

2011-2012 Community Assessment

As part of the process of developing the State's first consolidated *HIV Surveillance, Prevention and Care Plan*, the CPG Community Assessment Workgroup was formed and tasked with gathering information from HIV care and prevention service providers across California. The workgroup developed and distributed a survey to all current and prior HIV prevention and care contractors of the Office of AIDS (OA). These data have been compiled into a statewide inventory of current local service needs, gaps and barriers, and public/private-funded service delivery and utilization, to support the development of The Plan.

As with any survey instrument, it is important to acknowledge the limitations of our methodology. First, the data presented in the survey is not generalizable to the needs and services accessible to all people living with HIV /AIDS in the state of California. Because the survey was sent only to current and prior OA HIV prevention and care contractors, responses were limited mainly to Health Departments. Secondly, individual survey responses were not weighted by the prevalence of HIV disease in their particular area. Consequently, the results reflect some overrepresentation of service providers in rural areas.

While these data may not be representative of all California service providers, the information as a whole is extremely important in that this survey constitutes the first statewide assessment of OA-funded and previously funded prevention and care providers since the funding cuts of 2009. The responses collected were rich and diverse, and as a whole were instrumental in informing the development of the Integrated Plan.

Primary Data Collection

During the community assessment planning process, the Community Assessment Workgroup of the California Planning Group (CPG) determined that developing and distributing a survey would be the most effective means of collecting information from HIV providers. The following *advantages* of conducting a survey to collect provider data were identified:

- Low cost
- Ease of implementation and participation
- Data collected can be easily quantified

The following *disadvantages* of conducting a survey to collect provider data were identified:

- Survey questions may be misunderstood
- Responses may be incomplete
- Participation is often low, especially without incentives or requirements

Survey Instrument

The provider survey instrument was developed collaboratively by members of the Community Assessment Workgroup and Office of AIDS (OA) staff. The group worked diligently to devise a reliable and valid survey tool that would yield at least one response from each local health jurisdiction (LHJ) in California.

After the data collection instrument was finalized it was entered into SurveyMonkey, a web-based survey tool that offers a wide variety of design and collection options as well as powerful analytics. A letter, explaining the reason for the survey and providing access to the survey, was sent by then OA Chief, Michelle Roland, to all current and former Office of AIDS care and prevention contractors. The letter indicated a deadline by which to complete the survey as well as a point of contact for participant questions or comments.

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Workgroup members developed a survey follow-up strategy and following a brief pilot period, data collection began in April 2011. The request for participation was well received by providers but the data collection period was extended beyond the initial deadline in attempt to obtain responses from all California LHJs. Data collection culminated in late August 2011 with a total of sixty-five provider survey responses.

The following *successes* from conducting the provider survey were identified:

- Provided current, primary, quantitative provider data
- Provided an estimate of service delivery and utilization

Provided an estimate of service needs, gaps and barriers among HIV providers and People Living With HIV (PLWH) across California

**Note: Percentages reflected in each chart may not equal 100% as many survey questions allowed participants to choose more than one response.*

Demographics

Table 1. Community Assessment Survey Participants by Type of Services Provided

Services Provided	Number	%
Care	21	27.3%
Prevention	28	36.4%
Both	28	36.4%
Total	77	100.0%

Approximately one-third of respondents provide CARE, prevention or both types of HIV/AIDS services.

Table 2. Community Assessment Survey Participants by Classification of Organization

Organization Classification	Number	%
Eligible Metropolitan Area (EMA)	9	13.0%
Transitional Grant Area (TGA)	8	11.6%
non-EMA/TGA that also receives State Office of AIDS funding	5	7.2%
non-EMA/TGA that does NOT receive State Office of AIDS funds	0	0.0%
Clinic/Hospital	3	4.3%
Community-Based Organization	5	7.2%
Health Department	56	81.2%
Other	3	4.3%

The majority of respondents represent public health departments, followed by service providers in Eligible Metropolitan or Transitional Grant Areas. One respondent noted their status as a Federally Qualified Health Center.

Table 3. Health Jurisdiction Demographics of Community Assessment Survey Participants

LHJ Demographics	Number	%
Urban	8	11.8%
Suburban	12	17.6%
Rural	38	55.9%
Other/Mix	10	14.7%
Total	68	100.0%

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The majority of respondents represent rural areas of California, followed by suburban and urban areas. Some providers serve up to 8 different counties, while others consider their service area to be highly diverse, including urban, rural and remote desert towns and cities.

Table 4. Local Health Jurisdiction Planning Bodies by Type of Services Provided

Planning Body	Number	%
Care	20	29.9%
Prevention	12	17.9%
Both	18	26.9%
Do Not Know	3	4.5%

Respondents' planning groups are primarily CARE, or they represent both Prevention and CARE.

