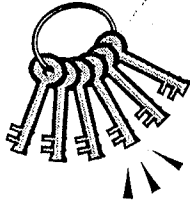
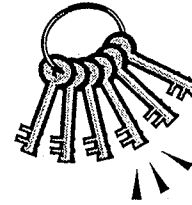


San Diego HIV Health Services Planning Council
Priority Setting Committee



**Overall
2006 Key Data Findings**



Draft July 11, 2006

2006 HIV/AIDS Consumer Needs Assessment Survey results

- Transportation & Information about services have increased in priority since the 2004 survey.
- African American (particularly African American women) rank support services higher than do other populations.
- More respondents report they need but can't get Dental Care & Housing than any other services.

Out-of-Care

- PLWH/A who are not using HIV primary care are more likely than those in care to have **co-occurring conditions**, including homelessness, substance use, mental illness, and physical disability, more likely to be HIV-positive (not AIDS diagnosed) ("feel healthy"), and **less likely** to report a stable living situation.
- Change in health status and access to substance abuse detoxification and treatment, mental health, housing, case management and transportation services, and one-stop shopping locations such as coordinated services centers, appear to be strong motivators to get and keep PLWH/A in HIV primary care."
- The top five reasons for not getting care differed significantly among sub-populations of PLWH/A (see 2006 Key Data Findings)

Unmet need:

- An estimated 38% of PLWH/A have unmet need for HIV Primary Care (31% of people with AIDS; 43% of people with HIV—non-AIDS)
- Among people with HIV (not AIDS), females, African Americans and Asians/Pacific Islanders are more likely to be out of care.

Co-occurring health conditions, poverty & insurance status

- PLWH/A are more likely than the general San Diego County populations to experience the following conditions: TB, STDs, hepatitis B & C, IDU, mental illness, homelessness, poverty & lack of insurance.
- These conditions can complicate adherence and make care more complex and more expensive.

AIDS epidemiology

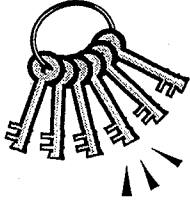
- The proportion of new AIDS cases attributed to Caucasians, men who have sex men (MSM) and Central San Diego residents has decreased over time.
- The proportion of new AIDS cases attributed to Latinos, South Bay residents and heterosexual transmission (among women) has increased over time.

Regional availability of Ryan White CARE Act (RWCA) services

- The fewest RWCA Title I/II services are available in East County, followed by South Bay.

RWCA service utilization

- Although funding was the same or decreased, service utilization increased for the following services between YR 14 & YR 15: Home Health/Hospice; Legal Services; Medical Specialty; Short-term Medications.
- African Americans demonstrate the greatest disparities in RWCA service utilization of core services; followed by residents of Southeast San Diego, South Bay, and Latinos.
- South Bay residents demonstrate the greatest disparities in RWCA service utilization of support services, followed by Latinos.



Out-of-Care 2006 Key Data Findings



Draft July 3, 2006

Respondents of the 2006 **Needs Assessment Consumer Survey** were asked their reason(s) for not getting medical care for a year or more (this past year or some other time). Respondents selected answers from a list of 18 responses. Key findings were selected from the total sample responses and 17 subpopulation response sets.

- The **number one** reason for not getting HIV medical care at any time (now or in the past) for the total sample and 11 subpopulations was **felt healthy** (the remaining 7 sub-groups indicated it among the top 5 reasons). **Using drugs or alcohol** was the #1 reason for 4 sub-populations, **homeless** for 2 sub-groups, and **didn't think eligible** for 1 sub-group.
- Aside from feeling healthy, the **most frequent top 5 reason** for not getting HIV medical care among the **total sample and 17 sub-populations** were afraid people will find out I am HIV+ (14 groups), not enough money or insurance (14 groups), not ready to deal with having HIV (13 groups), using drugs or alcohol (13 groups), and homeless (10 groups).
- The top five reasons for not getting care **differed significantly** among subpopulations of PLWH/A.
- Both **Current** and **Ever Out-of-care** respondents were **more likely** than the total sample to report co-occurring conditions (e.g. homelessness, history of substance use).
- **Current Out-of care** respondents were more likely to have **HIV (not AIDS)**, while **Ever Out-of-care** respondents were more likely to have an **AIDS diagnosis**.
- Among respondents who reported that they are **currently out of care**, homeless was the #3 reason and drugs/alcohol #5; for respondents who reported that they were **ever out of care**, drugs/alcohol was #2 and homeless #5. This difference suggests that basic needs (e.g., housing) take priority, though in hindsight PLWH/A recognize substance use as a major barrier to care.

