



Needs Assessment 2025

PLWH over 65 yrs.



overview

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Background + Methodology

- The Community Engagement Committee chose to focus on People living with HIV over the age of 65. They tailored the survey instrument and helped with the outreach strategy.
- Outreach took place from March 2025 through September 2025. Facilitation and outreach efforts were led by Kira Perez with support from Kat Tajgeer.
- Results include input from 57 participants which was incentivized with a \$50 Safeway gift card. Collaboration with various organizations including Open House, City Clinic, Curry Senior Center, Honoring Our Experience, and so on.

What is your age?

Age Range

66-70

33

71-75

12

76-80

8

80 or older

4

0

5

10

15

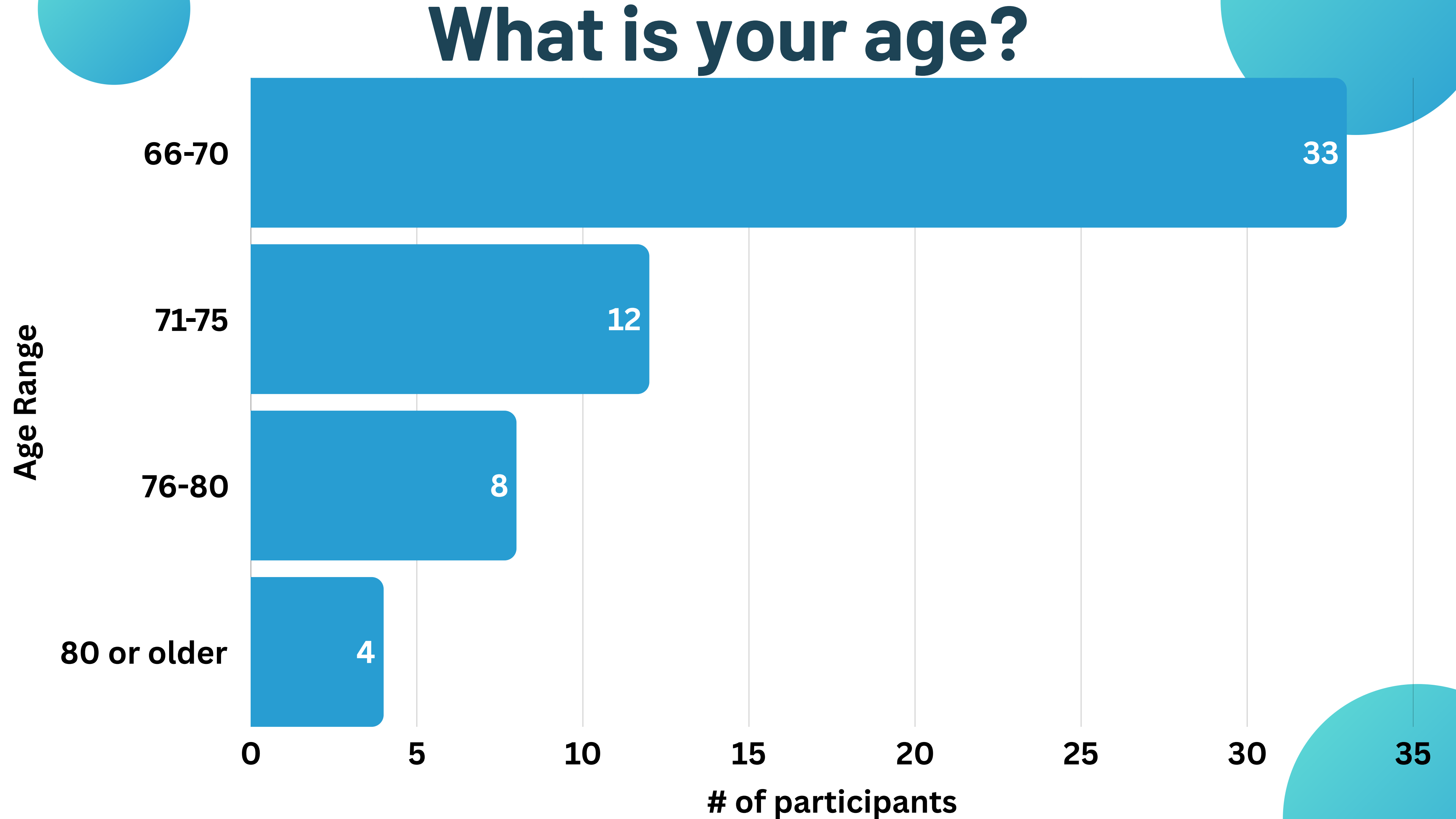
20

25

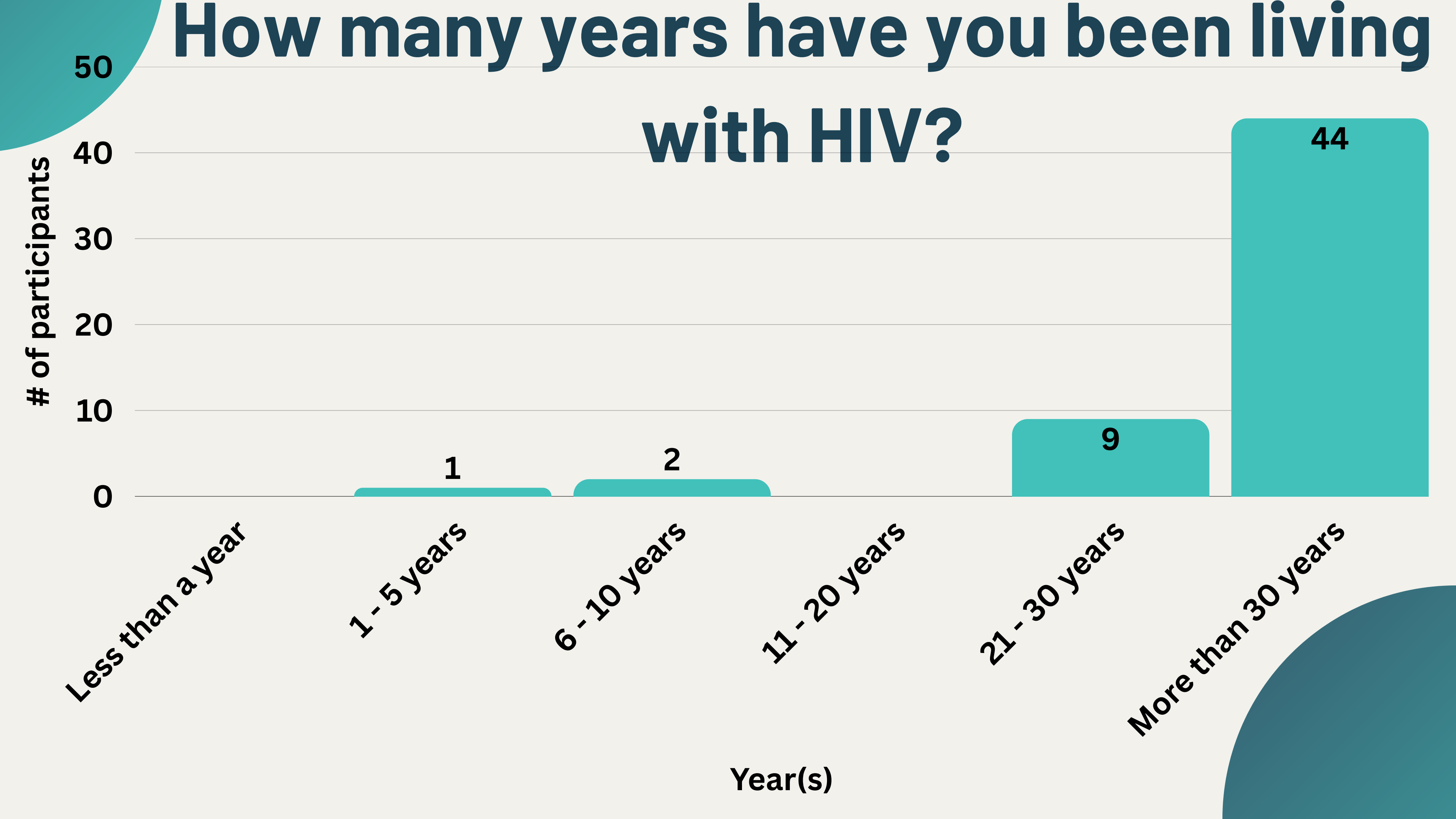
30

35

of participants

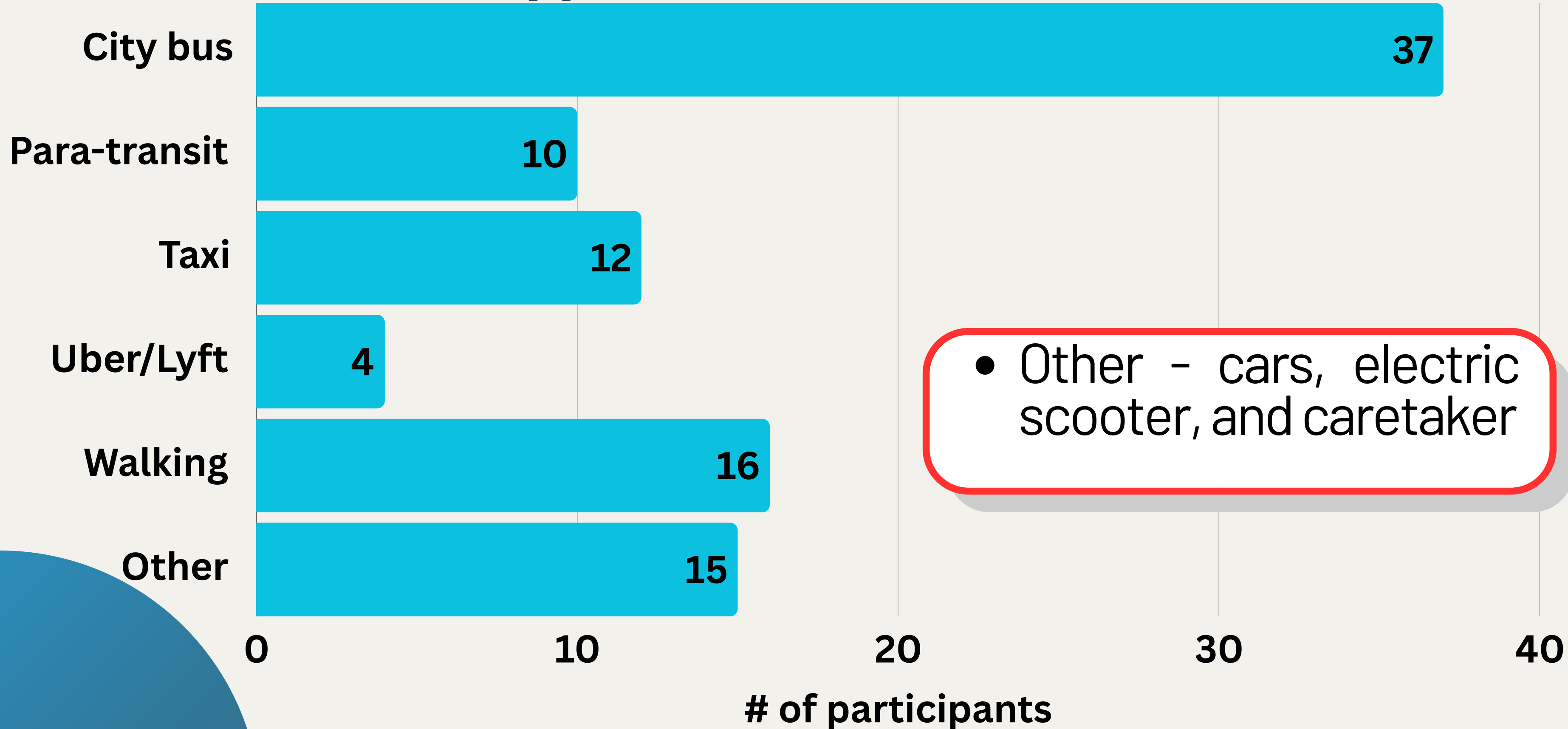


How many years have you been living with HIV?