Table 5. Most Recent Local Health Jurisdiction Epidemiological Profile by Year

Year of Recent Epi Profile	Number	%
<2006	4	6.0%
2007	4	6.0%
2008	2	3.0%
2009	7	10.4%
2010	15	22.4%
2011	10	14.9%
Do not know	25	37.3%
Total	67	100.0%

Most providers completed an HIV/AIDS epidemiological profile as recently as 2010. Over one-third were unaware as to when or if a profile had been completed.

Table 6. Year of Most Current HIV Care and Prevention Services Needs Assessment

Year of Most Recent Needs Assessment	Number	Percent
<2006	5	7.7%
2007	8	12.3%
2008	2	3.1%
2009	3	4.6%
2010	15	23.1%
2011	18	27.7%
2012	1	1.5%
Do not know	13	20.0%
Total	65	100.0%

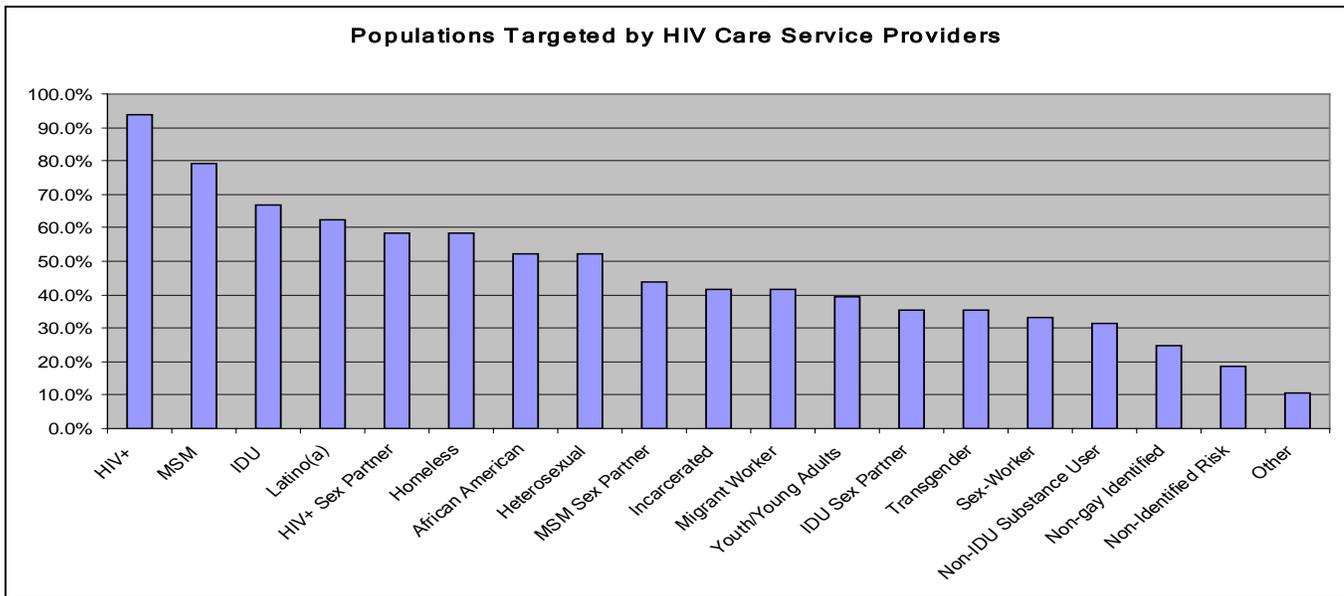
In 2011, approximately one-third (27.7%) of respondents completed a care and prevention needs assessment, an increase over the 23% who did so in 2010.

Care Clients and Services Provided

Table 7. Populations Targeted by HIV Care Service Providers

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Target Populations	Number	%
HIV+	45	93.8%
MSM	38	79.2%
IDU	32	66.7%
Latino(a)	30	62.5%
HIV+ Sex Partner	28	58.3%
Homeless	28	58.3%
African American	25	52.1%
Heterosexual	25	52.1%
MSM Sex Partner	21	43.8%
Incarcerated	20	41.7%
Migrant Worker	20	41.7%
Youth/Young Adults	19	39.6%
IDU Sex Partner	17	35.4%
Transgender	17	35.4%
Sex-Worker	16	33.3%
Non-IDU Substance User	15	31.3%
Non-gay Identified	12	25.0%
Non-Identified Risk	9	18.8%
Other	5	10.4%



