2008 San Francisco EMA HIV/AIDS Health Services Needs Assessment

Prepared For
San Francisco HIV Health Services Planning Council

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harder+company community research

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Introduction

The 2008 San Francisco Eligible Metropolitan Area (SF EMA) HIV/AIDS Health Services Needs Assessment was commissioned by the San Francisco HIV Health Services Planning Council (CARE Council) as a means to identify the needs of priority populations living with HIV/AIDS in the SF EMA. The SF EMA includes the counties of San Francisco, Marin, and San Mateo. For the 2008 Needs Assessment the CARE Council and the Consumer and Minority Affairs Needs Assessment Work Group of the CARE Council decided to focus on severe needs people living with HIV/AIDS[1]. Other priority populations included in this report are people living with HIV/AIDS who are (1) monolingual Spanish speakers, (2) individuals age 50 and over and (3) previously incarcerated people. The CARE Council contracted with Harder+Company Community Research (H+Co), a California-based social science research and consulting firm, to conduct the 2008 Needs Assessment.

This report highlights key findings that emerged from the quantitative and qualitative data collected. These findings can be used to determine HIV service priorities, to allocate resources, and to ensure high quality, culturally competent services for people living with HIV/AIDS (PLWH/A) in the SF EMA.

SF EMA AIDS Epidemiology Overview

The following section presents a summary of the current cumulative HIV/AIDS cases among the San Francisco EMA counties that include San Francisco, San Mateo, and Marin. According to the California Department of Public Health[2], a total of 5,039 cumulative HIV cases and 10,620 cumulative AIDS cases were reported for the SF EMA counties. Approximately 92.5 percent of persons living with HIV reside in San Francisco County, 4.0 percent live in San Mateo County, and 3.5 percent live in Marin County. Similarly, the majority of persons living with AIDS reside in San Francisco County (85.7%) followed by San Mateo County (8.1%), and Marin County (6.2%) (see Exhibit 1).

[1] Severe needs is defined as persons who are 1) HIV positive with disabling symptoms, 2) at or below 150% of the poverty level and 3) diagnosed with a mental illness and/or active substance use. This definition was adopted by the SF EMA HIV Health Servgices Planning Council in June 2004.

[2] Source: California Department of Public Health, Office of AIDS, HIV/AIDS Case Registry Section, data as of July 31, 2008.

Exhibit 1: SF EMA HIV/AIDS Cases

EMA Counties	Cumulative HIV Cases		Cumulative AIDS Cases	
	Frequency (#)	Percent (%)	Frequency (#)	Percent (%)
San Francisco	4,663	92.5	9,103	85.7
San Mateo	202	4.0	864	8.1
Marin	174	3.5	653	6.2
Total	**5,039**	**100**	**10,620**	**100**

The data that follows provides an epidemiological profile of the counties in the SF EMA (San Francisco, San Mateo, and Marin). Beginning in 2005, the San Francisco AIDS surveillance data reported was changed to only include residents of San Francisco diagnosed with HIV/AIDS. Also important to note, data available for the counties of San Mateo and Marin is not as recent as data available for San Francisco County. As such, there may appear to be inconsistencies in the data reported when compared to other sections of this report or with epidemiological profile sections in prior needs assessments reports.

San Francisco County HIV/AIDS Cumulative Cases

The cumulative cases of AIDS in San Francisco (1980-2007) is 27,592. As of December 31, 2007 there were 8,980 persons living with AIDS. In 2007, through September of 2007, there have been 151 newly diagnosed cases. Among persons living with AIDS in San Francisco 65.1 percent are White, 14 percent are Black/African American, 15.4 percent are Latino/Hispanic, and 5.2 percent are Asian Pacific Islander or Native American.[3] Ninety-two percent are male, six percent are female and two percent are transgender.

San Mateo County HIV/AIDS Cumulative Cases

The latest data (2004)[4] for San Mateo County that provides the race/ethnicity of persons living with AIDS reports that there are approximately 812 persons living with AIDS. Among the 812 persons living with AIDS in San Mateo County, 53.5 percent are White, 20.8 percent are Latino/Hispanic, 17.6 percent are Black/African American, and 7.9 percent are Asian/Pacific Islander. Men make up 83.3 percent of the population, 16.3 percent are female, and 0.5 percent are transgender.

Marin County HIV/AIDS Cumulative Cases

Based on the most recent published data (2003)[5] for Marin County, there are approximately 700 persons living with AIDS (including at San Quentin Prison). In 2002, there were 40 newly diagnosed cases. Among persons living with AIDS in Marin County, 56.1 percent are White (29 percent incarcerated); 13.6 percent Latino (16 percent incarcerated), 28.9 percent Black (54 percent incarcerated) and 1.4 percent Other (1 percent incarcerated). Ninety-five percent are male and five percent are female.

[3] Includes persons with multiple races or whose race/ethnicity information is not available.
[4] Source: County of San Mateo Health Department, 2004 Community Assessment: Health and Quality of Life in San Mateo County; Epidemiological Unit: San Mateo County, HIV/AIDS Reporting System (HARS), updated 9/28/2005.
[5] Source: County of Marin Health and Human Services, Epidemiological Program: An Epidemiologic Profile of HIV/AIDS in Marin County, August 2003.

Modes of Transmission/Risk Factors

Overall, the two leading modes of HIV 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 78 percent followed by MSM who also inject drugs (14%) and injection drug use (6%). In San Mateo County, the proportion of cases acquired by injection drug use increased significantly from 9.8 percent of cases in 1992 to 19 percent in 2002. Overall, 67.8 percent of cases are MSM, 19 percent are injection drug use followed by 6.6 percent MSM/IDU, 2.8 percent are through heterosexual contact and the rest are transmission causes not classified. In Marin County, the largest proportion of AIDS cases occurred among MSM at 46 percent. Injection drug use cases accounted for 30 percent of AIDS cases followed by MSM/IDU at 14 percent, heterosexual contact cases accounted for eight percent of AIDS cases and two percent were other unclassified means of exposure.

Additionally, among men in San Francisco, Whites, and Black/African Americans are disproportionately affected by AIDS compared to the general HIV positive population. African-American women are considerably disproportionately affected making up 45 percent of all women with AIDS, compared to 8 percent of the general population. The current epidemiology also shows that the transgender community bears a heavy burden of the disease. They have 30-35 percent prevalence and a high rate of new infections. In San Mateo County, the primary mode of transmission for AIDS cases among Blacks/African Americans is IDU at 57 percent compared to Whites and Latino Hispanics where the primary exposure is MSM at 79 percent and 74 percent, respectively. Among females, heterosexual contact was identified as the primary risk factor for all races except Black/African American women. A significantly higher proportion was infected by IDU (62.5%). In Marin, the AIDS epidemiology data show that the proportion of Latino/Hispanic and Black/African American AIDS cases has increased from 11 percent in 2000 to 25 percent in 2002, however this is partly reflective of the overall population shifts in the county (the Latino and Black population increased in Marin from 11 percent in 1990 to 14 percent in 2000). AIDS cases in Marin County have primarily occurred among Whites. Among women in Marin, although the majority of AIDS cases can be attributed to heterosexual contact (66%), almost a quarter of all cases (24%) can be attributed to IDU.

Methods

The 2008 Comprehensive San Francisco EMA HIV/AIDS Health Services Needs Assessment utilized a mixed methods approach of collecting quantitative and qualitative data. Primary data collection methods included a client survey, focus groups, and in-depth interviews. Quantitative methods (client survey) provided the opportunity to gather and analyze standardized data from participants. Qualitative methods (interviews and focus groups) allowed for an in-depth exploration of the HIV/AIDS related issues impacting people living with HIV/AIDS (PLWH/A). The mixed methods approach enabled the evaluation to test the consistency of findings obtained across different methods, while also enhancing the comprehensiveness of the evaluation findings.

Client Survey

The client survey was administered to 248 severe needs PLWH/A in the San Francisco EMA. The purpose of the survey was to identify the needs of severe needs PLWH/A in the San Francisco EMA. The survey mainly consisted of closed-ended questions covering demographics, health status information, health and supportive services, challenges to access, stigma, and utilization of the Centers of Excellence. The survey instrument was updated from its 2005 version in collaboration with the Consumer and Minority Affairs Needs Assessment Work Group. Updates to the 2008 survey included (1) streamlining the *health and supportive services* section, (2) streamlining the *challenges to access* section, (3) adding questions on testing behavior and stigma, and 4) adding a section on the Centers of Excellence (CoE). The survey was translated into Spanish for mono-lingual Spanish speakers.

The primary strategy utilized to effectively and efficiently meet the targeted representative samples of severe needs PLWH/A in the San Francisco EMA was one-on-one survey administration by trained community interviewers. This method limited biases that are inherent to particular survey administration methods such as "pen and paper" or telephone interviews, and was favorable for working with special populations. All respondents who completed the survey received a $20 grocery incentive. To ensure confidentiality and guarantee that clients were only counted once in the analysis, client surveys were assigned a unique identifier.

Recruitment

Survey participants were recruited using a variety of methods. H+Co worked closely with HIV/AIDS service providers to recruit survey participants. HIV/AIDS service providers posted flyers, distributed recruitment cards, and informed clients of the needs assessment. Flyers were also posted at Single Room Occupancy locations (SROs), clinics, and mailed to clients of some agencies who did not regularly access services or who were home-bound. In addition, Harder+Company staff made announcements and distributed flyers at community events and meetings such as clinic drop-in hours, support groups, and planning council meetings. Word of mouth was also an important recruitment tool as many participants told their friends and social networks about the needs assessment.

Community Interviewers and Training Process

Six community interviewers and co-facilitators were recruited, each reflecting the finalized Needs Assessment sampling plan, to work with priority hard-to-reach populations. Interviewers were recruited through HIV/AIDS service agencies as well as through other similar H+Co projects including the 2005 San Francisco EMA Comprehensive HIV/AIDS Health Services Needs Assessment. Community members were selected based on the following criteria: 1) recommendation by agency staff as a responsible, capable person with good communication and listening skills; and 2) participation in similar data collection efforts. All community interviewers were required to participate in a comprehensive training. The purpose of the training was to ensure that high quality data was collected from all interview participants. The key components of the training included the role of the community interviewer in gathering the confidential data from participants, primary skills needed in gathering data, safety issues and preparation, techniques for addressing participant's questions and/or comments, and a review and practice of the survey instrument.

Sampling Framework

A non-random stratified sampling method was used to determine the severe needs PLWH/A 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. The following tables show the proposed strata, the projected sample sizes based on a total N-size of 200, and the actual sample collected (n=248).

Exhibit 2: San Francisco EMA County Sampling

EMA Counties	2008 Severe Needs Projected Sample (n=200)	2008 Severe Needs Actual Sample (n=248)
San Francisco County	n=172	n=238
San Mateo County	n=16	n=10
Marin County*	n=12	---

** Focus group conducted with Marin County residents.*

Exhibit 3: San Francisco EMA Gender Sampling

Gender	2008 Severe Needs Projected Sample (n=200)	2008 Severe Needs Actual Sample (n=248)
Male	n=140	n=166
Female	n=40	n=59
Transgender	n=20	n=22

Exhibit 4: San Francisco EMA Race/Ethnicity Sampling

Race/Ethnicity	2008 Severe Needs Projected Sample (n=200)	2008 Severe Needs Actual Sample (n=248)
African American	n=70 – 80	n=96
White	n=50 – 60	n=61
Latino/Hispanic	n=30 – 40	n=38
Asian and Pacific Islander	n=12 – 18	n=14
Native American	---	n=12
Other	n=4 – 8	n=5
Mixed	---	n=21

Exhibit 5: San Francisco EMA Age Group Sampling

Age	2008 Severe Needs Projected Sample (n=200)	2008 Severe Needs Actual Sample (n=248)
18 - 29	n=20 – 30	n=8
30 - 39	n=20 – 30	n=36
40 - 49	n=80 – 90	n=128
50 - 59	n=60 – 70	n=65
60 plus	n=10 – 30	n=9

Focus Groups

In collaboration with the Needs Assessment Work Group, three special populations were identified to gather in-depth, qualitative information about their use of HIV/AIDS related services, continued service needs, and challenges/barriers encountered when receiving services. Focus groups were conducted with (1) Marin County residents, (2) monolingual Spanish-speaking residents, and (3) people age 50 or older. A total of 26 of people living with HIV/AIDS participated in the focus groups. All participants received a $20 grocery gift card for their participation in the focus groups.

Recruitment

Focus group participants were recruited through providers at several agencies, flyers posted at agencies serving identified populations, and word of mouth.

Interviews

Eleven in-person interviews were conducted with previously incarcerated individuals in order to obtain comprehensive information on their utilization of, satisfaction and challenges with receiving HIV/AIDS services. The interview instrument consisted mostly of open-ended questions with the exception of a few close-ended questions that collected demographic information. Respondents each received a $20 grocery incentive for their participation in the interview.

Recruitment

Interview participants were recruited from agencies that provide specialized services to previously incarcerated individuals.

Data Analysis

Quantitative survey data was analyzed using statistical software called Statistical Package for the Social Sciences (SPSS). Standard statistical techniques were utilized to analyze the Needs Assessment Client Survey data. The analysis plan was finalized with input from the 2008 Consumer and Minority Affairs Needs Assessment Work Group so that statistical procedures were utilized that effectively identified needs, unmet needs, and barriers among each population and within each strata. For each analyzed variable, data is presented as *valid percents,* which eliminates missing cases. Therefore, in some cases the totals for specific variables may not equal the overall sample size (n=248) if some respondents, for example, chose not to answer a question. The n-size for each variable is presented in the data tables and charts.

Similarly, qualitative data obtained from focus groups and interviews was analyzed using the content analysis approach. This method also allowed direct participant statements that either supported or contradicted quantitative findings to be highlighted in order to provide a more in-depth examination of client needs and gaps in services. Quantitative data, primarily demographic information, obtained from both the interviews and focus groups was entered and analyzed in SPSS using standardized statistical procedures.

Limitations

This needs assessment, as with other similar types of population research, has limitations that should be considered when reviewing and interpreting the results. The following limitations preclude making definitive statements or conclusions about the HIV health services needs of PLWH/A in the SF EMA.

- Non-random sampling techniques may prevent the generalization of findings to the larger population. For example, a majority of the respondents were recruited from community service agencies, and therefore the findings may not be as relevant for individuals who do not access the service system at all.
- There may have been some "response bias," in which some respondents may have provided what they thought to be the "correct answer," due to difficulty in talking about sensitive issues or other reasons.
- Although there is no definitive proof, economic necessity may have led some respondents to falsely identify themselves as being HIV-positive or living within the EMA in order to receive the incentive.
- 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.

Demographics

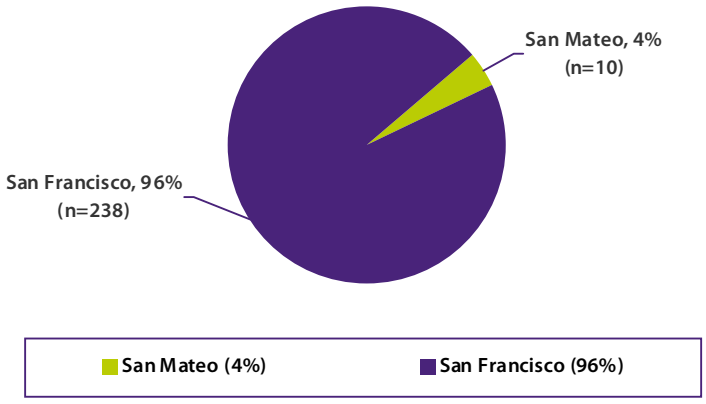
The following section of the report summarizes demographic data collected from severe needs people living with HIV/AIDS. A total of 248 respondents completed the survey. For some of the findings, the total number of survey participants may equal less than 248 due to missing data. Demographic data gathered included participants' geographic residence, race/ethnicity, primary language spoken, gender, age, sexual orientation/identity, education obtained, employment status, income, housing status, health coverage, and benefits currently received.

Geographic Residence

County

As illustrated in Exhibit 6, the majority of survey participants (96%, n=238) reported living in San Francisco County while four percent (n=10) reported living in San Mateo County.

Exhibit 6: County of Residence (n=248)



City/Neighborhood

Among the ten survey participants from San Mateo, three lived in East Palo, three lived in Redwood City and one each lived in Menlo Park, Millbrae, Palo Alto, and San Mateo (Exhibit 7).

Exhibit 7: San Mateo Representation – Cities and Towns (n=10)

San Mateo Representation	Frequency (#)	Percent (%)
East Palo Alto	3	30.0
Redwood City	3	30.0
Menlo Park	1	10.0
Millbrae	1	10.0
Palo Alto	1	10.0
San Mateo	1	10.0

Most San Francisco participants lived in the northeast side of the city (Exhibit 8). A majority lived in the Tenderloin/Civic Center (37.4%) or South of Market (25.1%) neighborhoods. Eighteen (7.7%) participants lived in the Mission, and at least ten people lived in Pacific Heights and Nob Hill/Russian Hill each.

Exhibit 8: San Francisco Representation – Neighborhoods (n=235)

San Francisco Representation	Frequency (#)	Percent (%)
Tenderloin/Civic Center	88	37.4
South of Market	59	25.1
Mission	18	7.7
Pacific Heights	11	4.7
Nob Hill/Russian Hill	10	4.3
Haight Ashbury	9	3.8
Ingleside-Excelsior	8	3.4
Potrero Hill	7	3.0
Mission Bay	4	1.7
Visitation Valley	4	1.7
Bayview	3	1.3
Treasure Island	3	1.3
Castro	2	0.9
Inner Sunset	2	0.9

San Francisco Representation	Frequency (#)	Percent (%)
Outer Sunset	2	0.9
Embarcadero	1	0.4
Financial District	1	0.4
Marina	1	0.4
Twin Peaks	1	0.4

Client Characteristics

Race/Ethnicity

Similar to the 2005 severe needs population breakdown, the majority of the 2008 severe needs people living with HIV/AIDS that completed the client survey identified as African American (38.9%) and White (24.7%) (Exhibit 9). Other ethnicities reported included Latino/Hispanic (15.4%), Asian and Pacific Islander (5.7%), Native American (4.9%), and other (2.0%). Unique to the 2008 survey, 8.5 percent of respondents identified as being of mixed races.

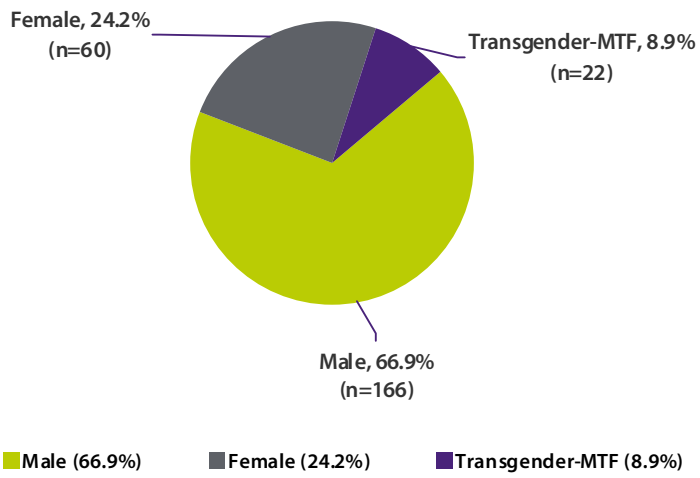
Exhibit 9: Race/Ethnicity (n=247)

Race/Ethnicity	2005 (n=281)		2008 (n=247)	
	Frequency (#)	Percent (%)	Frequency (#)	Percent (%)
African American/Black	115	40.9	96	38.9
White	97	34.5	61	24.7
Latino/Hispanic	35	12.5	38	15.4
Asian and Pacific Islander	10	6.8	14	5.7
Native American	19	3.6	12	4.9
Other	5	1.8	5	2.0
Mixed Race	-	-	21	8.5

Gender

Slightly over two thirds (66.9%) of respondents identified as male (Exhibit 10). Nearly a quarter (24.2%) of survey participants identified as female, and 8.9 percent reported being transgender. Of those who identified as transgender, all were male-to-female (MTF) transgender.