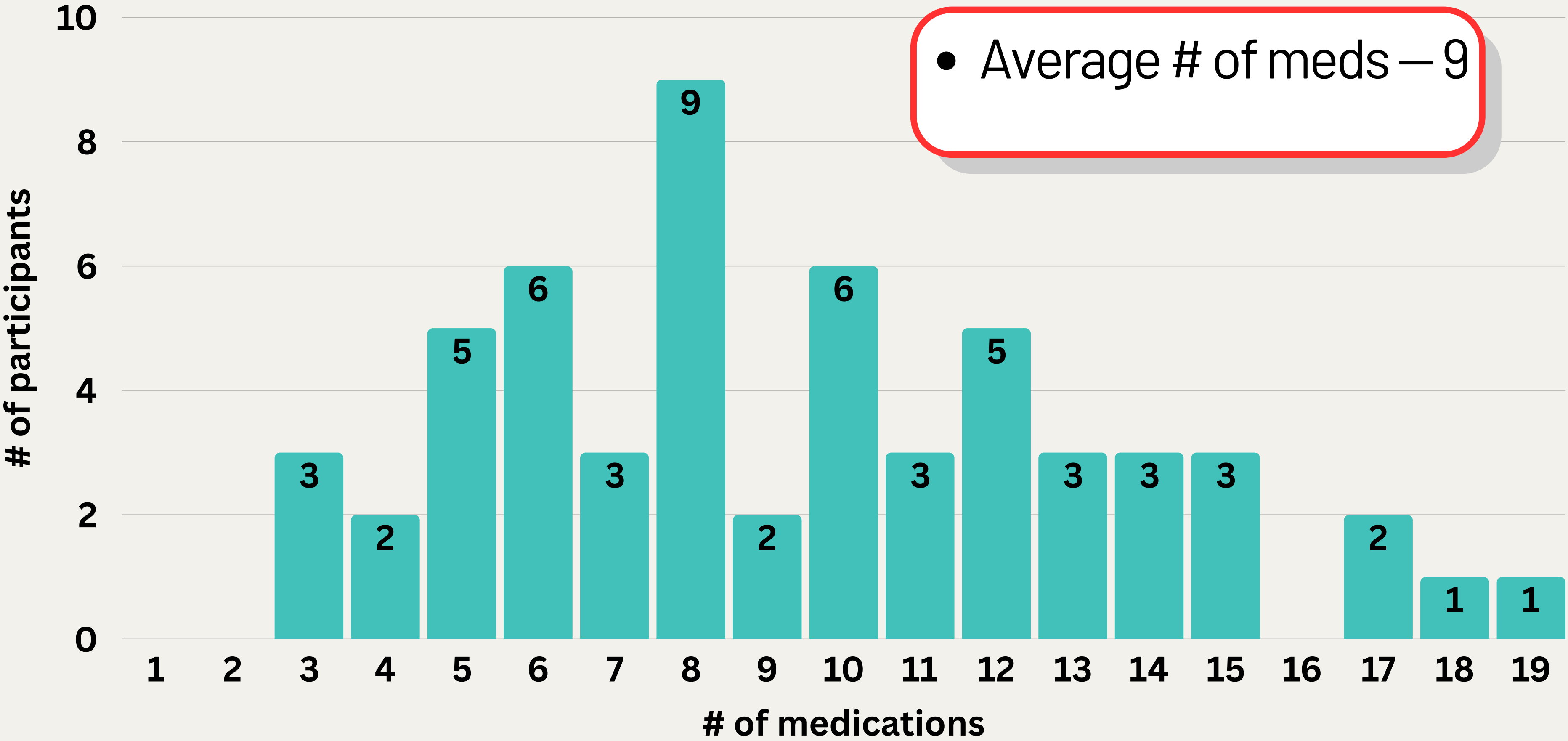


What modes of transportation do you utilize to get to appointments?

