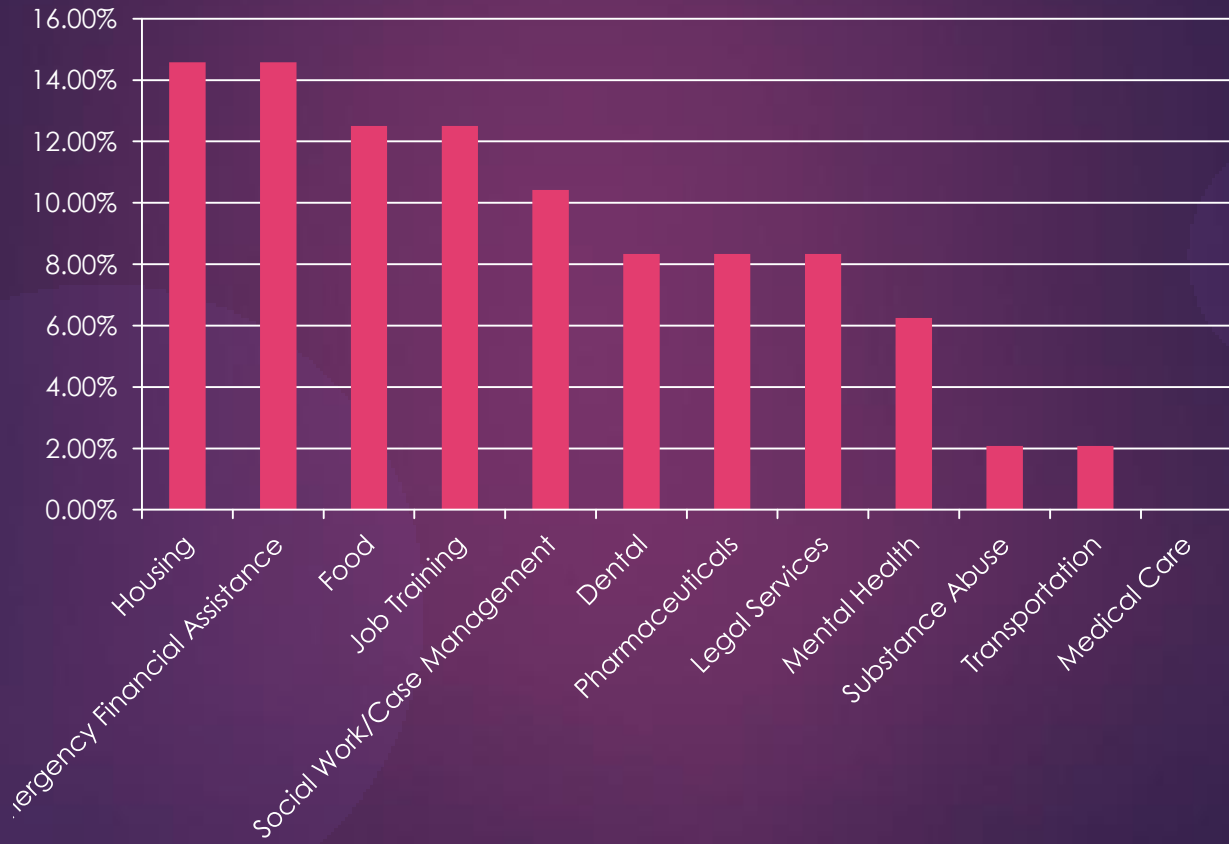
San Francisco County

21



# Prioritization Exercise

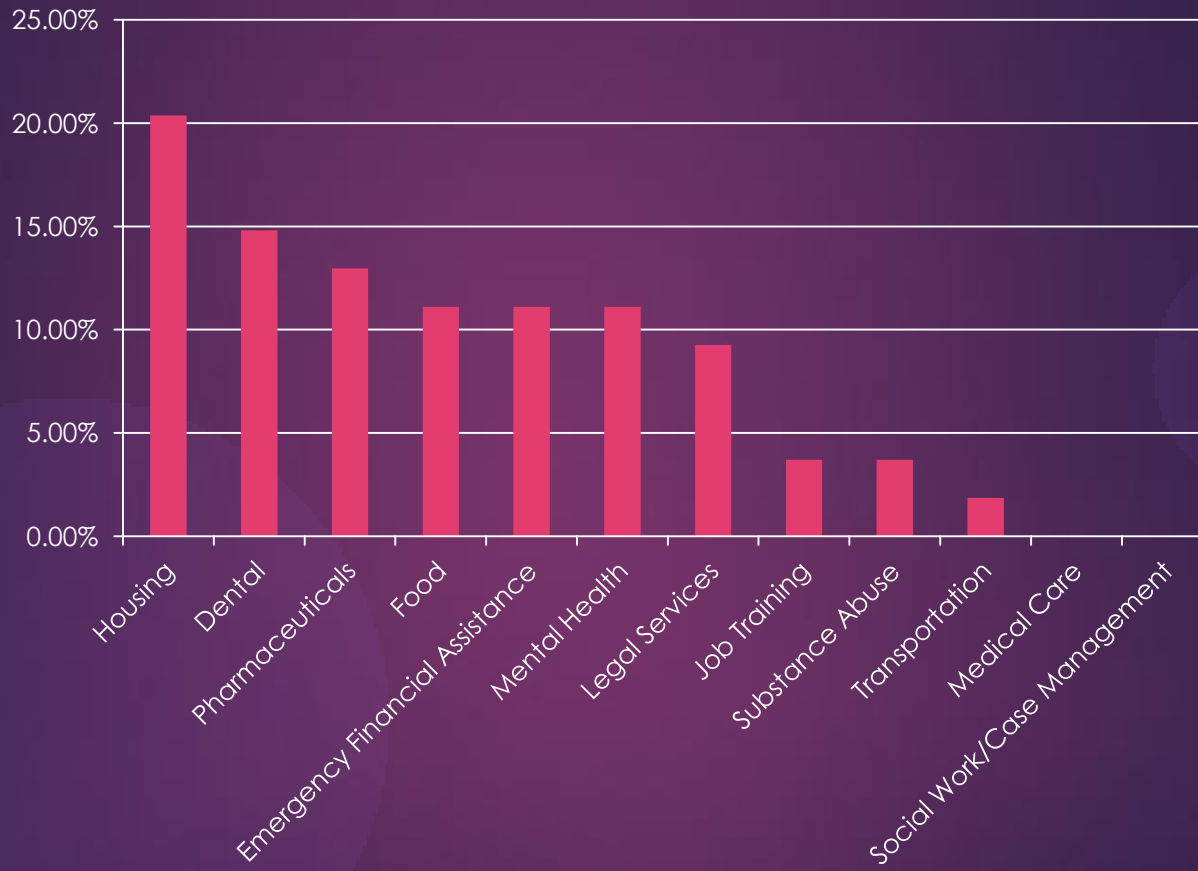
San Mateo County



# Prioritization Exercise

Marin County

23



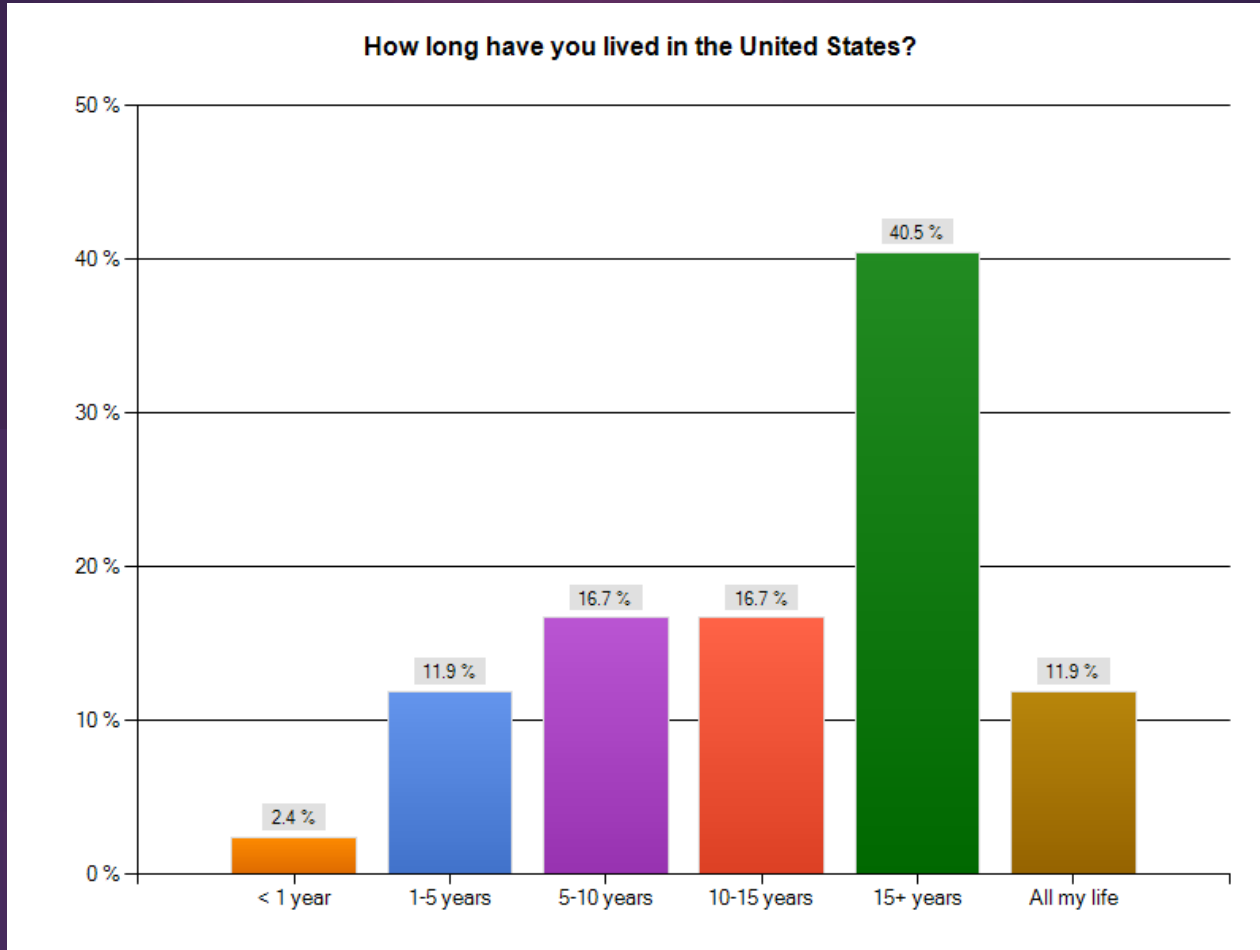
