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Prepared For:  
Oakland TGA Collaborative  
Community Planning Council



August 2010

## Preliminary Highlights from the 2010 Oakland TGA HIV Health Services Needs Assessment

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### Purpose

- Identify the needs of people living with HIV/AIDS in the Oakland TGA (Counties of Alameda and Contra Costa), with a focus on the following populations:
  - African American Men who have Sex with Men (MSM);
  - Latino Men who have Sex with Men (MSM);
  - Women of Color, with a special focus on African American Women;
  - Youth, with a special focus on young men;
  - Injection Drug Users (IDU), with a special focus on monolingual Spanish-speaking IDUs; and
  - Transgender Women, with a special focus on African American and Latina Women.
- Provide key findings from the 2010 Consumer Survey and focus groups to enable users to effectively set priorities for health and supportive needs.

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### Presentation Overview

- Methods
- Limitations and strengths
- Participant characteristics
- Housing, employment, income and benefits
- Health status
- Access to food
- Substance use
- HIV/AIDS testing and diagnosis
- Disclosure
- Out of care
- Overall health and supportive services
- Priority Populations: health and supportive services
- Preliminary focus group findings
- Recommendations

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## 259 client surveys completed

- + Exceeded target number of surveys completed
- + 185 surveys completed in Alameda County
- + 59 surveys completed in Contra Costa County

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## 3 focus groups conducted with priority populations

- + African American MSM (n=14)
- + Latino MSM (n=10)
- + Youth (n=4)

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## Surveys provide rich source of data

- + Strengths
  - Sampling frame
  - In-person community interviewers that reflect HIV/AIDS consumers of services
  - Ensured participant confidentiality
  - Provides comparison data to 2009 baseline data of service needs and barriers
  - Validates existing data
  - Supplements epidemiological data
  - Gives opportunity for further analysis of the data
- + Limitations
  - Sample size
  - Self-reported data
  - In care population
  - Late start planning the needs assessment

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## PARTICIPANT CHARACTERISTICS

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## Majority identified as African American or Latino

Race/Ethnicity	Percent	Number
<b>African American</b>	<b>53%</b>	<b>138</b>
<b>Latino</b>	<b>27%</b>	<b>71</b>
White/Caucasian	12%	32
Multi-ethnic	5%	13
Asian Pacific Islander	1%	4
Other	2%	6

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## Over two thirds of the sample is between age 35 - 54

Age	Percent	Number
10 - 17	2%	5
18 - 24	6%	13
25 - 34	13%	29
<b>35 - 44</b>	<b>30%</b>	<b>69</b>
<b>45 - 54</b>	<b>38%</b>	<b>87</b>
55 - 64	10%	22
65 plus	2%	5

The average age of the surveyed population is 44 years

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## Most identified as homosexual males



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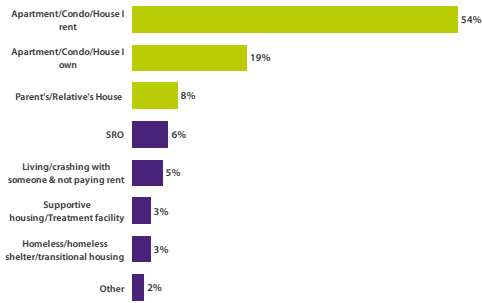
## 2010 Oakland TGA Health Services Needs Assessment

# HOUSING, EMPLOYMENT, INCOME, & BENEFITS

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## Over half of respondents rent an apartment, condo, or house



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## Increase in the number of participants who are on a housing waiting list

- + 30 percent of respondents on waiting list compared to 23 percent in 2009
- + Most respondents on the waiting list currently live in an apartment/condo/house rented (51%) or parent's/relative's house (12%)
- + 37 percent of respondents needed transitional housing services
  - Of those, 30 percent received the service and 75 percent were satisfied with the service
- + 51 percent needed housing referral services
  - Of those, 43 percent received housing referral services and 77 percent were satisfied with the service