As part of the Needs Assessment, information was requested from **service providers** regarding barriers and needs of PLWH/A to access or stay in HIV primary care. Overall findings from both a provider survey and targeted provider focus groups are:

- The major reasons PLWH/A are not accessing or fall out of HIV primary care are: substance abuse, mental health issues, homelessness/socioeconomic instability, and stigma
- The major reasons PLWH/A decide to get HIV primary care are: onset of illness or symptoms, access to substance abuse and/or mental health treatment, and counseling and assistance from case managers and peer advocates.
- Important services to get and keep PLWH/A in HIV primary care are: substance abuse detoxification and treatment, housing, mental health, case management and transportation services, and one-stop shopping locations such as coordinated services centers.

A **targeted survey** using a brief questionnaire yielded 15 responses from PLWH/A currently not in care, and an additional 15 from PLWH/A in jail or prison. Both samples are very small, and data must be interpreted with caution.

- Respondents to both surveys were more likely than the regular survey sample to report **co-occurring conditions**, including homelessness, substance use, mental illness, and physical disability, as well as to have HIV (non-AIDS), and **less likely** to report a stable living situation.
- Incarcerated respondents were more likely than the regular survey sample to report using **drugs or alcohol** or **mental health problems** as a reason for not getting care.

Consumer Survey

Table 1 includes data from all consumer survey respondents who provided an answer to the question 'If you did not get HIV medical care for a year or more (this past year or some other time), why not?' The number 1 reason and top 5 reasons are included for the total population (n=263) and 17 subpopulations: Currently Out-of-care (n=34), Ever Out-of-care (n=216), African-Americans (AA, n=49), Latino/a (n=90), Native Americans (NA, n=7), Asian Pacific Islanders (API, n=3), Central Region (n=128), Southeast Region (n=31), North Region (n=32), East Region (n=11), South Region (n=33), Transgendered (TG, n=8), Youth (n=15), Women (n=42), Homeless (n=48), Active IDU (IDU, n=19), and Ex-inmates (n=52).

Table 1: Reasons for not getting HIV medical care

Reasons	Number One Reason	Top Five Reason
Felt Healthy	(11)Total Sample, Currently Out-of-care, Ever out-of-care, AA, Latino/a, API, Central, Southeast, East, South, youth	(5)All remaining sub-populations
Homeless	(2)TG, Homeless	(8)Currently out-of-care, Ever out-of-care, AA, NA, API, North, East, IDU
Using drugs or alcohol	(4)NA, North, IDU, Ex-Inmates	(9)Total Sample, Currently Out-of-care, Ever Out-of-care, API, Central, East, TG, Youth, Homeless
Didn't think I'm eligible for services	(1)Women	(7)Latinos, NA, Southeast, East, South, Youth and Women
Not ready to deal with having HIV		(13)Total Sample, Currently Out-of-care, Ever out-of-care, AA, NA, Central, Southeast, North, East, TG, Youth, Women, Ex-inmates
Undocumented		(3)Southeast, TG, Women
Afraid people will find out I am HIV+		(14)Total Sample, Currently Out-of-care, Ever out-of-care, Latino, NA, Central, Southeast, East, TG, Youth, Women, Homeless, IDU, Ex-inmates
Didn't think medical care will help me		(7)Latinos, NA, Southeast, East, South, TG, and Women
Need someone to talk to who understands HIV		(4)AA, Latinos, NA, Southeast
Didn't trust doctors or clinics		(3)NA, East, Ex-inmates
Didn't know where to find the service		(4)NA, Southeast, East, South
Not enough money or insurance		(14)Total, Current out-of-care, Ever Out-of-care, AA, Latino/as, NA, Central, Southeast, North, East, South, TG, Youth, Women,
Transportation or service location		(7)NA, Southeast, East, South, TG, Youth, Women
My children, family or childcare needs		
Side effects of medications		(5)NA, Southeast, TG, Youth, IDU
My disability		(5)Southeast, East, TG, IDU, Ex-inmates
My mental health problems		(4)East, TG, IDU, Ex-inmates
Other		(1)Youth

Provider Input

Provider survey: As part of the 2006 Needs Assessment, provider questionnaires were distributed to HIV/AIDS and other community service providers; the questionnaire was also available to complete on-line. Eighty-seven responses were received from a broad range of providers. The questionnaire included several questions related to PLWH/A who are not accessing HIV medical care; this section was completed by 55 to 59 of the respondents.