## Prioritization Exercise

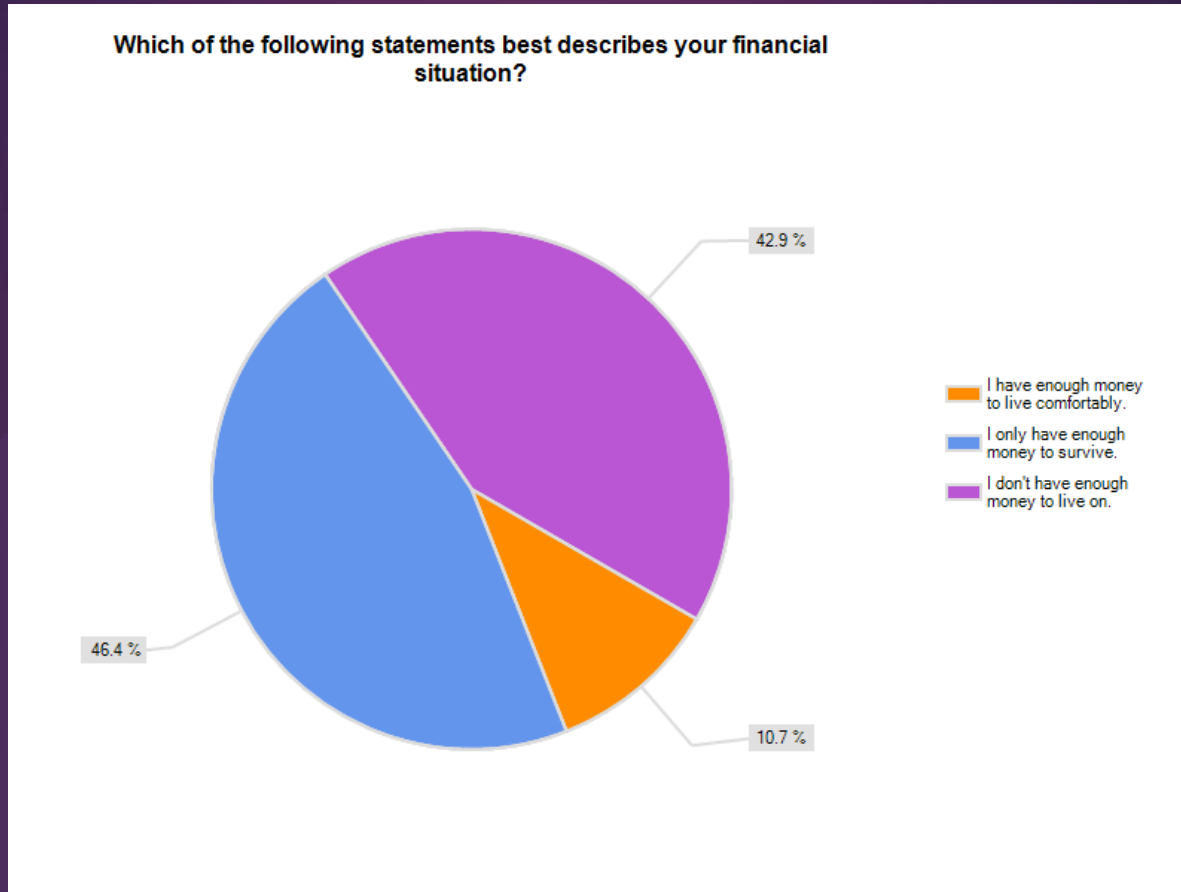
- ❑ Housing was the number one priority in the service categories prioritization exercise within each of the 8 focus groups.
- ❑ Housing, Dental, Medications and Food are the four top priorities for all focus groups during the aggregated prioritization exercise.
- ❑ The prioritization exercise, as well as consistent comments within all focus groups, indicate a clear need for non-medical support services.