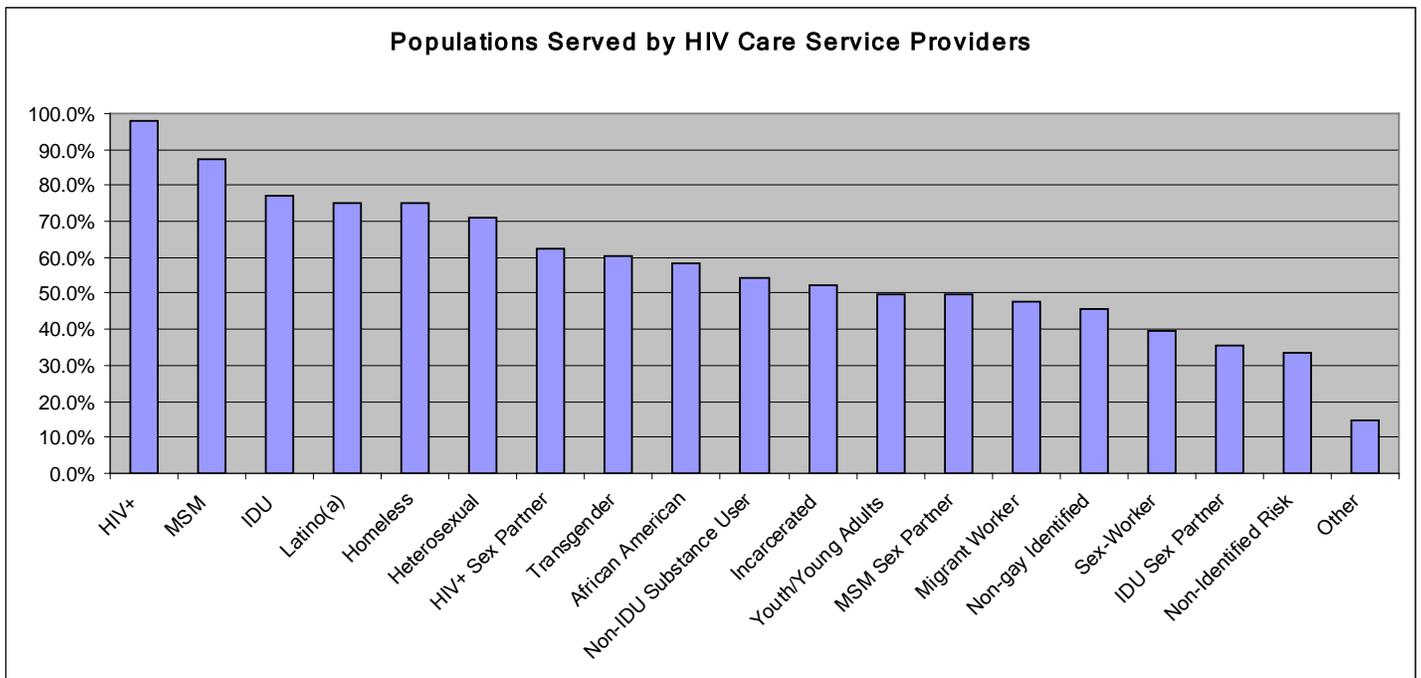
Respondents were asked to describe to which populations their services were targeted. A majority of programs target HIV positive clients, including MSM, IDU and sex partners of HIV positive clients. Greater than half target people of color (primarily Latinos [79%] and African Americans [52%]), homeless and heterosexual male and female clients. Other population groups include transgender people, the incarcerated and newly paroled, migrant workers, and non-IDU substance users.

Table 8. Populations Served by HIV Care Service Providers

Care Populations Served	Number	%
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HIV+	47	97.9%
MSM	42	87.5%
IDU	37	77.1%
Latino(a)	36	75.0%
Homeless	36	75.0%
Heterosexual	34	70.8%
HIV+ Sex Partner	30	62.5%
Transgender	29	60.4%
African American	28	58.3%
Non-IDU Substance User	26	54.2%
Incarcerated	25	52.1%
Youth/Young Adults	24	50.0%
MSM Sex Partner	24	50.0%
Migrant Worker	23	47.9%
Non-gay Identified	22	45.8%
Sex-Worker	19	39.6%
IDU Sex Partner	17	35.4%
Non-Identified Risk	16	33.3%
Other	7	14.6%



Population groups actually served are similar to those targeted (Table 7). A small minority also serve children, rural populations and/or Native Americans.