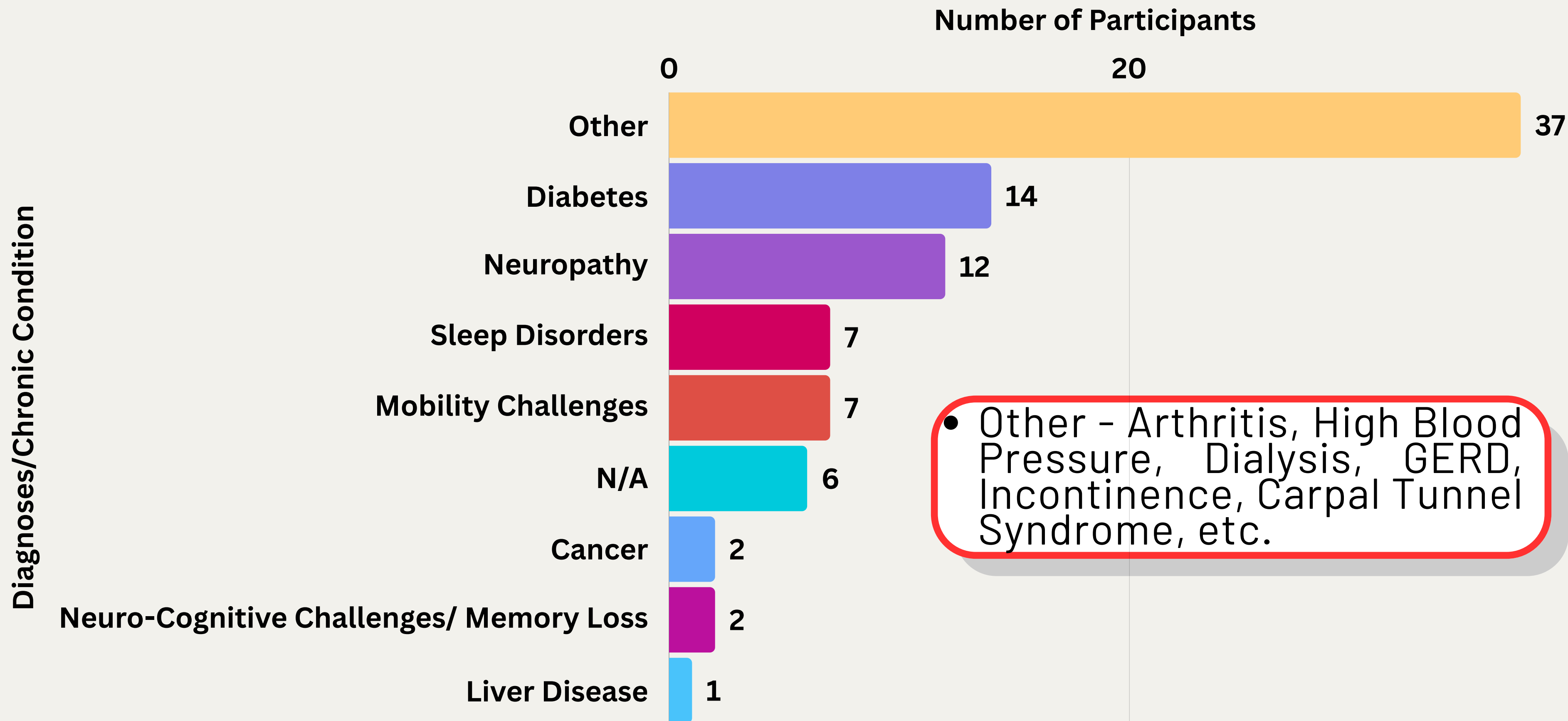
Transportation Mode



