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# Needs Assessment 2024

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Black/African American



# Table of Contents

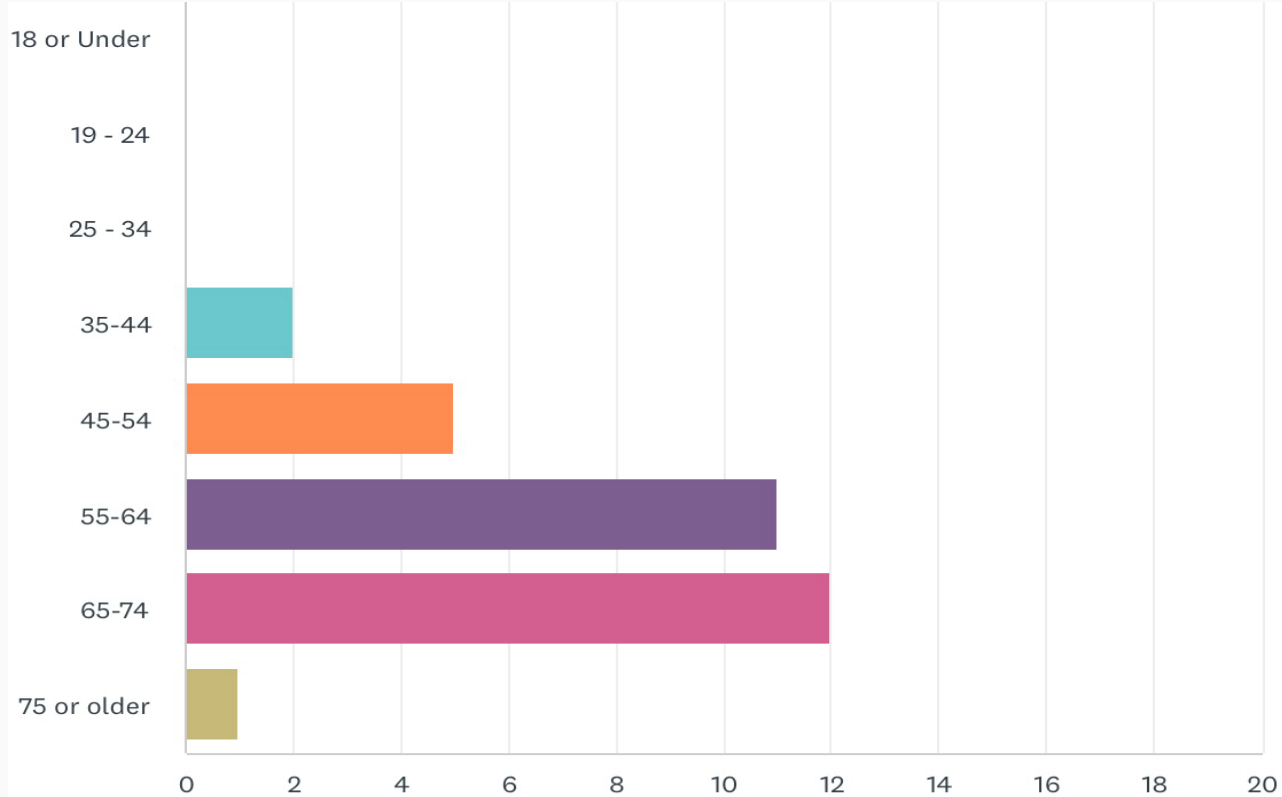
<b>Background Information</b>	Information about outreach/surveys and what the Needs Assessment consists of
<b>Data Snapshots</b>	Data is pulled from participant surveys
<b>Findings</b>	Highlight themes and discussion points that came from the interview portion and service category prioritization + quotes
<b>Conclusion</b>	Summary points of what has been discussed
<b>Recommendations</b>	Action items – What can the council do to better support the community's needs?
<b>Questions</b>	Q&A



