

## Key Data Findings 2008 - Combined

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San Diego HIV Health Services Planning Council  
Priority Setting Committee

Overall 2008 Key Data Findings



Approved July 10, 2008

2008 HIV/AIDS Consumer Needs Assessment Survey results

- Housing/Shelter, Transportation & Medical Specialty services have increased in priority since the 2006 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.
- 3% of respondents say they "need but can't get" **HIV Primary Care** and 3% **HIV Meds**, compared to 15% and 13% respectively each in the 2006 survey.

Provider Survey (2006 data, the 2008 Provider Survey result will be available Fall 2008)

- Services most important to get and keep PLWH/A in HIV primary medical care are Alcohol/Drug Recovery Services/Treatment, Case Management, Housing, Mental Health, Early Intervention Centers: Coordinated Services Centers, Transportation and service location.

Out-of-Care

- The top reasons for not getting care were **I felt healthy** and **not ready to deal with having HIV**.
- 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."

Unmet need:

- An estimated 37% of PLWH/A have unmet need for HIV Primary Care (32% of people with AIDS; 41% of people with HIV—non-AIDS)
- Among people with HIV (not AIDS), females, African Americans, aged 50+ and East County 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, mental illness, Injection and non-injection drug use, homelessness, poverty & lack of insurance.
- Research also reveals a higher incidence of gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic disease, nervous system diseases and neoplastic diseases (cancer, lymphoma).
- 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 Focus Groups

- Issues identified the most frequently among all five regions included requests for the following services: transportation, housing, childcare/family care and dental. .

#### Regional availability of Ryan White (RW) Part A (former Title I) services

- The fewest RW Part A services are available in East County, followed by South Bay.

#### RW Part A service utilization

- Although funding was the same or decreased, service utilization increased for the following services between YR 16 & YR 17: HIV Primary Care (which also increased by 29% in YR 18), Medical Case Management Services, Drug and Alcohol Treatment – Outpatient, Early Intervention Services – Regional and Food: Home Delivered Meals.
- African Americans demonstrate disparities (compared to local HIV/AIDS epidemiological data) in RW Part A service utilization of HIV Primary Care and four other core services.
- Latinos demonstrate disparities of Psychiatric Services and Drug and Alcohol Treatment Services- Outpatient.
- Southeast San Diego residents demonstrate disparities in utilization for Medical Specialty, Psychiatric Services, Dental care, Mental Health and Drug & Alcohol Treatment – Outpatient, South Bay for Psychiatric Services, Dental care and Drug & Alcohol Treatment – Outpatient, North County for Mental Health and Drug & Alcohol Treatment – Outpatient, East County for Early Intervention Services – Regional Services.
- South Bay residents demonstrate the greatest number of disparities in utilization of support services, followed by Latinos.

#### Resource Inventory

- All current RW Part A providers have extensive **Capability** in providing services
- For most RW Part A providers, **Capacity** is limited primarily based on availability of funding.
- Most non-RW programs providing the same or similar services have limited or very limited capacity, are focused on specific populations (e.g., veterans) or have no or very limited HIV experience or focus.
- All RW Part A providers screen clients for other resources as appropriate.

#### Service Outcomes

- Positive outcomes are indicated for all RW Part A/B funded services, nearly all services met or exceeded contracted outcome objectives.

**San Diego HIV Health Services Planning Council  
Priority Setting Committee  
Summary of Key Data Findings by Service Category 2008**