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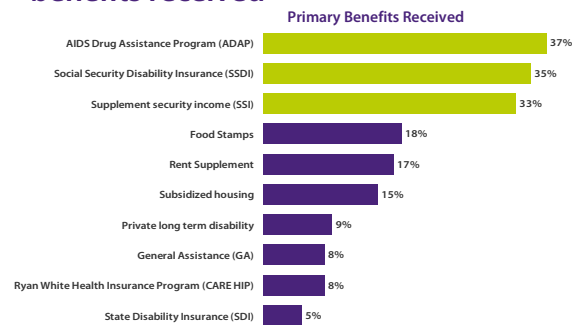
## 74 percent of respondents are NOT working

- + 8 percent are employed full time
- + 11 percent are employed part time
- + Approximately 85 percent of respondents are at or below 150% of current federal poverty level

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## ADAP, SDDI, SSI are the top three benefits received



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## HEALTH STATUS

## Decrease in respondents with health coverage

+ 80 percent of respondent have health coverage compared to 90 percent in 2009

### + Primary types of health coverage

- Medi-Cal/Medicaid (57%)
- Medicare (34%)
- Medicare disability (25%)

### + Primary locations of care include

- East Bay AIDS Center (EBAC) (21%)
- Highland Hospital (20%)
- Contra Costa Health Services (15%)

## Sexually transmitted infections (STIs) and chronic diseases

### + Primary STIs

- Genital warts (8%)
- Syphilis (8%)
- Yeast infections (8%)

+ Decrease in the number of respondents who reported having herpes from 15 percent in 2009 to 5 percent in 2010

+ 22 percent of participants have been diagnosed with hepatitis C

- Of those, 62 percent were referred to a hepatitis C specialist after being diagnosed

### + Primary chronic diseases

- High blood cholesterol (31%)
- Neuropathy (26%)
- Arthritis (22%)

## Mental health conditions

### + Primary mental health conditions

- Depression (48%)
- Anxiety (42%)
- Post-traumatic stress disorder (17%)

Primary mental health treatments	Percent	Number
Case manager	71%	180
Support groups	64%	158
Individual counseling/therapy	60%	148
Group counseling/therapy	49%	108
Peer advocates	37%	91

## ACCESS TO FOOD

## 32 percent of participants have difficulty obtaining food

- + Reasons for difficulty obtaining food include
  - Money (87%), transportation (59%), and food pantry services not good/ or the same every time (44%), have no place to cook or store food (15%)

Servings Fruits & Vegetables Consumed a Day	Percent	Number
None	9%	24
One	28%	71
Two	30%	77
Three	22%	55
Four	4%	11
Five or more	7%	18

## SUBSTANCE USE

## 18 participants reported injecting street drugs in the last year

- + Participants obtain needles at a pharmacy (50%), needle exchange services (33%) or used someone's else's needles (33%)
- + 15 percent reported sometimes or always sharing needles

## HIV TESTING AND DIAGNOSIS

## HIV/AIDS diagnosis and testing trends

- + Over one-third of respondents tested positive outside of the Oakland TGA
- + The average respondent has been living with HIV for 14 years
- + **45 percent of respondents have progressed to AIDS**
  - 24 percent progressed to AIDS within 12 months of testing HIV positive
  - The average respondent has been living with AIDS for 10 years
  - 30 percent were told they progressed to AIDS outside of the Oakland TGA

## After testing positive...

### Medical Care

- + 80 percent were referred to medical care
- + Average wait time to receive medical care was 9 months
- + 34 percent reported a lapse in medical care

### Other Non Medical Services

- + 72 percent were referred to non medical services
- + Average wait time to receive non medical services was 7 months
- + 35 percent reported a lapse in non medical services

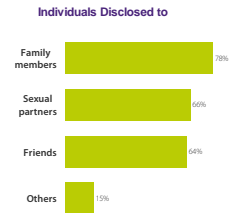
## 85 percent of participants are currently taking HIV/AIDS medications

- + 60 percent have missed taking their HIV/AIDS medications in the past year
  - Main reasons for not taking medications were not remembering (65%), feeling depressed or hopeless (27%), and not wanting to take them (26%)