# Background Information

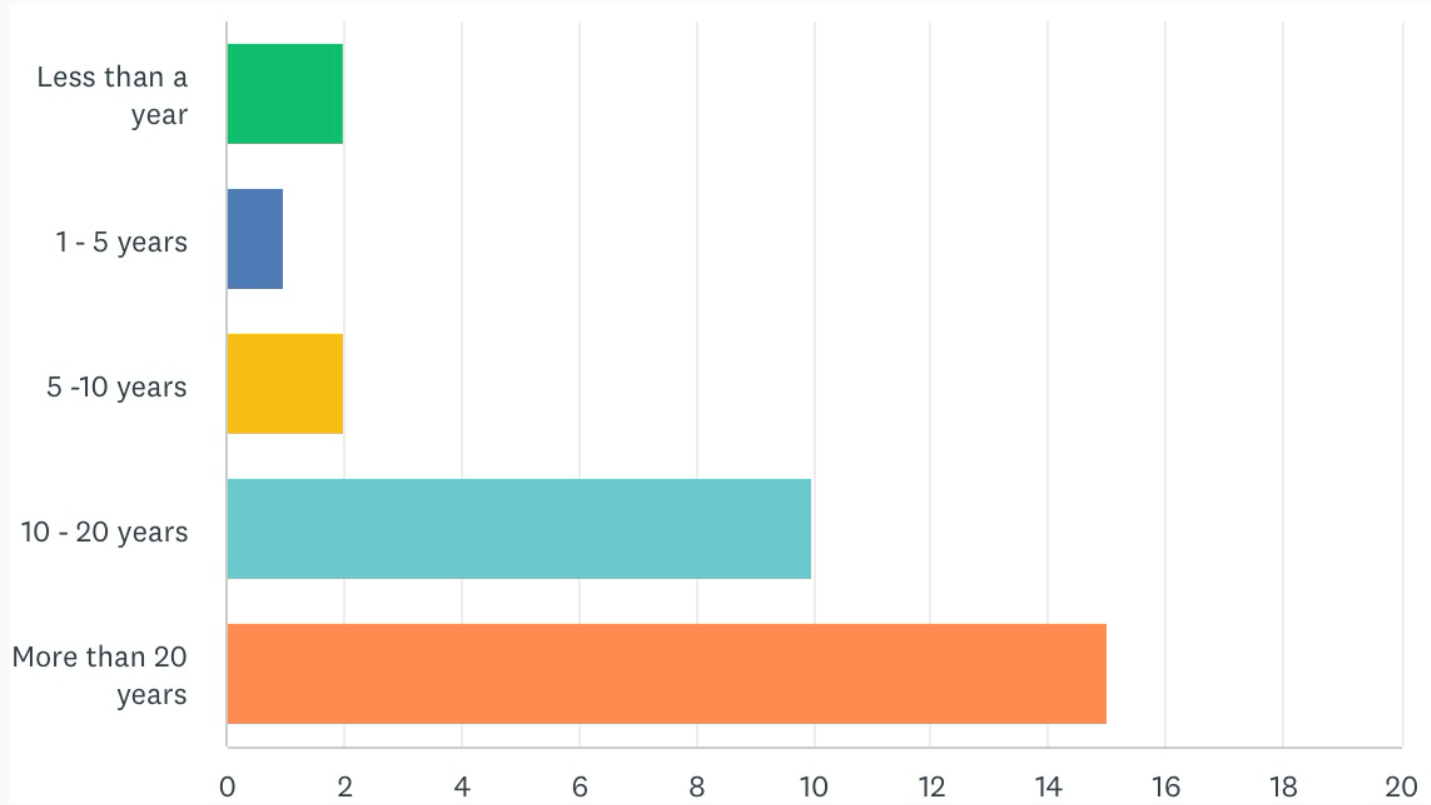
- This year's target group was the *Black/ African American* community, chosen by the Community Engagement Committee. Outreach efforts and facilitation was led by Kira Perez and detailed notes were taken by Kat Tajgeer.
- There was a combination of in-person focus groups and one-on-one interviews that were held for participants. Individual interviews were conducted in-person as well as over the phone with a greater number of participants preferring phone interviews due to the ease of accessibility.
- Outreach began in March 2024 through October 2024, yielding a total of 31 participants. We collaborated with several organizations to hold in-person focus groups and flyer at various locations. These organizations include Black Brothers Esteem, SF Community Health Center, and Shanti Project. Participation was incentivized by a \$30 Safeway gift card.