<b>SERVICE CATEGORY</b>	<b>KEY DATA FINDINGS</b>
<b>HIV Primary Care</b>	Core service. #2 in NA survey. Disparity for Af-Ams. (HIV/AIDS Medications added in YR 18. Core service; linked to Primary Care. #1 in NA survey.)
<b>Medical Specialty</b>	Core service, Linked to Primary Care. #7 in NA survey. Disparity for Southeast, Af-Ams.
<b>Psychiatric Treatment</b>	Core service; linked to Primary Care. #12 in NA survey. Disparity for Latinos, Southeast and South Bay.
<b>Dental Care</b>	Core service #4 priority in NA survey and second largest disparity 15%). Many PLWH/A lack insurance. Disparity for Af-Ams, Southeast & South Bay.
<b>Home Health/ Hospice</b>	Core service; #19 priority in NA survey.
<b>Case Management Services</b>	Core Service #3 priority in NA survey. Core service; links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance.
<b>Case Mgmt Svcs – People of Color</b>	Core service, Reaches diverse groups/regions.
<b>Mental Health: Counseling/Therapy &amp; Support Groups</b>	Core Service, #8 priority in NA survey. 22% of survey respondents have chronic mental illness. Core service. Disparity for Af-Ams; Southeast and North County.
<b>Early Intervention Centers (EIC): Integrated Services for Women, Children &amp; Families</b>	Core service; includes direct provision of Mental Health, Family/Peer Advocacy, Outreach, Babysitting & Mentor/Buddy Support. Females 12% of recent AIDS cases. Af-Am women need support services to stay in care. Reaches diverse groups/regions.
<b>Early Intervention Centers: Regional Services</b>	Core service, HRSA focus on identifying PLWH not in care and linking them to care. Core service, Links individuals to care. CM is a central component. #3 in NA survey. Co-located with HIV Primary Care, Supports Centers in Southeast SD, South Bay and North County.
<b>Housing: Emergency</b>	#5 priority in NA survey (Top 5 priority for 21 of 26 sub-populations). 3 <sup>rd</sup> biggest service gap (10%) in NA survey. Homelessness & poverty prevalent among PLWH/A.
<b>Housing: PARS</b>	
<b>Drug &amp; Alcohol Treatment: Residential</b>	#10 priority (# 7 for North County, Af-Am & API, #6 Af-Am MSM & Ex-Inmates; #5 or lower for Active IDU, Past IDU, Incarcerated and Homeless populations). Disparity for Women & Latinos.
<b>Drug and Alcohol Outpatient</b>	Core Service. Frequent co-occurring condition among PLWH/A. Outpatient Rx is a disparity for Women, Latinos, Southeast, North and South Bay
<b>Transportation</b>	#6 priority in NA survey and 4 <sup>th</sup> 3 <sup>rd</sup> biggest service gap (10%). Service gap for North, East and South Bay.
<b>Food Services: Home-Delivered Meals</b>	#9 priority in NA survey. Service gap for Latinos & South Bay.
<b>Information and Referral</b>	#14 priority in NA survey (#5 priority for Out-of-Care, #6 for East County, #8 for Caucasian Women, #9 for Southeast, # 11 for Women).
<b>Volunteer Peer Advocacy</b>	Service Gap for Women, Af-Ams., Latinos, Southeast, North County and South Bay
<b>Legal Services</b>	#11 priority in NA survey (#6 priority for Southeast, Youth and Transgender, #7 for East County). Service gap for Southeast and South Bay.
<b>Emergency Financial Assistance</b>	“Emergency Utility payment” #15 in NA survey (#6 for Af-Am Women and Transgender, #7 for Latina Women, #11 for Caucasian Women and Youth and service gap for Latinos and South Bay.
<b>Representative Payee</b>	#18 priority in NA survey (#9 for Af-Am Women), service gap for Latinos Southeast, East & South Bay.



**San Diego HIV Health Services Planning Council  
Priority Setting Committee  
2008 Key Data Findings:  
Regional Focus Groups**



**Approved June 12, 2008**

Six regional community meetings were held in May 2008, one in each of the five planning regions, plus an additional meeting for East County. Participants included consumers, providers and community members. Countywide 114 people participated, consisting of 35 consumers, 27 providers and 52 community members.

**Key issues overall:** transportation, housing, childcare/family care, dental

**The following other issues were each identified by 3-5 regions:**

- Barriers to accessing HIV Primary Care and other services:
  - Transportation
  - Information on services/availability
  - Stigma/Denial/Fear of disclosure
  - Competing family/life priorities
  - Housing/Emergency Housing
- Other important services:
  - Housing/Emergency Housing
  - Transportation
  - Case management
  - Mental Health/Counseling
  - Support Groups
  - Legal Services
  - Dental Services
  - Childcare Services
- Services Need But Can't Get:
  - Mental Health services
  - Housing/Emergency Housing
  - Dental Services
  - Transportation
  - Childcare Services
- Other Barriers/Challenges:
  - Information on services/benefits
  - Transportation
  - Culturally appropriate/language appropriate services
- Ideas for Improvement:
  - More food services needed (vouchers/food bank)
  - Regional Services Needed

\*Jobs/job training was mentioned several times among different questions/different regions (not a RW fundable category).