Exhibit 10: Gender
(n=248)



Among Whites (28.5%) and Latinos (18.8%) a greater proportion of male respondents completed the survey. The majority of female (61.7%) and transgender (50.0%) participants identified as African American/Black (Exhibit 11).

Exhibit 11: Race/Ethnicity by Gender
(n=247)

Race/Ethnicity	Male (n=165)	Female (n=60)	Transgender (n=22)
African American/Black	29.1	61.7	50.0
White	28.5	16.7	18.2
Latino/Hispanic	18.8	6.7	13.6
Mixed Race	9.7	6.7	4.5
Asian and Pacific Islander	7.3	1.7	4.5
Native American	5.5	3.3	4.5
Other	1.2	3.3	4.5

Language

Eighty five percent of respondents reported English as their primary spoken language. Ten percent identified Spanish as the most frequently spoken language followed by two percent of survey participants who reported French as their primary language. Three percent of participants also reported other languages such as Burmese, Cantonese, Indonesian, Italian, Pequot, and Tagalog as their most frequently spoken language.

Age

The average age of survey respondents was 46 years old. The youngest participant reported being 18 years old while the oldest participant was 70 years old. Nearly one third of the severe need respondents reported being 50 years old or older (Exhibit 12).

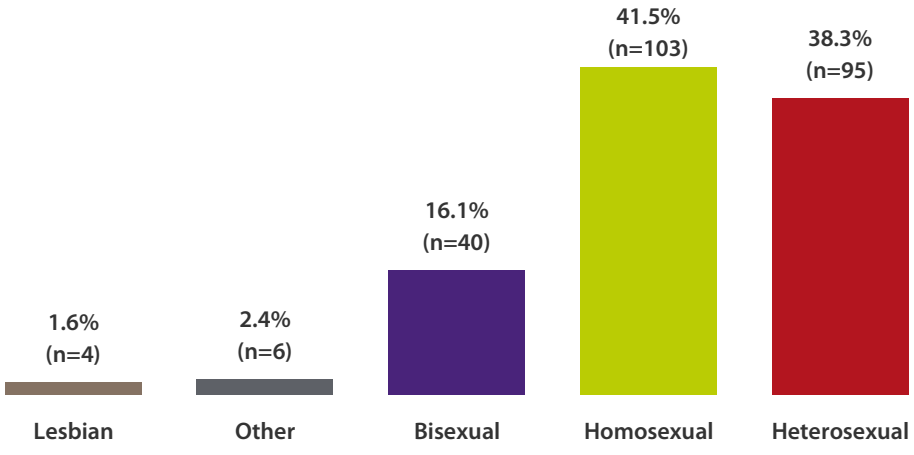
Exhibit 12: Age
(n=246)

Age	Frequency (#)	Percent (%)
18 - 29	8	3.3
30 - 39	36	14.6
40 - 49	128	52.0
50 – 59	65	26.4
60 plus	9	3.7

Sexual Orientation/Identity

The majority of survey respondents identified as homosexual (41.5 %) or heterosexual (38.3 percent). Other participants identified as bisexual (16.1%), lesbian (1.6%), and other (2.4%) sexual orientation (Exhibit 13).

Exhibit 13: Sexual Orientation/Identity
(n=248)



A large proportion of participants who identified as heterosexual (49.5%) or bisexual (42.5%) are African American/Black (Exhibit 14). Gay male respondents equally identified as White (28.4%), African American/Black (25.5%) and Latino/Hispanic (23.5%).

Exhibit 14: Race/Ethnicity by Sexual Orientation
(n=237)

Race/Ethnicity	Heterosexual (n=95)	Bisexual (n=40)	Homosexual Male (n=102)
African American/Black	49.5	42.5	25.5
Asian and Pacific Islander	1.1	2.5	10.8
Latino/Hispanic	11.6	5.0	23.5
Native American	7.4	5.0	2.9
White	22.1	22.5	28.4
Other	2.1	5.0	1.0
Mixed Race	6.3	17.5	7.8

Among heterosexual respondents, half (50 percent) were female, 39 percent were male and eleven percent identified as transgender.

Employment and Income

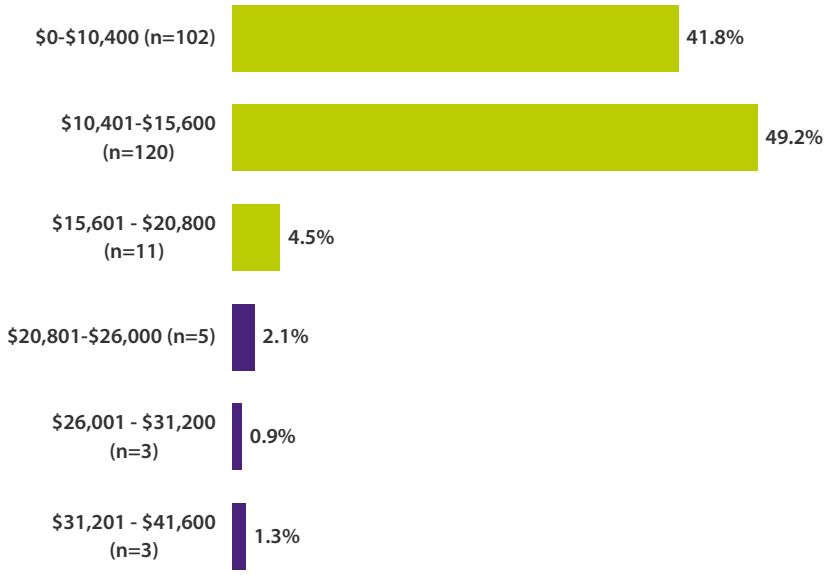
Over half (68.5%) of survey respondents reported they were not working and on full disability (Exhibit 15). Participants also indicated they were working part-time or on disability (6.0%), not working and had applied for disability (6.0%), were on disability and looking for work (4.0%), or were not working and were a student or a homemaker (4.0%).

Exhibit 15: Employment Status
(n=248)

Employment Status	Frequency (#)	Percent (%)
Not working-full disability	170	68.5
Working part-time/disability	15	6.0
Not working-applied for disability	15	6.0
Disability/looking for work	10	4.0
Not working-student, homemaker, etc.	10	4.0
Other	9	3.6
Retired	6	2.4
Not working-looking for work	6	2.4
Employed part-time	4	1.6
Employed full time	3	1.2

Among the severe needs people living with HIV/AIDS that participated in the survey, nearly all (91%) reported an income equal or less than 150 percent of the Federal Poverty Level (FPL) ($15,600 for one person in 2008). Forty-two percent of survey respondents were at or below 100 percent of the FPL while 49 percent were at 150 percent of the FPL. A graphical representation of participant income levels is presented in Exhibit 16.

Exhibit 16: Income
(n=244)



Education

Approximately one-fifth of the surveyed severe need population reported having less than a high school education (Exhibit 17). Another quarter of participants completed high school. The majority (52 percent) of participants reported having more than a high school education, most of whom attended some college, completed a two-year degree, or received trade/vocational certification.

Exhibit 17: Education
(n=248)

Education	Frequency (#)	Percent (%)
Grade school or less	10	4.0
Some high school	42	16.9
High school graduate/GED	67	27.0
Some college/2-year/trade	94	37.9
Completed 4 year college	29	11.7
Graduate or professional degree	6	2.4

Housing Information

Current Residency

For many people living with HIV/AIDS, housing is a primary need. When asked where they currently resided, most survey participants responded they rented or lived in an SRO with tenancy (both at 31 percent) (Exhibit 18). More than 20 percent of respondents were considered to be homeless. Of those who were considered homeless eleven percent live in an SRO without tenancy, four percent reported living on the streets or in a car, three percent were living in a shelter, two percent were in transitional housing and one percent reported living or "crashing" with other people.

Further analysis indicate that gay men (42.7%; n=44) were nearly twice as likely to rent apartments compared to heterosexual participants (23.2%; n=22). Younger participants more likely lived in SROs while older participants more likely rented. A greater proportion of women (10.0%; n=6) reported living in treatment facilities than men (3.6%; n=6).

Comparisons by race reveal a greater proportion of White participants lived in SROs with tenancy (37.7%; n=23) than rented (21.3%; n=13). African American (31.3%; n=30), Asian or Pacific Islander (57.1%; n=8), and Latino respondents (44.7%; n=17) more likely rented. Nearly seven percent of White participants (n=4) owned their homes compared to only one percent (n=1) of African Americans.

Exhibit 18: Current Residency
(n=248)

Current Residence	Frequency (#)	Percent (%)
Rent	77	31.0
SRO w/tenancy/Hotel	76	30.6
SRO w/o tenancy	26	10.5
In supportive housing	19	7.7
In treatment facility	12	4.8
Homeless-street/car	9	3.6
Homeless shelter	8	3.2
Own	6	2.4
Half-way/transitional housing	6	2.4
Living/crashing-not paying rent	3	1.2
Skilled nursing/assisted living	2	.8
Residential Hospice	2	.8
Parent/relative's house	1	.4

Living Situation in the Past Two Years

Housing for the severe needs population can be tenuous. One out of three surveyed participants were homeless (lived either on the streets or in a shelter) at some point within the two years prior to completing the survey (Exhibit 19). Males were more likely to have been homeless at one point compared to women. Nearly a quarter of all survey respondents lived in a half-way house or in transitional housing, and 17.6 percent have lived in treatment facilities. Thirty-five surveyed participants have spent time in a county jail in the past two years. Compared to other racial/ethnic groups, a greater proportion of African American participants (17.4%; n=16) have been in a county jail in the past two years. Women (16.9%; n=10) were more likely to have been to county jail than male respondents (12.3%; n=20).

Exhibit 19: Living Situation in the Past 2 Years

Living Situation in Last 2 Years*	Frequency (#)	Percent (%)
Homeless (street/car)	79	32.6
Homeless shelter	69	28.5
Half-way house or transitional	57	23.1
Treatment facility	43	17.6
County Jail	35	14.5
State or Federal prison	10	4.1

*Respondents were able to select more than one living situation in the past two years.

Health Coverage

Health coverage among the severe needs population living with HIV/AIDS is nearly universal. At the time of the survey, 95 percent of persons who completed the survey reported having health insurance.

Types of Health Coverage

Medi-Cal and Medicare were the primary sources of coverage for the severe needs participants (Exhibit 20). An overwhelming majority (87.5%) were covered through Medi-Cal. This proportion is significantly larger than the 73.3 percent who completed the general 2005 needs assessment survey. Survey data also showed that Medicare was the second most common source of coverage among severe needs participants. A little over 41.0 percent were covered through Medicare. Nearly half (49.3%; n=72) of all male participants had Medicare coverage compared to only 27.1 percent (n=16) of women. Medicare recipients were also more likely gay men (57.0%; n=49) than heterosexuals (29.7%; n=27). Eleven participants paid for their own care through private pay or fee-for-service payments.

Exhibit 20: Types of Health Coverage

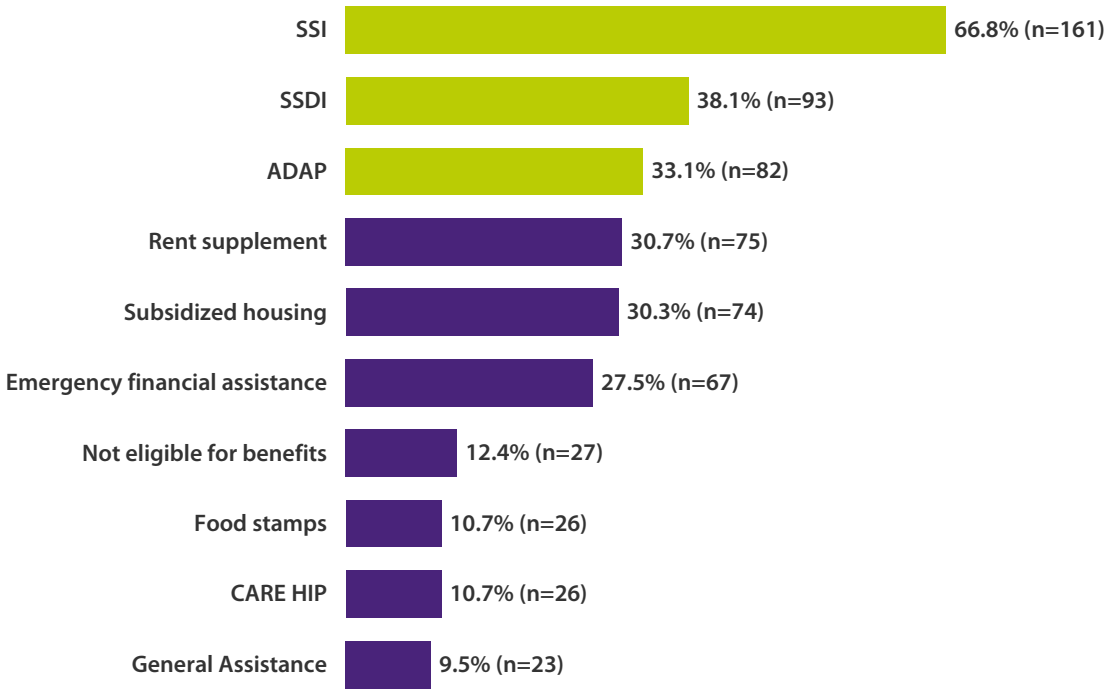
Types of Health Coverage*	Frequency (#)	Percent (%)
Medi-Cal/Medicaid	196	87.5
Medicare	91	41.0
Private pay/fee-4-service	11	5.0
VA	9	4.2
Healthy San Francisco	11	5.0
Private insurance/HMO	8	3.7
County-funded	3	1.4
Through work	3	1.4
Other	2	.9
COBRA/OBRA	1	.5

*Respondents were able to select more than one type of health coverage.

Benefits

As mentioned earlier, a large proportion of participants reported they were on disability and did not work. Exhibit 21 presents the top ten benefits received by survey respondents. The most common benefits received by participants were SSI (66.8%), followed by SSDI (38.1%) and ADAP (33.1%). Among the 27 respondents who reported they were not eligible for benefits, an overwhelming majority were men (77.8%; n=21) and ages 40-59 (88.9%; n=24).

Exhibit 21: Top 10 Benefits Received by Respondents

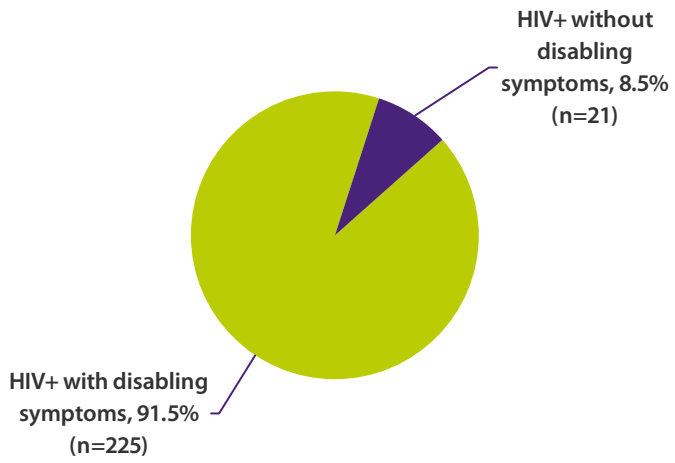


Health Status Information

Successive needs assessments have shown that persons living with HIV/AIDS in the San Francisco EMA are living longer. Health outcomes have also improved over time. This section examines health-seeking behavior including HIV testing and the health status of persons living with HIV/AIDS with severe needs.

Among severe needs persons living with HIV/AIDS who completed the survey, 91.5 percent reported they had disabling symptoms. The average respondent has been living with HIV for 13 years (Exhibit 22). Two-thirds of severe needs respondents have been living with HIV for ten or more years.

Exhibit 22: HIV Status
(n=246)



When asked about their AIDS status, approximately half (51.0%) of respondents reported they had AIDS (Exhibit 23). Four participants were diagnosed with HIV and AIDS at the same time. Approximately 70.9 percent of respondents living with AIDS were diagnosed in San Francisco. The average respondent living with AIDS was diagnosed approximately eight years ago. Approximately 40 percent of respondents diagnosed with AIDS have been living with the disease for over ten years.

Exhibit 23: AIDS Status

AIDS Status (n=247)	Frequency (#)	Percent (%)
Progressed to AIDS	126	51.0
Have not progressed from HIV to AIDS	117	47.4
Diagnosed with HIV and AIDS at same time	4	1.6

HIV Transmission

As with the majority of persons living with HIV/AIDS in San Francisco, the majority (58.5%) of severe needs survey respondents believed they contracted HIV from having sex with a man (Exhibit 24). Among these 145 (62.8 percent) respondents were male, 26.9 percent were female, and 10.3 percent were transgender. One-fifth of all survey participants believed they contracted HIV from sharing needles, and 7.7 percent did not know.

Exhibit 24: Mode of Transmission

Likely Mode of Transmission (n=248)	Frequency (#)	Percent (%)
Having sex with man	145	58.5
Sharing needles	51	20.6
Don't know	19	7.7
Having sex with woman	15	6.0
Other	10	4.0
Blood products/transfusion	5	2.0
Having sex with transgender	2	.8
Acquired at birth	1	.4

HIV Testing

In order to improve prevention efforts, it is important to understand testing behavior prior to HIV infection. Participants were asked where they first tested HIV positive. Nearly 40 percent of severe needs respondents tested positive **outside** the San Francisco EMA. This includes those who tested outside the state of California and the country. When asked whether participants ever tested for HIV prior to testing positive, 37.1 percent reported yes. In other words, approximately two of three severe needs participants tested positive the first time they ever tested for HIV.

Reasons that prompted survey participants to get tested for HIV varied widely. Getting tested because the participant had been feeling sick was the most common response (25.0%). Approximately nine percent went to get tested because their partner also got tested or was positive. Nine percent of participants reported they went to get tested because their providers prompted them. Exhibit 25 presents a list of participants' reasons for getting tested.

Exhibit 25: Reasons for Getting Tested
(n=248)

Reasons for Getting Tested	Frequency (#)	Percent (%)
Had been feeling sick	62	25.0
Partner tested/was HIV positive	22	8.9
Prompted by a provider	21	8.5
Easy access to a testing site	19	7.7
Other	19	7.7
Incentives offered for testing	18	7.3
Participated in risky behavior	18	7.3
Mandatory testing	17	6.9
Getting other bloodwork/testing done	17	6.9
No particular reason/don't know	10	4.0
Prompted by partner	9	3.6
Peer pressure from friends	8	3.2
Pressure from family members	3	1.2
Involved in sex work	2	0.8
Prompted by an outreach worker	2	0.8
Media campaigns	1	0.4

When asked whether they had ever put off testing, 26.8 percent of severe needs participants admitted that they had. Fear of being positive (60.0%) was identified as the most common reason, followed by fear of others finding out (22.5%) and the burden of medications (19.7%) (Exhibit 26). After testing positive, 59.3 percent of survey respondents reported that they received resources; 37.9 percent reported they did not.