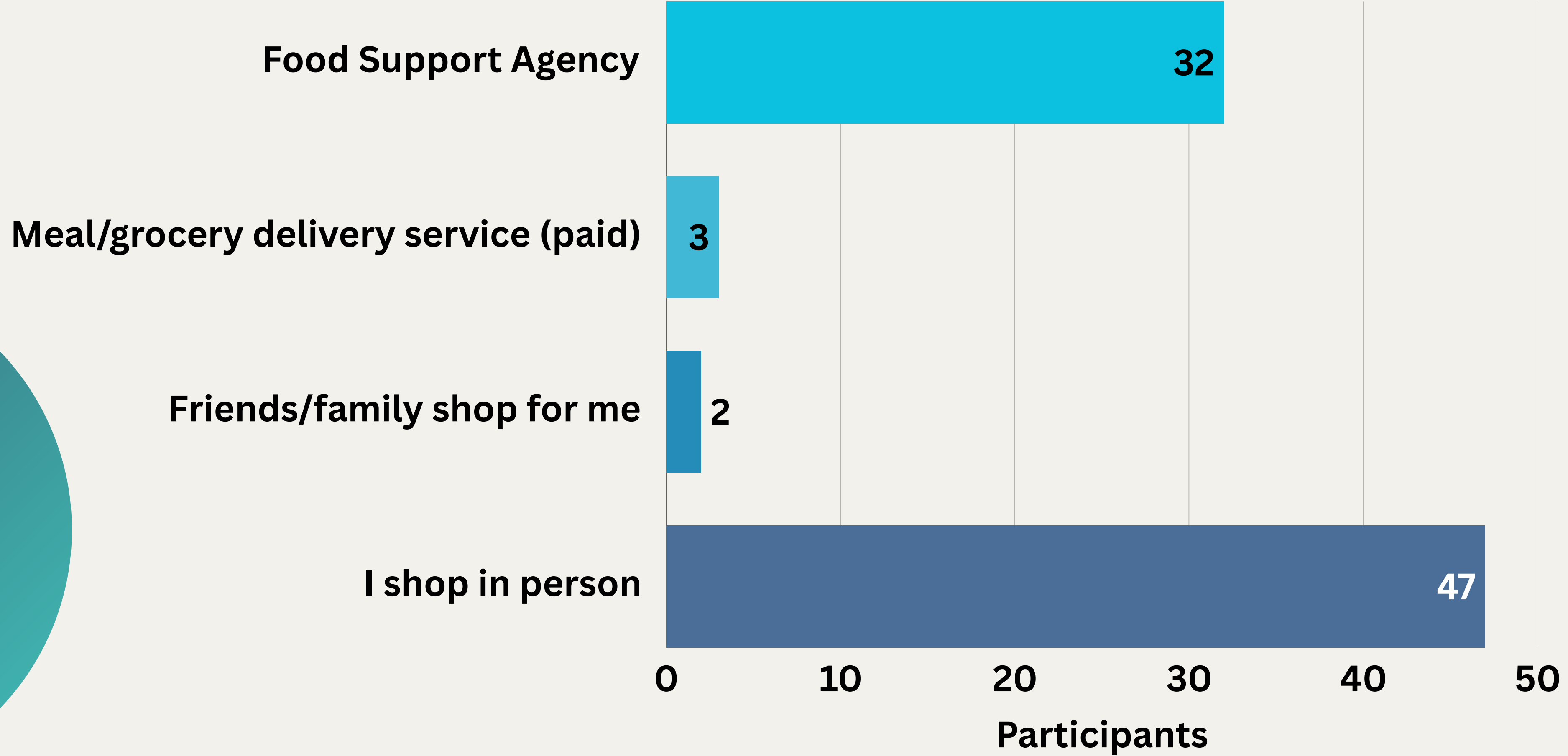
How many different medications are you currently taking?