According to these provider responses:

- The top five reasons that PLWH/A are not getting medical care:
 - Not ready to deal with having HIV (77% of respondents to this question)
 - Afraid people will find out s/he is HIV+ (70%)
 - Using drugs or alcohol (66%)
 - His/her mental health problems (57%)
 - Homeless (55%)
 - Don't understand the risks of waiting to get care (55%)

- The top five reasons that PLWH/A decide to get HIV medical care:
 - Got sick or started having symptoms of HIV (71%)
 - Got help for his/her alcohol or drug problem (67%)
 - Got counseling or support (62%)
 - Got help for his/her mental health problem (55%)
 - Got help from a case manager or peer advocate (53%)

- The top services (limited to five choices) that are most important to get and keep PLWH/A in HIV medical care:
 - Alcohol/Drug Recovery Services/Treatment (66%)
 - Case Management (61%)
 - Housing Services (56%)
 - Mental Health Services (48%)
 - Coordinated Services Center (drop in at one place for many services) (41%)
 - Transportation or service location (41%)

Provider focus groups: Three groups were held between April and May 2006 to discuss barriers and needs for PLWH/A who are not in care:

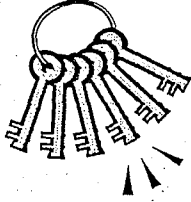
- HIV Prevention Target Populations Working Group (4/11/06) (16 participants) (HIV prevention provider staff working with Injecting Drug Users, Men Who Have Sex with Men and/or PLWH/A)
- People of Color Case Management Meeting (4/20/06) (16 participants)
- HIV/AIDS Case Managers Focus Group (5/11/06) (33 participants)

According to these provider focus groups:

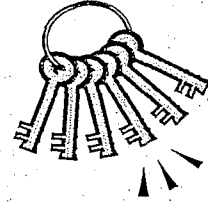
- The top reasons PLWH/A are not getting medical care:
 - Substance abuse
 - Mental health issues
 - Denial
 - Homelessness
 - Stigma

- The top reasons PLWH/A drop out of HIV medical care:
 - Substance abuse
 - Mental health issues
 - Lack of resources, especially for drug and mental health treatment
 - Denial and avoidance/apathy

- Other priorities, psychosocial issues, socio-economic status/instability
- The top services most important to get and keep PLWH/A in HIV medical care:
 - Detoxification
 - Substance abuse treatment
 - Housing
 - Mental health treatment (including in coordination with substance abuse treatment)
 - Transportation
 - One-stop shopping

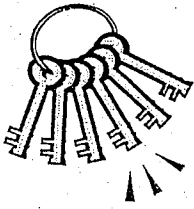


San Diego HIV Health Services Planning Council
Priority Setting Committee
2006 Key Data Findings



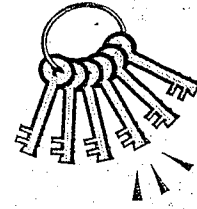
Compiled June 22, 2006

- Unmet Need
- Co-Occurring Health Conditions, Poverty & Insurance Status
- HIV/AIDS Epidemiology
- Ryan White CARE Act Regional Service Availability
- Service Utilization
- Disparities in Service Utilization
- Regional Focus Groups
- 2006 HIV/AIDS Consumer Needs Assessment Survey (draft)



2006 Key Data Findings: **UNMET NEED**

Draft December 8, 2005



- People living with HIV/AIDS (PLWH/A) who know their HIV status but are not in care are said to have an “unmet need” for HIV Primary Care.
- In order to estimate the percentage of PLWH/A with unmet need, HRSA defines “in care” as having received at least one of the following in a twelve month period: a viral load test, a CD4 count, or a prescription for antiretroviral therapy.
- Based upon data available from State and local government and some private health providers, the County of San Diego Community Epidemiology Branch estimates the following percentages of PLWH/A have unmet need:

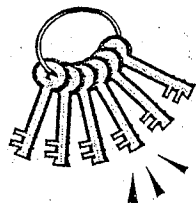
Population	Estimated percent with unmet need
People with AIDS diagnosis	31%
People with HIV (not AIDS)	43%
Total PLWH/A	38%

- The data used to calculate these estimates have a number of **limitations**. For this reason, these estimates are considered an **upper limit** of unmet need. It is likely that a smaller percentage of PLWH/A have unmet need.
- Based upon **assessment** of the data available, the following sub-groups had statistically significant **higher-than-average** (disproportionate) unmet need:

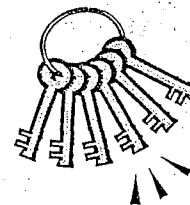
Population	Subgroups with higher unmet need
People with HIV (not AIDS)	Females (n=1465), African Americans (n=941), Asians/Pacific Islanders (n=261)

- Additional limitations for assessment of sub-groups include:
 - Only one year of data
 - Missing demographic data is significant for HIV (not AIDS) cases: 8% for race/ethnicity, 32% for mode of transmission and 15% for zip code.
- Because of the limitations, data on unmet need must be carefully considered in relation to other types of data, including needs assessment, epidemiology and service utilization.
- This information will also be used to target needs assessment efforts in 2006 to people more likely not to be using HIV primary care to find out why.
- Next step is to use all of this information to begin to **address** unmet need or develop strategies to link and keep people in HIV primary care, particularly those populations with disproportionate unmet need.