Exhibit 26: Reasons for Putting Off Testing

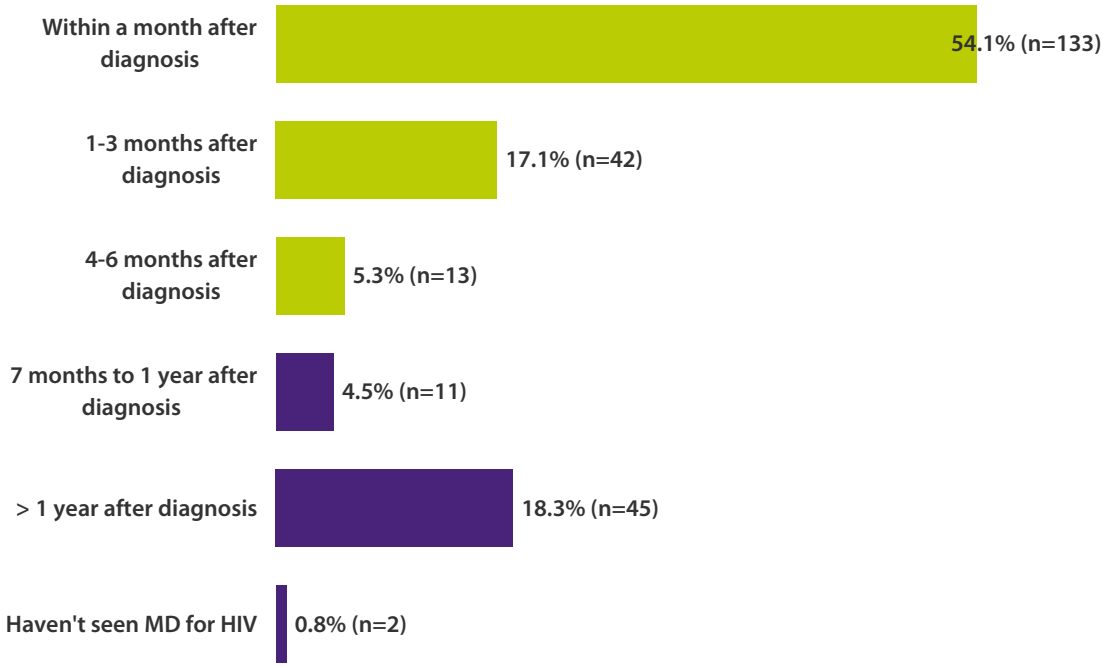
Reasons for Putting Off Testing*	Frequency (#)	Percent (%)
Fear of being positive	39	60.0
Other	17	23.9
Others finding out	16	22.5
Medications	14	19.7
Substance use	15	21.1
Telling partner	12	16.9
Denied services	3	4.7
Didn't return	3	4.6

*Respondents were able to identify more than one reason for putting off testing.

Understanding what persons living with HIV/AIDS do after testing positive can provide vital information on service utilization trends and health-seeking behavior. A little over half of survey respondents (54.1%) reported visiting the doctor within one month after being diagnosed (Exhibit 27). Three months following diagnosis, 71.1 percent of all respondents had seen a doctor. Interestingly, nearly 20 percent did not see a doctor for over a year after testing positive.

Latino participants (48.6%; n=18) were least likely to have visited a doctor within a month of testing positive. White (21.3%; n=13) and Latino (16.2%; n=6) respondents were more likely to have waited over a year to see a doctor compared to African Americans (13.7%; n=13).

Exhibit 27: First MD Visit After Testing Positive



Health Care

Hospitals were the most common sources of health care for the surveyed severe needs population (Exhibit 28). Roughly 41.3 percent reported receiving most of their medical care at SF General. In fact, half (n=46) of African American participants most often went to SF General for medical care. Seventeen percent of all respondents cited UCSF as their primary source of care, and 8.8 percent most often went to St. Mary's hospital. In addition to hospitals, 41.1 percent of participants received most of their medical care at community clinics. Compared to other racial/ethnic groups, Latino respondents (48.6%; n=18) were most likely to seek care at community clinics. Females (21.7%; n=13) were less likely to receive care from clinics than male (47.7%; n=74) and transgender participants (47.6%; n=10). Nearly eleven percent of all respondents identified emergency rooms as their primary source of medical care.

Exhibit 28: Primary Sources of Care

Primary Sources of Care*	Frequency (#)	Percent (%)
SF General	100	41.3
Community clinic	97	41.1
UCSF	40	16.5
Emergency Rooms	25	10.5
St. Mary's	21	8.8
Other hospital	13	5.4
Private MD/Clinic	12	5.0
Private MD/Clinic	12	5.0
San Mateo County AIDS Program	6	2.5
Other	6	2.5
Kaiser	4	1.7
VA Medical Center	3	1.3

*Respondents were able to identify more than one primary source of care.

Survey participants were also asked questions related to their health-seeking behavior. One common indicator for healthy behavior is continuous care or whether participants received care on a regular basis. Nearly all (94.7%) participants reported that their last care visit for HIV/AIDS was at least within six months prior to completing the survey. Seven respondents (2.8%) reported they had never seen a doctor since testing positive. In the past year, 84.7 percent of survey respondents reported they received medical care from a physician or clinician on a regular basis; 12.9 percent went only when sick.

In contrast, approximately one of three (36.9%) of severe needs participants reported having gone for more than a year without visiting a doctor since testing positive. All except three of those participants have since seen a doctor. Their reasons for seeking care are presented in Exhibit 29, the most common of which was because participants had gotten sicker (61.3%). Twenty-nine percent wanted to stay healthy, and 23.6 percent went to get their blood work.

Exhibit 29: Reasons for Seeking Care

Reasons for Seeking Care*	Frequency (#)	Percent (%)
Got sicker	46	61.3
Other	25	32.9
Wanted to stay healthy	21	29.2
Get blood work	17	23.6
Stable housing	10	14.1
Change in insurance status	6	8.5
Media campaign	7	9.9
Change in MD's attitude	5	7.0
Different rx or tx available	5	7.0
Change in income	4	5.6
Heard about new doctor/clinic	2	2.8

*Respondents were able to identify more than one reason for seeking care.

Continuous care with the same primary care provider can help improve health outcomes. Survey respondents seem to have consistent relationships with their health care providers. Over a quarter of participants (29.0%) reported having gone to the same doctor since testing HIV-positive. Half (49.2%) have been seeing their doctors for two years or more, and 21.8 percent have been seeing their provider since last year.

Finally, survey respondents were asked whether they had missed any medical appointments in the past year. Half (51.3%) admitted they had, nearly all of whom (90.2%) rescheduled and went to their appointments.

Health and Disease

Prevalence of co-morbidities among survey participants are presented by disease and condition below.

Infectious Diseases

HIV-positive persons with co-infections have greater health risks and require attentive care. Forty-three percent of severe needs survey participants reported to have been diagnosed with Hepatitis C, 20.0 percent have been diagnosed with Hepatitis B, and 14.5 percent have been diagnosed with Hepatitis A (Exhibit 30). Only two in five (40.6%) of these participants recalled receiving a referral to a specialist after testing positive.

Exhibit 30: Percent of Respondents Diagnosed with Hepatitis A, B, or C

STI Type*	Frequency (#)	Percent (%)
Hepatitis C	106	43.1
Hepatitis B	49	20.0
Hepatitis A	35	14.5

Respondents were able to report more than one Hepatitis diagnosis.

In the past year, 7.0 percent of respondents were diagnosed with genital warts, and 6.1 percent were diagnosed with herpes. See Exhibit 31 for the proportion of participants who have been diagnosed with an STI in the past year.

Exhibit 31: Percent of Respondents Diagnosed with STI

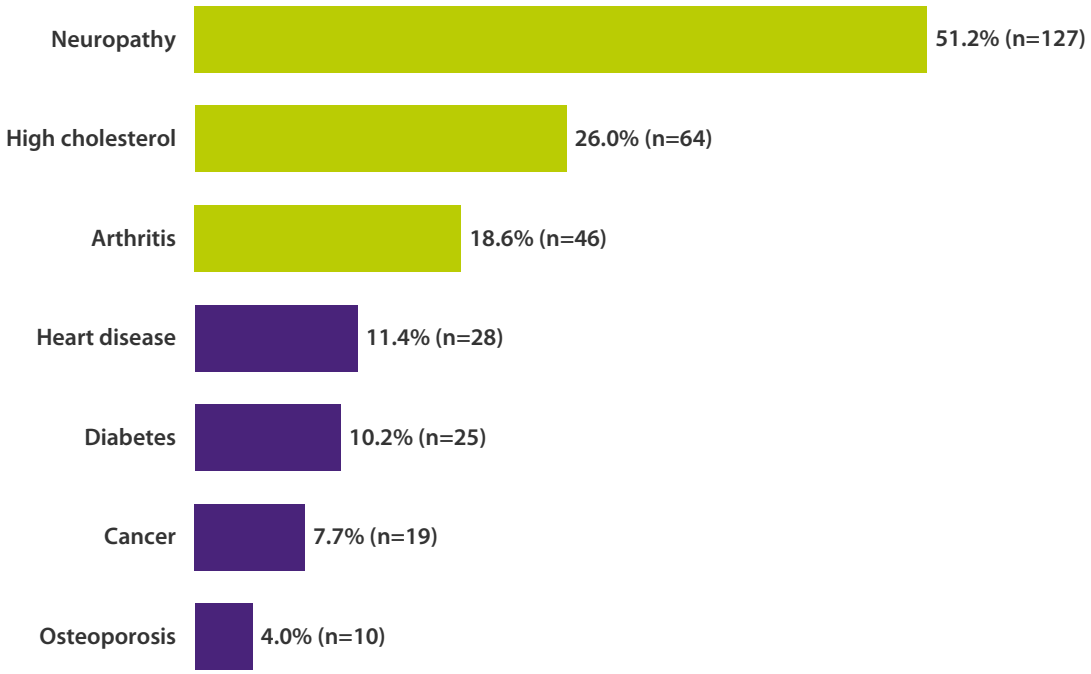
STI Type*	Frequency (#)	Percent (%)
Genital Warts	17	7.0
Herpes	15	6.1
Yeast Infections	11	4.5
Gonorrhea	9	3.7
Syphilis	8	3.3
Chlamydia	8	3.3

Respondents were able to report more than one STI diagnosis.

Chronic Diseases

A large proportion of severe needs persons living with HIV/AIDS who completed the survey had a chronic disease or health condition (Exhibit 32). Neuropathy was the most common condition, with 51.2 percent of participants diagnosed, followed by high cholesterol (26.0%). One in ten of participants had been diagnosed with diabetes.

Exhibit 32: Percent Diagnosed with Chronic Disease or Other Health Conditions



When looking at those affected by chronic disease by age groups, the data show that 62 percent of severe need respondents age 50 and older reported having a chronic disease compared to 44 percent of those within the 40 to 49 age groups and 28 percent of those in the 30 to 39 age group.

Quality of Life

Health status self-reports revealed that the majority of respondents clustered between "fair" and "good." (Exhibit 33). When asked to estimate the number of days in the past month when their physical health was "not good," the average participant reported eight days. On average, survey respondents' mental health was "not good" for eleven days in the past month.

Exhibit 33: Self-Reported Health Status
(n=246)

Health Status	Frequency (#)	Percent (%)
Excellent	20	8.1
Very good	49	19.9
Good	76	30.9
Fair	79	32.1
Poor	22	8.9

Medications

Approximately 83.7 percent of all survey respondents reported taking medications at the time of the survey. Most participants (78.9%) took antiretroviral medication or protease inhibitors (Exhibit 34). Interestingly, pain medication and sleep aids (68.0%) were the second most common medications taken by respondents, followed by antidepressants and other psych meds (49.2%). The number of HIV/AIDS medications taken by respondents range from 0 to 36. The average was 6.5 prescriptions.

Exhibit 34: Medication Type

Medication Type*	Frequency (#)	Percent (%)
Antiretrovirals/protease inhibitors	153	78.9
Pain meds/sleep aids	132	68.0
Antidepressants/psych.	94	49.2
Other HIV/AIDS meds	95	49.0
Hormones/steroids	28	14.7
Herbal supplements	8	4.2

*Respondents were able to identify more than one medication type.

Medi-Cal (79.8%) and ADAP (40.2%) were the primary sources of medication assistance for survey participants. See Exhibit 35 for other sources of medication assistance.

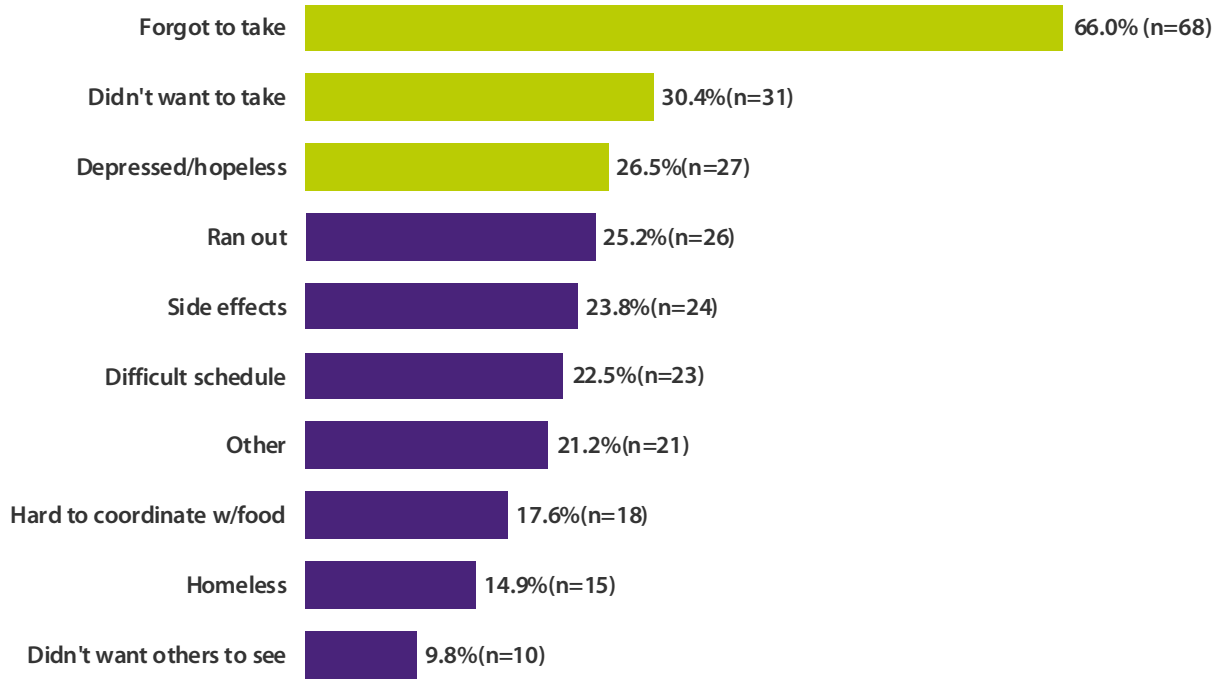
Exhibit 35: Sources of Medication Assistance

Sources of Medication Assistance*	Frequency (#)	Percent (%)
Medi-Cal/Medicaid	154	79.8
ADAP	78	40.2
Medicare	72	37.1
Out-of-pocket	26	13.5
Private insurance	6	3.1
Veteran's benefits	6	3.1
Healthy SF	5	2.6
Local/emergency assistance	4	2.1
Other	4	2.1

*Respondents were able to identify more than one source of medication assistance.

Medication adherence is a challenge many persons living with HIV/AIDS face. Reasons for skipping doses can vary and may change depending on their most current health status or living situation. According to survey responses, 45.8 percent of severe needs persons living with HIV/AIDS never skipped their medications. A third skipped their medications once or twice a month, and 12.4 percent skipped once or twice a week. Approximately 4.5 percent stopped taking their meds. Forgetting (68.0%) is the most common reason for skipping medication, which can suggest participants are leading busy and/or complex lives that make it difficult for them to adhere to their schedule (Exhibit 36). Furthermore, a quarter of participants had run out of medications, which also suggests difficulty incorporating medication to daily life. However, 30.4 percent and 26.5 percent of participants shared that they did not want to take their medication or felt depressed or hopeless. Side effects from taking medication were a problem for 23.8 percent of survey participants.

Exhibit 36: Top 10 Reasons for Skipping Medication



Mental Health

As stated above, over a quarter of participants skipped their medication because they had felt depressed or hopeless. In fact, 74.2 percent of surveyed respondents reported having been diagnosed with depression within the last two years (Exhibit 37). Over half of respondents have also been diagnosed with anxiety. One in four (27.7%) participants reported they had been diagnosed with bipolar disorder.

Exhibit 37: Percent of Respondents Diagnosed with Mental Health Conditions

Mental Health Conditions	Frequency (#)	Percent (%)
Depression	132	74.2
Anxiety	93	52.5
Bipolar disorder	49	27.7
Other	18	11.5
Dementia	13	7.4

Nearly three-quarters (72.7 percent; n=179) of survey participants were linked to mental health services in the year prior to the survey. Of those, nearly nine of ten (89.4%) were receiving individual counseling (Exhibit 38); 60.8 percent of participants reported they have taken medications for psychological or behavioral problems; and nearly a third (32.0%) of respondents received inpatient mental health services. Of those who have been diagnosed with a mental health condition, 90.3 percent (n=131) received individual counseling or therapy and 69.0 percent (n=98) had taken medications for psychological or behavioral problems.

Exhibit 38: Type of Mental Health Treatment Received (n=179)

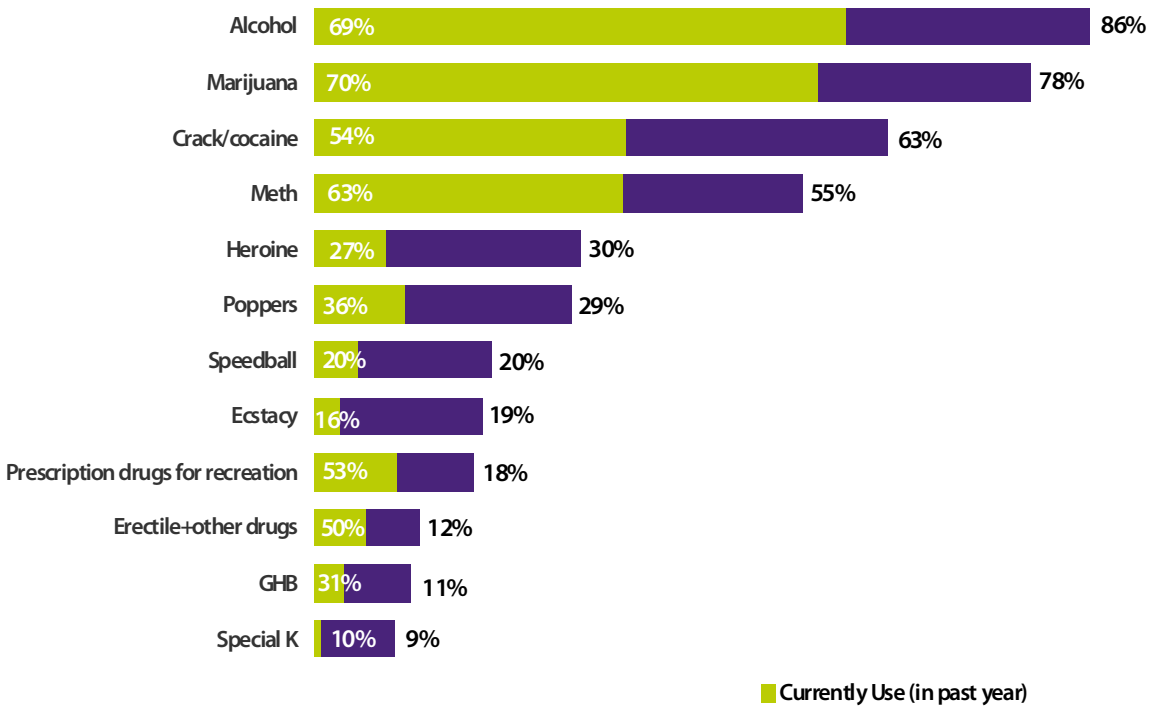
Disease or Health Condition	Frequency (#)	Percent (%)
Individual counseling/therapy	160	89.4
Medications for psychological or behavioral problems	107	60.8
Group counseling/therapy	101	57.4
Inpatient	56	32.0
Relationship/intimacy	53	29.9

Substance Use

Substance use among survey participants varied by drug types. Among those who reported using any substances, 70 percent are current users, or have reported using at least one substance during the past year. Alcohol and marijuana (37.0 percent reported to have a prescription for marijuana use) were most common. Among substance that are more commonly considered to be illicit, sixty-three percent of survey respondents have used crack/cocaine at least once, over half of whom currently used the drug. Similarly, 55.3 percent of respondents have used meth. The majority (63.5%) of these participants reported to have used the drug within the past year. Exhibit 39 below, visually dispays this information. The green bar represents current users, and the percentage at the end of each bar represents the percent of respondents who have ever used that substance.

Fourteen percent of survey participants reported that they injected hormones or steroids in the past year, none reported sharing needles. Twenty-five percent reported having injected street drugs in the past year, nine percent of whom admitted sharing needles.

Exhibit 39: Drugs Ever and Currently Used



Although 70 percent of respondents reported to be current substance users, less than half (45.6%) of severe needs participants have received substance use treatment services in the past year. The most common treatment was group counseling (81.3%) followed by individual therapy (76.6%). The majority (54.1%) of respondents have also received inpatient substance use services. See Exhibit 40 below.