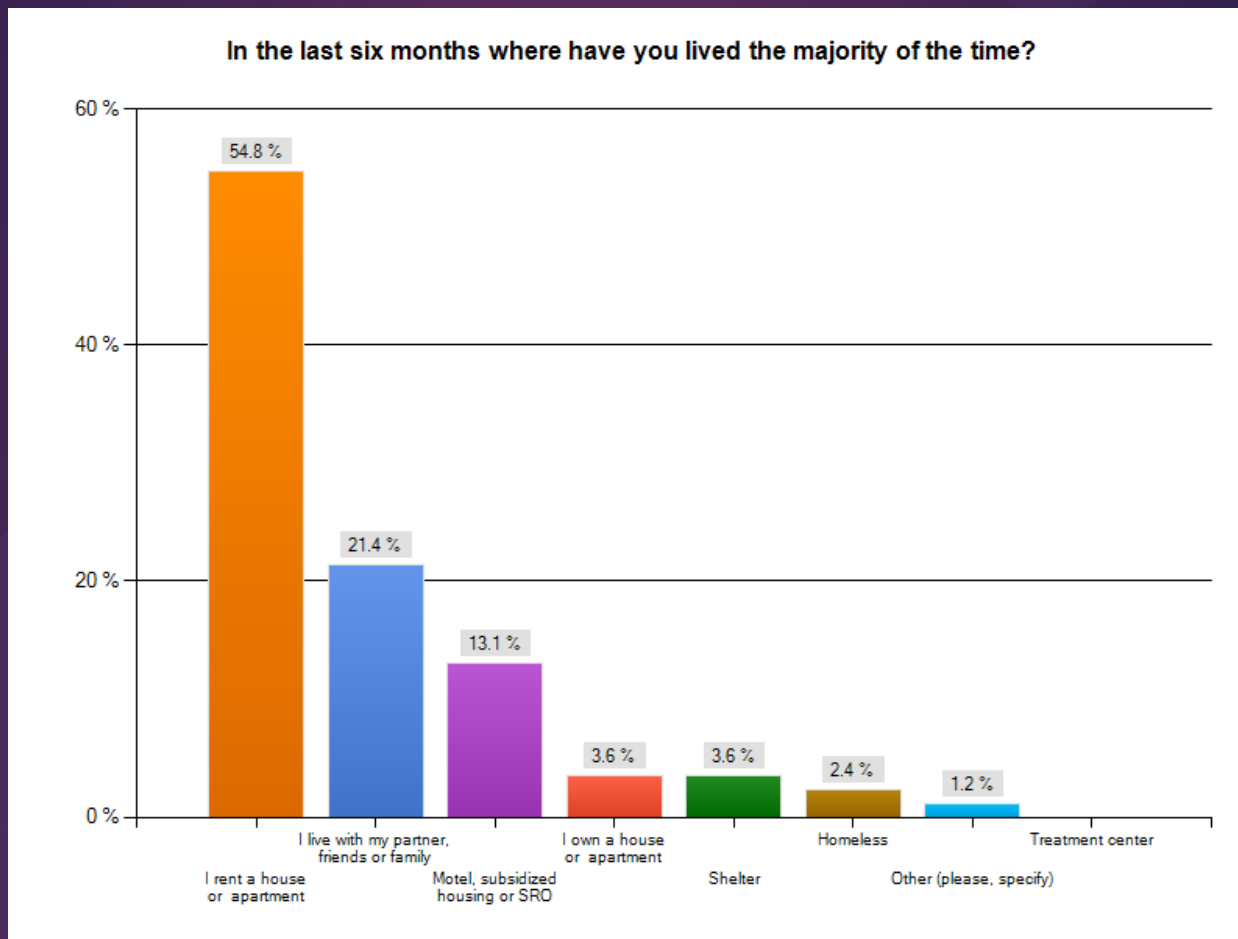
## *The Immigrant Experience in the SF EMA System of Care*

- ❑ Each focus group included participants who expressed concerns about the final implementation of the Affordable Care Act in that it does not cover undocumented residents.
- ❑ Service Points of Entry and Eligibility were considered confusing or unknown for some focus group participants.
- ❑ Focus group participants were often reticent to discuss barriers and challenges to care – instead expressing feelings of gratitude, appreciation, and even guilt at the services they receive.
- ❑ Many focus group participants from Marin and San Mateo Counties were unaware of legal and support services for which they are eligible.
- ❑ Participants noted challenges with integrating within American culture and finding their sense of belonging.
- ❑ The challenges and language limitations of this immigrant group plus HIV stigma aggravate an extreme situation of cultural and social isolation.





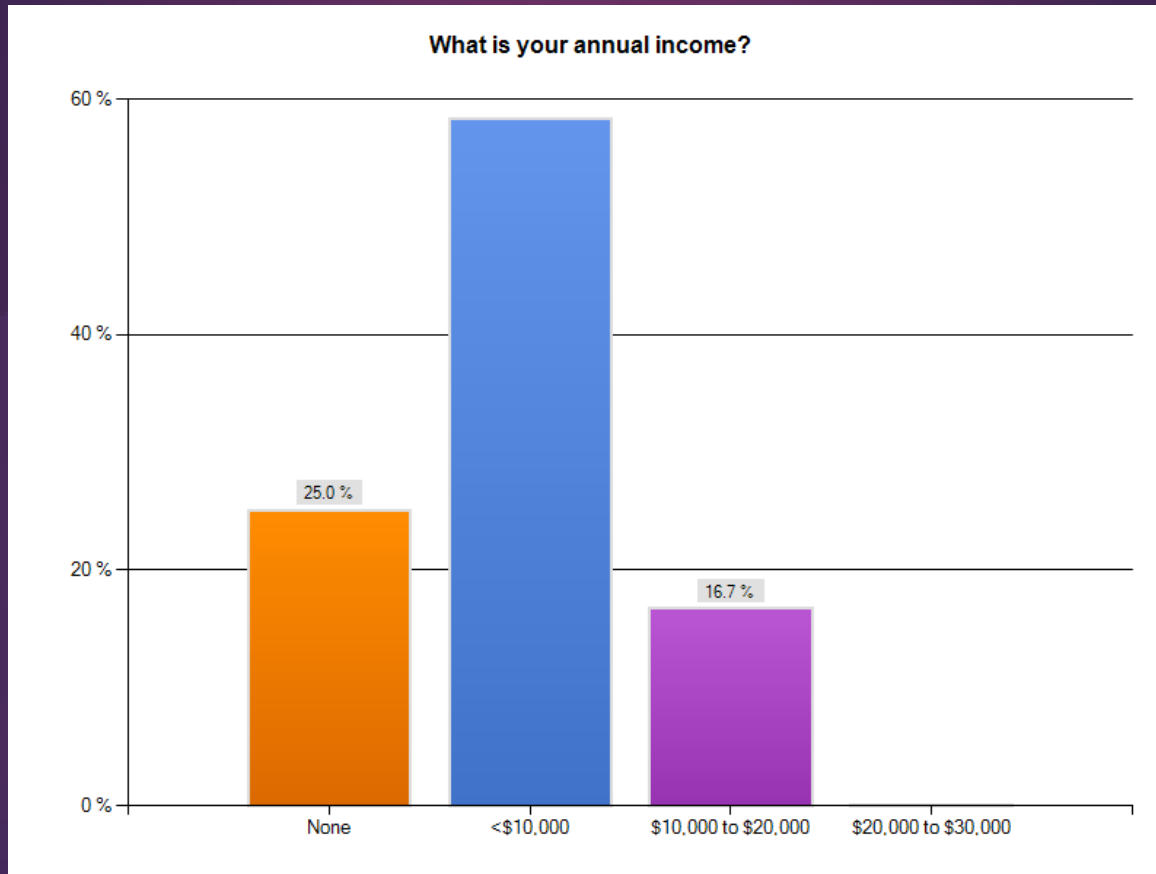
A total of nearly 90% of participants report that they only have enough money to survive or don't have enough money to live on.