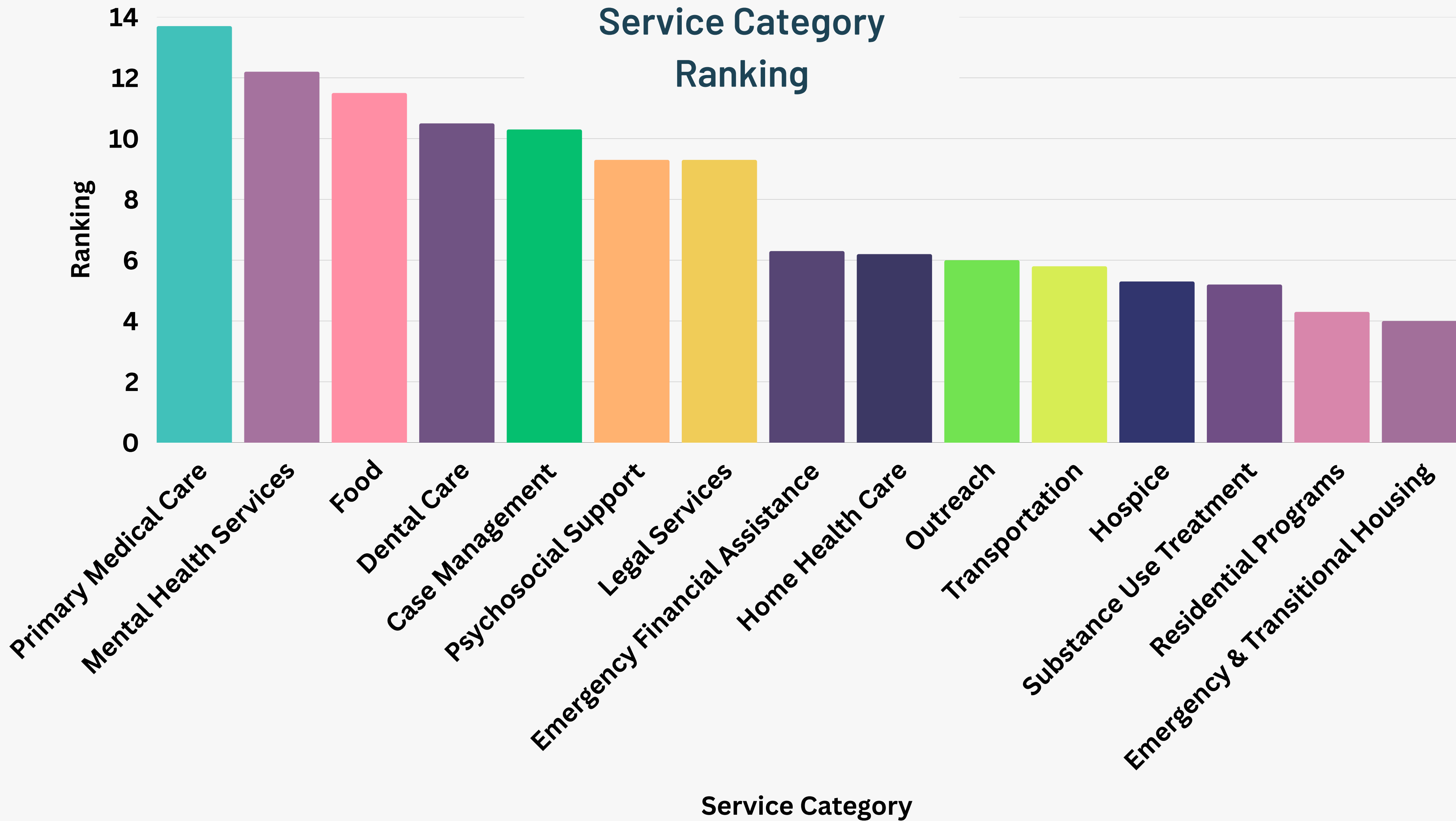


Are you currently managing any other diagnoses or chronic conditions?



How do you typically purchase your groceries?





Findings – Service Category Discussion

Primary Medical Care

- Concerns included losing medical coverage due to the current administration (e.g. HIV meds)
- Losing knowledgeable doctors and the effect it would have on their quality of life as their issues don't get resolved
 - Health issues could advance further into bigger issues
 - Appointments sometimes feel rushed leaving patients without the thorough attention they're used to
- Medication overload
 - interactions between medications, long-term consequences
 - acceptance of long-term use of medications
- Relationship with Primary Care Provider seen as beneficial and valuable to participants as they view them as HIV-experts and feel like it's a partnership

“Sometimes it feels more like a conversation than a medical screening.”