## HIV/AIDS DISCLOSURE

## Nearly all participants have disclosed their HIV/AIDS status to someone in their lives

- + 93 percent have disclosed
- + Of the 12 respondents who have not disclosed
  - 1 plans to disclose
  - 6 do not plan to disclose
  - 5 are not sure



## OUT OF CARE

## Over a quarter of respondents have been out of care for 12 months or more since diagnosed with HIV/AIDS

- + Reasons for being out of care include
  - Started using drugs (32%)
  - Got better (30%)
  - Change in income (24%)
  - Change in insurance (22%)
  - Other participants also mentioned depression, homelessness, and wanting to "party" before seeking medical care (47%)
- + Top 3 reasons for returning to care include
  - Wanting to stay healthy (64%)
  - Got sicker (60%)
  - To get blood work (41%)

## OVERALL HEALTH AND SUPPORTIVE SERVICES

## Top 3 Most Needed Core & Support Services

### Core Services

- + Dental health care (79%)
- + Medical case management (72%)
- + Mental health (58%)

### Support Services

- + Food bank/home delivered meals (68%)
- + Transportation (67%)
- + Support Services (67%)

## Top 3 Most Utilized Core & Support Services

### Core Services

- + Medical case management (68%)
- + Ambulatory care/primary care (57%)
- + Mental health (55%)

### Support Services

- + AIDS Drug Assistance Program (ADAP) (63%)
- + Support Services (62%)
- + Food bank/home delivered meals (56%)

## Overall participants were highly satisfied with services received

- + At least 80 percent of participants reported that the top 3 most needed and utilized core and support services met their needs
- + Dental health care (83%), home and community based health services (85%), and mental health (86%) received the lowest core services satisfaction ratings
- + Child care services (79%), respite care (88%), and transportation (89%) received the lowest support services satisfaction ratings

## Top 5 barriers to accessing core and support services

- + Transportation
- + Cost of services
- + Waiting lists to obtain services
- + Locations of services
- + Mistrust in the system of care

## PRIORITY POPULATIONS: HEALTH AND SUPPORT SERVICES

## African American Men who have Sex with Men (MSM) : Core Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=64)	Most Utilized Services (n=64)	Most Needs Were Met Services (n=64)
Dental Health Care (84%)	Medical Case Management (72%)	Ambulatory Care/Primary Care (100%)
Medical Case Management (72%)	Dental Health Care (57%)	Medical Case Management (93%)
Mental Health (52%)	Mental Health (49%)	Home & Community Based Health Services (90%)

## African American Men who have Sex with Men (MSM): Support Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=64)	Most Utilized Services (n=64)	Most Needs Were Met Services (n=64)
Transportation (83%)	ADAP (67%)	Support Services (100%)
Food Bank/Home Delivered Meals (73%)	Food Bank/Home Delivered Meals (62%)	Medical Nutrition Therapy (100%)
ADAP (69%) and Support Services (69%)	Transportation (61%)	Emergency Housing Assistance (100%)

## Latino Men who have Sex with Men (MSM): Core Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=38)	Most Utilized Services (n=38)	Most Needs Were Met Services (n=38)
Dental Health Care (79%)	Medical Case Management (62%)	Ambulatory Care/Primary Care (100%)
Medical Case Management (75%)	Mental Health (54%)	Mental Health (100%)
Ambulatory Care/Primary Care (57%)	Ambulatory Care / Primary Care (51%)	Substance Use (100%)

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## Latino Men who have Sex with Men (MSM): Support Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=38)	Most Utilized Services (n=38)	Most Needs Were Met Services (n=38)
ADAP (83%)	ADAP (82%)	Support Services (100%)
Food Bank/Home Delivered Meals (72%)	Support Services (61%)	Food Bank/Home Delivered Meals (100%)
Support Services (67%)	Transportation (53%)	Legal Services (100%)

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## Women of Color: Core Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=68)	Most Utilized Services (n=68)	Most Needs Were Met Services (n=68)
Dental Health Care (80%)	Medical Case Management (78%)	Ambulatory Care/Primary Care (100%)
Medical Case Management (75%)	Mental Health (65%) & Ambulatory Care/Primary Care (65%)	Substance Use (100%)
Mental Health (67%)	Dental Health Care (50%)	Dental Health Care (93%)