San Diego HIV Health Services Planning Council
Priority Setting Committee



**2006 Key Data Findings:
Co-Occurring Health Conditions,
Poverty & Insurance Status**



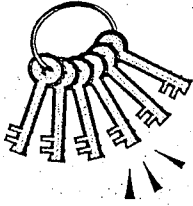
Approved February 9, 2006

- People living with HIV/AIDS (PLWH/A) are **more likely** than the general San Diego County population to experience all of the following conditions:

Condition	<i>Estimated prevalence within the general population*</i> (N=3,017,204)	<i>Estimated prevalence within the PLWH/A population*</i> (N=15,596)
Tuberculosis	0.001%	0.2%
Syphilis	0.005%	0.5%
Gonorrhea	0.08%	2.8% (2.9% males, 2.2% females)
Chlamydia	0.36%	2.2% (1.6% males, 5.5% females)
Hepatitis B (HBV)	0.03%	13.4%
Hepatitis C (HCV)	0.1%	15.3%
Injection Drug Use	0.5%-.09%	18.8%
Illegal Drug Use (non-injecting)	8.5% used, past month	27.0% with history of illicit drug use (non-IDU)
Chronic Mental Illness	7.8%	14.7%
Homelessness	0.5%	4.4%-12.9%
Poverty	12.6% live below poverty level; 52.6% below 300% of poverty level	22.2% live below poverty level; 88.9% below 300% of poverty level
Lack of Insurance	21.9% of non-elderly population	33.7% of non-elderly population

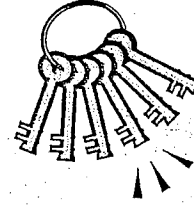
- When a PLWH/A has TB, an STD or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH to **transmit HIV** to someone else.
- IDU accounts for a growing proportion of AIDS cases.
- Substance use, homelessness and mental illness can **interfere with HIV** care, treatment and medication adherence.
- PLWH/A who live with other health conditions often have lots of service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Co-occurring health conditions make care more complex, require greater provider expertise, and **increase the cost of care** for PLWH/A.

* Data from a number of sources; for background, see excerpt from San Diego FY 05/06 Title I application



2006 Key Data Findings: HIV/AIDS EPIDEMIOLOGY

Approved March 9, 2006



Cumulative cases = all AIDS cases ever diagnosed, through December 31, 2005
Recent cases = AIDS cases diagnosed between Jan. 1, 2004 & Dec. 31, 2005

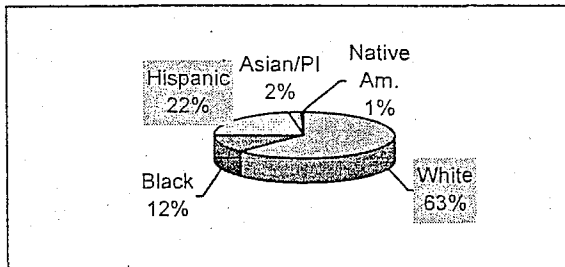
GENDER

- The proportion of female AIDS cases has increased over time; 10% of recent AIDS cases are among women (compared to 8% of cumulative cases).
- Women account for more than 12% of recent AIDS cases in each region *except* Central SD (6%)
- Southeast, East and South Bay have the largest proportion of women (15% each).

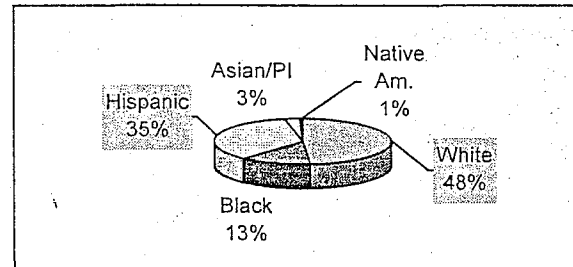
RACE/ETHNICITY

- The majority of recent AIDS cases are people of color. The proportion of White cases has decreased over time, while the proportion of Latino cases has increased over time.

Countywide *cumulative* AIDS cases



Countywide *recent* AIDS cases

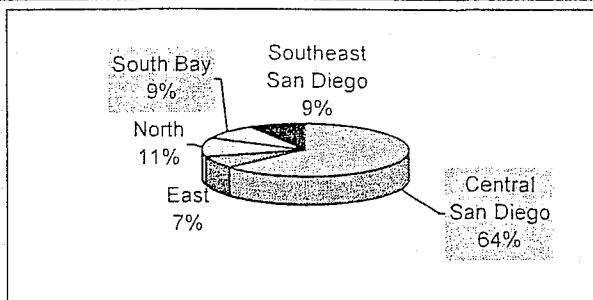


- African Americans and Latinos have the highest rates of recent AIDS cases per 100,000 (cases compared to overall size of each population in San Diego County).