**Key population-specific issues (aside from the common themes identified above):**

- Central San Diego: (Attendees: 5 Consumers (14% of Consumer participants), 5 Providers (18% of provider participants), and 1 Community members (2 % of Community member participants). 10% of participants Countywide)
  - Integrated services ("one-stop shopping") needed
  - Substance Abuse services needed
  - Case Management/Training for Case Managers
- East County: (Attendees: 2 Consumers (6%) 2 Providers (7%), 4% of participants Countywide, )\*\*
  - No population specific issues identified

- North County: (Attendees: 6 Consumers (17%), 7 Providers (26%), 3 Community members (6%), 14% of participants Countywide)
  - Alternative and Complementary services needed
  - Medical specialty services needed
  - Substance abuse services needed
- South Bay: (Attendees: 13 Consumers (37%), 3 Provider (11%), 14% of participants Countywide)
  - Jobs needed/Lack of financial resources
  - Concerns regarding documentation status
  - Medication issues (availability, fear of side effects)
- Southeast SD: (Attendees: 9 Consumers (26%), 10 Providers (37%), 48 Community members (92%). 59% of participants Countywide)
  - Peer advocates/Peer support
  - Integrated services needed (“one stop shopping”)
  - Basis care needs (clothing, personal care)

\*\* The sample size for this population is small. Data should be interpreted with caution.

**Qualitative Data** such as this asks the question “What Is It?” (This is different from Quantitative Data, which asks “How Much or How Many?”)

**Advantages:**

It produces more in-depth, comprehensive information.

It seeks a wide understanding of the entire situation.

**Limitations:**

The very subjectivity of the inquiry leads to difficulties in establishing the reliability and validity of the approaches and information

It is very difficult to prevent or detect researcher or data collector induced bias.

Its scope is limited due to the in-depth, comprehensive data gathering approaches

San Diego HIV Health Services Planning Council / Grantee  
Evaluation Committee

2007 Key Data Findings:

Resource Inventory, Service Outcomes, and Unit Cost  
Approved June 28, 2006

This data will be updated Fall 2008.



## RESOURCE INVENTORY

Based upon existing Ryan White HIV/AIDS Treatment Modernization Act (RWHATMA) Part A provider data and additional information obtained from the 2006 Health and Social Services Provider survey:

Current RWHATMA Part A Provider **Capability**: all providers have extensive experience in providing Part A services

Current RWHATMA Part A Provider **Capacity**: for most providers, capacity is limited, primarily based on availability of funding

Other non-RWHATMA Community Resources: most other programs providing the same or similar services have limited or very limited capacity, are focused on specific populations (e.g., veterans) or have no or very limited HIV experience or focus. All RWHATMA Part A providers screen clients for other resources as appropriate.

## SERVICE OUTCOMES

Based upon data reported by contracted service providers in Year 16, positive outcomes are indicated for all Ryan White Part A/B (former Title I/II) funded services. These include:

Access to HIV Primary Care

Stable or improved health status

Stable or improved access to other needed services or benefits, etc.

Stable or improved living situation

**Nearly all services** for which data was collected this year **met or exceeded contracted outcome objectives**.

## UNIT COST

Professional, service and reporting requirements currently differ widely between service categories, precluding meaningful comparison of unit costs of different services at this time.

**San Diego HIV Health Services Planning Council  
Evaluation Committee**



**2008 Key Data Findings:  
Service Utilization**  
Approved by the Evaluation Committee  
June 5, 2008  
Approved by Priority Setting Committee  
June 12, 2008



Between Ryan White YR 16 and YR 17 in San Diego County, changes in service utilization matched changes in funding expenditures for most service categories. The following table highlights exceptions to those patterns.

Service categories with same or decreased expenditures but increased utilization and no increase in funding for Year 17 (shaded boxes) may indicate increased need.