# What is your age?

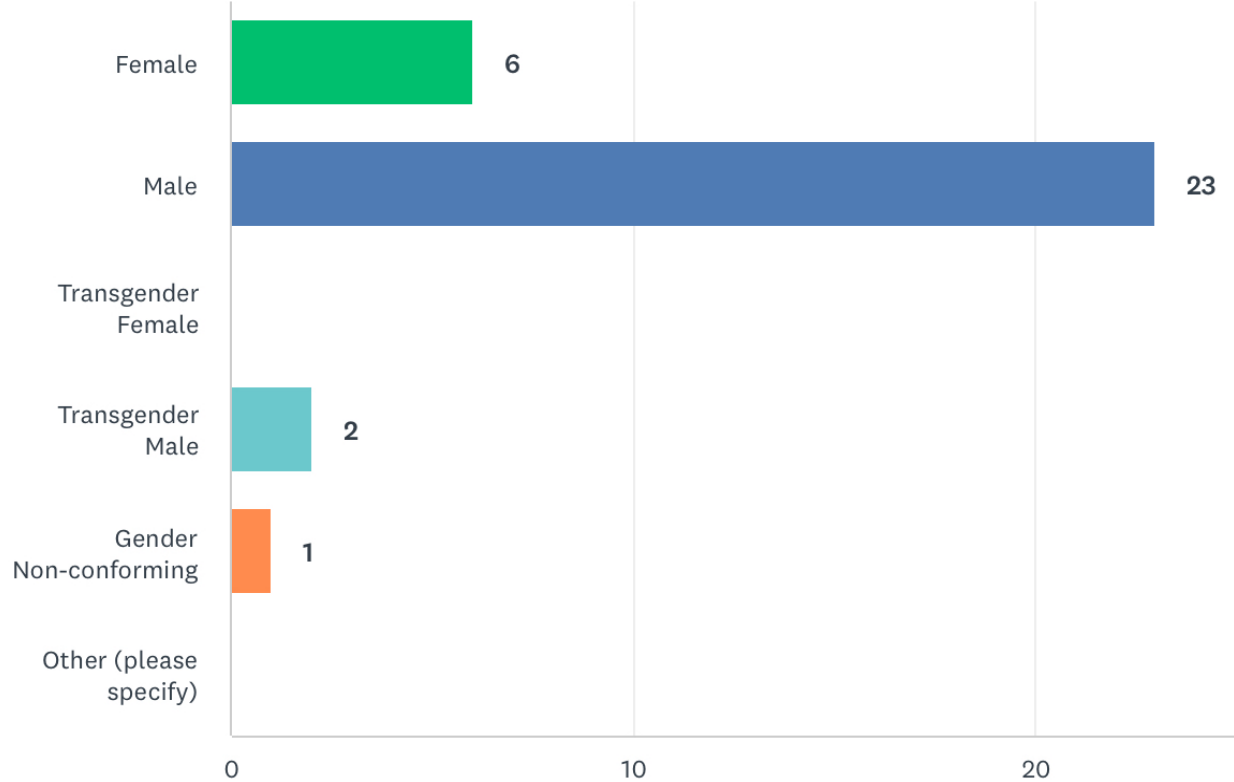




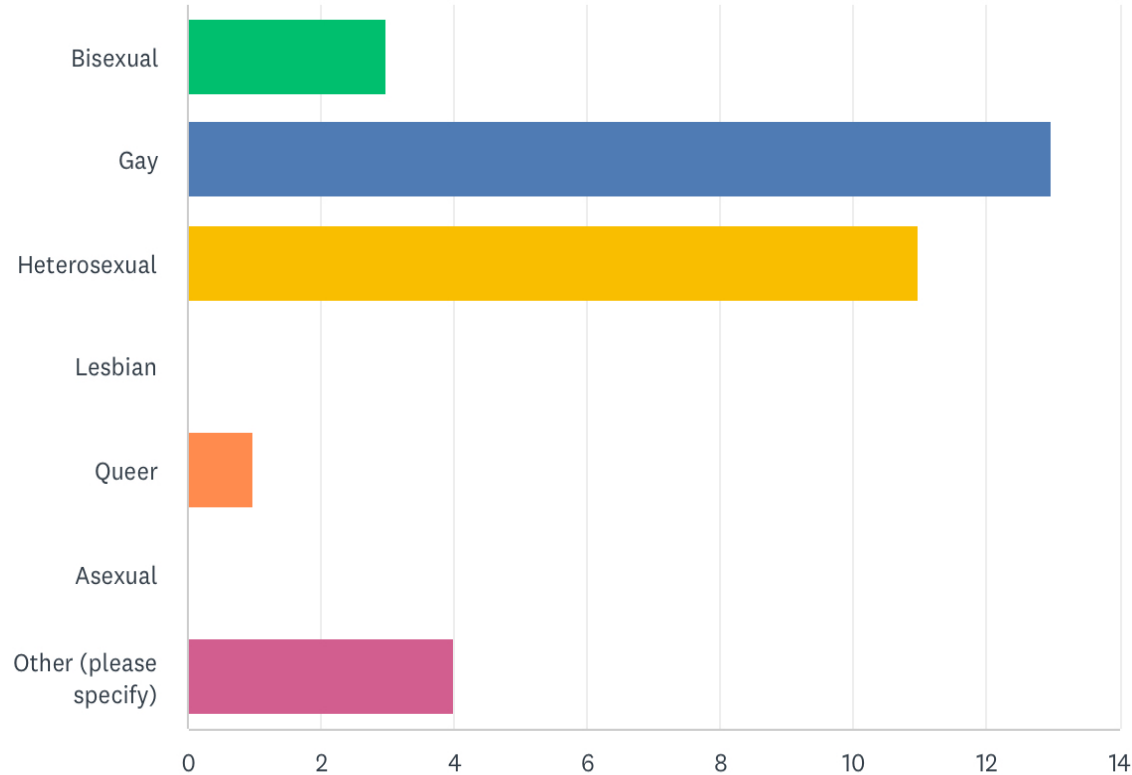
# How long have you been living with HIV?



