



Needs Assessment 2023: Latino/a/x



Background

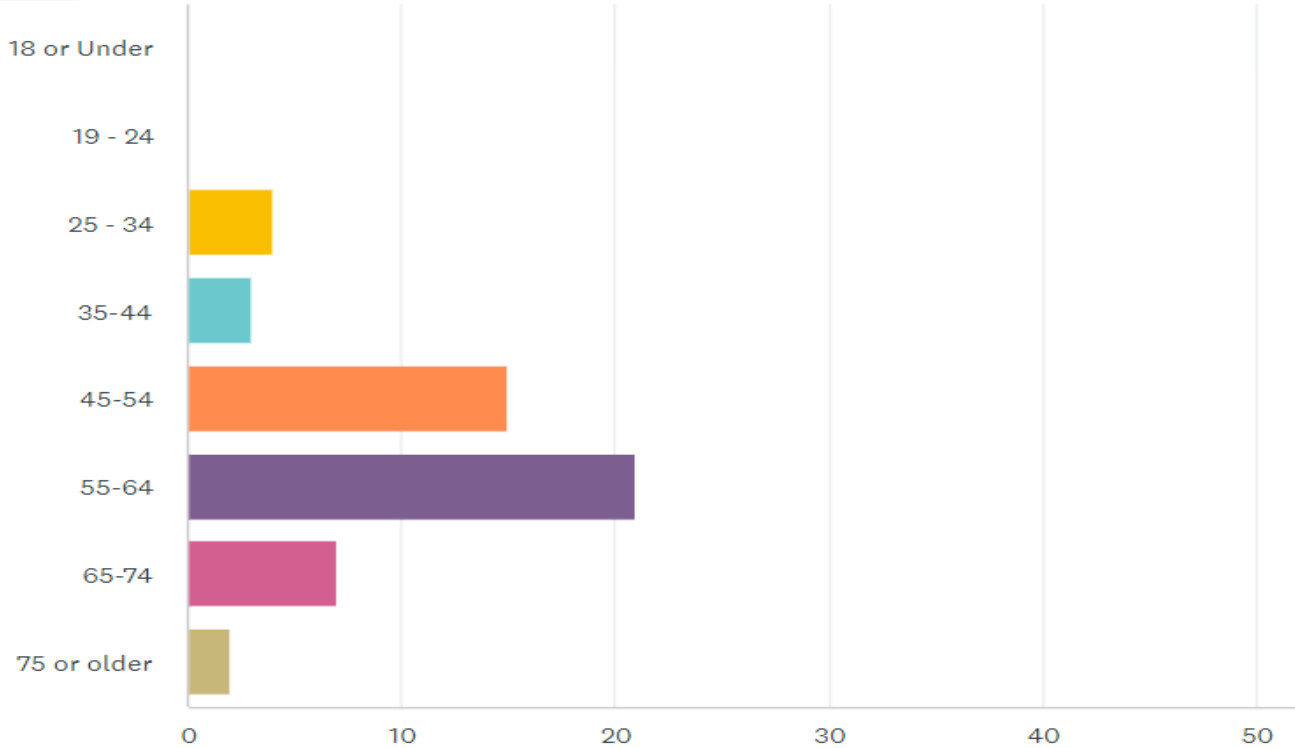
- The Community Engagement Committee chose to focus on the *Latino/a/x community* for the 2023 target. Outreach efforts were led by Kira Perez and David Crown.
- This year we held a combination of in-person focus groups and one-on-one interviews. One-on-one interviews took place in person and over the phone. All interviews/ focus groups were facilitated in Spanish.
- From August 2023 through November 2023, we had a total of 52 participants surveyed. Locations and organizations we worked with include Shanti Project, Instituto de la Raza, and the San Francisco AIDS Foundation. Participation was incentivized by a \$30 Safeway gift card.