Change Between YR 16 and YR 17		Services	Comments	\$ Change in YR 18?
Expenditure of Funds	Service Utilization			
Same or Decreased	Increased	Medical Case Management Services	Increase in services provided; decrease in clients served	No change
		Drug & Alcohol Tx – Outpatient	Increase in clients served and services provided; these had decreased the previous year	No change
		Early Intervention Services - Regional	Both Coordinated Service Centers and Field Outreach had increases in clients served and services provided	No change
		Food: Home-Delivered Meals	Increase in clients served and services provided	No change
		Medical: HIV Primary Care	Increase in services provided and clients served	Increased by 29%
Same	Decreased	N/A		

**Note:** Findings are based upon actual expenditures and utilization compared to the previous year, rather than to contract objectives. While some funding was shifted from contract savings during Year 16 to high need priorities, resulting in increased expenditure of funds, other services did not receive an increase in funding to address growth in utilization.

**San Diego HIV Health Services Planning Council / Grantee  
Evaluation Committee**



**2008 Key Data Findings:  
Disparities in Service Utilization**  
Approved by the Evaluation Committee  
June 5, 2008  
Approved by the Priority Setting Committee  
June 26, 2008



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 **18** Ryan White Part A/B service sub-categories (Home Health is excluded due to low client numbers). A disparity is defined here as a demographic group whose proportion of service utilization differs by **2% or more** from their proportion of estimated people living with HIV/AIDS or 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.

	<b>Core Medical Services</b>	<b>Support Services</b>
<b>Gender</b>		
<b>Females</b>	<b>One service:</b> Drug/Alcohol Treatment – Outpatient	<b>Two services:</b> Drug/Alcohol Treatment – Residential Referral to Health Care/Supportive Services/Peer Advocacy (Volunteer) *
<b>Race/Ethnicity</b>		
<b>African Americans</b>	<b>Five services:</b> HIV Primary Care Medical Specialty Mental Health Dental Care Drug/Alcohol Treatment – Outpatient	<b>One service:</b> Referral to Health Care/Supportive Services/Peer Advocacy (Stand-Alone) *
<b>Latinos</b>	<b>Two services:</b> Psychiatric Services Drug/Alcohol Treatment – Outpatient	<b>Six services:</b> Emergency Housing Drug/Alcohol Treatment – Residential Food – Home Delivered Meals Emergency Financial Assistance Referral to Health Care/Supportive Services/Peer Advocacy (Volunteer) * Representative Payee
<b>Region</b>		

	<b>Core Medical Services</b>	<b>Support Services</b>
<b>Southeast San Diego</b>	<b>Five services:</b> Medical Specialty Psychiatric Services ** Dental Care Mental Health Drug/Alcohol Treatment – Outpatient	<b>Three services:</b> Legal Services Referral to Health Care/Supportive Services/Peer Advocacy (Volunteer) * Representative Payee
<b>North County</b>	<b>Two services:</b> Mental Health Drug/Alcohol Treatment – Outpatient	<b>Three services:</b> Emergency Housing Referral to Health Care/Supportive Services/Peer Advocacy (Volunteer) * Transportation
<b>East County</b>	<b>One service:</b> Early Intervention Services – Regional	<b>Two services:</b> Representative Payee Transportation
<b>South Bay</b>	<b>Three services:</b> Psychiatric Services Dental Care Drug/Alcohol Treatment – Outpatient	<b>Eight services:</b> Emergency Housing PARS Food – Home Delivered Meals Legal Services Emergency Financial Assistance Referral to Health Care/Supportive Services/Peer Advocacy (Volunteer) * Representative Payee Transportation

**NOTES ON REGIONAL DISPARITIES:**

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

\* Referral to Health Care/Supportive Services are available in all regions of the county and to all demographic groups through Medical Case Management Services and Early Intervention Services; information is also available on the internet

\*\* Psychiatric Services are available through other resources in Southeast San Diego & North County

San Diego HIV Health Services Planning Council  
Priority Setting Committee



**Key Data Findings:**  
2008 HIV/AIDS  
Needs Assessment Survey



**Approved July 10, 2008**

Response:

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

**Total population analysis:**

Key Issues:

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- **Got help from a case manager or peer advocate**, followed by **Got information I needed** are the highest ranked reasons respondents noted for deciding to get medical care.
  - The **number one reason overall** for not getting medical care at any time was **I felt healthy**; the second most common reason was **Not ready to deal with having HIV**.
  - Compared to the 2006 survey, the ranking of the following top service categories remained relatively stable. However the percentage of respondents for each category increased since 2006:
    - #1. **HIV/AIDS medications** (60% of respondents in 2008 compared to 37% of respondents in 2006)
    - # 2. **Primary HIV medical care** (59% in 2008, vs. 41% in 2006)
    - #3. **Case management** (49% in 2008 vs. 34% in 2006)
    - #4. **Dental care** (49% in 2008 vs. 25% in 2006)
  - The following service categories increased in priority rank and the percentage of respondents increased since 2006:
    - #5. (up from #12 in 2006) **Housing/Shelter** (38% of respondents in 2008 compared to 12% respondents in 2006)
    - #6 (up from #11 in 2006) **Transportation** (33% respondents in 2008 vs. 13% in 2006)
    - #7. **Medical specialty** (up from #10 in 2006, 33% in 2008 vs. 13% in 2006)
  - Changes in priority rank over time reflect the fact that **PLWH/A are living longer and are developing co-morbidities**. Priority for Medical Specialty (#7), Alcohol/Drug Recovery Services (#10) and Psychiatric Medications (#12) has increased since 2006.
  - 3% of respondents say they “need but can’t get” **HIV Primary Care** and 3% **HIV Meds**, compared to 15% and 13% respectively each in the 2006 survey.

Services PLWH/A “Need But Can’t Get”:

- 
- The most respondents said they “need but can’t get” the following RW program funded services. Compared to the 2006 survey the percentage of respondents for each category increased.
    - Housing/shelter (15% of respondents in 2008 compared to 6% in 2006)
    - Dental care (14% in 2008 vs. 10% in 2006)
    - Legal services (10% vs. 5% in 2006)
    - Emergency utility payment (10% in 2008 vs. 3% in 2006)
    - Information and referral services (10% in 2008 vs. 6% in 2006)

## Subpopulation Analysis:

### Populations More Likely to Have Unmet Need for HIV Primary Care:

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- **African Americans** are more likely to experience co-occurring conditions, such as homelessness, drug or alcohol problems and Hepatitis C and be an ex-inmate
- **African American Women**, identify support services as higher priorities than health care/medical services; such services may be key for keeping them in health care. They rank Childcare, Representative Payee and Emergency Utility Payment higher than other subpopulation.
- **Women** ranked support services including Information and Referral, Emergency Utility Payment and childcare higher than the total sample; such services may be key for keeping them in health care.
- 10 of 26 sub-populations rank **Case Management** (#3 overall, up from #6 in 2006) the #1 priority. All sub-populations rank it in the top 5, with the exception of Youth (#7).
- 21 of 26 sub-populations rank **Housing/Shelter** (#5 overall) in the top 5 priorities and 22 of 26 sub-populations rank **Transportation** in the top 6 priorities.

### “Most Important Services”:

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- **HIV/AIDS Medications** (#1) is among the top 5 priority services for 22 of 26 sub-populations.
- **HIV Primary Care** is ranked #5 or higher by 23 populations. Exceptions: Youth (#7), Persons out of care (#6); Homeless (#6)
- **Substance Abuse Treatment** is a key service for some under-served populations. Although Alcohol/Drug Recovery Services ranks #10 overall, it ranks higher for Active IDU (#2), Past IDU (#5), Incarcerated (#2) and Homeless (#4).
- **Youth, the Homeless and Persons out of care** rank HIV Primary Care and HIV/AIDS Medications the lowest of any sub-population.
- Dental Care and Transportation seems especially important for **Youth**. They also rank Counseling/Therapy higher than other sub-populations do.
- The following groups were most likely to say they “need but can’t get” any service: **Native American\***, **Homeless**, **Active IDU**, **Youth\*** and **Incarcerated\***.
- **At least 10%** of Active IDU, Homeless, Youth\*, Persons out of care and Incarcerated \* 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:
  - *Increased* in 10 of 19\*\* services since the 2006 survey (especially for **Housing/shelter**) and decreased or stayed the same for the remaining services.

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

\*\*For the 2008 survey there are 19 service categories compared to 24 in 2006.

**San Diego HIV Health Services Planning Council  
Priority Setting Committee**



**2008 Key Data Findings:  
Ryan White Programs (RWP) Regional  
Service Availability**

Approved April 10, 2008

The table below identifies gaps in availability for *only* those services funded by the Ryan White Treatment Modernization Act of 2006, or Ryan White Programs (RWP) Parts A/B (formerly Title I/II). Services may or may not also be available through other community resources.