Exhibit 40: Type of Substance Use Treatment Received (n=113)

Disease or Health Condition	Frequency (#)	Percent (%)
Group counseling/therapy	91	81.3
Individual counseling/therapy	85	76.6
Inpatient	60	54.1
Medications	35	31.5

Prevention with Positives

Prevention with positives help decrease the number of new HIV infections and may also help to maintain positive health among those who are currently infected. Therefore, it can be helpful to learn who is providing the service and how it can be improved. Exhibit 41 displays the proportion of survey participants who have had discussions about prevention with providers. The information is also broken down by provider type.

Clearly, medical providers play a key role in discussing prevention with persons living with HIV/AIDS, and according to survey results, are most likely to speak with their clients about topics like condom use, disclosing their status with partners, and risks associated with combining recreational drugs and sex. Over three-fourths of participants reported to have discussed their risk of infecting others with their medical provider.

Case managers and social workers also play active roles in talking with their HIV-positive clients about prevention. Roughly one of two participants reported having had conversations about prevention with their case managers or social workers. The most common topic of discussion (55.0%) was condom use; least common was clients' viral load (41.0%).

Nearly half of participants have spoken with health educators, counselors, and substance use treatment counselors about their risk of re-infecting others, condom use, and the risk of receptive partners infecting others. Over a third (36.2%) of participants discussed the impact of Hepatitis C on their health with a health educator or counselor.

Peer advocates and outreach workers' interaction with HIV-positive persons can be fleeting. Nevertheless, at least a quarter of severe needs survey participants have spoken with a peer advocate or outreach worker about prevention. Respondents were least likely to have conversations about prevention with an alternative therapist. Given the proportion of clients who have received alternative therapy treatments, the results are not surprising.

Exhibit 41: Percent of Respondents who have had Prevention Discussions with a Provider by Provider Type

Substance Use Services	Medical Provider	Case Manager or Social Worker	Health Educator, Counselor, etc.	Peer Advocate or Outreach Worker	Alternative Therapist
Risk of infecting others	76.5	54.3	44.4	30.7	15.3
Condoms	73.6	55.0	46.9	33.9	14.9
Risk of receptive partner of infecting	68.5	47.9	45.8	30.6	16.2
Risk of insertive partner of infecting	67.6	46.9	44.5	29.6	15.0
Re-infecting others	72.0	50.6	46.7	27.9	14.5
Viral load	64.0	41.0	38.8	25.0	11.2
Disclosing status	62.2	49.2	43.0	28.2	13.3
Drugs and sex	68.9	51.9	45.0	30.8	15.4
HIV Meds and viral load	71.8	44.9	37.7	29.4	15.1
Impact of Hepatitis C	66.9	41.8	36.2	25.0	12.2

Health and Supportive Services

Persons living with HIV/AIDS in the San Francisco EMA have a variety of services available to them. It is important, however, to understand whether clients need the services available, are able to access them, and whether the services are effectively meeting their needs. This section presents service priorities and utilization patterns of severe needs HIV-positive persons who completed the client survey.

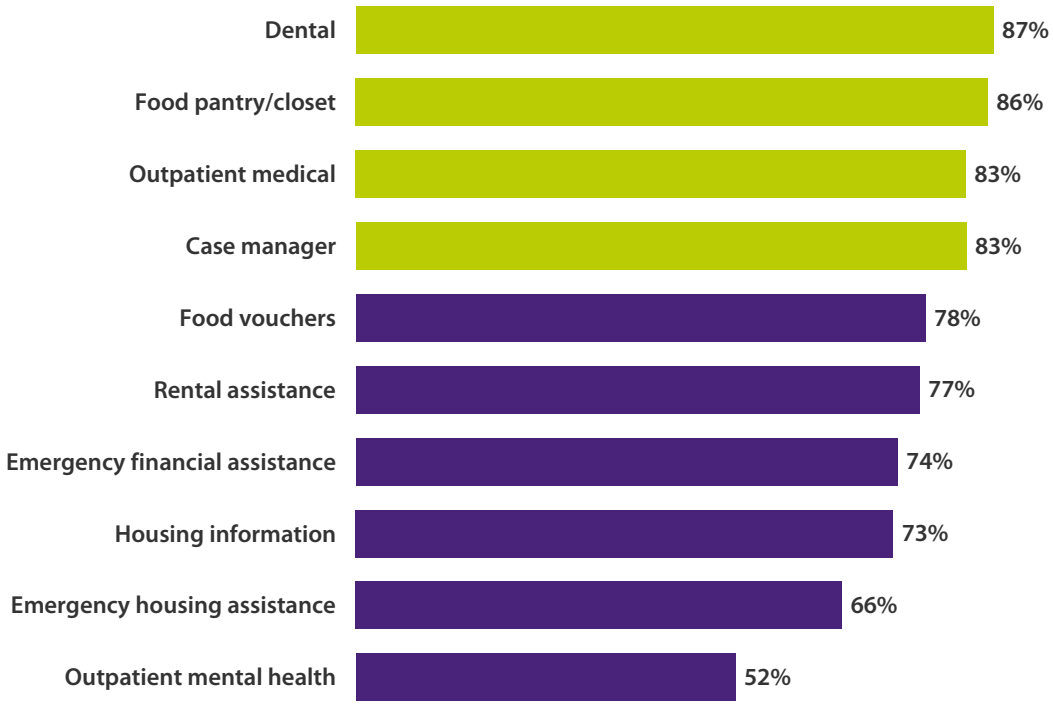
Service Rankings

After close examination of the Client Survey data on health and supportive services, the top ten most needed services and top ten most utilized services were identified. Overall, these findings were consistent with past needs assessments. The findings are presented below.

Most Needed Services

Based on the analysis of the client survey data, dental care, followed by food pantry services, were identified as services most respondents needed (87 percent and 86 percent, respectively).

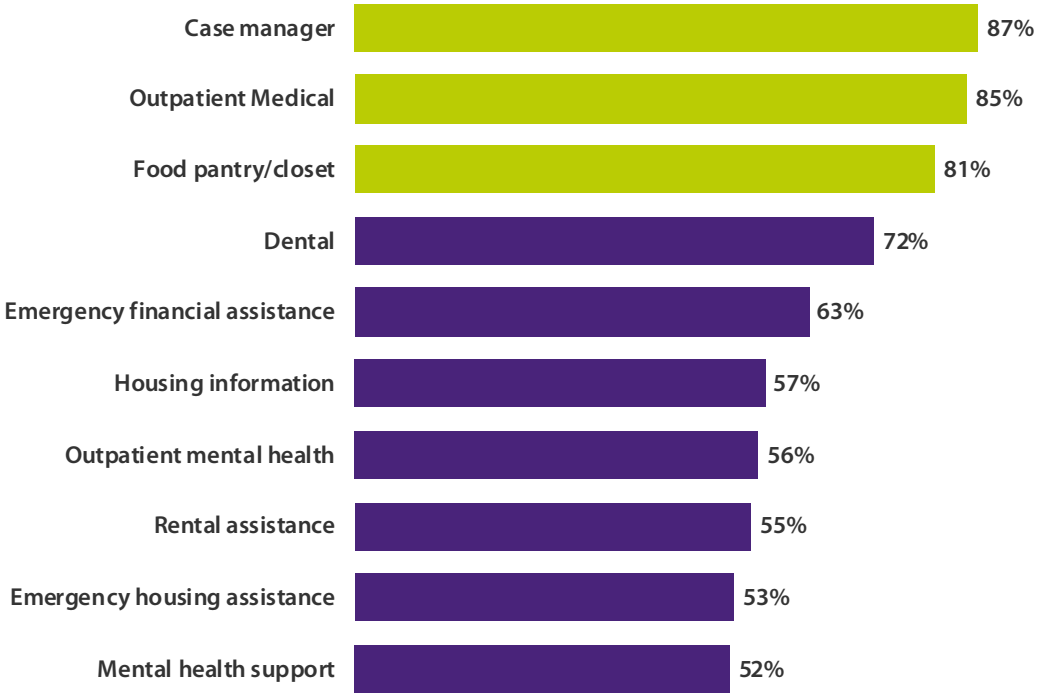
Exhibit 42: Top 10 Most *Needed* Services



Most Utilized Services

Utilization patterns among severe needs persons living with HIV/AIDS are presented in Exhibit 43. Among persons who completed the survey, the great majority utilized case management services (87 percent), followed by outpatient medical care (85 percent), and food assistance (81 percent) in the past year.

Exhibit 43: Top 10 Most *Utilized* Services



Service Utilization

This section of the report presents survey respondents' service utilization patterns in the past year. Severe needs participants were asked whether they needed a particular service in the past year, whether they received the service, and whether they felt their needs were met. Services were organized into seven primary service categories and are presented in order of client utilization beginning with the service area that demonstrated highest rate of utilization: case management, health care, food, housing, mental health, substance use, and client advocacy.

Along with the need and utilization data, some utilization trends are also noted within each service category. Overall, among the needed and utilized services in the sampled severe need population, there were no statistically significant disparities found across race, gender or sexual orientation. There were some noted trends; however, it is important to explain that since they are not statistically significant they are not definitive statements and would likely need further research or exploration.

Case Management and Other Supportive Services

Coordination of HIV/AIDS care (also explained to clients as having a case manager) was the most needed (83.1%) and received (86.5%) case management service among survey participants (Exhibit 44). A large majority (85.2%) of those who received this service in the past year admitted their needs were met. Given that a large proportion of participants were on disability and not working, employment assistance was the least needed service in the past year. Although 30.8 percent needed employment assistance, only 21.1 percent of participants reported having received it.

- A greater proportion of African American and Latino participants reported needing most case management services than White respondents. For example, over half of Latino (55.3%; n=21) and African American (50.0%; n=48) severe needs participants reported needing a treatment advocate compared to only 34.4 percent (n=21) of White respondents.
- White severe needs persons who completed the survey more likely needed employment (34.4%; n=21) and emergency financial assistance (78.3%; n=47) compared to African American and Latino participants. Two-thirds (n=39) received emergency financial assistance.
- Over half (56.4%; n=31) of female participants received treatment advocacy services compared to only 39.7 percent (n=60) of males. A greater proportion of females also received peer advocacy (40.4%; n=21) and volunteer assistance (42.3%; n=22).

Exhibit 44: Case Management

Case Management Services	Needed Service	Received Service	Needs Were Met
Coordinate HIV/AIDS care	83.1	86.5	85.2
Emergency financial assistance	73.9	62.7	92.1
Treatment advocate	47.2	44.7	91.1
HERR	42.5	49.1	97.2
Peer Advocate	42.3	36.5	92.6
Volunteer Assistance	34.3	27.5	94.8
Outreach	30.7	27.5	93.1
Employment Assistance	30.8	21.1	84.4

Health Care

Most severe needs participants (85.1%) received outpatient medical care within a year prior to completing the survey (Exhibit 45). The proportions of respondents who needed (86.9%) and received (72.0%) dental care suggest some clients are having trouble accessing the service. Approximately 77.0 percent of participants who needed the service received it last year. Overall, healthcare-related services met most clients' needs.

- Eleven of twelve (91.7%) severe needs Asian or Pacific Islander respondents needed dental services. Approximately 61.5 percent (n=8) of API participants also needed medication reimbursement in the past year.
- Compared to other racial/ethnic groups, Latino participants (84.2%; n=32) most likely received dental care.
- Half (n=19) of Latino respondents reported they needed alternative care, 68.4 percent of whom (n=13) received the service.
- Gay male participants (40.9%; n=36) were twice as likely to have received alternative care compared to heterosexual survey respondents (20.0%; n=16).

Exhibit 45: Healthcare Services

Healthcare Services	Needed Service	Received Service	Needs Were Met
Outpatient medical	83.4	85.1	97.0
Dental	86.9	72.0	89.0
Medication Reimbursement	47.3	47.9	92.8
Funding assistance for medication	31.8	18.1	88.2
Home health care	23.1	18.6	94.4
Medication schedule help	25.8	24.4	95.8
Alternative care	45.2	33.3	94.1
Assistance to pay insurance premiums	10.0	5.2	100.0
Facility-based health care	14.6	14.1	90.0
Hospice care	5.3	4.5	100.0

Food

As shown in Exhibit 46, food pantry services were highly demanded in the past year. Over 80 percent of survey participants needed the service, and over 80 percent received it, most of whom reported their needs were met. Compared to food pantry services, respondents who needed vouchers were less likely to receive them in the past year. Over a third of all respondents received home delivery services (38.6%) and nutrition education (35.4%) in the past year.

- Nine in ten (91.7%; n=55) of female participants reported they had needed food vouchers in the past year. A total of 38 (64.5%) female survey respondents received the service.
- Over half of Asian or Pacific Islander (51.7%; n=8) and Native American (58.3%; n=7) respondents needed home delivered meals compared to 38.5 percent of all participants. Over 70 percent received this service.
- Approximately 47.4 percent (n=18) of Latino persons who completed the survey stated that they needed nutrition education services; 72.2 percent (n=13) of whom received the service.

Exhibit 46: Food Services

Food Services	Needed Service	Received Service	Needs Were Met
Pantry/Closet	86.2	80.8	90.5
Vouchers	78.1	51.5	89.8
Home delivery	38.5	38.6	90.0
Nutrition education	36.7	35.4	88.7

Housing

Over 70 percent of participants needed rental assistance or housing information in the past year; 71.8 percent of those respondents, however, did not receive housing information, and 65.1 percent received rental assistance. Among housing services, participants were least likely to have their housing information needs met. See Exhibit 47 below.

- Rental assistance was the most needed housing service among transgender participants (86.4%; n=19). Nearly all (n=17) received the service.
- Almost three-quarters of gay male respondents (72.5%; n=74) needed emergency housing. Just over half, 54.7% (n=52), of gay male respondents who needed the service received the service.
- Ten of twelve (83.3%) Native American participants received rental assistance.
- A greater fraction of White respondents (62.3%; n=38) accessed rental assistance compared to all other survey participants.

Exhibit 47: Housing Services

Housing Services	Needed Service	Received Service	Needs Were Met
Rental assistance	76.9	55.5	89.4
Housing info	73.3	57.3	75.8
Emergency FA	66.3	52.6	94.1
Transition housing	40.3	34.2	94.4
Supportive housing	35.2	32.0	87.0

Mental Health

Overall, most participants who received a mental health service reported their needs were met. A large majority of participants who needed a mental health service in the past year received it. See Exhibit 48 for more information.

- Compared to other racial/ethnic groups, Asian and Pacific Islanders and Latinos reported a higher need for mental health support group (71.4 percent and 57.9 percent) and outpatient (57.1 percent and 60.1 percent) services compared to other race/ethnic groups that reported needs at less than 50 percent.
- Two-thirds (66.7%; n=8) of Native American participants reported needing psychological assessments the past year.
- Males (46.9%; n=68) more likely received psychological assessments than female participants (29.4%; n=15).

Exhibit 48: Mental Health Services

Mental Health Services	Needed Service	Received Service	Needs Were Met
Outpatient services	51.8	56.1	87.8
Support groups	51.0	52.3	93.7
Psychological assessments	38.2	41.8	84.3
Crisis intervention	17.2	17.6	97.3
Residential	16.3	18.8	87.2

Substance Use

Interestingly, the proportion of respondents who received substance use services in the past year was greater than those who felt they needed it (Exhibit 49). One possible explanation could be effective provider outreach and referrals linking clients to services they might not think they need. Those who did receive a service overwhelmingly agreed their needs were met.

- Seventeen percent (n=16) of heterosexual respondents needed methadone treatment in the past year, compared to three percent (n=3) of gay male participants.
- MTF-transgender participants most likely needed detox services; 31.8% (n=7) reported needing the service in the past year.
- A greater proportion of African American participants needed residential (35.4%; n=34) and detox (29.2%; n=28) treatment in the past year compared to all survey participants.

Exhibit 49: Substance Use Services

Substance Use Services	Needed Service	Received Service	Needs Were Met
Outpatient services	35.2	40.6	90.6
Residential	30.0	31.6	86.6
Detox	23.5	26.4	94.5
Methadone	9.3	11.2	95.2

Client Advocacy

Approximately half (51.0%) of severe needs respondents needed benefits counseling in the past year, most of whom received the service and had their needs met (Exhibit 50). Overall, survey participants were least likely to need and receive consumer advocacy services in the past year compared to the other services addressed in the needs assessment client survey.

- A greater proportion of African American participants (45.8%; n=44) reported needing money management compared to Latinos (39.5%; n=15) and Whites (31.1%; n=19). The same was true for heterosexual participants (47.4%; n=45) compared to gay male (32.0%; n=33) and bisexual (35.0%; n=14) respondents.
- The most common client advocacy service received by male participants was benefits counseling (48.0%; n=72), while females most commonly received money management services (41.8%; n=23). Over half (58.8%; n=10) of transgender respondents received legal services.

Exhibit 50: Client Advocacy Services

Client Advocacy Services	Needed Service	Received Service	Needs Were Met
Benefits Counseling	51.0	46.2	92.0
Money Management	39.5	41.3	86.8
Legal Services	40.7	32.1	83.1
Referral	40.3	37.6	96.3
Consumer Advocate	25.0	13.6	92.6

Self-identified Priority HIV Services

Separate from the Client Survey tool, severe needs respondents were asked to self-identify, without prompts, the top three health and supportive services that were most important to them. Similar to what came out in the data presented above, housing was at the top of the list for 42.8 percent of survey participants (Exhibit 51). Healthcare ranked second among 25.1 percent of respondents, followed by case management (13.6%). Food assistance (26.7%) topped participants' second most important list, and healthcare (26.9%) was the third most important services.

Exhibit 51: Most Important Health and Supportive Services

1st Most Important Service Area*	2nd Most Important Service Area*	3rd Most Important Service Area*
Housing	Food	Healthcare
Healthcare	Housing	Mental Health
Case Management	Healthcare	Case Management
Food	Mental Health	Food
Substance Use	Case Management	Housing

**as reported by clients*

Service Barriers

According to the client survey data as displayed in Exhibit 52, severe needs participants rarely faced cultural sensitivity or language problems when accessing services. Availability of services, namely service hours of operation, was more of a problem. Approximately 41.9 percent of participants "sometimes" or "always" had challenges obtaining services due to service hours. Analyses of the data showed that service hours affected older participants more often than they did younger respondents. Finally, 43.2 percent of all survey respondents faced difficulty obtaining a service due to transportation issues; 12.7 percent reported always having a problem. White participants (48.3%; n=29) more likely reported they had transportation issues, while non-White participants (22.6%; n=36) more likely had cultural sensitivity challenges than their White counterparts (3.2%; n=2).

Exhibit 52: Challenges and Barriers to Obtaining HIV/AIDS Services

Challenges and Barriers	Always	Sometimes	Never
Transportation	12.7	30.5	56.8
Service hours	6.8	35.0	58.2
Cultural Sensitivity	3.8	15.3	80.9
Language	3.0	9.7	87.3

Transportation

As shown above, survey respondents identified transportation as a challenge to obtaining HIV/AIDS services. Understanding the transportation methods used by persons living with HIV/AIDS can help target assistance in this area. Survey results indicated that nine of ten severe needs participants used MUNI, by far the most common transportation method used (Exhibit 53). Most participants (71.8%) also believed MUNI works best for getting around; approximately half (52.0%) receive financial assistance for MUNI. BART (49.2%) was the second most commonly used transportation method.

Exhibit 53: Transportation Methods

Transportation Methods	Use	Works Best	Receive Financial Assistance
MUNI	90.3	71.8	52.0
BART	49.2	25.8	15.3
Cab	32.7	18.1	10.1
Caregiver	15.3	7.7	1.2
Cal Train	14.9	6.5	3.2
SAM Trans	14.1	6.5	3.2
Golden Gate	8.5	4.0	2.0
Paratransit	6.0	4.8	3.2
Van Service	5.6	3.6	2.4
Own Car	5.6	5.6	0.8
Agency/County	2.8	1.2	2.0

Stigma

In order to assess stigma and discrimination experienced by persons living with HIV/AIDS with severe needs, survey participants were asked to respond to a series of statements and share how often they experienced that feeling. Since there are many kinds of stigma and discrimination that people may experience, the questions in the 2008 Needs Assessment Client Survey were focused on experiences that may affect access and utilization of services. Overall, a large majority (over 75%) of participants reported never experiencing discrimination from providers. On the flip side, approximately one in ten participants reported to have been denied employment, to have lost housing, or jobs because of their HIV status. Nineteen percent reported they have been a victim of violence because of their status, the majority of whom (78.2%; n=36) were male. A larger proportion of White (22.4%; n=13) and Latino (14.3%; n=5) participants reported having been denied services compared to African Americans (6.6%; n=6). See Exhibit 54 for detailed responses.