While a majority of participants reported renting a house or apartment, when paired with the level of poverty a majority of participants face, it is clear why housing is the number one issue in every single focus group. San Francisco, currently the most expensive housing market in the US, is a city that poses unique and formidable housing challenges. 13% of participants reported living in a motel, subsidized housing or SRO, and a total of 6% reported living in a shelter or being homeless in the past 6 months.

# MONOLINGUAL SPANISH SPEAKERS

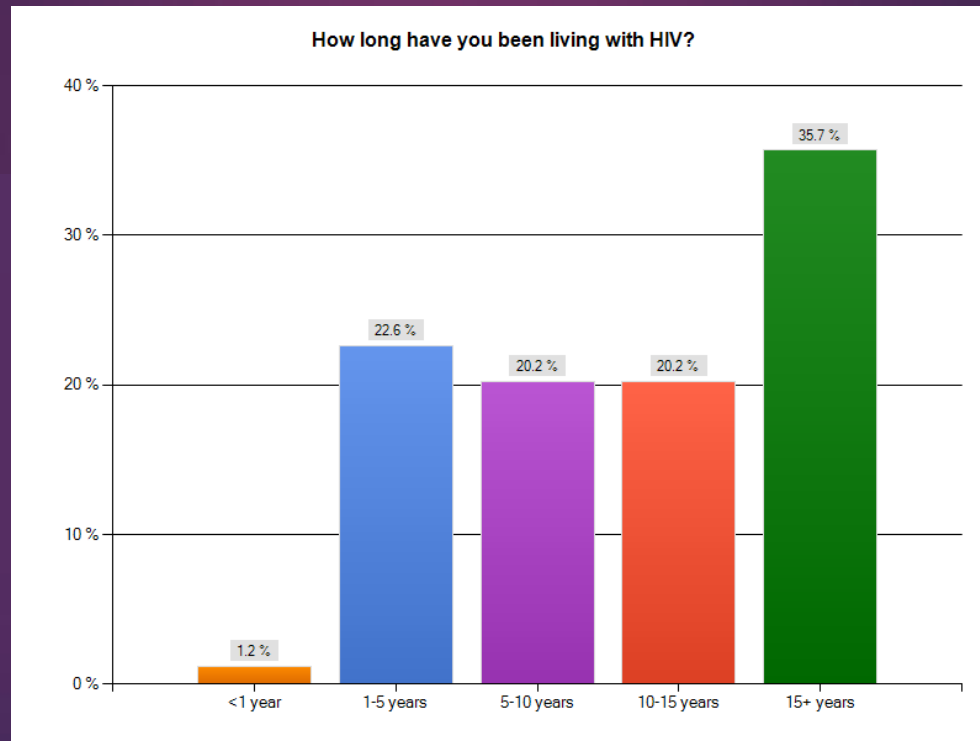
N = 16 (19.5%)