Services are available through RWP Parts A/B 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 RWP rate of reimbursement and the high appointment no-show rate for RWP 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:

<b>Region</b>	<b>RWP Parts A/B Service <u>not</u> available</b>	<b>Notes</b>
<b>Central San Diego</b>		
<b>Southeast San Diego</b>	Drug & Alcohol (Residential)	
<b>North County</b>	Psychiatric Services	<ul style="list-style-type: none"> <li>• Limited Psychiatric is available through Part CI resources.</li> </ul>
<b>East County</b>	Primary Care; Dental Care; Mental Health; Psychiatric Services; Drug & Alcohol (Residential); Early Intervention Services: Services for Women, Children and Families	<ul style="list-style-type: none"> <li>• Some East County residents prefer to access resources in other regions.</li> </ul>
<b>South Bay</b>	Psychiatric Services; Drug & Alcohol (Residential) Drug and Alcohol Treatment (Outpatient)	<ul style="list-style-type: none"> <li>• Limited Psychiatric is available through other resources.</li> <li>•</li> </ul>

**San Diego HIV Health Services Planning Council  
Priority Setting Committee**



**2008 Key Data Findings:  
HIV/AIDS EPIDEMIOLOGY  
Approved April 10, 2008**



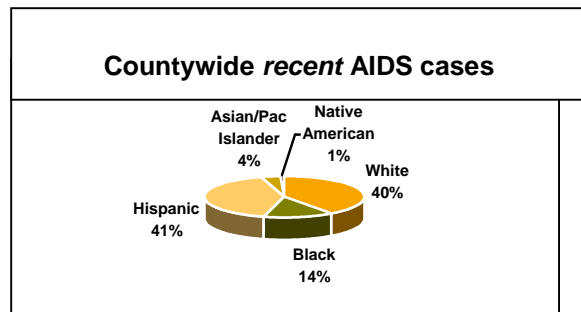
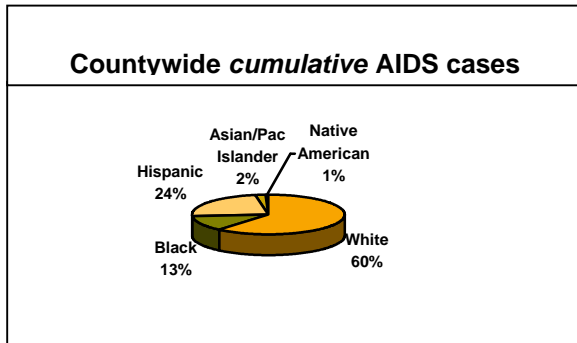
*Cumulative AIDS cases = all AIDS cases ever diagnosed, through December 31, 2007 = 13,436*  
*Recent AIDS cases = AIDS cases diagnosed between Jan. 1, 2006 & Dec. 31, 2007 = 676*  
*Reported HIV cases (reported between April 17, 2006 & December 31, 2007) = 3,133*

**GENDER**

- The proportion of female AIDS cases has increased over time; 12% of recent AIDS cases are among women (compared to 8% of cumulative cases).
- Women account for 10% or more of recent AIDS cases in each region *except* the East Region (6%) and Central San Diego (8%)
- North County, South Bay and Southeast San Diego have the largest proportion of women (14% or more each).

**RACE/ETHNICITY**

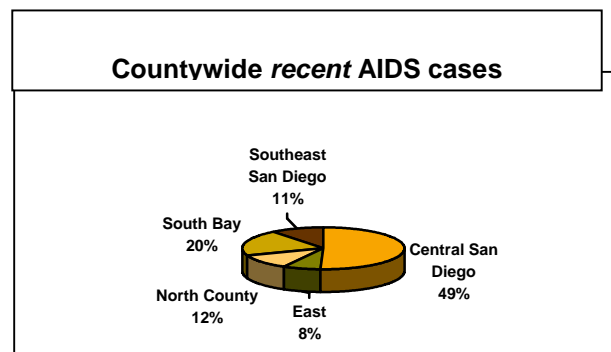
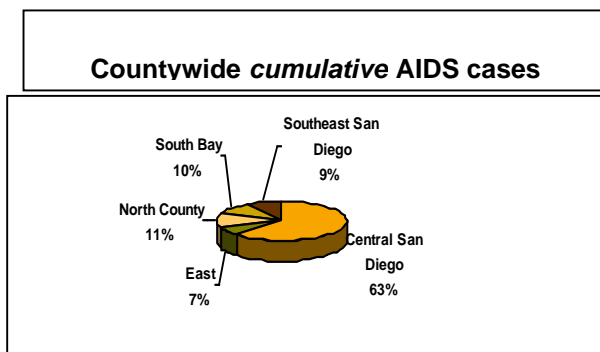
The majority of recent AIDS cases are people of color. The proportion of White cases has decreased over time, while the proportion of Latino (Hispanic) cases has increased over time.