A significantly larger proportion of survey participants were affected by social stigmas associated with HIV/AIDS. Over half (52.9 percent) of respondents worried that people might judge them when they learn about their HIV status, and 49.2 percent felt set apart and isolated from the world. Women (55.9%; n=33) and heterosexual respondents (50.0%; n=47) were more likely than their counterparts to report they very often or sometimes felt worried people might judge them. One third of all participants "sometimes," or "very often" worried people who know they have HIV will tell others (40.7 percent or 37 of heterosexual participants compared to 25.3 percent or 25 of gay males), and 29.8 percent reported that people have avoided touching them once they knew participants were HIV-positive.

Exhibit 54: Stigma Experienced

Stigma Experienced	Ever	Never
I worry that people might judge me when they learn I have HIV.	52.9	47.1
I feel set apart and isolated from the rest of the world.	49.2	50.8
I worry that people who know I have HIV will tell others.	42.9	57.1
Some people avoided touching me once they know I have HIV.	42.6	57.4
Treated differently by providers.	21.4	78.6
Victim of violence because of status.	19.3	80.7
Denied services because of status.	14.0	85.9
Denied employment because of status.	13.1	86.9
Providers have made me feel ashamed about being HIV+.	12.4	87.6
I have lost or been denied housing because of my HIV+ status.	18.4	87.9
Lost jobs when my employers have found out.	12.0	88.1
Verbally abused by providers.	10.8	89.1
Providers have told me that getting HIV is what I deserved for how I live my life.	7.3	92.6

Client Survey: Centers of Excellence

This year's needs assessment survey included a new section dedicated to Centers of Excellence (CoEs). Participants were asked about their service utilization at seven CoEs as well as the services they needed and may or may not have utilized. These seven Centers of Excellence included Tenderloin Area CoE, Native American CoE, UCSF CCHAMP, Mission Neighborhood CoE, Forensic AIDS Project CoE, Southeast Partnership for Health CoE, and UCSF Women's CoE.

Interestingly, only a quarter (24.5%) of all survey participants reported they were familiar with San Francisco's Centers of Excellence, though approximately 82 percent (n=202) of severe need respondents reported using at least one CoE. Among these clients, 40 percent reported receiving services at one CoE, 34 percent reported receiving services at two CoEs, and 27 percent reported receiving services at three or more CoE. Primary medical care was the most common service used at a CoE (Exhibit 55); 63.7 percent of all survey participants reported receiving primary medical care at a San Francisco CoE. Over half (56.5%) of respondents received case management services at a CoE. Respondents were least likely to obtain substance use treatment and treatment adherence services at these Centers. A large majority of clients who received services (over 80%) shared that their needs were met. Utilization across the seven CoEs ranged from 3 percent to 47%.

Exhibit 55: COE Service Utilization Across All CoEs (n=202)

CoE Service Utilization (cumulative across COE)	% Use	% Needs Met
Primary medical care	63.7	93.4
Case management	56.5	85.6
Mental health	46.4	90.6
Vouchers for transportation, food and household goods	42.3	90.0
Access to emergency housing	33.5	85.7
Psychiatric assessment/monitoring	27.4	81.3
Peer advocacy	27.0	93.9
Substance use treatment services	22.2	88.0
Treatment adherence/medication assistance	21.4	85.9

Overall, the demographic characteristics of CoE clients reflected those of all survey participants.

- Fewer API (28.6%; n=4) and Latino respondents (28.9%; n=11) accessed emergency housing at CoEs compared to all survey participants.
- Over a third (36.8%; n=14) of Latino participants received psychiatric assessments at a CoE.
- A greater proportion of gay male (51.5%; n=53) and bisexual respondents (47.5%; n=19) used mental health services at a CoE compared to heterosexual participants (38.9%; n=37).
- Gay male participants (33.0%; n=34) were also nearly two times more likely to have received psychiatric assessment servicecs at a CoE compared to heterosexuals (17.9%; n=17).
- Approximately 65.0 percent (n=39) of all females who completed the survey used case management services at a CoE.

Participants who reported not receiving care and support services at any of the COE's were asked to identify the reasons they had chosen not to receive services. Nearly all respondents explained that they were not aware that "these places existed" or that the services were structured in that way. Other participants commented that they did not receive services at any of the COE's mentioned because they were satisfied and comfortable with the services they were receiving with providers outside of the COE system.

During the interview, participants who reported receiving services through one of the COE's were asked whether the coordination of care and services were beneficial to them. The majority of respondents recounted their satisfaction with the overall coordination of services. Participants noted the convenience of receiving all of their services at one location near their residence. Additionally, participants explained the benefits of being referred to services outside of the COE when they were not available. A few participants also shared their dissatisfaction with the services explaining that there could be better coordination of appointments and more "personable" staff.

In Their Own Words

- *Yes, [it is beneficial]. They help me get my stuff together. Easy for me to get the services and they are near my place.*
- *I go to* [named COE] *and do all my stuff there. I see my social worker, case management, and doctor. It's convenient especially if you have children.*
- *They are convenient and real thorough. Good with new clients. If they don't have it they can refer me to somewhere that does and it's usually real close.*

Focus Groups and Interviews

The following section presents findings from focus groups conducted with special populations identified by the 2008 Needs Assessment Work Group. The focus groups were conducted with (1) older adults age 50 or older, (2) Marin County residents, and (3) monolingual Spanish speaking residents. A total of 26 of people living with HIV/AIDS participated in the focus groups.

Adults Age 50 or Older Focus Group

In order to gain an understanding of the experiences and particular issues faced by adults over age 50 living with HIV/AIDS, a focus group was conducted with six members of a support group for HIV positive seniors at *New Leaf*, a San Francisco-based social service organization for the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community. Focus group participants' ages ranged from 56 to 68, with an average age of 62. All participants identified as male, with five of the six indicating that they were White. All participants reported that they had been living with HIV for over 10 years, with responses ranging from 14 to 25 years. Two of the six participants noted that they had been diagnosed with AIDS, while four of the six indicated that they had HIV or AIDS with disabling symptoms.

Current Service Utilization

Focus group participants were asked to describe the services that HIV positive people need in order to lead a healthy life. In addition to having access to medical care, participants stressed the importance of having "security with the basics," including housing, food and other basic needs. As one participant remarked, "You can't just dump [HIV] medications on someone who is homeless, who doesn't have food, housing, social support."

Most participants noted that they had medical insurance, either privately or through Medicare, and indicated that they had primary medical care through Kaiser, community clinics, San Francisco General Hospital, UCSF and California Pacific Medical Center. One participant commented, "Medical insurance is very good here in San Francisco." Another participant agreed, noting that Ward 86 at San Francisco General has "fantastic services" and that "the doctors there are HIV aware and they all know about new things." A third participant shared, "I am just blessed because I have Kaiser. [With] the minimal coverage I have in the senior advantage program – any time I need medication, no problem, I can just go right away."

Other services that participants reported receiving include: dental care, ADAP, food bank services through Project Open Hand, counseling and/or therapy, support groups, acupuncture, Chinese massage, emergency financial services to help pay rent and PG&E bills, and legal services related to insurance, living trust, and durable power of attorney. When asked to identify the services they felt were most important, many participants indicated that prescription drug coverage through ADAP and/or Medicare was essential. One participant described, "If I didn't have ADAP to help me pay these bills, I would be in real financial trouble." Participants also pointed to the importance of support services including counseling and social support, and alternative therapies such as acupuncture and massage.

Barriers or Challenges to Access

Participants were asked whether they experienced any barriers or challenges to receiving HIV/AIDS-related services. Notably, participants did not report any barriers to receiving medical care. Key challenges mentioned by participants are described below.

- **Awareness of available services and benefits.** Participants agreed that they do not have sufficient information about the services and benefits for which they may be eligible and noted that this information should be publicized and disseminated widely. Participants also spoke about the difficulty of navigating the system of services and benefits, especially with respect to prescription drug coverage under Medicare Part D. One participant expressed, "Emotionally I don't have the energy that it takes – there is a certain kind of energy that you use when you are dealing with bureaucracy."
- **Eligibility for services and benefits.** In addition to challenges finding out about available services, participants explained that due to income requirements for services such as free dental care and ADAP, middle-income individuals often face challenges obtaining needed medications and care. One participant commented, "There is a lot of stuff that I can't get because you have to be in a certain economic level. I'm not rich or anything like that, [but] I am not on the poverty level either for ADAP."

Unmet Service Needs

Focus group participants were asked to speak about services that they need but were not available to them. They identified the following unmet needs:

- **Support services such as counseling and acupuncture.** Participants explained that services such as acupuncture and massage have been essential supports as they have lived with HIV over the years. Many participants noted that these services are not as widely available as they were in the past. One participant shared his experience:

  "What has been essential through the time of [my] early diagnosis, and also being very sick in the early 90s, was the wraparound services that were available – I mean not only the medical, but there was a lot of counseling that I've accessed in times that were very difficult. I don't think I would have gotten through a very bad period without acupuncture and Chinese massage."

- **Housing, including long-term residential care.** In addition to long waiting lists for subsidized housing, participants identified a need for more residential care settings for HIV positive seniors. One participant observed, "I see people living alone in SROs who really need residential care."
- **Activities and social support opportunities for older adults.**
- **Mental health services**. Participants pointed to a need for more mental health services for seniors. HIV positive seniors, they explained, "can become isolated and depressed, and they don't have a clue or the guts or the energy to look for services." Seniors are either unaware of the available services or do not have the energy to access them, "so somehow we have to draw people out so they can get the assistance they need to help themselves."

Aging with HIV/AIDS

Focus group participants spoke about the challenges they currently face as well as those they anticipate as they continue to age with HIV/AIDS. The following key issues emerged:

- **Medical issues.** Participants spoke about the issues they face as they age with a chronic illness, including developing resistance to HIV medications. They noted that complementary alternative therapies such as acupuncture and massage can be of great value.
- **Long-term care insurance and life insurance**. Participants noted that it is nearly impossible for HIV positive individuals to get long-term care insurance or life insurance and agreed that this is one of the most serious issues faced by the aging HIV positive population. One participant shared, "I have no idea what will happen if I really get sick. That is something I really don't want to think about." Another participant described:

  "Every week in the mail I receive at least four solicitations telling me the government is interested in helping me get long-term care insurance, [but] every time I've brought that up to anyone who is in the know, they say that [if you have HIV] they give you a rate that is astronomical. So now when these letters come in, even though I would like to have long-term health insurance...I recycle them."
- **Navigating the system of services**. Participants noted that the complex system of HIV services becomes even harder to navigate as one grows older. Many people are "left by the wayside" if they are not connected to services. One participant suggested that having a "friendly visitor" program for seniors with HIV could be useful.
- **Cultural competence of providers.** Participants discussed the importance of having providers who are culturally competent when it comes to older people with HIV. They added that many seniors are not comfortable in mainstream facilities.

San Francisco Centers of Excellence

As the San Francisco Centers of Excellence or COEs are relatively new in comparison with other established networks, participants were asked specifically whether they were familiar with the COEs. Several indicated that they had not heard of COEs, while a couple of participants recognized them as places with wraparound services. One participant who reported receiving services at one of the COEs shared that it was useful to have many services in one location and was pleased that the COE providers kept him up to date on renewing his ADAP and Medicare Part D benefits. He shared, "They take wonderful care of me and they follow up too…they have inroads that I wouldn't be able to find otherwise."

Conclusion

Overall, participants indicated that they are happy with their primary medical care. Many receive additional services such as food and social support. Participants emphasized the importance of prescription drug coverage, dental care, and counseling, and identified challenges that middle-income individuals face in obtaining services and benefits. Participants noted that as they and their HIV positive peers age with a chronic illness, long-term care becomes a vital issue. Participants also felt that a service directory with up to date information about available services and benefits would be valuable.

Marin County Residents Focus Group

An additional focus group was conducted in order to gather information about the experiences and issues specific to individuals living with HIV in Marin County. The Marin County Department of Health and Human Services, HIV/AIDS Services, recruited 11 people to participate in a discussion held at the Marin AIDS Project. Focus group participants were between 46 and 70 years of age, with an average age of 56. Eight of the 11 participants identified as male, and nine indicated their race/ethnicity as White. All participants reported that they had been living with HIV for over five years, with responses ranging from seven to 26 years. Nine of the 11 participants indicated that they had been diagnosed with AIDS, while seven indicated that they had HIV or AIDS with disabling symptoms.

Current Service Utilization

Focus group participants identified health care, food, transportation and housing as services that HIV positive individuals need in order to lead healthy lives. One participant expressed, "When you're not in an oppressed living situation you have your best chance for health." Participants stressed the importance of having a case manager who can provide information about available services and benefits and who can advocate on their behalf. Participants also highlighted the value of mental health services and social support, prescription drug benefits such as ADAP, and dental care.

All participants noted that they received primary medical care, for the most part at one of Marin County's two public clinics – the Tom Steele Clinic or the County of Marin Specialty Clinic. Other services that participants reported receiving include: case management, dental care, assistance with food, counseling, and ADAP.

Participants reported mixed experiences with their medical care. While a number of participants stated that they were very pleased with their primary care, others described challenges they encountered with their physicians and the quality of care they received. In general, participants receiving care at the Tom Steele Clinic tended to express greater satisfaction with their care compared to those receiving care from the Specialty Clinic.

Regarding the Tom Steele Clinic, one participant shared, "I have had nothing but the best care that I could ever ask for…my health has improved 100 percent since going there." However, some recounted that because doctors at that clinic rotate during the week, the lack of consistency can be challenging. On the other hand, some participants indicated that they liked the rotating approach, because it allows them to get opinions from several different doctors.

When speaking about their experiences at the Specialty Clinic, several participants expressed that they felt providers did not treat them with respect. One participant described sitting in the waiting room for 45 minutes before being acknowledged by clinic staff. Another participant added, "I walk out of there feeling more frustrated than when I walked in." Other participants pointed out challenges related to the location of the Specialty Clinic, pointing out transportation difficulties and noting that they feel uncomfortable in the area of San Rafael where the clinic is located. One participant explained that he goes to San Francisco to for medical care because he has been dissatisfied with the care in Marin County.

Barriers or Challenges to Access

Primary challenges described by participants are described below:

- **Provider relationships.** As mentioned above, a number of participants described challenges with their relationships with their physicians. One participant shared, "It has been hard to build a relationship with my doctors over the years." Another participant observed feeling like some physicians "treat you like you're a number."
- **Staff turnover.** Participants cited provider turnover as an issue, particularly with case managers and psychotherapists, but with medical providers as well. With respect to case managers, one participant stated, "They are always rotating, so we actually know more than they do." Regarding mental health providers, participants described going through several therapists over the years, noting that having to "backtrack" with each new therapist leads to a lack of continuity and can be frustrating.
- **Lack of information about available services.** Many participants stated that they did not have enough information about services that were available to them in Marin County. A number of participants expressed confusion about where to go for information and what services they were eligible to receive, including prescription drug coverage, services for seniors and dental care. Many pointed to communication between case managers and clients as a barrier. Participants commented:

  "You have a thousand questions and you don't know who to utilize for the right answers."

  "That, I feel, is a downfall: the communication from case managers to the clients…there is a weak link in the chain."

  "Without good case management to give you your passage through this, you can get frustrated to [the point] where you're backing off."
- **Dental care.** While some participants indicated that they have not experienced any problems with dental care, others spoke about substantial barriers to receiving care, including long waiting lists for appointments and dentists who they felt did not provide quality care. Regarding the public dental clinic, one participant commented, "It's hard to get an appointment unless it's an extreme emergency. It's up to a three to four month wait to get seen."
- **Transportation.** A couple of participants noted that they had experienced barriers related to transportation to medical appointments.

Unmet Service Needs

Participants identified the following unmet service needs:

- **Mental health and social support services.** Participants noted that they would like to see more counseling, support groups and social activities for HIV positive people in Marin County.
- **Alternative health and support services.** Participants spoke about funding cuts for acupuncture, vitamins, and food pantry services.

Living with HIV/AIDS in Marin County

Participants were asked to speak about their experiences and issues they faced living in Marin County. The following key issues emerged:

- **Medical care and competency of providers.** As discussed above, participants raised concerns about the relationships they had with medical providers and the quality of HIV care they received.
- **Stigma and discrimination.** Participants described dealing with stigma and ignorance about HIV. One participant remarked, "People [in Marin] are very upscale and they look down on you if you are different." It was also mentioned that HIV positive women may find it particularly challenging to be open about their HIV status.
- **Isolation.** Participants noted that HIV positive individuals in Marin County are at risk of isolation. In contrast to cities like San Francisco, there are not as many HIV/AIDS services in Marin and the HIV positive community is not as visible. They noted that "trying to find ways to connect with each other" is important, and felt that "it would be good for Marin to have a place where people can come and hang out," such as a community room at the Marin AIDS Project.

Conclusion

Focus group participants identified health care and case management as essential services for HIV positive individuals and described mixed experiences with both services in Marin County. Participants pointed to a need for better communication about services that are available for HIV positive individuals. Participants also highlighted a need for more social support services in Marin County to reduce isolation and create a sense of community among people living with HIV/AIDS.

Monolingual Spanish Speaking Focus Group

Nine monolingual Spanish speaking participants attended the focus group. All participants reported living in San Francisco County and identified as Latino. Seven participants identified as male, one as female, and one as transgender. The age of participants ranged from 27 to 57.

Current Service Utilization

The majority of participants reported receiving primary care services from Clínica Esperanza located in San Francisco. Services included primary medical care visits, hematological services, and X-ray services. In addition, participants also reported receiving dental services from University of San Francisco California, and ADAP assistance to help pay for their medications. Overall, participants maintained they were extremely satisfied with the medical services received through Clínica Esperanza. Participants expressed that the medical staff at Clínica Esperanza treats HIV positive patients with respect and humanity. As several participants recounted,

- *"Compared with San Mateo County, in my own experience, the service in Clínica Esperanza is much better; they treat you like a person, they make you feel like it should be. They know your disease and they make you feel nice."*
- *"At Clínica Esperanza I have a doctor, I have a nurse. He is really nice, he understands me, he knows when I was born, [and] he knows my name."*

When asked what other services besides medical services participants were currently receiving, the majority stated that they had a case manager, sex educator, therapist, and psychologist. Also, participants cited that they had access to psychiatric services, nutritional counseling and food vouchers. One participant stated that these additional services are important for HIV positive individuals because after so many years of taking medication their body begins to change due to side effects of the medication, therefore they need these services in order to survive.

All of focus group participants explained that the services they depend on the most are medical services, and access to medication. One participant commented that in addition to medical services and access to medications, there is a continued need for other services. Participants went on to explain that several organizations are disappearing or are reducing the number of services they provide, but the need for services among consumers continues.

Unmet Service Needs

Some focus group participants stated that there is a continued need for support groups, specifically for monolingual Spanish speaking HIV positive men. Another primary concern is the lack of quality dental services, and interpretation/translation services when accessing dental services. In addition, participants voiced out that they are not receiving employment assistance services and legal services.

Barriers or Challenges to Access

Focus group participants identified the following challenges when accessing HIV/AIDS related services.

- **Translation services.** Although participants expressed that interpretation and translation services are always available, they cited that language will always be a challenge when accessing services. Focus group participants observed that translation services were particularly needed when accessing services at agencies that did not primarily serve Latino populations such as Clinica Esperanza.
- **Nutrition services.** The majority of participants expressed a need for nutrition services. Participants explained that nutritional services are available, but the staff disseminating the information is culturally insensitive to their needs and life styles.
- **Waiting time for medical appointments**. Another issue that participants stated is the waiting time to schedule appointments with their primary medical provider at particular hospitals. Participants also mentioned that staff at local hospitals are very "rude" and insensitive to patients.
- **Dental services**. Several respondents reported having negative experiences when receiving dental services, such as having to go to the emergency room after receiving dental services from a practitioner.