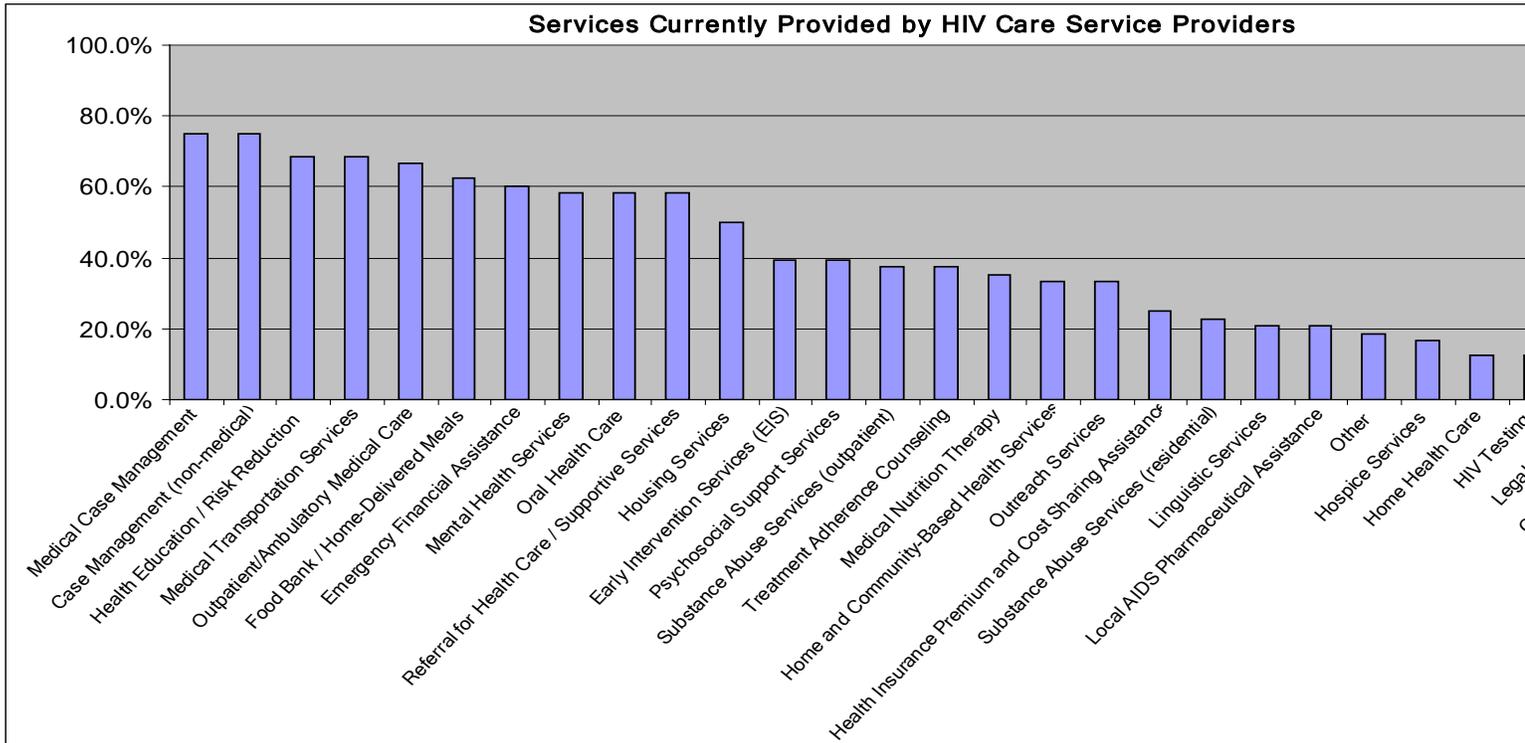
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Table 9. Services Currently Provided by HIV Care Service Providers

Services Currently Provided	Number	Percent
Medical Case Management	36	75.0%
Case Management (non-medical)	36	75.0%
Health Education / Risk Reduction	33	68.8%
Medical Transportation Services	33	68.8%
Outpatient/Ambulatory Medical Care	32	66.7%
Food Bank / Home-Delivered Meals	30	62.5%
Emergency Financial Assistance	29	60.4%
Mental Health Services	28	58.3%
Oral Health Care	28	58.3%
Referral for Health Care / Supportive Services	28	58.3%
Housing Services	24	50.0%
Early Intervention Services (EIS)	19	39.6%
Psychosocial Support Services	19	39.6%
Substance Abuse Services (outpatient)	18	37.5%
Treatment Adherence Counseling	18	37.5%
Medical Nutrition Therapy	17	35.4%
Home and Community-Based Health Services	16	33.3%
Outreach Services	16	33.3%
Health Insurance Premium and Cost Sharing Assistance	12	25.0%
Substance Abuse Services (residential)	11	22.9%
Linguistic Services	10	20.8%
Local AIDS Pharmaceutical Assistance	10	20.8%
Other	9	18.8%
Hospice Services	8	16.7%
Home Health Care	6	12.5%
HIV Testing	6	12.5%
Legal Services	5	10.4%

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Child Care Services	3	6.3%
Rehabilitation Services	1	2.1%
Respite Care	1	2.1%



Case management services represent the most frequently-provided services among a broad range of possible services currently provided. Greater than 60% of respondents provide ambulatory care, health education, food bank, financial assistance and medical transportation services. Over half also provide oral and mental health services and housing assistance.