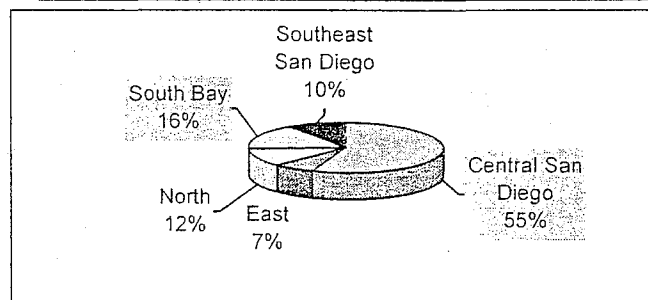
REGION

- The proportion of AIDS cases among Central San Diego residents has decreased over time, while the proportion of South Bay AIDS cases has increased over time.

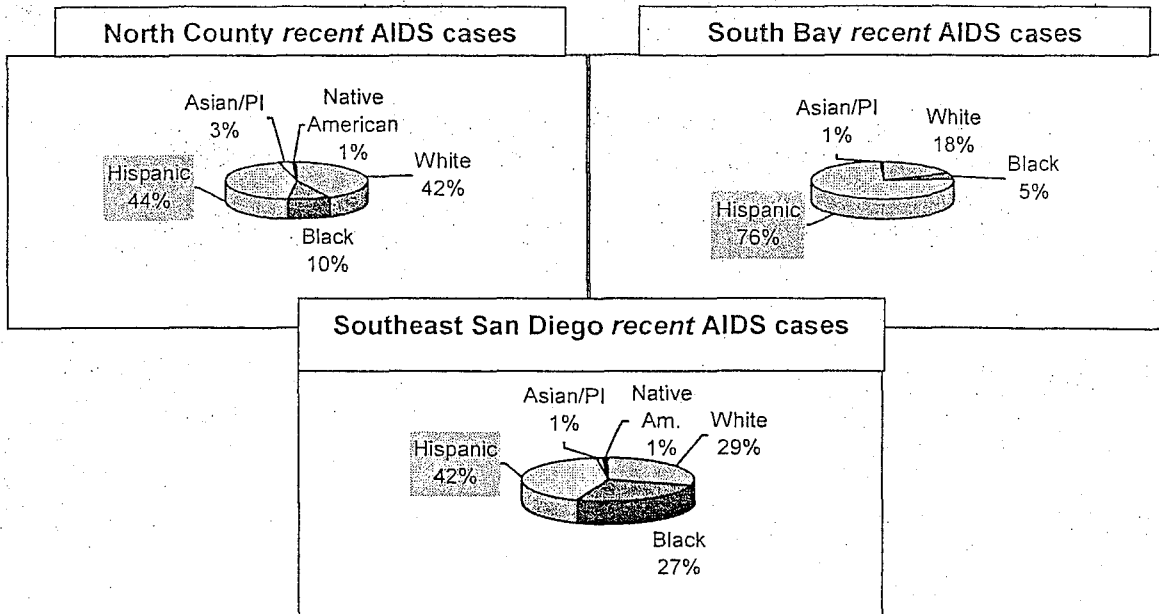
Countywide *cumulative* AIDS cases



Countywide *recent* AIDS cases

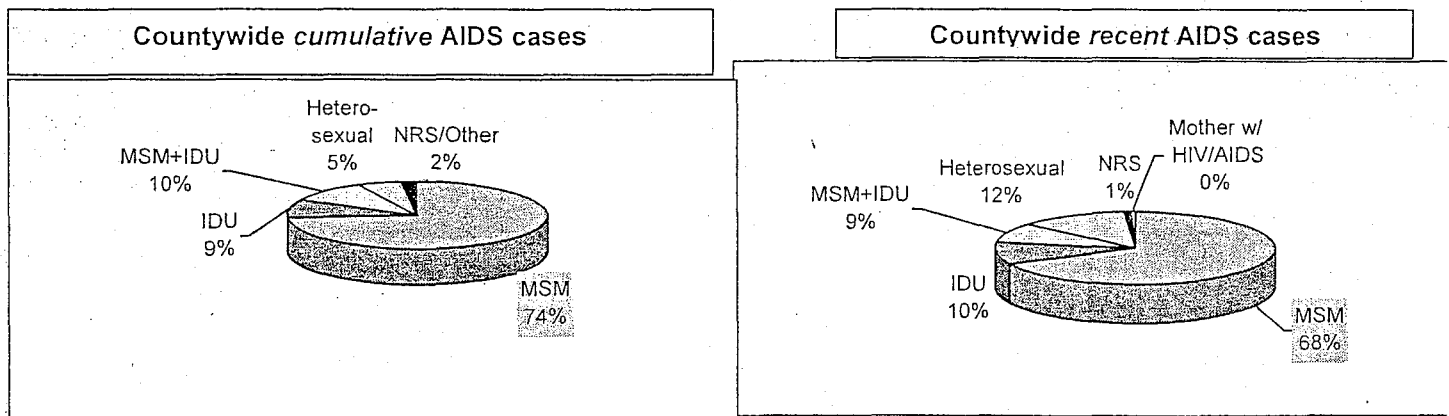


- Latinos represent the largest percentage of recent AIDS cases in 3 regions (North, Southeast and South Bay)



MODE OF TRANSMISSION

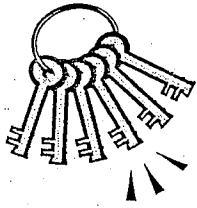
- The majority of cases is still men having sex with men (MSM), with increased proportions of heterosexual* cases over time
- *CDC and County Epidemiology data explain that upon follow-up, many AIDS cases attributed to heterosexual transmission reveal transmission risk factor of MSM or IDU or sex partner of IDU or MSM.



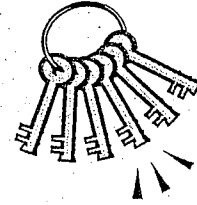
OTHER DATA FINDINGS

- While the number of new AIDS cases has decreased or leveled off since 1993, the number of people living with AIDS continues to increase each year.
 - This leveling off of new AIDS cases has NOT been seen in South Bay.
- San Diego residents are living longer with an AIDS diagnosis now than in the past.
- HIV data is not yet complete enough to use for planning. Cases reported so far resemble cumulative AIDS cases rather than recent AIDS cases.

San Diego HIV Health Services Planning Council
Priority Setting Committee



**2006 Key Data Findings:
Ryan White CARE Act
Regional Service Availability**



Approved May 11, 2006

The table below identifies gaps in availability for *only* those services funded by Ryan White CARE Act (RWCA) Title I/II. Services may or may not also be available through other community resources.

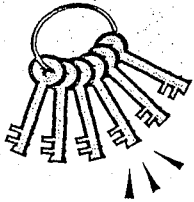
Services are available through RWCA Title I/II funding in the 5 regions of San Diego County in the following ways:

- Regional provider sites
- Coordination through Primary Care or Case Management