# What is your current gender identity?



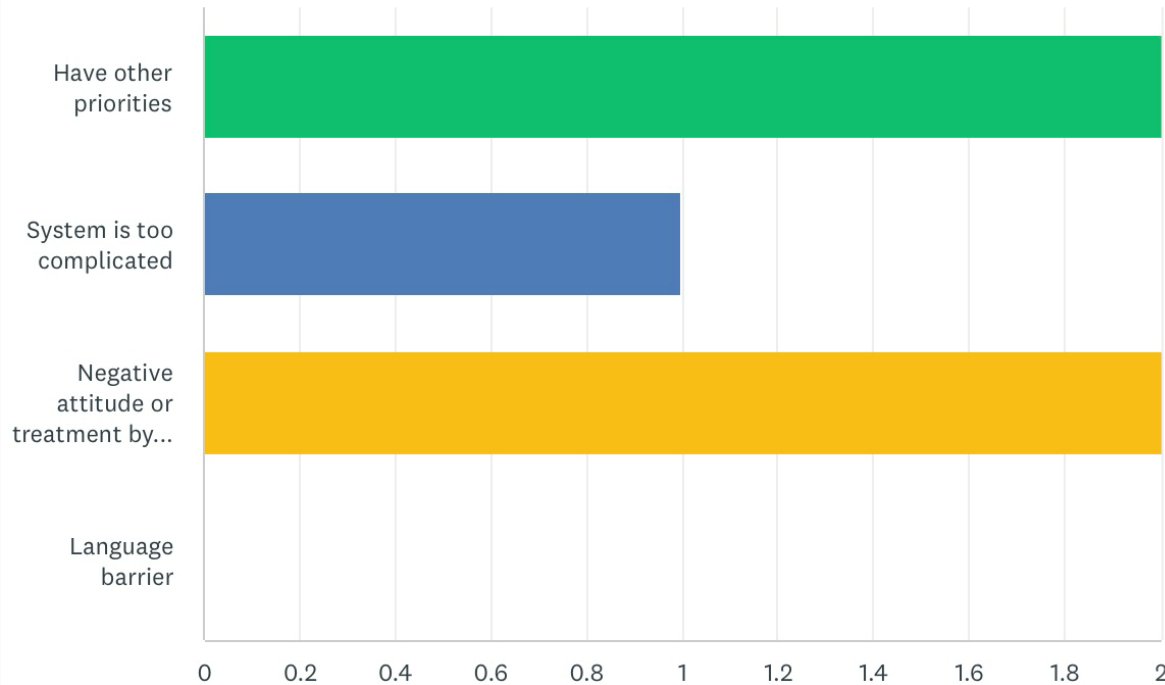
# What is your sexual orientation?