Monolingual Spanish Speakers Living with HIV/AIDS

- **Support groups**. One participant stated that a special need among Latino HIV positive men is having a support group for gay males that helps men establish long term and short term goals.
- **Bilingual medical service providers.** Participants also expressed the need for more bilingual medical and dental services providers who are culturally sensitive to their needs.
- **Legal services**. Participants noted the need for legal services to inform undocumented HIV positive Latino men about their rights.
- **Updated HIV Resource Guide**. Participants also stated that more updated information regarding health and HIV resources is needed. One participant commented that an updated resource guide is needed that included information regarding medications.
- **Vouchers for Living Necessities**. Even though the majority of participants have access to food vouchers, one respondent suggested that having vouchers for clothes and other living necessities would also be beneficial.
- **Alternative/holistic treatments**. Another special need noted by a participant is the need for alternative/holistic treatments in order to deal with the stress caused by medications and other HIV/AIDS related issues.

Conclusion

Overall, participants stated that in order to lead a healthy life, HIV positive individuals need to have medical and dental services, along with mental health services to deal with depression. In addition, they also voiced that housing and medications are important to lead a healthy life. Participants cited a variety of services specific to monolingual Spanish speakers including support groups, bilingual medical service providers, legal services, an updated HIV resource guide, vouchers for living necessities, and alternative and holistic treatments.

Interviews with Previously Incarcerated HIV+ Individuals

To further explore the needs of priority populations living with HIV/AIDS in the SF EMA a total of eleven interviews were completed with individuals who were previously incarcerated and were HIV positive.

Participant Characteristics

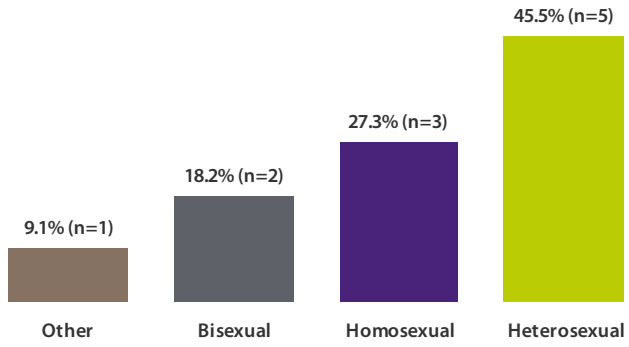
As illustrated below in Exhibit 56, of the eleven participants who completed the interview, the majority identified as African American (36.4%, n= 4) and White (36.4 percent, n=4). Other respondents identified as Asian (9.1%, n=1), and other race/ethnicities.

Exhibit 56: Race/Ethnic Backgroun
(n=11)

Race/Ethnicity	(n=11)	
	Frequency (#)	Percent (%)
African American/Black	4	36.4
White (non- Hispanic)	4	36.4
Asian	1	9.1
Latino/ Hispanic	-	-
Other	2	18.2

All interview participants identified as male. When asked about their sexual orientation, nearly half of the participants (45.5%, n= 5) identified as heterosexual (Exhibit 57). In addition, 27.3 percent (n=3) stated they were homosexual, 18.2 percent (n=2) identified as bisexual and only one identified as other.

Exhibit 57: Sexual Orientation
(n=11)



The age of participants who completed the interview ranged from 35 to 55. Analysis of the data shows that the average age among participants was 47.

HIV Status

Of the eleven respondents, 72.1 percent (n= 8) reported that they were HIV positive with disabling symptoms, while 27.3 percent (n=3) of respondents stated they were HIV positive without disabling symptoms. According to the data collected from the interviews, the average time participants reported being HIV positive was nine years. The minimum length of time reported was 3 years, while the maximum time participants indicated being HIV positive was twenty six years.

City and State Tested Positive

The majority of the interview respondents (72.4%, n= 8) stated San Francisco as the city where they first tested positive for HIV while 27.3 percent identified San Quentin prison.

Incarceration Data

The average number of days participants were most recently incarcerated was 115. The minimum number of days reported was one, while the maximum number of incarceration days reported was 365. Some participants reported that they had been incarcerated multiple times; therefore, these numbers represent their most recent incarceration.

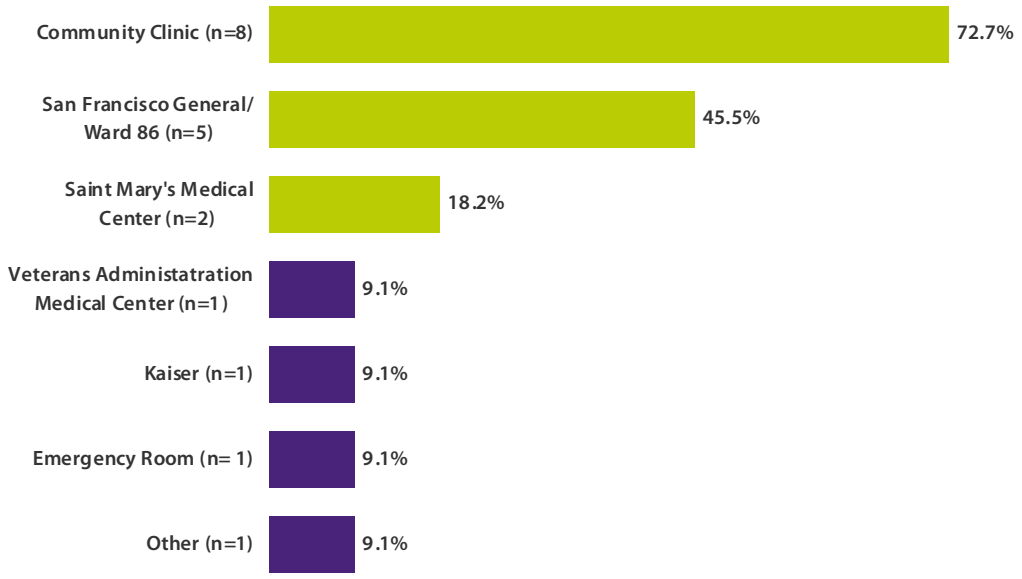
Current Residence

More than half of the respondents (54.5%, n= 6) reported that they currently live in a single room occupancy (SRO) with tenancy, while 45.5 percent (n=5) indicated that they reside in a single room occupancy (SRO) without tenancy. Furthermore, the majority of the participants (90%, n= 9) lived in the Tenderloin neighborhood at the time the interview took place, and only one respondent reported living outside of the Tenderloin neighborhood.

Access to Medical Care

When the interview participants were asked to identify where they receive medical care, the majority (72.7%, n= 8) stated that they access medical care from community clinics such as Tenderloin Health and Tom Waddell. Five respondents stated receiving medical care from San Francisco's General Hospital –Ward 86 and two reported receiving medical services from St. Mary's Medical Center. Other sources of medical care included Kaiser, emergency rooms, and private doctors (Exhibit 58).

Exhibit 58: Sources of Medical Care (n=11)



Hepatitis Diagnosis among Participants

Analysis of the data revealed that 18.2 percent (n=2) of the interview participants have been diagnosed with Hepatitis A, and 9.1 percent (n=1) of respondents have been diagnosed with Hepatitis B. However, more than half (n=8) stated that they had been diagnosed with Hepatitis C.

Service Needs

The most commonly requested services among the interview participants were housing, medical care, nutritional services, emergency housing, transportation services, mental health services and case management. Several participants stated that access to medical care is also very important in order to lead a healthy life. In addition, as almost half of the respondents reported living in an SRO with tenancy, one participant stated that "better rules for the living environment that we're in because people that come here don't [get] screened and certain people here have no training. They act like they're on the streets." Furthermore, one participant also stated that having caring and compassionate counselors and medical staff is needed. The following are comments stated by the participants when they were asked what services people living with HIV/AIDS need to lead a healthy life.

- *"Housing is important, it's important not to be in the streets, nutritional, medical resources [are also important]. Nutrition is important to keep your health maintained, both physically and through proper nutrition."*
- *"Better housing, I think that's the most important because you need to have the security of a roof over your head before you can do anything else."*
- *"[There's a need for] regular doctor visits; good case management."*

Services Received after Incarceration

Participants stated receiving medical services from Tom Waddell Health Center, Tenderloin Health and San Francisco General Hospital – Ward 86. Participants stated that these medical service providers handle all their medical needs, provide doctor appointments, and provide them with referrals to other agencies and organizations. Some participants also stated receiving dental services. Overall, all eleven participants reported receiving medical services after being released from prison. Representative comments in this regard are the following:

- *"Tom Waddell is all inclusive; they handle all my medical needs. My doctor comes to Tenderloin Health every Thursday, and so I just drop in there."*
- *"[I receive] the standard [care] from Ward 86. They assigned me a doctor, who's a great doctor and so far they've been wonderful in helping me out."*
- *"Medication, weekly doctors' exams, and dental care."*

Participants who receive services from Ward 86, Tenderloin Health, and Tom Waddell reported feeling satisfied with the services because appointments are available, and the staff are caring and supportive in trying to connect patients to benefits and services, such as SSI and housing. Furthermore, one participant stated that appointments are convenient at Tenderloin Health, and the location is very accessible.

Although the majority of the respondents were satisfied with the medical services they received after incarceration, several respondents reported facing challenges when trying to initially access medical services. Among the challenges cited were medication issues because participants where not able to receive pain medications. For example, one patient described that when trying to access medication, providers told him he was "pain med chasing" therefore he was denied medication. One participant stated feeling that there is a lot of prejudice against people who have been in prison and this prevents him from accessing medical services at some health centers and clinics. Another challenge that one participant reported was the lack of staff at agencies, and providers not showing up for appointments. Representative comments in this regard are the following:

- *"There's a lot of prejudice against people who've been in prison. I've had trouble- I try to save myself the trouble by just not utilizing the services."*
- "*At* [a San Francisco hospital] *they denied me medical services, saying I was pain med chasing. I was having pancreatitis attacks and they said I was just looking for pain meds."*

Other Related HIV/AIDS Services

Interview participants reported receiving Housing Opportunities for Persons with AIDS (HOPWA), going to Project Open Hand, substance use services, money management services through Lutheran Social Services, and mental health services. In addition, participants stated receiving case management, counseling and therapy through Tenderloin Health and Ward 86. Several participants also reported receiving transportation services. One interview respondent explained that, through Tenderloin Health, he was able to enter the Community

Work program in order to become a health worker, and to earn college credit. A few participants also reported receiving services through Continuum. The majority of respondents stated that the services they receive through the various agencies and programs have met their needs, but few participants reported that the process to get services is slow and that there is not enough staff to handle all of the clients' needs. In the words of one respondent, "It's just slow – that's the main problem I have. There is just not enough [staff] to handle the case load."

Services Participants Depend on the Most

When interview participants were asked what HIV services they depend on the most, they identified housing services, medical services, HIV medications, and case managers. Additionally, some respondents stated that they depend on services provided by Tenderloin Health. These services include medical care, housing, job training, and emotional support for clients. One participant commented that "the main source is Tenderloin Health – it starts there and everything falls into place from there." Another participant also explained that housing subsidy is important because without it he would not be able to afford a place to stay. Moreover, participants stated that case managers are also important because they help their clients access other services, such as Project Open Hand, and HOPWA. The following are participants' responses regarding the services they depend on the most.

- *"The housing subsidy because without it I wouldn't be able to stay here. I couldn't afford it.'"*
- *"Housing, definitely. You can't even have a space to worry about your health if you don't have housing."*

Unmet Service Needs upon Release

Almost half of respondents reported needing services immediately after they were released from prison. The most common responses among participants regarding the services they needed were medications, housing, and food. Because most participants were released from jail before or after business hours and during the weekend, they reported needing immediate access to housing. One participant explained that he was released from prison with no medication and needed immediate housing assistance; he states "I was released with no medication. It was 3am and I could barely walk. I made it down to the Foundation and the door was open and I sneaked in and went to the tenth floor. I needed assistance very badly and right away." Similarly, another participant explained that he was released during the weekend and accessing housing was difficult. Furthermore, he discussed that it is extremely difficult for inmates who are released during the weekend to access services, specifically housing. In addition, not having access to these critical services after being released from prison may cause these individuals to get incarcerated again. The following is the participant's statement regarding this matter:

- *"A lot of times inmates who are released on the weekends go right back in. You have nowhere to go. There are no resources available. They just dump you on the street. That's the situation I was in. I was just trying to stay awake and keep going until Monday. It was hard to decide not to use [drugs] when you have nowhere to go. You have no one to turn to."*

Connection to Services after Incarceration

Interview participants reported getting connected to HIV/AIDS services through various means, mainly the San Francisco AIDS Foundation, Centerforce, through social workers, and through the jail health services. Some participants reported being connected to the services prior to their release from jail through the health services offered at their incarceration site. In this regard one participant stated "I was connected with the services before I was released so it was just waiting for me." In addition, several respondents reported being connected to services once they tested positive for HIV or when they were taken to the emergency room because of an illness. Although the majority of participants had assistance in getting connected to HIV services, several affirmed that they had no assistance when trying to access HIV services. One participant had no assistance in getting connected to services because he was not familiar with the "system" already; another interviewee stated that he had to make contact with the agencies in order to access services.

Challenges/Issues when Accessing HIV/AIDS Services

Participants reported financial need, denial of their HIV/AIDS status, rude staff, lack of transportation services, and funding as major barriers when trying to access or obtain HIV related services. One participant noted that before it was easier to access services, but now individuals have to go through a long process to access services, and this causes many to lose hope. Another respondent expressed that denial is a barrier when trying to use or obtain HIV-related services because it makes individuals not care about accessing services to deal with their HIV. In addition, denial and previous experience with incarceration may make it difficult for a person to access or try to use HIV services, one participant states "I was depressed and locked myself up in my room. You get used to being in a cell."

Special Needs of Population

Participants reported needing the following services: immediate access to medications, more social workers, access to housing services, more emergency housing, better legal services, more food programs, transitional housing and more transportation services. Additionally, one participant stated that the city should have more assisted living programs such as the Leland House or Peter Claver where HIV positive individuals, once released from jail, can have access to meals and medication. Most importantly, the participant noted that an assisted living program would allow previously incarcerated individuals to set a normal routine and reintegrate back into society. Likewise, another respondent noted that a reintegration back into society program is needed for individuals who are HIV positive and have been incarcerated. The following are participants' responses regarding their service needs:

- *"I think it would be good for some type of reintegration back into society. Because in jail all your responsibilities are taken care of you don't have to worry about where you are going to sleep, where you are going to eat, and when you get out you have to do those responsibilities for yourself."*
- *"There is not enough housing. You can't feel good about anything in your life if you don't have a roof over your head."*
- *"What they need is something like Leland House or Peter Claver- assisted living. Transitional housing for only a week or two is enough to get re-acclimated back into society."*

Conclusion and Recommendations

This needs assessment identifies the needs of severe needs populations living with HIV/AIDS in the San Francisco EMA. In addition, the needs of monolingual Spanish speakers, Marin County residents and the formerly incarcerated were also addressed. The key findings presented in this report bring together both quantitative as well as qualitative data to enable users of this report to appropriately set informed priorities and allocate resources.

How to Use the Data

The 2008 Needs Assessment focused primarily on populations with the most severe need of HIV/AIDS-related health and supportive services, including some special populations. The sampling framework and recruitment process was designed to capture a population that reflected the severe needs PLWH/A throughout the EMA. As mentioned previously, the community-based study was conducted in the field rather than in a controlled experimental environment. Therefore, there may be limitations to the data which prevent making exact conclusions about HIV/AIDS needs.

This report provides a rich data source that can be used to inform planning council members, HIV/AIDS service agencies and organizations, consumers/clients and local government officials about important service needs and barriers as well as potential policy implications. As with any single study, this needs assessment is one of many important data sources that provide information about PLWH/A in the SF EMA. The needs assessment data should be used in conjunction with recent epidemiological data, scientific investigations and other community-based studies to paint the most accurate picture of PLWH/A in the San Francisco EMA and to understand their service needs. This is the recommended approach to appropriately allocate resources to meet those needs.

This public document is intended to be used as a vital resource for three years; therefore all the data were analyzed thoroughly. As with most population-based survey research, however, an almost endless amount of analysis and further examination can be done, including focusing on smaller sections of the report and supplementing some of the quantitative data with additional qualitative data. The following are recommendations made by the researchers involved in the 2008 Needs Assessment. The recommendations are divided into two sections: *Recommendations for Further Research* and *Recommendations for Future Needs Assessments*.

Recommendations for Further Research

- **Further examine the need for substance use services for PLWH/A who are current substance users.** The findings show that relative to the reported rate of current substance use, there is a low rate of utilization of substance use health and supportive services compared to other HIV/AIDS services. It is understandable that clients prioritize case management services and the basic essentials for everyday living such as housing, health care and food. It may be important to examine which substance services are most important to clients, possible barriers to the utilization of substance use services, and how substance use services might be incorporated into clients' more essential services.
- **Examine how specific resources can be distributed more effectively.** Findings showed that over one-third of clients reported that they did not receive HIV service referrals after testing positive. Among those who have Hepatitis C, over half reported that they did not receive a referral to a specialist. Since this information came from a self-report community survey process, it is recommended that this be investigated further.
- **Research forms of transportation that are most needed by severe need clients.** As in past needs assessments, transportation continues to remain the top barrier to access to services.
- **Further explore how stigma affects seeking appropriate services as well as service delivery.** The data show that clients experience stigma and discrimination, which may affect how they receive services and how they seek services. Qualitative research found that this was the case particularly in Marin County. Since this was the first time a section investigating stigma was included in the needs assessment, the data are preliminary and the findings warrant further investigation. (*also see "Recommendations for Future Needs Assessments"*)
- **Explore the policy implications of serving a large proportion of clients who test HIV positive outside the San Francisco EMA.** Data found that nearly 40 percent of severe need clients who are receiving services in the SF EMA initially tested HIV positive outside the SF EMA.

Recommendations for Future Needs Assessments

The following recommendations discuss potential process measures and updates to the survey research process that should be considered for future needs assessments based on the experiences from 2008.

- **Include a clinical and/or medical expert in the survey review process.** The Health Status section of the needs assessment Client Survey, in particular, asks for very specific clinical information related to HIV and other related health conditions. It is crucial to have a clinical and/or medical expert review those sections to ensure accuracy and to make sure that statements and questions are current. The more accurate the survey items are, the more accurate the data will be.
- **Refine the questions that ask clients about stigma.** It has become very important to examine stigma among PLWH/A. This was a new section that was added to the 2008 needs assessment. Although this section yielded very important and useful information, the questions should be refined to further match the purpose of the needs assessment.
- **Continue to include consumers in the planning, development and implementation of the needs assessment.** Including consumers in the planning phases of the need assessment has continued to produce quality reports to the CARE Council. Community interviewers assist with client recruitment and survey administration. In addition, the Needs Assessment Work Group, which includes consumers of HIV/AIDS-related services, provided guidance and useful feedback throughout the research process. These efforts should continue to their full extent for future needs assessments.

Appendix A: Client Survey

CONSENT FORM
2008 SAN FRANCISCO EMA HIV/AIDS CARE NEEDS ASSESSMENT

The HIV Health Services Planning Council serving the three county (San Francisco, San Mateo, Marin) San Francisco EMA, in collaboration with the San Francisco Department of Public Health / HIV Health Services Division is conducting a needs assessment of HIV and AIDS services.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs for people like yourself living with HIV/AIDS. Completing this survey gives you a voice in the planning for HIV and AIDS treatment services throughout the San Francisco EMA. You will receive a $20 food voucher for completing this survey interview.

This survey is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment group. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

You will be read the survey questions by an interviewer in an area that ensures your privacy. If you have any questions about the survey, you can ask the interviewer for clarification. The survey should take approximately 30 to 45 minutes.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at this agency.

By signing below, you consent to complete the survey.

PARTICIPANT'S SIGNATURE: _____

PARTICPANT'S NAME: _____

City _____, CALIFORNIA Zip Code _____

Today's Date: __ __/ __ __/ 2008

If you have any questions, please call Maricela Piña at (888) 477-3330.