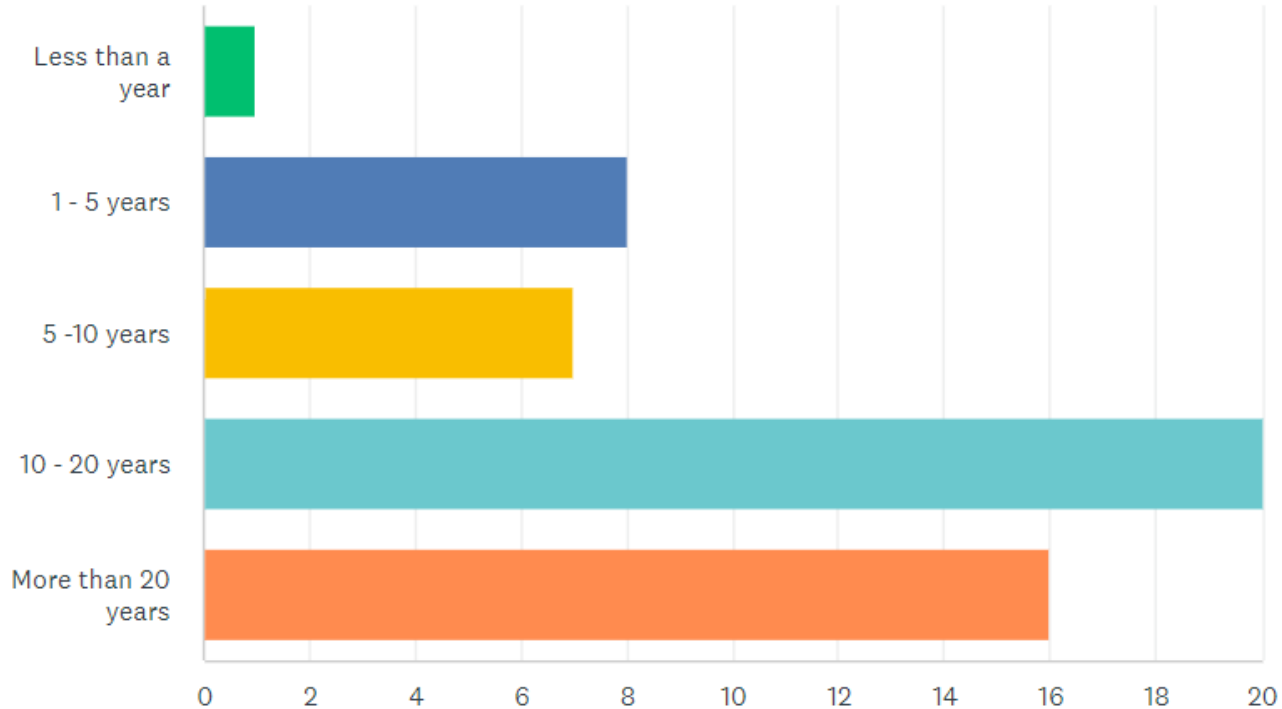
Overview

Demographic Data	Data pulled from participant surveys
Findings	Highlight important themes and discussion points that came from interview portion and service category prioritization + quotes
Conclusion/ Recommendations	Includes action items – What can the council do to better support the community's needs?
COLA Report Back	Review of COLA: People Affected By Eviction and findings
Questions	Q&A

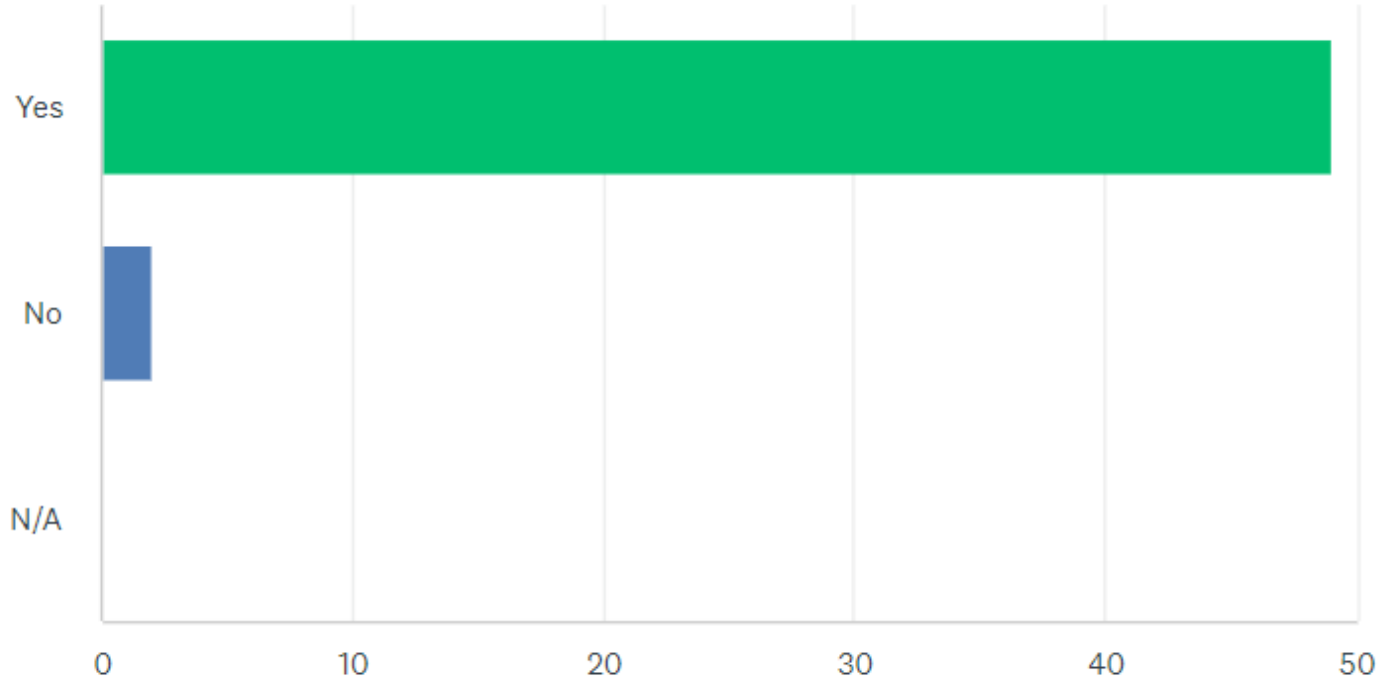
What is your age?