Table 10. Estimated Number of Clients Served by HIV Care Service Providers within the Last 12 Months

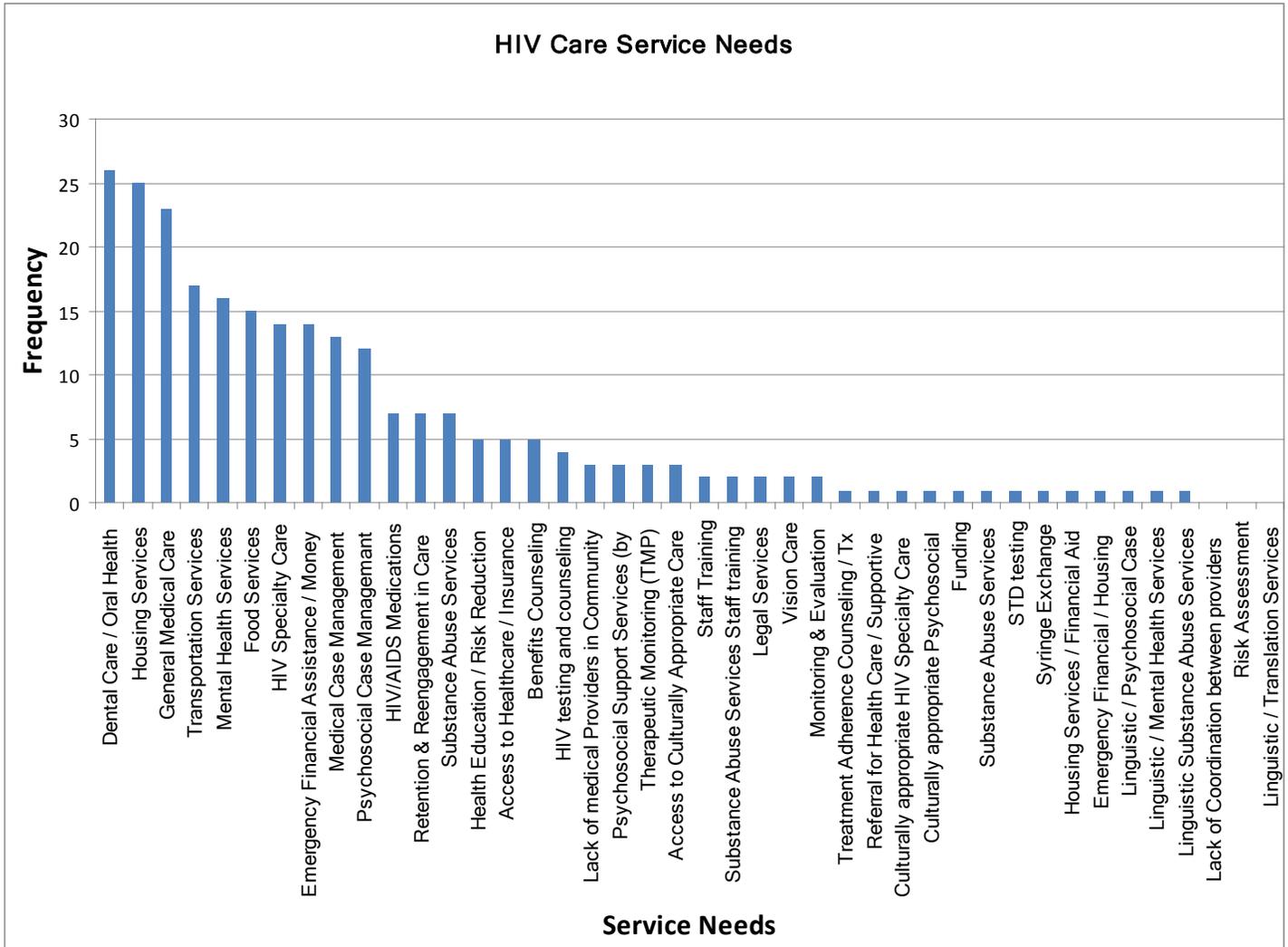
Number of Clients Served	Number	Percent
0	0	0.0%
<50	7	15.6%
51 - 150	17	37.8%
151 - 500	12	26.7%
501 - 1,000	4	8.9%
1,001 - 5,000	3	6.7%
5,001 - 10,000	1	2.2%
10,001 - 15,000	0	0.0%
>15,001	1	2.2%
Total	45	100.0%

A majority of HIV Care service providers served between 51 and 150 clients in a 12 month period. Just over one-quarter (26.7%) served between 151 and 500 clients.