## A Unique Cascade

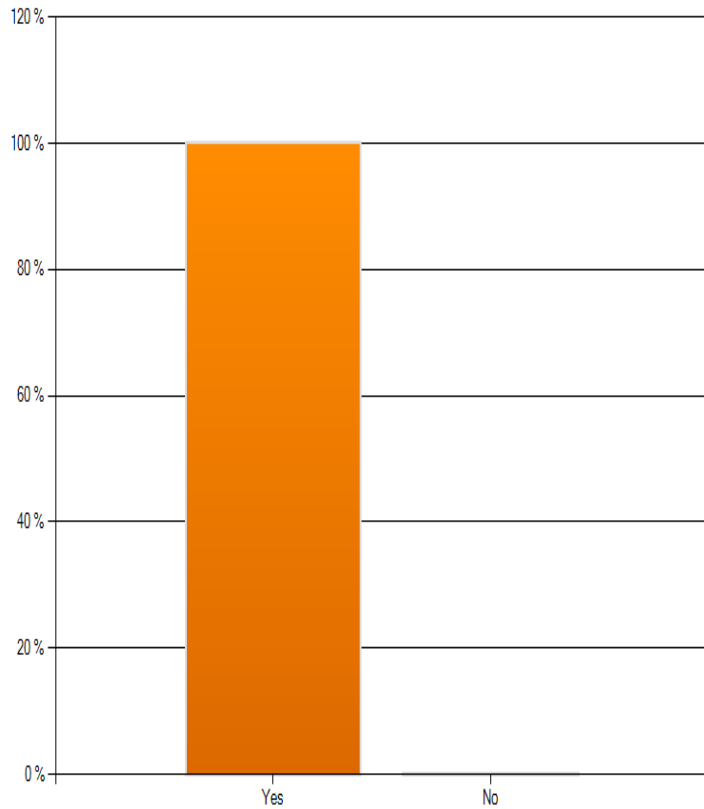
- ❑ Overall, Latino MSM surveyed in this needs assessment demonstrated stronger health outcomes than those reported both locally and on a national level within the Gardner Cascade. For example, regarding viral suppression: 95% of focus group participants self-reported an undetected viral load vs. 50% (San Francisco overall) vs. 19% (national).
- ❑ 100% of participants in Latino MSM focus groups self-reported taking HIV medication.
- ❑ Many of the focus group participants are long term survivors with high levels of adherence and a long history of medical treatment.
- ❑ Over 95% of participants reported a great success of having achieved an undetectable viral load.
- ❑ While the high rates of viral suppression and treatment adherence indicate positive health outcomes, these outcomes exist within a setting of severe indigence, indicating a set of clearly unmet needs.

A majority of participants reported being long-term survivors of HIV, with a smaller but still significant portion of approximately 25% being diagnosed within the last 5 years.