How long have you been living with HIV?

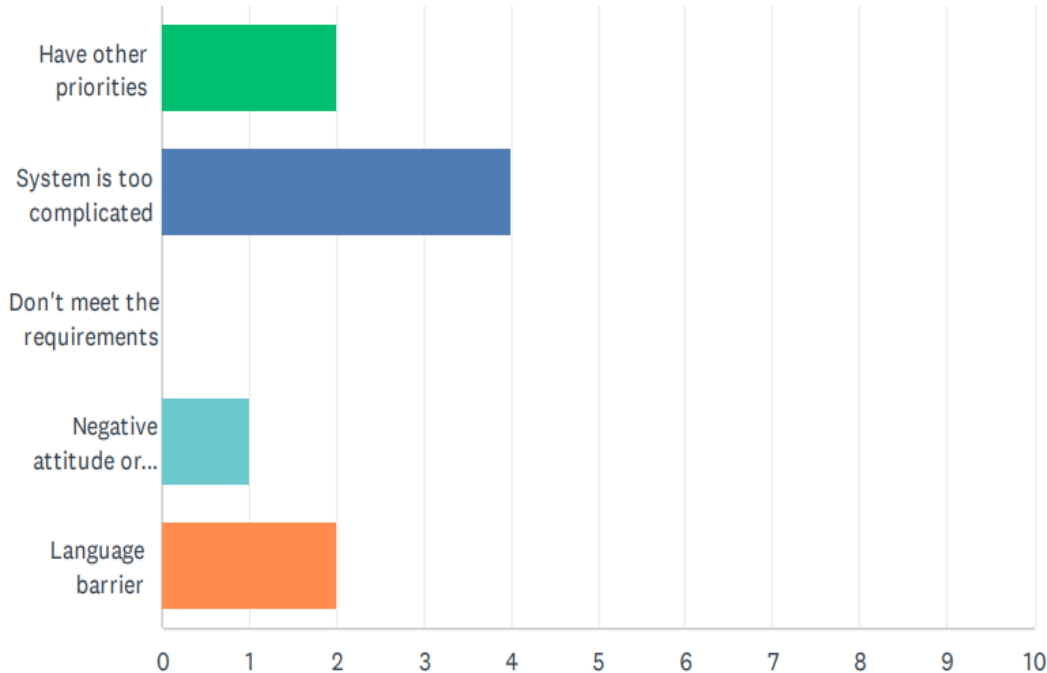


Are you engaged in medical care?