Care Service Needs, Barriers and Gaps

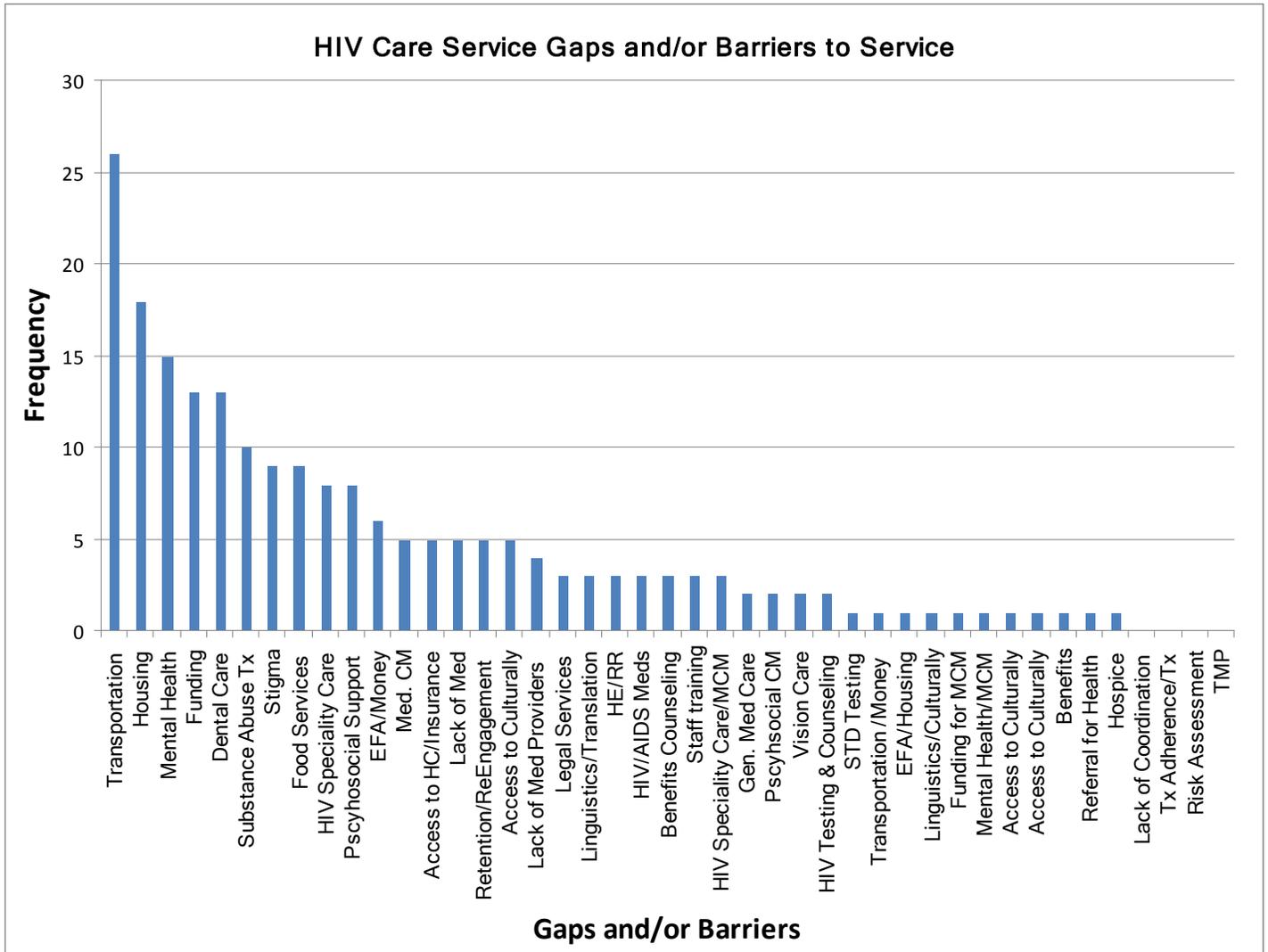
Charts 15 and 16 represent providers' responses to HIV Care service needs, service gaps and/or barriers to service. Respondents were asked to indicate the top five service needs of People Living with HIV (PLWH), both in care and not in care in their community. Respondents were also asked to indicate the top five service gaps and/or barriers to service that exist within their community. Service gaps were defined a priori for participants as "*service needs not currently being met for all PLWH except for the need for primary health care for individuals who know their status but are not in care.*" Service gaps include additional need for primary health care for those already receiving primary medical care ("in care"). Barriers to services were also defined in the survey as "*anything standing in the way of obtaining services or providing services.*"

Chart 11. HIV Care Service Needs



A great number of service needs were identified. Although 50% of respondents currently provide oral health care and housing assistance (Table 9), 25% also prioritized these two services as the greatest needs among their clients. Other frequently reported service needs include medical care, mental health and transportation services.