“Doctors retire and I have to train a new doctor. It's exhausting. The young doctors don't know the history we've been through.”

“Not a long-term survivor, I'm a long-term thriver.”

Findings – Service Category Discussion Cont.

Mental Health Care

- Tied into Medical Care as general quality of life is either hindered or helped by what effect HIV or medications have on the body
 - Physical decline can deter emotional well-being
- Retraumatization from early days where there was grief from loved ones dying

“Never expected to live this long.”

“If I get out once a week, I’m lucky.”

Housing

- Doesn’t feel adequate, safe, or supportive
 - Not stable enough or “senior friendly”
- Affordability of housing is non-existent
 - Staying where they are due to quality of medical care
 - High cost of housing is more than income
 - Current political climate causing anxiety about whether housing subsidy will be effected and how folks would handle it

“Will I have safe housing or will I lose it?”

“If I didn’t have this housing, I would be in a tent on Market St.”

Findings – Interview

During this portion, participants were asked questions regarding concerns about aging with HIV, quality of life, and any gaps in their care.

Aging with HIV

What support is available to them and how can they prepare

- When thinking about aging with HIV, participants emphasized worrying about losing their independence.
 - Not knowing what to do if they were to need help or being unable to care for themselves
 - Lack of access to long-term care or unaware of available services
- Participants spoke to feeling unprepared for any future complications.
 - Having their documents in order for end of life care, but not necessarily knowing how to handle their health declining or coming to terms with their body slowing down
 - Didn't expect to live this long and not having long-term plans (e.g. financial)

“You’re never prepared for the bad stuff. I have to take it day-by-day and it’s hard to feel like I can prepare for the future.”

“As we get older, our needs grow.”

Findings – Interview Continued

Quality of Life

Lowering their standards to meet their reality

- Participants spoke to the uncertainty being able to afford housing, food, and living in general. When discussing feeling prepared for the future, the overarching theme that was consistently talked about was not having the means to afford the care that they needed.
 - Feeling they have to lower their standards to be able to afford to live in San Francisco or take care of themselves
- Opting for cheaper grocery items or supplementing their food with food banks or not being able to dine out

“Could be a lot better, but I can eat.”

“If I can’t eat and nurture myself, I can’t get to the doctor and take care of myself.”

Mental Health

Dealing with grief from 80’s/90’s and present day

- Mental health care can be challenging to acquire especially with appointment allotments, waitlists, and turnover of staff.
 - Emotional trauma sustained from 80’s/90’s comes up as folks are aging
 - Dealing with Survivor’s Guilt as well as retraumatization

“I get tired of being told to take care of myself. I’m doing what I can but it’s not always enough.”

“When my mental health is down, I can’t make good choices .”

“I want to die living, not surviving.”

“I don’t really know what 71 is supposed to feel like.”

“My needs haven’t gone away. There is a dam holding back the lake.”

“I would love to be free of having to take any pharmaceutical drugs.”

“Another needs assessment? Our needs haven’t changed.”

“We’re the first generation to age with HIV. It’s all a new frontier...we are the research.”

“If you’re in an emergency and they can’t fit you in, you are just left to suffer.”

Conclusion

- Participants addressed what is top of mind when it comes to their needs as they age. The value placed on the relationship they have with their doctors proved to be a core relationship. Often seen as a partnership, it spoke to the importance of maintaining and staying engaged with their medical care. Additionally, it highlighted the significant role a provider plays in a client's life when they look at the quality of care they are receiving from them.
- Many people spoke to the general fear of losing benefits and having to think about how to prepare. Additionally, the idea of losing independence has become a significant worry that adds to the stress of navigating the system of care. While many had support systems consisting of family or friends, there was also concern about losing them. There was anxiety around grieving those loss of loved ones and the strain in their mental health as they relived that trauma.

Recommendations



1st Recommendation

Alternatives to
addressing Mental
Health Care gap through
group therapy with a
licensed clinician




2nd Recommendation

Communicate findings
from this Needs
Assessment to a larger
audience, especially
providers of services



3rd Recommendation

Consider trauma
training for Mental
Health Care providers

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Thank you
Any questions?