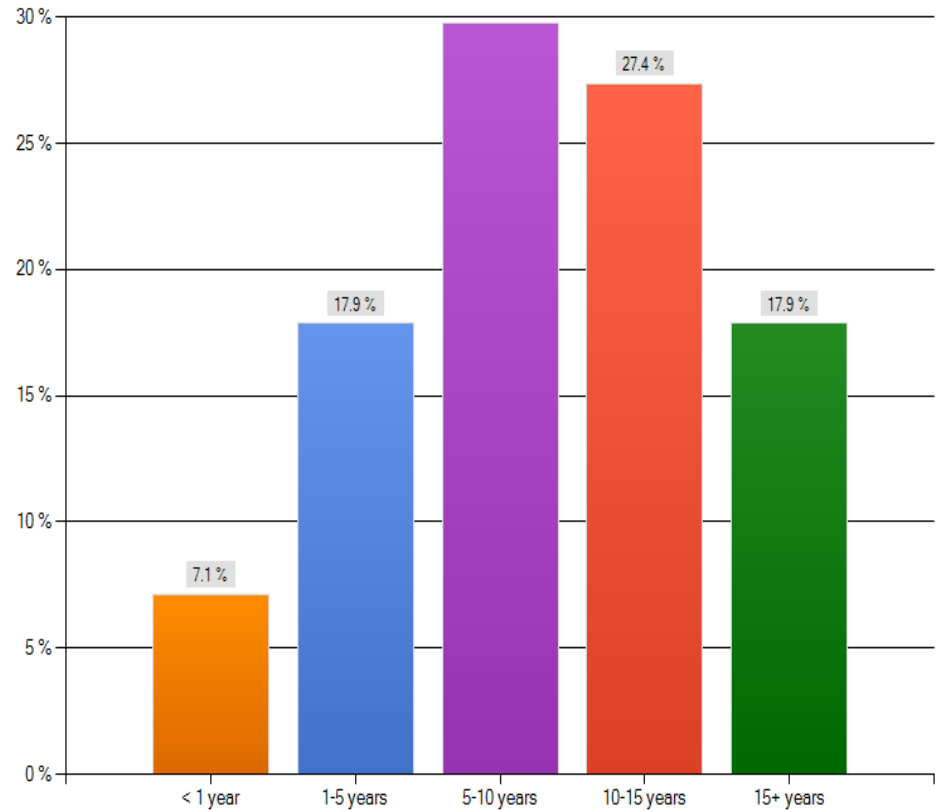


# MEDICATION

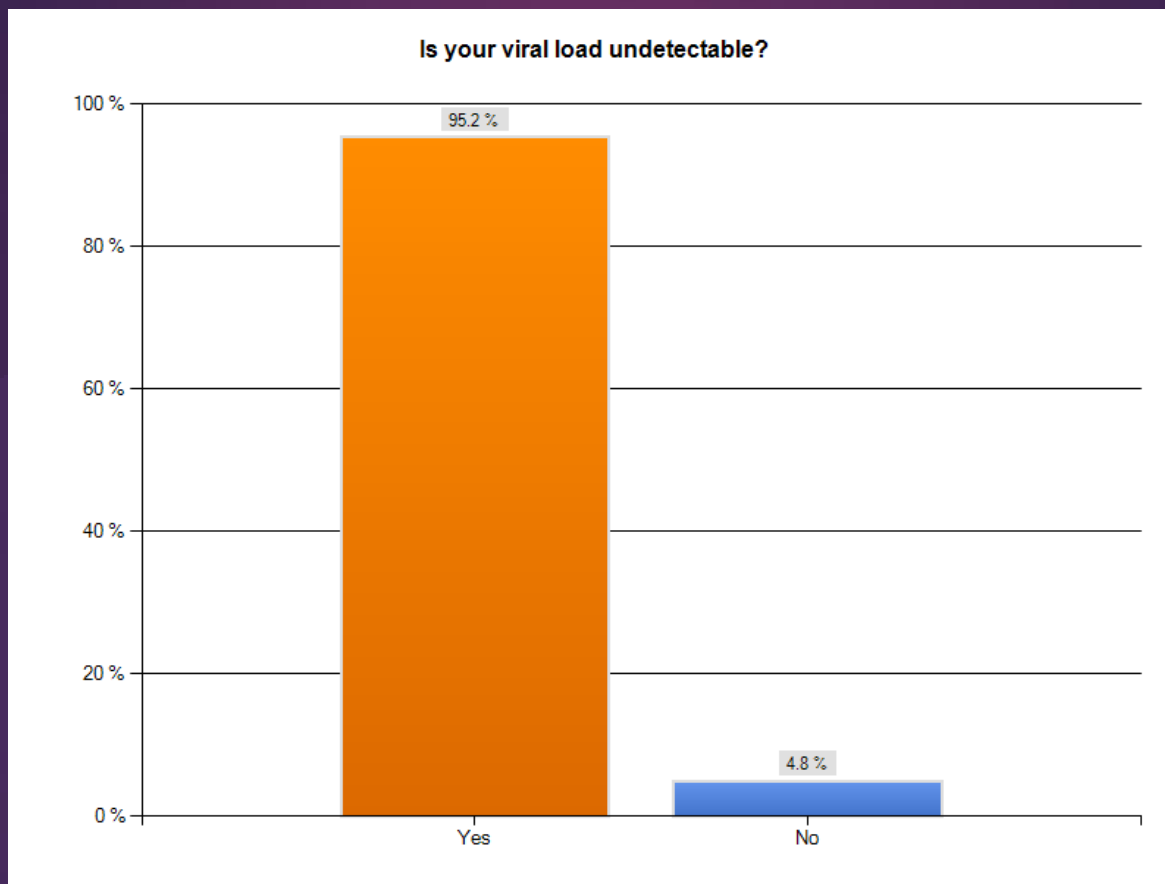
Are you taking HIV medication?



How long have you been taking antiretroviral medication?