Chart 12. HIV Care Service Gaps and/or Barriers to Service



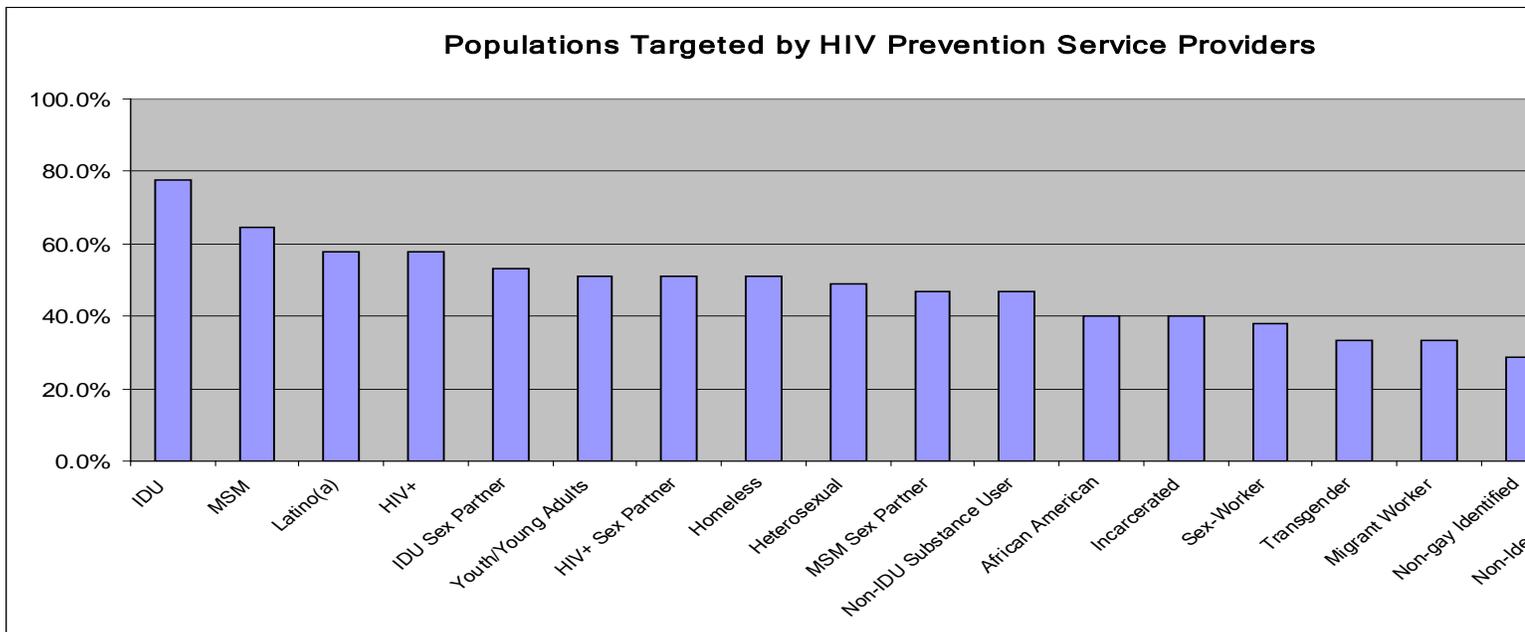
Respondents prioritized HIV/AIDS service gaps and/or barriers similar to service needs with transportation rated as the most frequently reported service gap/barrier to service, followed by housing, mental health and oral health care.