## Comments:

- Not sure
- Flexible
- Don't know

# If you are NOT engaged in medical care, pick the best option to describe why not.

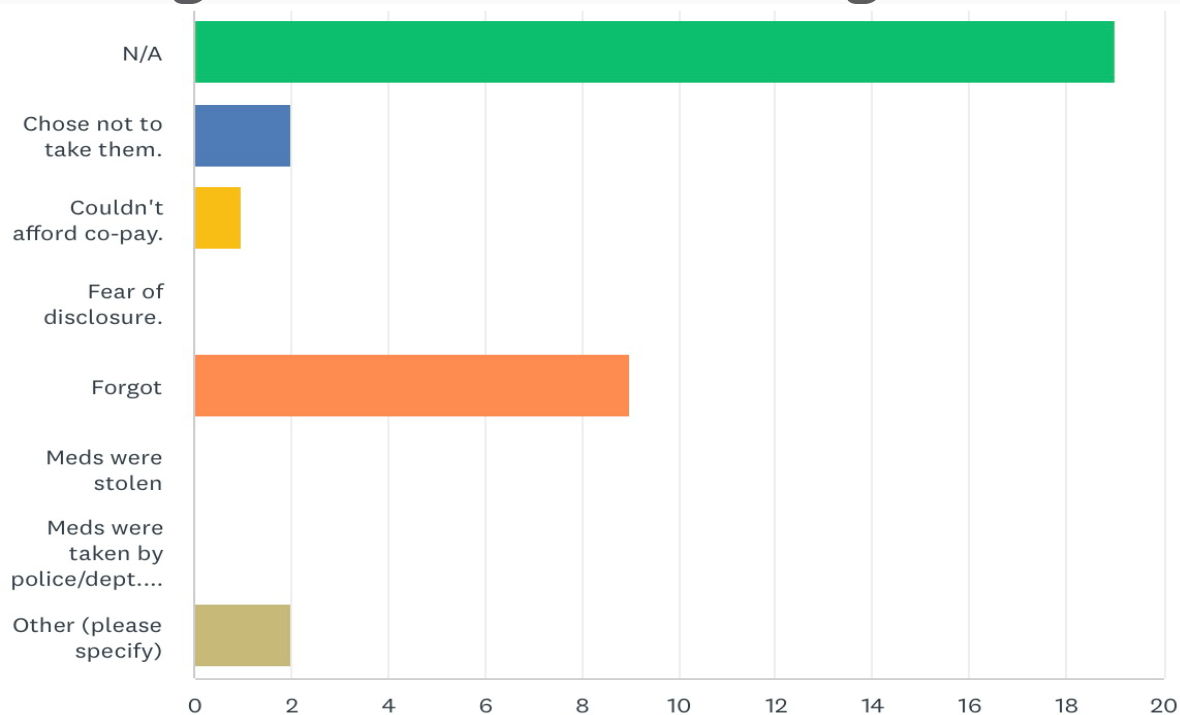


## Comments:

- Location, too difficult to access or get to
- Education about HIV, not enough knowledge from provider
- Mental health illness prevented me from focusing on this