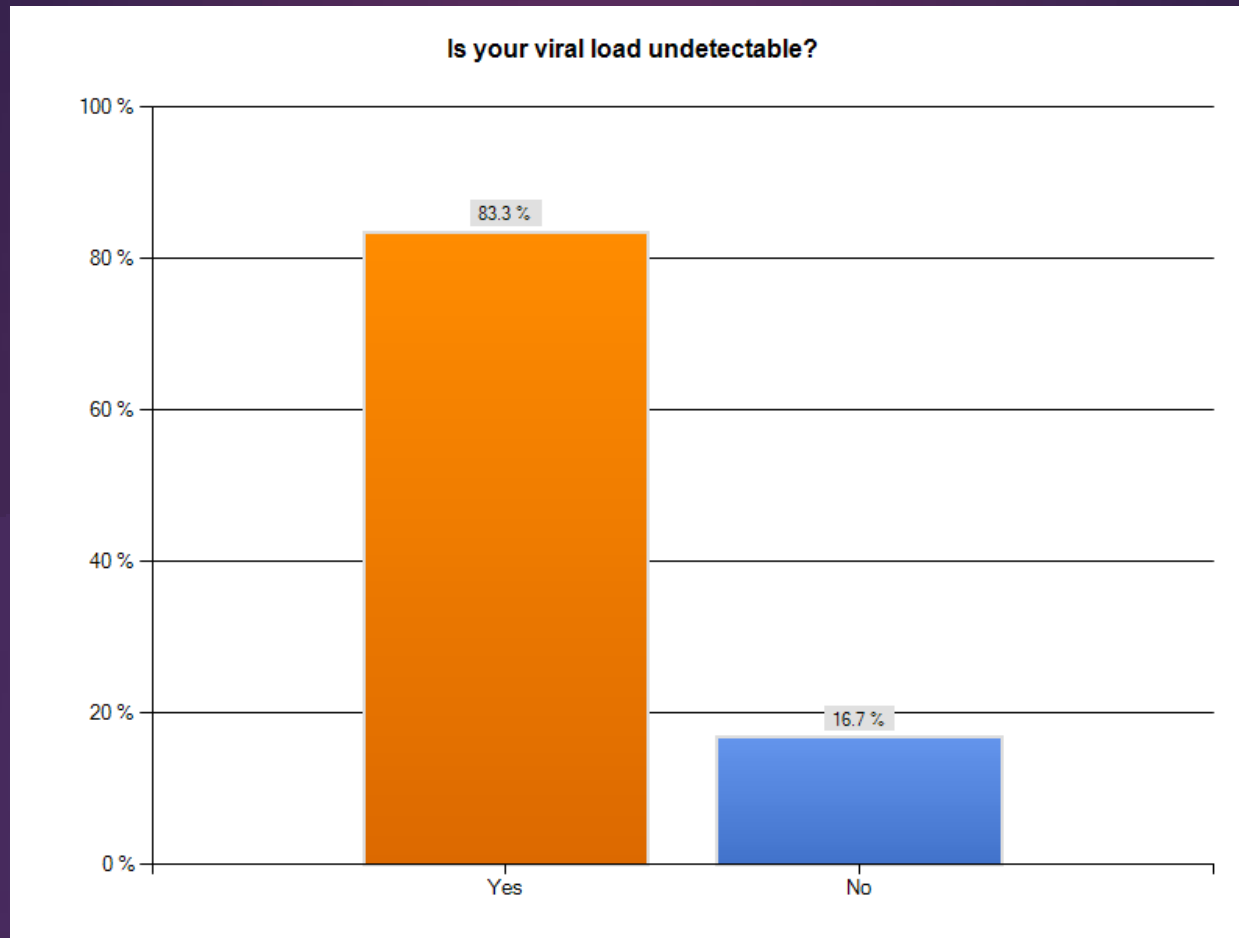






# MONOLINGUAL SPANISH SPEAKERS

34



Compared to the average Latino MSM viral load, monolingual Spanish speakers (n=16) were nearly 12% less likely to achieve an undetectable viral load.

## QUOTES FROM PARTICIPANTS

35

*"It becomes easy to comply with your treatment (take your medications) when you have a home and food, because I can't say what is more important."*

*"The difficulty of the housing programs are complex and for Latinos they become a turbulent nightmare."*

*"The wait lists are so long... there are two types of clients: those that entered the system when there were houses and those in the last couple years that have to wait on the wait list."*

*"I thought that they were exaggerating when I heard them complain about the dentists.... Until they got their hands on me."*

*"To have somewhere to eat and where they understand you, it's one of the reasons why I left San Antonio for San Francisco."*

*"When I left jail, I was back and forth between shelters for almost a year."*

## QUOTES FROM PARTICIPANTS

36

*“Political asylum for sexual orientation helped me a lot and gave me hope. I stopped thinking that I was going to die soon.”*

*“The immigration legal services are very important. For the first time I saw that they treated me with dignity.”*

*“The idea of having cancer and AIDS makes your situation and the possibility of finding help more complicated.”*

*“Not all of the case managers and social workers have the same information and competency.”*

*“The first year I only survived because I ate the free food in the support groups.”*

*“I was terrified to go to the agencies for fear that no one would understand me. When you can't communicate in your own language it's like you disappear.”*

## QUOTES FROM PARTICIPANTS

37

*“The case managers helped me a lot.... When I started to go, I started to eat and that year I found somewhere to sleep.”*

*“The psychological services and immigration services can help save your life.”*

*“When the providers speak Spanish they take the time to attend to you and understand you.”*

*“We all come to work – to think that someone treats you like you’re lazy!”*

*“The medical services and the hospital practitioners are very qualified. The nurse practitioners at Ward 86 at SFGH helped me a lot.”*

*“Even though I had my “transitional residency”, they treated me like I was an illegal immigrant.”*

*“Command of the language is one of the most important barriers, it's much more than understanding what they say to you, it's understanding how the services function and who can and can't help you.”*

# CONCLUSIONS

1. Due to the large number of Latino MSM living with HIV/AIDS in San Francisco, as well as the disproportionate level of socioeconomic, cultural, and linguistic challenges that this community faces, reducing barriers to care for Latino MSM is a critical component of successfully meeting the needs of this population.
  - Providing services in Spanish and bridging language barriers are essential for addressing the needs of this population.
  - Addressing Latino immigrants' cultural and social differences is an important element to reduce isolation.
2. Planning for programs culturally and socially sensitive programs for Latino MSM living with HIV/AIDS should consider the stark funding environment and look at the development of innovative and collaborative programs that are cost effective and ideally cost neutral.
  - There are several types of organizations, including immigration, housing, and medical services, that already provide important services for this population. An increased level of communication and collaboration between these organizations could address how to better and more effectively serve this target population.

# CONCLUSIONS

3. Despite significant barriers and challenges, the self-reported high level of adherence and viral suppression by focus group participants suggests that the San Francisco Model of Care is working to engage and retain those focus group participants in care. However, many focus group participants noted that late diagnosis is still a factor for many focus group participants.
  
4. Although the self-reported high rates of treatment adherence and viral suppression are indicators of success, there is also a high level of severe poverty in this population. Once in care, focus group participants continued to be engaged in care. A challenge is to develop prevention and early engagement before an HIV diagnosis or to quickly identify recently infected Latino immigrant MSM and bring them into care. When combining a propensity towards indigence with additional linguistic challenges and issues with legal status, the following becomes clear:
  - It is important to measure non-clinical health indicators in order to better address socioeconomic barriers to wellness.
  - Support Services providers must be equal partners with medical providers in order to ensure quality support in addition to quality medical care.

# CONCLUSIONS

5. As we move into an era of healthcare reform, it is crucial to ensure that this population does not fall through the cracks or that services are not disrupted due to changing funding sources and eligibility criteria. The HIV+ Latino MSM community faces issues that not only constitute barriers to care, but also barriers to voice and representation. ACA changes have the potential to disproportionately affect this community, and it is important that the SF EMA HHSPC build in additional considerations to preserve Latino MSM access to care and services.



Although this needs assessment illustrates many of the successes of implementing a system of care that is accessible to HIV+ Latino MSM, it is essential for Latino MSM to be able to successfully navigate the many unknowns and the complexity of the San Francisco EMA's changing landscape in order to enjoy better health and a sustainable quality of life.

# THANK YOU

## AGUILAS

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QUESTIONS?