If you're not engaged in medical care, pick the best option as to why

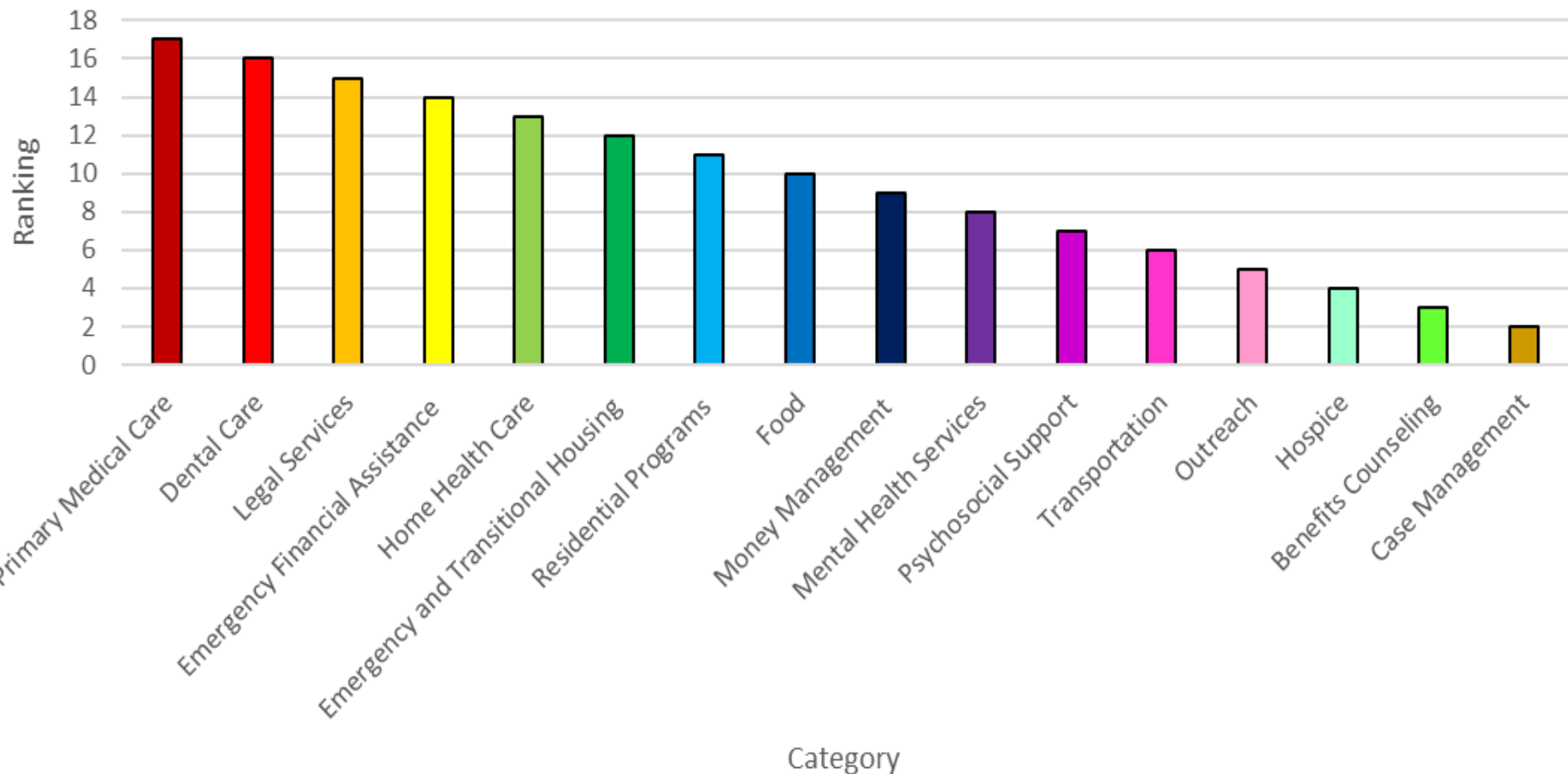
Answered: 9 Skipped: 43



Comment:

Had to change doctors because my original doctor reduced his hours. During this transition was the pandemic and it was really hard to find a new doctor, they were all booked and not accepting new patients.

Service Category Ranking



Service Category Discussion

1. Primary Medical Care

- Participants described being in constant contact with their primary medical care providers
 - Access to meds
- Medical care providers are praised for providing in-depth information and taking their time with clients
 - Making sure meds aren't interacting with one another
- Fast turnover of medical staff
- Doctors focusing solely on one ailment rather than the full picture

"...grateful to only have to take 1 pill and being able to have so many to choose from."

"I've had this doctor for more than 10 years..."

"If I didn't take care of my health, then I would have to resign from my job."