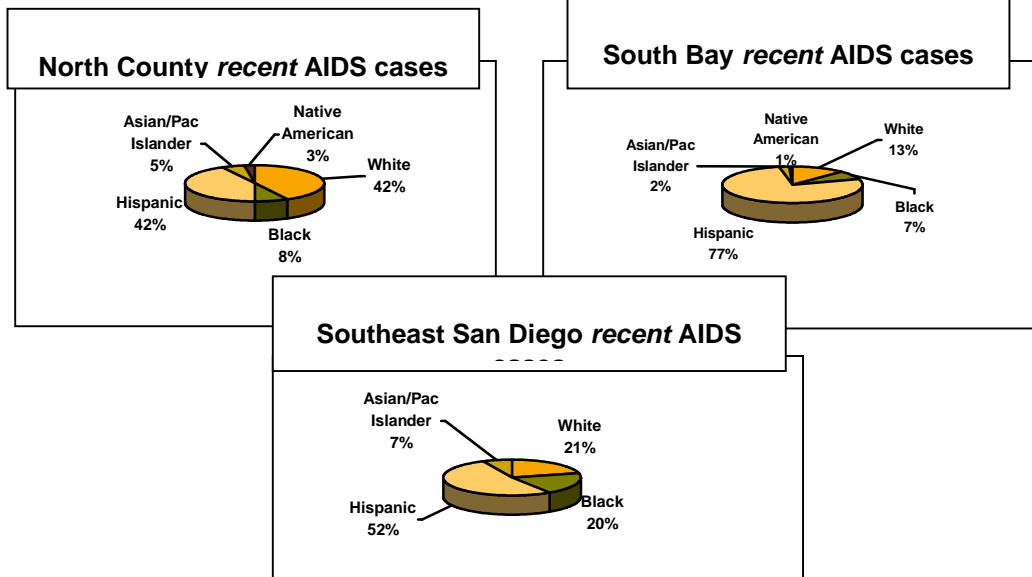
**African Americans and Latinos have the highest rates of recent AIDS cases per 100,000**