SAN FRANCISCO EMA NEEDS ASSESSMENT SURVEY OF PEOPLE LIVING WITH HIV AND AIDS

Sponsored by Ryan White Title I HIV Services Planning Council and San Francisco Department of Public Health / Health Services Division

INTRODUCTION

[READ ALOUD] Thank you for agreeing to participate in this important survey. Completing this survey gives you a voice in the planning of HIV and AIDS treatment services throughout the San Francisco EMA.

I will be asking you some questions related to HIV/AIDS. There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need clarification please let me know.

Your responses are completely confidential. Your name will never be linked to your answers.

Thank you in advance for your participation in this interview.

Confidential ID Needed

[READ ALOUD] We will be obtaining responses from many people living with HIV and AIDS over the next few weeks. I am going to ask you some questions to create a confidential identifier that we will use instead of your name. This ID is unique to you, and will protect your confidentiality.

_____	_____	_____ _____	_____ _____	_____
What is the *first* initial of your first name	**What is the *last* initial of your last name**	**What is the month of your birthday** **(For January through September use a leading "0" e.g. 01 for January)**	**What is the day of your birthday** **(For days 1 - 9 use a leading "0" e.g. 01)**	**What is the first letter of your mother's first name? (If you don't know, list the first letter of your father's first name)**

(01=Jan, 02=Feb, 03=Mar, 04=Apr, 05=May, 06=June, 07=July, 08=Aug, 09=Sept, 10=Oct, 11=Nov, 12=Dec)

[NOTE TO INTERVIEWER] Please make sure the confidential ID is placed on top of every page in the survey.

Interviewer Initials: _____ Location of Interview: _____

Today's Date: _____ / ___ / ___

Confidential ID: ___ ___ ___ ___ ___ ___ ___

[READ ALOUD] First, we would like to know a little bit about you. I am going to ask you some personal questions related to your HIV status and other questions such as gender, age, race/ethnicity, living situation, and employment.

1. Are you currently … (**Select 1 answer**)

HIV+ with disabling symptoms	☐
HIV+ without disabling symptoms	☐
HIV- ➔ **STOP INTERVIEW**	

2. What is the zip code and city and/or neighborhood where you live?
Zip Code: ___ ___ ___ ___ ___
City and/or neighborhood: _____

3. When were you born? ____ / ____
Mon. Yr.

4. What is your gender? (**Select 1 answer**)

Male	☐
Female	☐
Transgender – Male to female (MTF)	☐
Transgender – Female to male (FTM)	☐
Intersex	☐
Other	☐

5. What do you consider your ethnic background? (**Participant may select up to 2 they identify with.**)

African-American	☐
African Black	☐
Caribbean Black	☐
Chinese	☐
Filipino/a	☐
Vietnamese	☐
Hmong	☐
Other Asian	☐
Pacific Islander	☐
Cuban or Puerto Rican	☐
Central American	☐
Mexican-American/Chicano	☐
Mexican National	☐
Other Latino/Hispanic	☐
Native American	☐
White/Caucasian (non-Hispanic)	☐
Other (Specify) _____	☐

5a. If not English, what other language do you speak most frequently at home?
_____

6. Do you consider yourself (**Select 1 answer**)

Heterosexual/Straight	☐
Homosexual – Gay Male	☐
Lesbian	☐
Bisexual	☐
Other (Specify) _____	☐

7. What is the highest level of education you completed? **(Select 1 answer)**

Grade school or less	☐
Some high school	☐
Graduated high school/GED	☐
Some college/2 year college/trade school	☐
Completed 4 year college	☐
Graduate level or professional degree	☐

8. Where do you currently live? **(Select 1 answer)**

In an apartment/house I own	☐
In an apartment/house I rent	☐
At my parent's/relative's apt./house	☐
Living/crashing with someone & not paying rent	☐
Single room occupancy (SRO) with tenancy/Hotel	☐
Single room occupancy (SRO) without tenancy	☐
In a supportive housing program (e.g., Windsor)	☐
In a treatment facility (drug or psychiatric)	☐
In a half-way house or transitional housing	☐
Skilled Nursing Home (assisted living facility)	☐
Homeless (on the street/in car)	☐
Homeless Shelter	☐
Residential Hospice Facility	☐
Other (Specify) _____	☐

9. How much do you pay monthly for housing? _____

10. If you live in San Francisco are you on the Housing Waiting List? ☐ **YES** ☐ **NO**

11. How many … **(Write the number in the box)**

Other adults are living with you?	
Children and teens are living with you?	

[Note to Interviewer: If they do not live with anyone, skip to Q. 12]

11a. Is anyone else in your household HIV positive?

Interviewer: Read and provide a response for each item below.	Yes	No	Don't know
Partner/wife/husband	Y	N	DK
Adult family member/relative	Y	N	DK
Other adults (unrelated)	Y	N	DK
Children	Y	N	DK

12. Over the last 2 years, have you ever lived in any of the places listed below?

Interviewer: Read and provide a response for each item below.	Yes	No
In a treatment facility (drug or psychiatric)	Y	N
In a half-way house or transitional housing	Y	N
Homeless (on the street/in car)	Y	N
Homeless Shelter	Y	N
State or Federal prison	Y	N
County jail	Y	N
Other (specify) _____	Y	N

13. What best describes your current job (work) situation? **(Select 1 answer)**

Employed full-time (33-40 hours/week)	□
Employed part-time (Less than 33 hours/week)	□
Working part time and on disability.	□
On disability – looking for work	□
Not working – on full disability.	□
Not working – applied for disability	□
Not working – looking for work	□
Not working – student/homemaker/volunteer/other	□
Retired	□
Other (specify) _____	□

14. What is your reported estimated **yearly** income from all sources and before taxes? **(Select 1 answer)**

$0 - $10,400 (up to $867 a month)	□
$10,401 - $15,600 ($868 - $1300 a month)	□
$15,601 - $20,800 ($1301 - $1733 a month)	□
$20,801 - $26,000 ($1734 - $2167 a month)	□
$26,001 - $31,200 ($2168 - $2600 a month)	□
$31,201 - $41,600 ($2601 - $3467 a month)	□
Greater than $41,600 ($3034 or more a month)	□

15. Do you have health coverage?

Yes □ → **Go to next question (Q. 15a)**

No → **Go to Q. 16**

15a. If YES, what kind of health coverage do you have?

Interviewer: Read and provide a response for each item below.	Yes	No
Insurance through work	Y	N
COBRA or OBRA (insurance through my last employer)	Y	N
Private insurance/HMO, not through work	Y	N
Medicare	Y	N
Medi-Cal/Medicaid	Y	N
VA	Y	N
County-funded program (e.g., San Mateo Well Plan)	Y	N
Private pay/out-of-pocket/fee-for-service	Y	N
Healthy San Francisco	Y	N
Other (specify) _____	Y	N

16. Which of the following benefits do you receive?

Interviewer: Read and provide a response for each item below.	Yes	No	Don't know
Food stamps	Y	N	DK
Private long term disability	Y	N	DK
Private short term disability	Y	N	DK
Supplement Security Income (SSI)	Y	N	DK
Social Security Disability Insurance (SSDI)	Y	N	DK
Public Health Service, Bureau of Indian Affairs(BIA)	Y	N	DK
State Disability Insurance (SDI)	Y	N	DK
Veteran's benefits (VA)	Y	N	DK
CHAMPUS (VA assistance for non-military personnel)	Y	N	DK
Worker's compensation	Y	N	DK
Annuity/Life insurance payments	Y	N	DK
Retirement	Y	N	DK
Rent supplement (HOPWA, Subsidy, Section 8 certificate or Shelter Plus Care)	Y	N	DK
Subsidized housing	Y	N	DK
General Assistance (GA)	Y	N	DK
Emergency financial assistance (specify) _____	Y	N	DK
WIC	Y	N	DK
AIDS Drugs Assistance Program (ADAP)	Y	N	DK
Cash Assistance Program for Immigrants (CAPI)	Y	N	DK
Ryan White CARE Health Insurance Program (CARE HIP)	Y	N	DK

TANF/CalWORKS	Y	N	DK
Other(specify) _____	Y	N	DK
Not eligible for benefits	Y	N	DK

[READ ALOUD] Now I am going to ask you some questions about getting tested for HIV.

17. What was the month and year that you first tested positive for HIV? ____ / ____ (Mon. / Yr.)

18. What city/state and/or country were you tested positive for HIV?

_____ _____
City State or Country

19. Were you ever tested for HIV before you first tested positive for HIV?

Yes → How many times? _____	☐
No	☐
Don't Remember	☐

20. When you first tested positive, what was the main reason you decided to get tested? **(Select 1 answer)**

Had been feeling sick	☐
Incentives offered for testing	☐
Peer pressure from friends	☐
Pressure from family members	☐
Prompted by a provider	☐
Involved in sex work	☐
Media campaigns	☐
Prompted by an outreach worker	☐
Easy access to testing site	☐
No particular reason	
Other: _____	☐

21. Did you ever put off getting tested for HIV?

No → Skip to Q. 22	☐
Yes … If Yes, Why? (mark all that apply below)	☐
Fear of being positive	☐
Fear of other people finding out	☐
Fear of having to take medications	☐
Fear of having to tell partner	☐
Substance use	☐
Denied services by a provider	
Was tested but never returned for results	☐
Other: _____	☐

_____

22. After testing positive for HIV, were you given a referral of resources that were available to you? Y N DK

23. After testing positive for HIV, when did you have your first visit with a doctor? **(Select 1 answer)**

Within a month after diagnosis	☐
One to three months after diagnosis	☐
Four to six months after diagnosis	☐
Seven months to a year after diagnosis	☐
More than a year after diagnosis	☐
I haven't seen a doctor for my HIV	☐

24. What is the most likely way you were infected by HIV? **(Select 1 answer)**

Having sex with a man	☐
Having sex with a woman	☐
Having sex with a transgender	☐
Sharing needles	☐
Blood products/Transfusion	☐
Hemophilia/blood or tissue recipient	☐
Acquired at birth	☐
Other (specify) _____	☐
Don't know	☐

25. Were you ever told by your doctor, nurse, or other health care team member that you have progressed from HIV to an AIDS diagnosis?

Yes → **Answer Q.25a and Q. 25b**	☐
No → **Skip to Q. 26**	☐
I was diagnosed with AIDS the same time I tested HIV+ → **Skip to Q. 26**	☐

25a. If YES to Q. 25, when were you told that you had AIDS? ____ / ____ (Mon. / Yr.)

25b. If YES to Q. 25, what city, state and/or country were you diagnosed with AIDS?

_____ _____
City State or Country

[READ ALOUD] The next set of questions asks about your general health status and the locations where you receive services.

26. In general, would you say your health is … **(Select 1 answer)**

Excellent	□
Very good	□
Good	□
Fair	□
Poor	□

26a. Thinking about your physical health, which includes physical illness and injury, for about how many days during the last month was your physical health **not good**?

# of days	____
None	□
I don't know/unsure	□

26b. Now thinking about your mental health, which includes stress, depression and other emotional issues, for about how many days during the last month was your mental health **not good**?

# of days	____
None	□
I don't know/unsure	□

27. When was your last visit with a doctor, nurse, or other health care team member for your HIV/AIDS?

I have never seen a doctor or gone to a clinic since I found out I was HIV+. (**Skip to Q. 29**)	□
Less than 6 months ago	□
Six to twelve months ago	□
More than a year ago	□

27a. When was the last time you had a t-cell count?

In the last month	□
In the last 3 months	□
In the last 6 months	□
One year or more	□
Don't know	□

27b. When was the last time you had a viral load count?

In the last month	□
In the last 3 months	□
In the last 6 months	□
One year or more	□
Don't know	□

28. Since you found out you were HIV+, has there ever been a period of time of **more than one year (12 months)** when you didn't see a doctor or go to a clinic?

Yes	□ → **Go to Q. 28a**
No	□ → **Skip to Q. 29**

28a. Since that time have you gone back to see a doctor?

Yes	□ → **Go to Q. 28b**
No	□ → **Skip to Q. 29**

28b. If YES to Q. 28a, what happened to make you seek medical care after not seeing a doctor or clinic professional for more than a year?

Interviewer: Read and provide a response for each item below.	**Yes**	**No**
I got sicker	Y	N
Change in my income	Y	N
Change in my insurance status	Y	N
Heard about new doctor/clinic	Y	N
There was a change in my doctor's or clinic's attitudes	Y	N
There were different drugs or treatments available	Y	N
I had stable housing	Y	N
I wanted to stay healthy	Y	N
To get blood work	Y	N
I saw a community /media ad campaign	Y	N
Other (specify)_____	Y	N

29. Where do you receive your medical care most often?

Interviewer: Read and provide a response for each item below.	**Yes**	**No**
Community Clinic (e.g., Clinic Esperanza, Edison Clinic, Willow) specify _____	Y	N
San Francisco General/ Ward 86	Y	N
University of CA San Francisco (UCSF)	Y	N
St Mary's Medical Center	Y	N
Veterans Administration Medical Center	Y	N
Kaiser	Y	N
Other Hospital (specify) _____	Y	N
San Mateo County AIDS Program	Y	N
Emergency Rooms	Y	N
Marin	Y	N
Private Dr's office/clinic	Y	N
Other (specify) _____	Y	N

30. Thinking about the past year, how often did you get medical care from a physician or clinician who can prescribe medications from a pharmacy?

Never → **Check box and skip to Q. 33**	□
Only when I was sick	□
On a regular ongoing basis	□

31. Have you gone to the same doctor or gone to the same clinic for your HIV infection …

Since you found out you were HIV+	□
For 2 or more years	□
Since last year	□

32. Did you miss any medical appointments in the last year?

Yes	□ → **Go to Q. 32a**
No	□ → **Skip to Q. 33**

32a. If MISSED, did you reschedule for the next available appointment?

Yes	□ → **Go to Q. 32b**
No	□ → **Skip to Q. 33**

32b. If RESCHEDULED, did you make it to the rescheduled appointment?

Yes	□
No	□

33. Have you been diagnosed with any of the following diseases listed below?

Please answer each item below.	Yes	No	Don't know
Hepatitis A	Y	N	DK
Hepatitis B	Y	N	DK
Hepatitis C	Y	N	DK

33a. [If yes to Q. 33] After testing positive for Hepatitis A, B, or C, were you given a referral to a specialist? Y N DK

33b. At any time in the last year, have you been diagnosed with any of the following diseases?

Please answer each item below.	Yes	No	Don't know
Syphilis	Y	N	DK
Herpes	Y	N	DK
Genital Warts	Y	N	DK
Chlamydia	Y	N	DK
Gonorrhea	Y	N	DK
Yeast Infections	Y	N	DK
Other (specify) _____	Y	N	DK

33c. Has a doctor **ever** told you that you have any of the following?

Please answer each item below.	Yes	No	Don't know
Diabetes or sugar diabetes	Y	N	DK
High blood cholesterol	Y	N	DK
Any kind of heart disease	Y	N	DK
Neuropathy	Y	N	DK
Osteoporosis	Y	N	DK
Arthritis	Y	N	DK
Cancer	Y	N	DK

34. Have you **ever** taken any medications for your HIV/AIDS?

Yes	□ → **Go to Q. 35**
No	□ → **Skip to Q. 40**

35. How many prescription drugs are you **currently** taking? # _____ **(If none, skip to Q. 40)**

36. Are any of your prescription drugs paid for or reimbursed by the following sources?

Please answer each item below.	Yes	No	Don't know
ADAP	Y	N	DK
Medi-Cal/Medicaid	Y	N	DK
Medicare	Y	N	DK
Private insurance	Y	N	DK
Veteran's benefits	Y	N	DK
Out-of-pocket	Y	N	DK
Local/emergency assistance (e.g., San Mateo Well Plan)	Y	N	DK
Healthy San Francisco	Y	N	DK
Other (specify) _____	Y	N	DK

37. Are you taking any of the following?

Please answer each item below.	Yes	No	Don't know
Antiretrovirals and/or protease inhibitors	Y	N	DK
Other medications related to HIV/AIDS	Y	N	DK
Antidepressants or other psychiatric medications	Y	N	DK
Pain medications or sleep aids	Y	N	DK
Hormones or steroids	Y	N	DK
Hepatitis C drugs	Y	N	DK
Herbal and/or other supplements	Y	N	DK

38. How often have you skipped taking your HIV/AIDS medication as prescribed by your doctor?

Have never skipped HIV/AIDS medication **(Check box and SKIP to Q. 40)**	□
Once or twice a month	□
Once or twice a week	□
More than twice a week	□
I have stopped taking my medicine	□

39. If you skipped or stopped taking your HIV/AIDS medication, why?

Interviewer: Read and provide a response for each item below.	**Yes**	**No**
Side effects	Y	N
Difficult schedule and requirements	Y	N
Didn't want others to see the medicines	Y	N
Didn't understand the directions	Y	N
Felt the medicines didn't work	Y	N
Could not afford the medicines	Y	N
Forgot to take the medicines	Y	N
Ran out of medicines	Y	N
Hard to coordinate with food/eating	Y	N
Just didn't want to take them	Y	N
Homeless	Y	N
Depressed/hopeless	Y	N
Medicines made me feel good so I felt I didn't need them anymore	Y	N
My doctor advised me to stop taking my medicines	Y	N
Other (specify) _____	Y	N

40. Since you were infected with HIV have you received mental health counseling or treatments?

Yes □ → **Go to Q. 41**
No □ → **Skip to Q. 43**

41. Which of the following mental health counseling or treatments did you receive?

Interviewer: Read and provide a response for each item below.	**Yes**	**No**
Inpatient (in a hospital at least overnight)	Y	N
Individual counseling/ therapy	Y	N
Group counseling/therapy	Y	N
Medication for psychological or behavioral problems	Y	N
Counseling regarding relationship / intimacy issues related to HIV status	Y	N

42. At any time in the last 2 years have you been diagnosed with any of the following mental health problems?

Interviewer: Read and provide a response for each item below.	**Yes**	**No**
Anxiety	Y	N
Bipolar disorder	Y	N
Dementia	Y	N
Depression	Y	N
Other (specify) _____	Y	N

43. Since you were infected with HIV have you received substance use counseling or treatments?

Yes □ → **Go to Q. 44**
No □ → **Skip to Q. 45**

44. Which of the following substance use counseling or treatments did you receive?

Interviewer: Read and provide a response for each item below.	**Yes**	**No**
Inpatient (in a hospital at least overnight)	Y	N
Individual counseling/ therapy	Y	N
Group counseling/therapy	Y	N
Medication for psychological or behavioral problems	Y	N

45. Have you ever injected hormones or steroids?

Yes □ → **Go to Q. 45a**
No □ → **Skip to Q. 46**

45a. If you have injected hormones or steroids, how often have you shared needles?

Never	□
Sometimes	□
Always	□

[READ ALOUD] The next sets of questions ask about possible services you might have needed and received as a person living with HIV/AIDS. For each service please let me know if you *needed the service, if you received the service, and if it met your need.*

46. Note to Interviewer:

- Under **Column A**, note if the respondent *needed* the service in the past year
- Under **Column B**, note if you they *received* the service in the past year
  Under **Column C,** note whether or not the service met their needs

[READ ALOUD] The first section asks about case management services.

46a. CASE MANAGEMENT AND OTHER SUPPORT SERVICES	**A**		**B**		**C**	
	Did you *need* this service?		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	No	Yes	No	Yes	No
1. Case manager – someone to help you coordinate your HIV/AIDS care and help access benefits.	Y	N	Y	N	Y	N
2. Treatment advocate – someone to help you understand your treatment options and help you access treatment.	Y	N	Y	N	Y	N
3. Peer advocate, medical support person or psychosocial support person – takes you to appointments, helps you deal with problems and issues faced in living with HIV such as emotional support, information, practical support, and advocacy of services on your behalf.	Y	N	Y	N	Y	N
4. Volunteer assistance with shopping, cleaning, household chores, emotional and peer support, etc.	Y	N	Y	N	Y	N
5. Health Education/ Risk Reduction (HERR) – information about medical treatment services and how to prevent the spread of HIV.	Y	N	Y	N	Y	N
6. Employment Assistance – vocational counseling and training.	Y	N	Y	N	Y	N
7. Emergency financial assistance	Y	N	Y	N	Y	N
8. Outreach	Y	N	Y	N	Y	N

For the case management and other support services listed above, did you experience problems, if any at all, in accessing or using the services? If so, please describe the problems you experienced. [Probe: waiting to receive specific services]

[READ ALOUD] The next section asks about advocacy services.