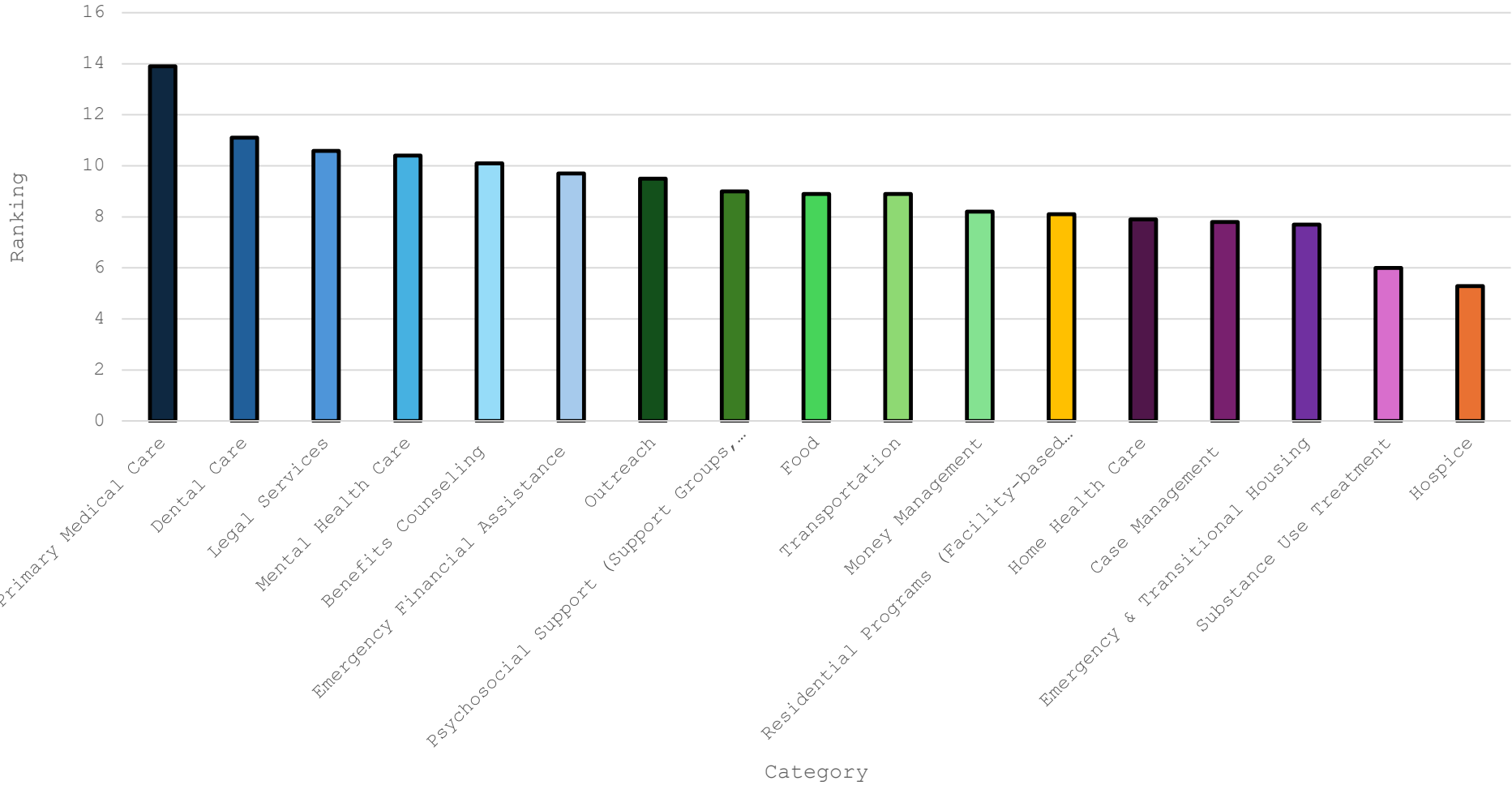
# In the last 12 months, have you failed to take your meds for any of these reasons:



## Comments:

- Overslept or stayed out too late

# Service Category Ranking



# Findings: Service Category Discussion

## 1. Primary Medical Care

- Participants shared the importance of maintaining engagement with their primary care providers due to their age and ailments. Being aware of what is wrong and addressing it in a timely manner is important to participants as HIV affects all of their other health issues.
- Described as essential to living a comfortable life as people age.
- There was concern about how taking so many different medications for so long affects participants, especially as they get older.
- Clients notice how frequent doctors will change and this causes anxiety around whether their new doctor will be as knowledgeable about HIV.

