

COLA 2025

Cisgendered Women Living
with or at-risk for HIV

Kira Perez

San Francisco HIV Planning Council

Background

- The Community Engagement Committee determines target populations for Community Outreach and Listening Activities (COLA) focus groups.
- Limitations include a small sample size, so it's important to note that clients may not be representative of the demographics of this target population

Thank you to our collaborating partners:

- Stephan Spano & Delaney Nevius
- Focus group - February 2026
 - Yielded a total of 9 participants
 - Incentivized by \$50 Safeway gift cards
 - Facilitated by Kira Perez

Overview

Mission Statement:

It is the responsibility of the COLA (Community Outreach and Listening Activities) Team to proactively gather and disseminate relevant information to and from people living with HIV and at highest risk for HIV.

- Post merge the council has endeavored to expand COLAs to include prevention concerns
- The purpose of COLAs are to:
 - Disseminate information about the HCPC and the HIV Consumer Advocacy Project
 - Conduct outreach to consumers of services as potential council members
 - Provide small scale needs assessments that focus on the San Francisco EMA system of care, in particular:
 - To collect information regarding Service Prioritization from consumer of services
 - To collect information regarding unmet needs and barriers to care
 - To solicit input and obtain feedback on overall service needs of HIV+ individuals and communities

Service Category Prioritization

Service Category	Rank
Primary Medical Care	10.5
Mental Health Care	10.4
Dental Care	9.8
Emergency Financial Assistance	9.3
Food	9
Psychosocial Support (Support Groups, Volunteer Support)	8.6
Substance Use Treatment	8.5
Transportation	8.4
Case Management	8.3
Residential Programs (Facility-based Health Care, Residential Mental Health)	7.8
Legal Services	6.8
Outreach	6.6
Emergency & Transitional Housing	5.9
Hospice	5.5
Home Health Care	4.9

Service Category Discussion

Primary Medical Care

- Quick turnover of medical staff
 - Contributes to the feeling of short-term care
 - Staff doesn't have enough familiarity and don't feel as knowledgeable
- Pharmacy fulfillment system lacks follow through
 - Effects med adherence
 - Clinics feel understaffed in the pharmacy dept.
 - Pharmacists fill the role of doctor when it comes to explaining meds and any interactions

Case Management

- Not enough case managers and most are not reflective of Black/African American community
- Better oversight on case management needed
 - Clients can have traumatic experiences
 - Lack of care coordinating
- Case managers provide an essential service in which clients are aware that case management connect ALL

Transportation

- Wary of cuts to funding of transportation
 - Unable to get to appointments without transportation
 - Para transit has a limit of allowances

Discussion of Challenges & Barriers to Care

How has your experience navigating the system of care felt?

Support Groups

- Support groups specific for women are hard to come by and don't feel inviting
 - Groups will run for a limited time (e.g. 8 weeks)
 - Outing & scheduling can be an obstacle because they are not able to make plans beforehand
 - Difficult to stay connect with support groups if you have a disability or need childcare
 - Lack of privacy when facilitators bring friends/non-clients

Prevention

- Lack of HIV education
 - Diagrams and abbreviations (e.g. U=U) can be confusing for people who don't always understand
 - Receive information about HIV only after becoming infected
 - No one takes the time to educate about HIV, just expect you to have the knowledge about HIV
 - Lack of education about HIV contributes to the stigma that still exists about it

“Where’s the prevention at?”

***“Spend some money to make it cool.
It’s not a death sentence anymore.”***

Discussion Continued

Access to Care

- Lack of support around building different kinds of relationships
 - Clients want to feel supported living their lives
- Having to prioritize childcare which can become a barrier to accessing care when activities are not inclusive to parents
- Balancing employment with benefits
 - Not wanting to lose current care provider
- Navigating the system of care feels tricky because clients have to ensure they do not “double dip”

“I’m fighting to get services for myself.”

“I shouldn’t have to fight for services they get funded for.”

“You have to be creative and know someone that knows the gray area.”

“No gap in paycheck, but there sure is a gap in care.”

Conclusion

- This specific target population faces a unique set of challenges when navigating the system of HIV care. Participants voiced concerns around the lack of education of HIV which is connected to the prevention side as well. This gap in education of HIV also contributes to the stigma that exists.
- There is a need for more consistent support groups that help serve this specific target population. Along with ordinary barriers that affect a client's ability to be involved in care, participants discussed the many complexities they must deal with in addition to this. Such as childcare, scheduling conflicts, and the availability of support groups that welcome cisgendered women.
- Funding cuts are top of mind for many participants with them noting the concern this causes. Participants noted seeing these cuts implemented in social activities as well as transportation. They note how the system works together as a whole and reducing one part effects their ability to stay engaged with care.

Thank you
Questions?