Service Category Discussion

2. Dental Care

- Wanting affordable and *quality* dental care
- Folks spoke to the fact that a lot of them knew they had bigger dental problems than the basic procedures that are covered, can't afford
- Unaware of how much their insurance covers, so they try to avoid going to the dentist
- Lack of coverage and not enough funds for dental services
 - Dental services that are provided aren't there to take care of their teeth but to make an insurance claim

3. Food

- Although not highly ranked, participants valued this category
 - Described as important due to being a basic necessity
- Affects their overall health, if they don't feel well, they can't work
- Praised organizations for providing groceries as well as warm meals

"They're just pulling out teeth, but not taking care of my teeth."

"I need to eat so that I can take my meds." ✕

"If I don't eat, then I'll get sick and can't work."

Findings: Interview

Questions were asked regarding barriers to their access to care, how often they engaged with care, and their overall quality of life.

- **Engagement with the system of care**
 - Feeling that the responsibility is on the individual
 - Shifting responsibility from system to individual
- **Cultural** – participants shared that they immigrated to the U.S. and compared treatment of their HIV status with their home country
 - Treatment from medical staff
 - Access to medication
 - Lack of information regarding HIV
 - No support or help is offered

Findings: Continued

- **Housing**
 - Lack of information regarding how to obtain housing subsidy
 - Language barrier – agencies providing information in only English
 - Participants shared feeling unsafe with their housing assignments
- **Benefits**
 - Participants not knowing how much their insurance covers
 - Lack of information regarding insurance/benefits





“My job is to take my meds, there’s even my phone for reminders”

“I’m confident I won’t die from HIV”



“Who lives with less than \$20,000 a year? No one.”



Conclusion

- Benefits is an area of concern for this population, including accessing information in Spanish. This concern is made greater when folks can't find tangible information about benefits.
- Dental care continues to be a challenging service category due to the lack of affordability and ability to receive quality care with low insurance coverage.
- Primary medical care is considered the most important service. Participants view their constant contact with their primary care givers as essential, which makes the fast turnover of medical staff a stressor for this population. An additional stressor is having to advocate for their complete list of concerns to be addressed rather than just one ailment.



Recommendations



1st Recommendation

Create a Spanish language informational pamphlet that includes benefits support (e.g. how to apply for benefits, which benefit options are available, etc.)



2nd Recommendation

HHS will continue to implement service provider trainings that focus on the needs of the Latino/a/x populations.



Recommendations



3rd Recommendation

HHS to disseminate HCAP monthly reports, HCAP annual report, Needs Assessment presentation, and COLA presentations to impacted service providers for quality assurance



4th Recommendation

Schedule presentation or training for the HCPC regarding the collective impact approach to Latino populations





COLA 2023: People Affected by Eviction





Thank You & COLA Limitations

Thank you to our collaborating partners:

- Stephen Spano & Derrick Mapp
- Focus group – June 2023
 - Facilitated by Kira Perez and David Crown
- Individual interviews – July 2023
- Community Engagement Committee

COLA Limitations

- Small Sample Size
 - 5 participants

*Participants may not be representative of the demographics of this target population



Discussion

Housing

- Participants spoke to the challenges they've experienced with housing, emphasizing that their standard of living went down.
 - Lack of respect and privacy in SRO's
 - Feeling more vulnerable after the 1st eviction
 - Location of SRO causes anxiety due to open drug-use, screaming, etc.
- The discussion highlighted the lack of quality + affordable housing available for folks and how fast the eviction process moves.
 - Call-out for a conflict-resolution step before eviction occurs
- There was also a concern for how evictions are tied to mental health and substance abuse issues due to eviction being traumatizing.

"The thought of a possible eviction rattles your brain, you're scared to get back on the street."

"...has to get worse before it gets better."

Discussion Cont.

Benefits

- Topic of concern as participants describe having to manage work hours and balance money to qualify for benefits
 - Feelings of unsteadiness
 - Not many job options
 - Unsure that they would be fine after an emergency
- Folks made to feel that they need to stay low-income in order to receive medical benefits. Becomes an added stressor when dealing with the possibility of an eviction.

"...playing sick to qualify for services."


"What constitutes an emergency?"

"Eviction is trauma."



Conclusion

- Anxiety around not qualifying or transitioning away from benefits. Participants feeling nervous about working too much, but needing to work in order to afford basic necessities.
- The burden of not knowing when to seek out help or being viewed as seeking out too much help, too often.
 - Feeling that the involvement of a legal agency was the only reason a landlord was working with them as tenants
- Quality of living conditions and location of housing causing fear around general safety. Housing is of top importance to this group, which is why they know how it ties into all aspects of their life including their mental and physical health.



Thank You
Any Questions?