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## Women of Color: Support Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=68)	Most Utilized Services (n=68)	Most Needs Were Met Services (n=68)
Food Bank/Home Delivered Meals (78%)	Support Services (69%)	ADAP (100%)
Transportation (71%)	Food Bank/Home Delivered Meals (65%)	Disclosure Assistance (100%)
Support Services (69%)	Transportation (59%)	Translation and Interpretation Services (100%)

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## Youth: Core Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=18)	Most Utilized Services (n=18)	Most Needs Were Met Services (n=18)
Dental Health Care (89%)	Medical Case Management (75%)	Home and Community Based Health Services (100%)
Medical Case Management (72%)	Mental Health (68%)	Substance Use (100%)
Mental Health (61%)	Dental Health Care (44%)	Ambulatory Care/Primary Care (86%)

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## Youth: Support Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=18)	Most Utilized Services (n=18)	Most Needs Were Met Services (n=18)
Support Services (72%)	Support Services (65%)	Support Services (100%)
Transportation (61%) & Food Bank/Home Delivered Meals (61%)	ADAP (53%)	ADAP (100%)
Emergency Financial Assistance (56%)	Food Bank/Home Delivered Meals (44%)	Food Bank/Home Delivered Meals (100%)

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## Injection Drug Users: Core Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=18)	Most Utilized Services (n=18)	Most Needs Were Met Services (n=18)
Dental Health Care (94%)	Ambulatory Care/Primary Care (81%)	Ambulatory Care/Primary Care (92%)
Mental Health (75%)	Mental Health (73%)	Substance Use (86%)
Medical Case Management (68%)	Medical Case Management (71%)	Medical Case Management (83%)

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## Injection Drug Users: Support Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=18)	Most Utilized Services (n=18)	Most Needs Were Met Services (n=18)
Food Bank/Home Delivered Meals (89%)	Food Bank/Home Delivered Meals (77%)	Transportation (100%)
Transportation (82%)	Support Services (63%)	ADAP (100%)
Emergency Financial Assistance (72%)	ADAP (60%)	Ambulatory Care/Primary Care (88%)

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## Transgender Women: Core Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=16)	Most Utilized Services (n=16)	Most Needs Were Met Services (n=16)
Medical Case Management (73%) & Dental Health Care (73%)	Dental Health Care (62%)	Home and Community Based Health Services (100%)
Mental Health (60%)	Ambulatory Care/Primary Care (57%) & Medical Case Management (57%)	Substance Use (100%)
Ambulatory Care/Primary Care (53%)	Mental Health (55%)	Medical Case Management (83%)

## Transgender Women: Support Services

### Top 3 Most Needed, Utilized, and Needs Met Services

Most Needed Services (n=16)	Most Utilized Services (n=16)	Most Needs Were Met Services (n=16)
Transportation (73%)	Support Services (54%)	Transportation (100%)
Emergency Financial Assistance (50%)	Transportation (50%) & Emergency Housing Assistance (50%)	Support Services (100%)
Emergency Housing Assistance (72%)	ADAP (420%)	ADAP (100%)

## 2010 Oakland TGA Health Services Needs Assessment

# Preliminary Focus Group Findings

## African American MSM

### + Service Needs

- Knowledgeable and sensitive case managers
- Transportation
- Updated and accurate resource guide
- Dental services
- Mental health services
- Substance use services

### + Challenges

- Substance use stereotypes
- Service provider turn over including case managers, primary care providers, and mental health providers

### + System Improvements

- Offer housing, mental health, and substance use treatment programs specifically for "African American gay men"
- Increase the number of housing programs that promote "sober living for HIV+ people"
- Increase the number of agencies serving "African American gay men"
- Increase the number of peer case managers, advocates, and counselors that understand and are sensitive to the needs of "African American gay men"