 - Note: It is challenging to secure Medical Specialty providers in each region, given the RWCA rate of reimbursement and the high appointment no-show rate for RWCA patients
- Out-stationing of a service at a regional location
- In-home service

The following services are *not* available in a given region in *any* of the above ways:

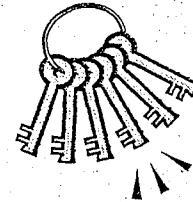
Region	RWCA Title I/II Service <i>not</i> available	Notes
Central San Diego		<ul style="list-style-type: none"> • Title I-funded Coordinated Services Center (CSC) is available for Women, Children & Families; other CSCs are available through other resources.
Southeast San Diego	Peer Advocacy (Stand-alone); Drug & Alcohol (Residential)	<ul style="list-style-type: none"> • Peer Advocacy is available through Coordinated Services Center & Title IV.
North County	Psychiatric Services Peer Advocacy (Stand-alone)	<ul style="list-style-type: none"> • Limited Psychiatric is available through Title III resources.
East County	Primary Care; Dental Care; Mental Health; Psychiatric Services; Drug & Alcohol (Residential); Peer Advocacy (Stand-Alone); Coordinated Services Center	<ul style="list-style-type: none"> • Some East County residents prefer to access resources in other regions.
South Bay	Psychiatric Services; Drug & Alcohol (Residential & Outreach/Interventions); Peer Advocacy (Stand-Alone)	<ul style="list-style-type: none"> • Limited Psychiatric is available through other resources. • Peer Advocacy is available via Case Management Services.

San Diego HIV Health Services Planning Council
Priority Setting Committee



**2006 Key Data Findings:
Service Utilization**

Approved June 15, 2006



As pictured in the following table, between Ryan White CARE Act (RWCA) YR 14 and YR 15 in San Diego County, changes in service utilization matched changes in funding for most service categories.

Service categories with same/decreased funding but increased utilization (shown in shaded box) may indicate increased need.

Service categories marked with a (*) received further funding reductions for YR 16.