*“I do my part so they can do theirs. I make sure I take care of myself.”*

*“I love living. It may not be spectacular, but that’s why I take my meds.”*

*“Living in San Francisco, I can just live my life as a 61-year-old.”*



# Findings: Services Category Discussion Cont.

## 2. Mental Health Care

- Participants express wanting to feel supported when reaching out for help.
- Insurance can make options for mental health care limited. The process can be long and exhausting for people to navigate.
- MHC has equipped participants with how to take care of themselves

*“I’m building myself back up. I lost everything.”*

*“I’ve wanted to reach out and get help [for my mental health] but gave up.”*

## 3. Food

- There was high value placed on this category from participants. Many spoke to food’s effect on their overall health.
- Participants spoke about their experiences of food insecurity and knowing the important role food plays in their well-being.
  - Mindful of what they are buying
  - Dietary needs & high cost of groceries

*“Nutrition is important. It is whole body care.”*

*“After paying bills, there’s no money for food...”*

# Findings: Interview

During this discussion, participants were asked questions regarding barriers to their access to care, how often they are engaged with care, and their overall quality of life.

## Cultural

- Despite acknowledging the acceptance of HIV in San Francisco, participants still feel stressed in trying to grapple with their own diagnosis.
- The sentiment that the Black/African American community can stigmatize HIV was echoed through various focus groups.
  - Shame associated with HIV
  - Ostracized if community finds out

*"People judge you. That's how it is."*

*"...I still haven't told my family, and I won't."*

*"They still think HIV is about being 'gay'."*

*"...a lot of ignorance. That's why people won't come [to support groups]."*

# Findings: Interview Cont.

## Housing

- The location of housing has a significant impact on clients, particularly those who are also coping with issues like substance abuse or mental health challenges.
  - Challenging to find safe, affordable housing
  - Stable housing is critical to mental/physical well-being

## Medication

- Concerns regarding HIV medication
  - Side effects & long-term effects
  - Variety – injections more convenient
  - Doctors adding more medications to long list
- Side effects were a specific concern for most participants as they described changes to their appetite, leading to a negative change to their mental health

*“[You] stand a better chance when being in your own place to take care of yourself.”*

*“Housing is a nightmare and it's still not affordable.”*

*“I don't feel like I'm going to die from HIV. I feel more secure.”*

*“Doctor's answer to my aches & pains is just more pills.”*



*“As I age, I’m more concerned about things that happen as I get older.”*

*“These new medicines are wonder drugs ...this is what I was fighting for.”*

*“Not that much money after I pay bills.”*

*“Housing, it’s a nightmare. It’s not affordable.”*

*“San Francisco has the best doctors. They’re really hard working and fought for me to get housed and on medication”*

*“After I pay rent, I can’t buy food.”*

*“If I wasn’t positive, I wouldn’t be able to get housing.”*



# Conclusion

- Many participants with HIV in this community deal with strong stigma due to cultural attitudes and ignorance about HIV. This secrecy, while protective in some ways, can have serious repercussions: participants often lack a support system, forego necessary health care, and miss out on critical information about managing HIV.
- Due to the complexity of trying to find a mental health care provider, participants feel discouraged by the process. Long waitlists add to this stressor. Mental health issues pose a barrier to staying engaged with care.
- Participants emphasized the importance of staying connected with their primary care providers as they age and deal with various health conditions, including HIV. Ongoing medical support is viewed as essential for a comfortable life. However, there are concerns of the long-term impact of taking medications as they get older. Additionally, frequent changes in doctors lead to anxiety about whether new providers will have sufficient knowledge of HIV care.





# Recommendations

1

## 1<sup>st</sup> Recommendation

Offer HIV specific care for all healthcare providers, including new staff, to improve patient confidence in care

2

## 2<sup>nd</sup> Recommendation

Promote existing psychosocial support groups that offer emotional support and guidance while clients wait for a formal mental health service provider

3

## 3<sup>rd</sup> Recommendation

Develop & distribute culturally tailored messages addressing common misconceptions through various methods such as flyers & posters, infographics, and videos

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✧ Thank You ✧

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Questions?