46b. CLIENT ADVOCACY	**A** Did you *need* this service?		**B** Did you *receive* this service?		**C** IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No
1. Benefits counseling (e.g., help applying and accessing benefits you need.0	Y	N	Y	N	Y	N
2. Money management	Y	N	Y	N	Y	N
3. Legal services – preparing wills, assistance with evictions and housing discrimination, immigration issues (e.g. help managing your money and paying bills on time.)	Y	N	Y	N	Y	N
4. Consumer advocate – assists you to work through a grievance process with service provider (e.g., if you felt like you were being treated unfairly)	Y	N	Y	N	Y	N
5. Referral for health care/ support services	Y	N	Y	N	Y	N
For the client advocacy services listed above, did you experience problems, if any at all, in accessing or using the services? If so, please describe the problems you experienced.						

[READ ALOUD] Now I am going to ask you about housing services.

46c. HOUSING	**A** Did you *need* this service?		**B** Did you *receive* this service?		**C** IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
1. Housing information services – provides resources to find or get housing	Y	N	Y	N	Y	N
2. Rental assistance or subsidy (including Section 8 or HOPWA)	Y	N	Y	N	Y	N
3. Emergency financial assistance for housing, utilities, and other emergency expenses	Y	N	Y	N	Y	N
4. Supportive housing where services like case management or nursing care is available (e.g., Windsor Hotel, Derek Silva)	Y	N	Y	N	Y	N
5. Transition housing like short-term emergency housing	Y	N	Y	N	Y	N
For the housing services listed above, did you experience problems, if any at all, in accessing or using the services? If so, please describe the problems you experienced.						

[READ ALOUD] The following section asks about food related services.

46d. FOOD	**A** Did you *need* this service?		**B** Did you *receive* this service?		**C** IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No
1. Food/grocery pantry, food closet (including nutritional supplements)	Y	N	Y	N	Y	N
2. Food vouchers	Y	N	Y	N	Y	N
3. Home delivered meals	Y	N	Y	N	Y	N
4. Nutrition education and counseling	Y	N	Y	N	Y	N

For the food services listed above, did you experience problems, if any at all, in accessing or using the services? If so, please describe the problems you experienced.

[READ ALOUD] The next section asks about mental health services.

46e. MENTAL HEALTH	**A** Did you *need* this service?		**B** Did you *receive* this service?		**C** IF YOU RECEIVED SERVICE, did it meet your needs?	
	Yes	No	Yes	No	Yes	No
1. Outpatient individual or group mental health therapy	Y	N	Y	N	Y	N
2. Residential mental health services	Y	N	Y	N	Y	N
3. Psychiatric assessment – 1 or 2 psychiatric sessions to determine type of care	Y	N	Y	N	Y	N
4. Crisis mental health intervention including suicide hotline	Y	N	Y	N	Y	N
5. Peer counseling, support, or drop-in groups	Y	N	Y	N	Y	N

For the mental health services listed above, did you experience problems, if any at all, in accessing or using the services? If so, please describe the problems you experienced.

[READ ALOUD] Now I'm going to ask some questions about substance use services.

46f. SUBSTANCE USE	**A**		**B**		**C**	
For each substance use service below …	**Did you *need* this service?**		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	No	Yes	No	Yes	No
1. Outpatient individual or group substance abuse treatment or counseling	Y	N	Y	N	Y	N
2. Residential substance abuse services	Y	N	Y	N	Y	N
3. Detox services	Y	N	Y	N	Y	N
4. Methadone maintenance	Y	N	Y	N	Y	N
For the substance use services listed above, did you experience problems, if any at all, in accessing or using the services? If so, please describe the problems you experienced. [Probe: not being able to receive services because of not abstaining from substance use or being clean/sober.]						

[READ ALOUD] The next section is about health care services.

46g. HEALTH CARE	**A**		**B**		**C**	
For each health care service below …	**Did you *need* this service?**		**Did you *receive* this service?**		**IF YOU RECEIVED SERVICE, did it meet your needs?**	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
1. Outpatient medical care with a doctor, nurse, or assistant to take care of your HIV	Y	N	Y	N	Y	N
2. Dental care	Y	N	Y	N	Y	N
3. Medication reimbursement to pay for HIV/AIDS related drugs	Y	N	Y	N	Y	N
4. Assistance to pay for medication not covered by ADAP or Medi-Cal	Y	N	Y	N	Y	N
5. Home health care from a nurse or aide	Y	N	Y	N	Y	N
6. Professional support to help you stay with your medication schedule	Y	N	Y	N	Y	N
7. Alternative care – includes acupuncture and traditional Chinese medicine	Y	N	Y	N	Y	N
8. Assistance to pay for health insurance premiums for those who have private health insurance	Y	N	Y	N	Y	N
9. Facility-based health care (licensed residential setting that helps maintain your level of functioning through assistance with daily needs such as therapy, nursing, and supportive health services.)						
10. Hospice						
For the health services listed above, did you experience problems, if any at all, in accessing or using the service? If so, please describe the problems you experienced.						

47. [READ ALOUD] Of all the possible HIV/AIDS services you might have needed and received which, three are the most important to you?

[Interviewer Probe: SHOW LIST OF SERVICES]

1. _____
2. _____
3. _____

48. [READ ALOUD] Now I would like to ask you some questions about issues that you may have had when trying to obtain or use HIV / AIDS services. Please let me know if you always have challenges, sometimes have challenges, or never have challenges with the following.

How often do you have challenges when trying to get or use HIV/AIDS services with…	**Always** have challenges	**Sometimes** have challenges	**Never** have challenges
a. Transportation to the locations where you receive services?	□	□	□
b. Hours that service providers are available?	□	□	□
c. Language capabilities of service providers where you receive services?	□	□	□
d. Cultural sensitivity of service providers you receive services from?	□	□	□
Other challenges? [Probe: sexual orientation, ageism, gender, mental disability, client waitlist] [**Interviewer:** identify other challenges below, then ask the respondent to rate if it is always, sometimes a challenge]	□	□	□
e.	□	□	□
f.	□	□	□
g.	□	□	□
h.	□	□	□

49. In your experience what has been the biggest challenge or barrier related to accessing *health care and medical services*?

_____
_____
_____

50. In your experience what has been the biggest challenge or barrier related to accessing *supportive services*?

_____
_____
_____

51. **[READ ALOUD]** Now I am going to read you a list of potential discussions you may have had with an HIV service provider. For each type of provider, please tell me whether or not you have had these discussions.

	Medical Provider (i.e., doctor, physician assistant-PA, nurse practitioner)		**Case Manager or Social Worker**		**Health Educator, Counselor, or Substance use treatment counselor**		**Peer Advocate or Outreach Worker**		**Alternative Therapist** (i.e., acupuncturist, herbalist, healer)	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Example: Your HIV status.	Y	N	Y	N	Y	N	Y	N	Y	N
a. Your risk of spreading HIV to someone else.	Y	N	Y	N	Y	N	Y	N	Y	N
b. The effectiveness of condoms on reducing transmission of HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
c. The risk that a receptive partner in anal or vaginal sex can infect someone else with HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
d. The risk that an insertive partner in anal or vaginal sex can infect someone else with HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
e. The risk that one HIV+ person re-infecting another HIV+ person.	Y	N	Y	N	Y	N	Y	N	Y	N
f. The impact a person's viral load may have on infecting someone else with HIV/AIDS.	Y	N	Y	N	Y	N	Y	N	Y	N
g. Your options in disclosing your HIV status to your sexual and injection use partners.	Y	N	Y	N	Y	N	Y	N	Y	N
h. The risks associated with combining recreational drug use and sexual activity.	Y	N	Y	N	Y	N	Y	N	Y	N
i. The effects of HIV medication on a person's viral load and infectivity.	Y	N	Y	N	Y	N	Y	N	Y	N
j. The impact of Hepatitis C on a person living with HIV.	Y	N	Y	N	Y	N	Y	N	Y	N

52. [**READ ALOUD]** For each of the items I am going to read next, please say if you believe there is a **high, medium, low or no likelihood of occurring**.

	Highly Likely	**Moderately Likely**	**Less Likely**	**Not Likely**
a. Using condoms will effectively reduce infecting someone else with HIV/AIDS.	□	□	□	□
b. A receptive partner in unprotected anal or vaginal sex infecting someone else with HIV/AIDS.	□	□	□	□
c. An insertive partner in unprotected anal or vaginal sex infecting someone else with HIV/AIDS.	□	□	□	□
d. One HIV+ person re-infecting another HIV+ person.	□	□	□	□
e. A person's viral load affecting the transmission of HIV/AIDS.	□	□	□	□
f. Infecting someone else with HIV by having oral sex.	□	□	□	□
g. Risk of infecting someone else with HIV/AIDS by combining recreational drugs with sex (i.e., party 'n play, tweak 'n freak).	□	□	□	□

53. **[READ ALOUD]** Now I am going to ask you some questions about transportation methods that you might have used.

	What type of transportation have you used the most in the past year: **(Check all that apply)**	What type of transportation works best for you: **(Check all that apply)**	Do you receive financial assistance for this type of transportation? **(Check all that apply)**
a. MUNI (San Francisco area)	□	□	□
b. BART (Greater Bay Area)	□	□	□
c. SAM Trans (San Mateo County)	□	□	□
d. Golden Gate Transit (Marin County)	□	□	□
e. Cal Train	□	□	□
f. Paratransit	□	□	□
g. Cab/Taxi	□	□	□
h. Van Services	□	□	□
i. Agency/County provided transportation (e.g., Health Outreach Team-HOT)	□	□	□
j. Caregiver/Family/Friend	□	□	□
k. Own Car	□	□	□
l. Other (Specify) _____	□	□	□

[READ ALOUD] The next questions ask about your substance use and how often you have used each of the substance, if at all.

54. Have you EVER used any of the following substances? [INTERVIEWER: READ LIST BELOW]

54a. IF YOU HAVE USED DURING THE PAST YEAR, how often did you use any of the following?

	EVER used		**If used in the PAST YEAR**			
	No	**Yes**	**Not used in the last year**	**Used less than once a month**	**Used at least once a month**	**Used once a week or more**
Alcohol	N	Y →	□	□	□	□
Marijuana or hash	N	Y →	□	□	□	□
Crack/cocaine	N	Y →	□	□	□	□
Heroine	N	Y →	□	□	□	□
Crystal meth or methamphetamines	N	Y →	□	□	□	□
Speedball	N	Y →	□	□	□	□
GHB (Gamma Hydroxybutyrate)	N	Y →	□	□	□	□
Poppers	N	Y →	□	□	□	□
Ecstasy (X)	N	Y →	□	□	□	□
Special K (Ketamine)	N	Y →	□	□	□	□
Using erectile enhancement drugs in combination with recreational drugs.	N	Y →	□	□	□	□
Prescription drugs for recreational use (specify) _____	N	Y →	□	□	□	□
Other (specify) _____	N	Y →	□	□	□	□

55. Do you have a prescription to use marijuana or hash for medical purposes?

□ Yes □ No □ Not sure

56. If you have used any substances, have you injected any street drugs in the last year?

Yes	□ → **Go to Q. 56a**
No	□ → **Skip to Q. 57**

56a. If you have injected substances, how often have you shared needles with someone in the past year?

Never	□
Sometimes	□
Always	□

[READ ALOUD] Now I am going to ask you some questions about your residency status. Remember that these questions are confidential.

57. Where were you born?

United States (mark box and skip to Q. 57b)	□
Mexico	□
Puerto Rico or other US Territories	□
Central America	□
China	□
Other (specify) _____	□

57a. If <u>not born in the United States</u>, what year did you first come to the US? _____ Year

57b. How would you describe your residency status in the United States?

US Citizen	□
Legal Resident (Green Card)	□
Have a visa (student, work, travel)	□
Have legal refugee or asylum status	□
Decline to state	□
Other (specify) _____	□

[READ ALOUD] Now I am going to ask you some questions about the Centers of Excellence or CoEs in San Fracisco.

58. Are you familiar with the Centers of Excellence in San Francisco?

Yes	□
No	□
Not Sure	□

[NOTE TO INTERVIEWER] A Center or Excellence or CoE is a coordinated "one stop shopping" program for HIV care that offers a variety of services that include medical care, case management, mental health and substance abuse services, vouchers for food and transportation, and other services. The idea is that all the services you need are available near where you get your medical care.

[READ ALOUD] The next questions are about potential services you might have received at the different CoEs in SF.

59. Centers of Excellence **Have you received any services at …**	**A** **What Services have you received?** *[Note to Interviewer: Read ALL the response options below and mark all that apply. After marking each response category that applies, go to column B and ask respondent if the service met their need?]*	**B** **Have the services received at [name of CoE] met your HIV needs?**	**C** **Were there other services that you needed that [name of CoE] didn't have?** *[Note to Interviewer: Do not read list of services; simply check those the client identifies.]*
59a. Tenderloin Area CoE □ No □ Yes □ Don't know **[READ ALOUD if participant replied "yes" or "no" to 59a and mark all that apply]** □ Tenderloin Health □ Tom Waddell Health Center □ Asian Pacific-Islander Wellness Center □ Harm Reduction Therapy Center	□ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Peer Advocacy	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____
59b. Native American CoE □ No □ Yes □ Don't know **[READ ALOUD if participant replied "yes" or "no" to 59b and mark all that apply]** □ Native American Health Center □ Native American AIDS Project	□ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Peer Advocacy	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____

59c. UCSF CCHAMP □ No □ Yes □ Don't know **[READ ALOUD if participant replied "yes" or "no" to 59c and mark all that apply]** □ UCSF Positive Health Program □ Tenderloin Health □ UCSF AIDS Health Project □ UCSF Stimulant Treatment Outpatient Program (STOP) □ The Stonewall Project	□ Primary medical care	□ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____
	□ Mental health services	□ Yes □ No	
	□ Substance use treatment services	□ Yes □ No	
	□ Access to emergency services	□ Yes □ No	
	□ Case management	□ Yes □ No	
	□ Psychiatric assessment/monitoring	□ Yes □ No	
	□ Treatment adherence/medication assistance	□ Yes □ No	
	□ Vouchers for transportation, food, and household goods	□ Yes □ No	
	□ Peer Advocacy	□ Yes □ No	
59d. Mission Neighborhood CoE □ No □ Yes □ Don't know **[READ ALOUD if participant replied "yes" or "no" to 59d and mark all that apply]** □ Mission Neighborhood Health Center □ Instituto Familiar de la Raza	□ Primary medical care	□ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____
	□ Mental health services	□ Yes □ No	
	□ Substance use treatment services	□ Yes □ No	
	□ Access to emergency services	□ Yes □ No	
	□ Case management	□ Yes □ No	
	□ Psychiatric assessment/monitoring	□ Yes □ No	
	□ Treatment adherence/medication assistance	□ Yes □ No	
	□ Vouchers for transportation, food, and household goods	□ Yes □ No	
	□ Peer Advocacy	□ Yes □ No	

59e. Forensic AIDS Project CoE □ No □ Yes □ Don't know	□ Primary medical care	□ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____
	□ Mental health services	□ Yes □ No	
	□ Substance use treatment services	□ Yes □ No	
	□ Access to emergency services	□ Yes □ No	
	□ Case management	□ Yes □ No	
	□ Psychiatric assessment/monitoring	□ Yes □ No	
	□ Treatment adherence/medication assistance	□ Yes □ No	
	□ Vouchers for transportation, food, and household goods	□ Yes □ No	
	□ Peer Advocacy	□ Yes □ No	
59f. Southeast Partnership for Health CoE □ No □ Yes □ Don't know **[READ ALOUD and if participant replied "yes" or "no" to 59f mark all that apply]** □ Westside Community Mental Health Center □ Southeast Health Center □ Maxine Hall Health Center □ UCSF Positive Health Program □ Bayview Hunters Point Foundation □ Black Coalition on AIDS	□ Primary medical care	□ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____
	□ Mental health services	□ Yes □ No	
	□ Substance use treatment services	□ Yes □ No	
	□ Access to emergency services	□ Yes □ No	
	□ Case management	□ Yes □ No	
	□ Psychiatric assessment/monitoring	□ Yes □ No	
	□ Treatment adherence/medication assistance	□ Yes □ No	
	□ Vouchers for transportation, food, and household goods	□ Yes □ No	
	□ Peer Advocacy	□ Yes □ No	

59g. UCSF Women's Center of Excellence □ No □ Yes □ Don't know **[READ ALOUD and if participant replied "yes" or "no" to 59agmark all that apply]** □ UCSF Positive Health Program (PHP) – SFGN – W86 □ Women's HIV Program – UCSF Parnassus Campus □ Lyon Martin Health Services □ SFDPH Center for Special Problems (CSP)	□ Primary medical care	□ Yes □ No	□ No □ Yes If yes, what services? □ Primary medical care □ Mental health services □ Substance use treatment services □ Access to emergency services □ Case management □ Psychiatric assessment/monitoring □ Treatment adherence/medication assistance □ Vouchers for transportation, food, and household goods □ Other: _____
	□ Mental health services	□ Yes □ No	
	□ Substance use treatment services	□ Yes □ No	
	□ Access to emergency services	□ Yes □ No	
	□ Case management	□ Yes □ No	
	□ Psychiatric assessment/monitoring	□ Yes □ No	
	□ Treatment adherence/medication assistance	□ Yes □ No	
	□ Vouchers for transportation, food, and household goods	□ Yes □ No	
	□ Peer Advocacy	□ Yes □ No	

[Note to Interviewer: If participant has chosen not to receive care and supportive services at one of the CoEs mentioned earlier…]

60. What are some of the reasons you have chosen NOT to receive care and supportive services at one of the CoEs mentioned earlier?

-

_____
_____
_____
_____

[Note to Interviewer: If participant has received services through one of the CoEs…]

61. Do you find the coordination of care and services beneficial to you? Why or why not?

_____
_____
_____
_____

[NOTE TO INTERVIEWER]: If participant reported receiving services at multiple CoEs, ask the following.

62. What are some of the reasons that you continue to receive services from different agencies? *[Probe: familiar with service providers, services not available in one place, comfortable receiving services with present providers]*

_____
_____
_____
_____
_____
_____
_____

63. [READ ALOUD] Now I am going to read you some statements about your experiences and opinions of how people living with HIV/AIDS feel and how they have been treated. For each statement, please let me know if it *ALWAYS, VERY OFTEN, SOMETIMES, RARELY, OR NEVER* **happens to you.**

	Very often	Sometimes	Rarely	Never	Don't know
a. I have been denied employment because of my HIV+ status.	□	□	□	□	□
b. I have been a victim of violence because of my HIV+ status.	□	□	□	□	□
c. I have been denied services because of my HIV+ status.	□	□	□	□	□
d. I am treated differently by providers because I am HIV+.	□	□	□	□	□
e. I have been verbally abused by providers because I am HIV+.	□	□	□	□	□
f. I have lost jobs when my employers have found out I am HIV+.	□	□	□	□	□
g. Providers have made me feel ashamed about being HIV+.	□	□	□	□	□
h. Providers have told me that getting HIV is what I deserved for how I live my life.	□	□	□	□	□
i. Some people avoided touching me once they know I have HIV.	□	□	□	□	□
j. I worry that people who know I have HIV will tell others.	□	□	□	□	□
k. I worry that people might judge me when they learn I have HIV.	□	□	□	□	□
l. Since learning I have HIV, I feel set apart and isolated from the rest of the world.	□	□	□	□	□
m. I have lost or been denied housing because of my HIV+ status.	□	□	□	□	□

[READ ALOUD] **Before we finish this survey, do you have any other comments about the way you get HIV or AIDS related services? If so, please let me know.**

Interviewer Comments:

Please add any comments you would like us to take into consideration regarding the administration of the survey.

_____
_____
_____
_____
_____
_____
_____
_____

Thank you very much for your time and input!