	Funding Same/Decreased	Funding Increased
Utilization Decreased	<ul style="list-style-type: none"> -Coordinated Services Centers* -Drug/Alcohol Outreach & Interventions* -Emergency Financial Assistance* -Food (home meals)* -Housing (Emergency)* -Housing (PARS)* -Outreach (Field)* -Transportation* 	<ul style="list-style-type: none"> -Case Management Services (non-MAI)— note: expenditures also decreased
Utilization Increased	<ul style="list-style-type: none"> -Home Health/Hospice* -Legal Services* -Medical Specialty -Short-term Medications 	<ul style="list-style-type: none"> -Dental Care* -Primary Care (more clients, fewer svc. units)

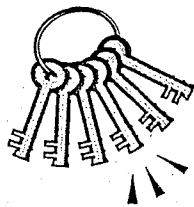
The following services had the *same* funding in YR 15 and served fewer clients, but provided a **greater number of service units**:

- Case Management Services (MAI)
- Drug/Alcohol (Residential)*
- Representative Payee

The following services had the *same or less* funding in YR 15 and provided fewer service units, but served a **greater number of clients**:

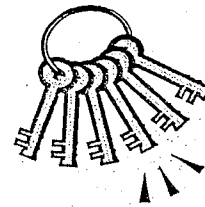
- Mental Health*
- Peer Advocacy (Stand-Alone)*
- Psychiatric Services

San Diego HIV Health Services Planning Council / Grantee
Evaluation Committee



**2006 Key Data Findings:
Disparities in Service Utilization**

Approved June 15, 2006



Populations increasingly affected by the local HIV/AIDS epidemic that also continue to demonstrate disparities in service utilization are:

- **People of Color, particularly African Americans and Latinos**
- **Individuals residing outside of Central San Diego, particularly South Bay, Southeast San Diego and East County**

The following table outlines disparities in utilization of the 22 RWCA Title I/II service sub-categories. A disparity is defined here as a demographic group whose proportion of service utilization differs by **2% or more** from their proportion of recent AIDS cases, in **2 of the last 3 fiscal years**. Excluded are males, Caucasians and residents of Central San Diego, which constitute the majorities of cases and overall service utilization.

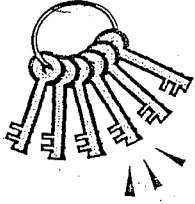
Note: findings reflect statistics and should be interpreted with caution; they do not necessarily mean there are members of the sub-population unable to access the service.

	Core Services	Support Services
Gender		
Females	-	(1) Peer Advocacy
Race/Ethnicity		
African Americans	(7) Primary Care; Medical Specialty; Mental Health; Psychiatric; Dental (basic); Dental Specialty; Drug/Alcohol Outreach/Interventions	(1) Peer Advocacy
Asians/Pacific Islanders	-	
Latinos/Hispanics	(3) Drug/Alcohol Outreach/Interventions; Drug/Alcohol Treatment (Residential); Psychiatric	(5) Emergency Financial Assistance; Home-delivered meals; Emergency Housing; Peer Advocacy; Representative Payee
Native Americans	-	(1) Representative Payee
Region		
Southeast San Diego	(4) Medical Specialty; Dental Specialty; Mental Health; Psychiatric	(3) Emergency Housing; Legal Services; Peer Advocacy
North County	(3) Dental Specialty; Mental Health; Psychiatric	(2) Emergency Housing; Peer Advocacy
East County	(1) Mental Health	(3) Coordinated Services Centers; Peer Advocacy; Representative Payee
South Bay	(4) Dental Specialty; Drug/Alcohol Outreach/Interventions; Mental Health; Psychiatric	(9) Emergency Financial Assistance; Home-delivered Meals; Emergency Housing; PARS; Legal services; Outreach; Peer Advocacy; Representative Payee; Transportation

NOTES ON REGIONAL DISPARITIES:

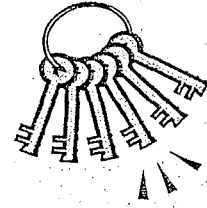
- (1) Contracted residential drug/alcohol treatment facilities are located only in Central San Diego and North County, reflecting residence at time of treatment; this service is not included as a disparity for residents of other regions
- (2) Psychiatric Services are available through other resources in Southeast San Diego & North

San Diego HIV Health Services Planning Council
Priority Setting Committee



**2006 Key Data Findings:
Regional Focus Groups**

Approved June 15, 2006



Five regional focus groups (RFGs) were held in May 2006: one in each of the five planning regions. Participants included consumers, providers and other community members.