## African American MSM: *In Their Own Words*

### + Service Needs

*"[We need] better case management services. I think there are a lot of providers who take their personal views and their personal feelings and it gets in the way of the needs of the client. It's a lot of favoritism in that area."*

*"A lot of programs don't want to give you [transportation vouchers] unless you have a whole bunch of bills or a whole bunch of appointments and that's not fair."*

### + Challenges

*"They look at you differently because you have substance abuse issues. They are less likely to help you because of that."*

*"You get comfortable with one [service provider] and the next thing you know it's somebody else and then you have to tell them your life story. Imagine trying to do that six times in a year."*

### + System Improvements

*"We definitely need more mental health services in Alameda County."*

*"They put us in these SROs and it's a tragedy waiting to happen. Why can't they have a place for substance users and HIV positives, why can't they have one building just for us."*

## Latino MSM

### + Service Needs

- Housing financial assistance
- Dental services
- Transportation
- Updated and accurate resource guide
- Improved quality of food distributed at food pantries and home delivered meals

### + Challenges

- Legal status
- Unresponsive staff
- Lack of follow-up
- Extensive wait lists for services – in particular dental services

### + System Improvements

- Increase the number of ethnically diverse and bilingual staff including case managers
- Ensure services are provided to clients regardless of legal status
- Ensure service providers are respectful and compassionate

## Latino MSM: *In Their Own Words*

### + Service Needs

*"The problems with [dental care] started when Medical eliminated Denti-Cal. They put me on Ryan White Care Act and it's really confusing, you don't know who accepts it, you have to go only to certain clinics and the dental clinics don't follow up with you and they don't do all dental care. For all purpose there is NO dental care."*

*"A lot of [HIV+] Latinos don't have money to pay rent so it's very important to consider helping people with low income and who can't pay for their rent. Maybe once a year [we] could get help to pay for rent."*

### + Challenges

*"When you don't have a social security number [agencies] tell you they can't help you. It demoralizes you and you don't even want to go near any agency."*

### + System Improvements

*"We need more case managers that are associated with the different ethnic groups that are most affected by HIV."*

*"Help everyone regardless of their immigration status."*

## Youth

### + Service Needs

- Housing financial assistance
- Dental services
- Mental health services
- Substance use services
- Transportation
- Peer advocates / counselors

### + Challenges

- Mental health services wait lists and cost
- "Labeling" of youth as having substance use issues
- Employment

### + System Improvements

- Improve collaboration among agencies serving HIV+ youth
- Promote communication among HIV+ youth and long term survivors of HIV/AIDS
- Increase information on HIV testing

## Youth: *In Their Own Words*

### + Service Needs

*"Housing is one of the biggest challenges I've faced. My medications are taken care of and my doctor is taken care of but if I can't stay in the area then I can't access resources."*

*"I had a difficult time accessing dental care because I [have] school insurance and in order to qualify under the dental care program for HIV+ individuals you have to be uninsured."*

### + Challenges

*"I had a hard time finding a psychologist at not cost or that was here where I came to get services and when I did try to sign up there was a waiting list."*

### + System Improvements

*"I would like to see more interagency collaboration, hooking up youth clinics in the area to put together a youth retreat where we go somewhere in nature and have workshops around sexual health, intimacy issue because those retreats help build new networks and you can meet friends."*

## Preliminary Recommendations

### + Preliminary service recommendations

- Increase access to transportation vouchers
- Increase dental services available and quality of dental care
- Improve access and quality of food bank and home delivered meals
- Decrease wait lists at organization serving people living with HIV/AIDS
- Ensure services are provided at accessible locations including isolated geographic areas
- Ensure services protect confidentiality of clients

### + Preliminary recommendations for future needs assessments

- Conduct a qualitative exploration of service needs and barriers of youth, injection drug users, and transgender individuals
- Plan for the future needs assessments earlier in the year
- Work closely with consumers and providers to develop strategies to engage the out-of-care population

## Next Steps

### + Final report

- Completed in September
- Analysis by county

## Contact

Michelle Magee  
mmagee@harderco.com

Maricela Piña  
mpina@harderco.com

415.522.5400  
harderco.com