**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.

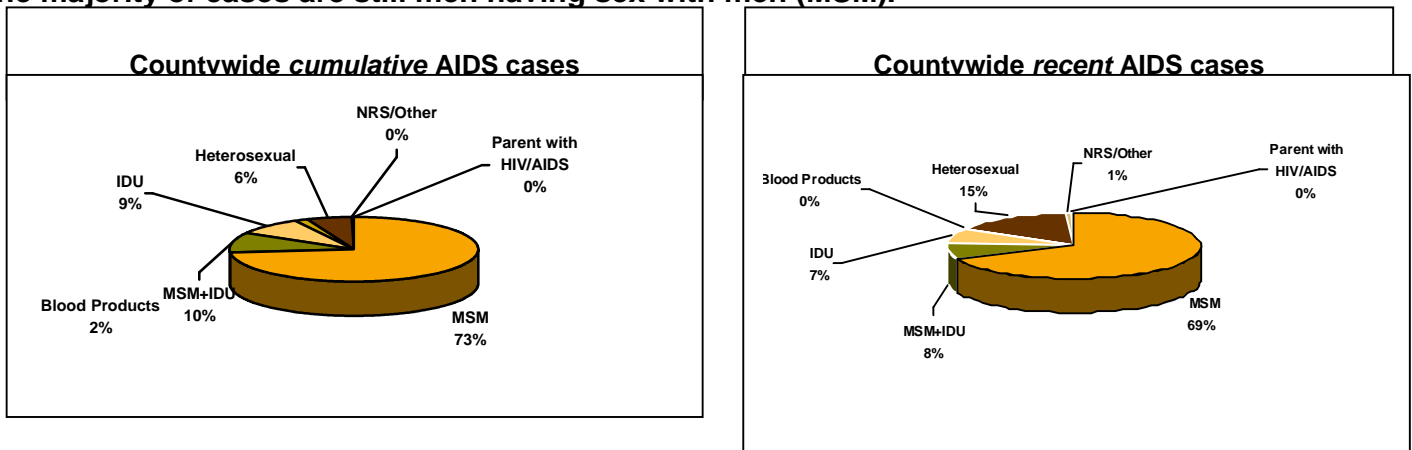


**Latinos represent or are equal to the largest percentage of recent AIDS cases in 3 regions (North, Southeast and South Bay)**



**MODE OF TRANSMISSION**

The majority of cases are still men having sex with men (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



2008 Key Data Findings:  
**Co-Occurring Health Conditions, Poverty & Insurance Status**  
Approved February 14, 2008

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> (Population =3,098,269)	<i>Estimated prevalence within the PLWH/A population*</i> (Population of PLWH/A=16,455)
<b>Tuberculosis</b>	0.01%	0.2%
<b>Syphilis</b>	0.01%	0.75%
<b>Gonorrhea</b>	0.09%	2.0% (2.1% males, 1.9% females)
<b>Chlamydia</b>	0.4%	2.0% (1.6% males, 4.3% females)
<b>Hepatitis B (HBV)</b>	0.03%	9.7%
<b>Hepatitis C (HCV)</b>	0.12%	13.5%
<b>Chronic Mental Illness</b>	10.7%	35.7%
<b>Injection Drug Use</b>	0.4%-0.9%	13.8%
<b>Illegal Drug Use (non-injecting)</b>	8.1% used, past month	21.0% with history of illicit drug use (non-IDU)
<b>Homelessness</b>	0.5%	4.1%-10.0%
<b>Poverty (Threshold = \$851/month)</b>	11.3% live below poverty level; 52.6% households below 300% of poverty level	37.6% live below poverty level; 81.1% live below 300% of poverty level
<b>Lack of Insurance</b>	16.6% of non-elderly population	33.2% of non-elderly population

This data is relevant to the PC because:

- It demonstrates a need to strengthen Medical Specialty.
- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH/A.
- PLWH/A who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness and mental illness can **interfere with HIV care**, treatment and medication adherence.
- 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.
- Case Managers may want to spend more time with clients but are unable to as the number of clients are increasing.
- Support services keep PLWHA in care and improve medical outcomes.
- There are long term side effects from antiretroviral medications.

Research reveals a higher incidence of additional co-occurring conditions that include gastrointestinal diseases, circulatory diseases, Endocrine/Nutritional/Metabolic diseases (includes Diabetes), Nervous system diseases, and neoplastic diseases (cancer, lymphoma).

\*Data from a number of sources; for background, see excerpt from San Diego FY 08 Part A application



San Diego HIV Health Services Planning Council  
Priority Setting Committee



2008 Key Data Findings:  
**UNMET NEED**  
Approved January 10, 2008

- People living with HIV/AIDS (PLWH/A) with “unmet need” are those who **know they have HIV but are not using HIV primary medical care**.
- PLWH/A with unmet need have **not** received **at least one** of the following in the past twelve months: 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 had unmet need in FY 05/06:

Population	Estimated percent with unmet need
People with AIDS diagnosis	32%
People with HIV (not AIDS)	41%
Total PLWH/A	37%

- 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.
- This FY’s estimate showed an increase while the previous estimates had been decreasing. Reasons for this are not clear
- 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 <b>HIV (not AIDS)</b>	Females - 57% (total sample =1347), African Americans - 53% (total sample =1087) East HHS County – 55% (total sample = 541) Age 50+ - 53% (n=1752)

Population	Subgroups with higher unmet need
People with <b>AIDS (not HIV)</b>	African Americans - 42% (total sample =928) IDU – 42% (total sample = 620) Central San Diego – 38% (total sample = 3691)

- Additional limitation for assessment of sub-groups:
  - Sub-group data was not available from all sources and had missing demographic data for HIV (not AIDS) cases.
- 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
- These other data can also provide additional information on those who are not in care and the reasons why
- This information should be used to develop strategies to link and keep people in HIV primary care, particularly those with disproportionate unmet need.