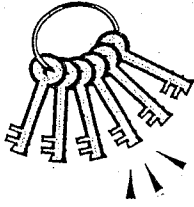
The following issues were each identified by 2-4 regions:

- Barriers to accessing HIV Primary Care and other services:
 - Transportation
 - Feel healthy
 - Don't care/not interested
 - Fear of disclosure/stigma/denial/shame
 - Substance abuse
 - Lack of Spanish-speaking providers/interpreters
 - Childcare/family needs
 - Homelessness
 - Working (conflicts with clinic hours)
 - Mental illness/disability
- Other important services:
 - Substance Abuse Treatment
 - Transportation
 - Housing (permanent)
 - Mental health counseling
- Services Need/Can't Get:
 - Transportation
 - Housing (permanent)
 - Psychiatric services (in region)
 - Dental/dental specialty (in region)
 - Ongoing help with food/food pantry
- Prevention for Positives:
 - Culturally appropriate HIV/sex education
 - HIV testing (in region)
 - Incorporate prevention services into other services
- Ideas for Improvement:
 - More agency/service collaboration
 - Improve referrals/follow-up
 - Counseling is available, but consumers not utilizing; address barriers

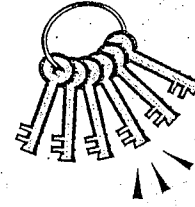
Region-specific issues (aside from the common themes identified above):

- Central San Diego:
 - Need to help people adjust to their circumstances and learn self-help skills; become less dependent upon RWCA services
- East County:
 - Stigma an issue in the region; need agency collaboration to address needs
- North County:
 - Need more info/help re: prevention issues affecting sexual activity between PLWH/A
- South Bay:
 - Need more case managers to meet increasing HIV/AIDS cases and need
 - Combined with appointment wait time, travel to other regions to get services (including Medical Specialty) takes hours and clients go without meals
- Southeast SD:
 - Feel services in region are lower quality than rest of county—that perception can be a barrier

San Diego HIV Health Services Planning Council
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**Key Data Findings:
2006 HIV/AIDS Consumer
Needs Assessment Survey**
Draft June 19, 2006



Response:

- 1,001 people living with HIV/AIDS (PLWH/A), representative of the epidemic in terms of gender, ethnicity & region of residence
- 22 sub-populations were analyzed for their specific needs.

Key Issues:

- 6 of 22 sub-populations rank **Housing: ongoing help** (#3 overall) the #1 priority. All sub-populations rank it in the top 5.
- 4 of 22 sub-populations rank **Transportation** (#5 overall—up from #10 in 2004) the #1 priority. All sub-populations rank it in the top 7.
- **African Americans, particularly African American Women**, indicate support services as their priorities, indicating that such services may be key for keeping them in care. They rank support services higher than they do health care/medical services.

“Most Important Services”

- **HIV/AIDS Medications** (#1) is among the top 5 priority services for all 22 sub-populations.
- **HIV Primary Care** is ranked #5 or higher by 19 populations. Exceptions: African Americans (#6); Homeless (#7); African-American Women (#11)
- Other top priority RWCA-funded services:
 - Dental Care (#4)
 - Case Management (#6)
 - Medical Specialist (#9)
- **Substance Abuse Treatment** is a key service for some under-served populations. Although Alcohol/Drug Recovery Services ranks #19 overall, it ranks higher for Transgender (#5), IDU (#9), Ex-inmates (#11).
- Changes in priority rank over time reflect the fact that PLWH/A are living longer and healthier throughout the county, but with many different needs. Priority for Home Health Care (#22) has decreased over time, and priority for Transportation and for Information about Services has increased since the 2004 survey (#26 to #13).

- **African American women** indicate support services as their priorities, indicating that such services may be key for keeping them in care. They rank HIV Primary Care and Dental Care the lowest of any sub-population, and rank Transportation, Emergency Utility Payment, Information/Referral, Coordinated Services Center, Treatment Education & Adherence and Childcare higher than other sub-populations do.
- One-on-one and group support seems especially important for **Youth**. They rank Support Groups, Counseling/Therapy, Nutrition Counseling and Treatment Education/Adherence higher than other sub-populations do.

Services PLWH/A “Need But Can’t Get”

- The most respondents said they “need but can’t get” the following RWCA-funded services:
 - Dental Care (15%)
 - Housing/shelter (ongoing help to pay rent) (13%)
 - Emergency Utility Payment (11%)
 - Transportation (10%)
 - Medical Specialist (10%)
- The following groups were most likely to say they “need but can’t get” any service: **Native American, Homeless and Transgender**.
- 3% of respondents say they “need but can’t get” **HIV Primary Care** and 3% **HIV Meds**, compared to 11% for each in the 2004 survey.
- **At least 10%** of Native American*, Active IDU, Homeless, Youth and Transgender* respondents reported they “need but can’t get” **HIV Primary Care and/or HIV Meds**.
- The percentage of respondents who said they “need but can’t get” a service:
 - *Decreased* in 23 of 24 services since the 2004 survey (especially for Housing/shelter) and remained the same for the remaining service “information about services and how to get them” (6%).
 - *Continued to decrease* since the 1996 survey.

* The sample size for these populations is small. Data should be interpreted with caution.