Prevention Clients and Services Provided

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Table 13. Populations Targeted by HIV Prevention Service Providers

Target Populations	Number	Percent
IDU	35	77.8%
MSM	29	64.4%
Latino(a)	26	57.8%
HIV+	26	57.8%
IDU Sex Partner	24	53.3%
Youth/Young Adults	23	51.1%
HIV+ Sex Partner	23	51.1%
Homeless	23	51.1%
Heterosexual	22	48.9%
MSM Sex Partner	21	46.7%
Non-IDU Substance User	21	46.7%
African American	18	40.0%
Incarcerated	18	40.0%
Sex-Worker	17	37.8%
Transgender	15	33.3%
Migrant Worker	15	33.3%
Non-gay Identified	13	28.9%
Non-Identified Risk	9	20.0%
Other	8	17.8%



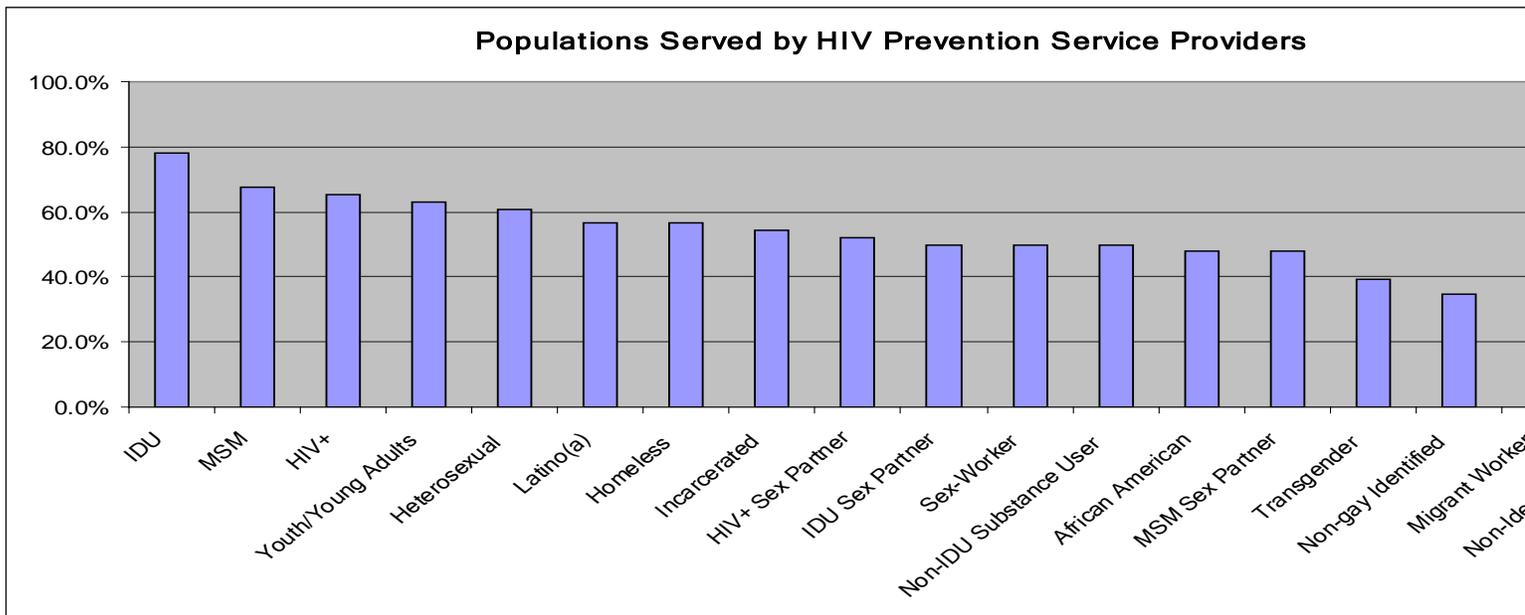
Respondents were asked to choose from a list of prevention clients targeted for programs and services. The vast majority of providers target injection drug users and MSM, followed by HIV positive individuals, sex partners of at-risk groups, youth and homeless persons. Latinos are targeted by 58% of providers surveyed, while African Americans are targeted by 40%. Over one-third of respondents target transgender individuals, sex workers and migrant workers.

Table 14. Populations Served by HIV Prevention Service Providers

Populations Served	Number	Percent
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IDU	36	78.3%
MSM	31	67.4%
HIV+	30	65.2%
Youth/Young Adults	29	63.0%
Heterosexual	28	60.9%
Latino(a)	26	56.5%
Homeless	26	56.5%
Incarcerated	25	54.3%
HIV+ Sex Partner	24	52.2%
IDU Sex Partner	23	50.0%
Sex-Worker	23	50.0%
Non-IDU Substance User	23	50.0%
African American	22	47.8%
MSM Sex Partner	22	47.8%
Transgender	18	39.1%
Non-gay Identified	16	34.8%
Migrant Worker	14	30.4%
Non-Identified Risk	14	30.4%
Other	7	15.2%



Population groups actually served are similar to those targeted (Table 11). Other responses indicated that providers offer free condoms and provide basic public health services, including court mandated drug treatment and sexual assault services.

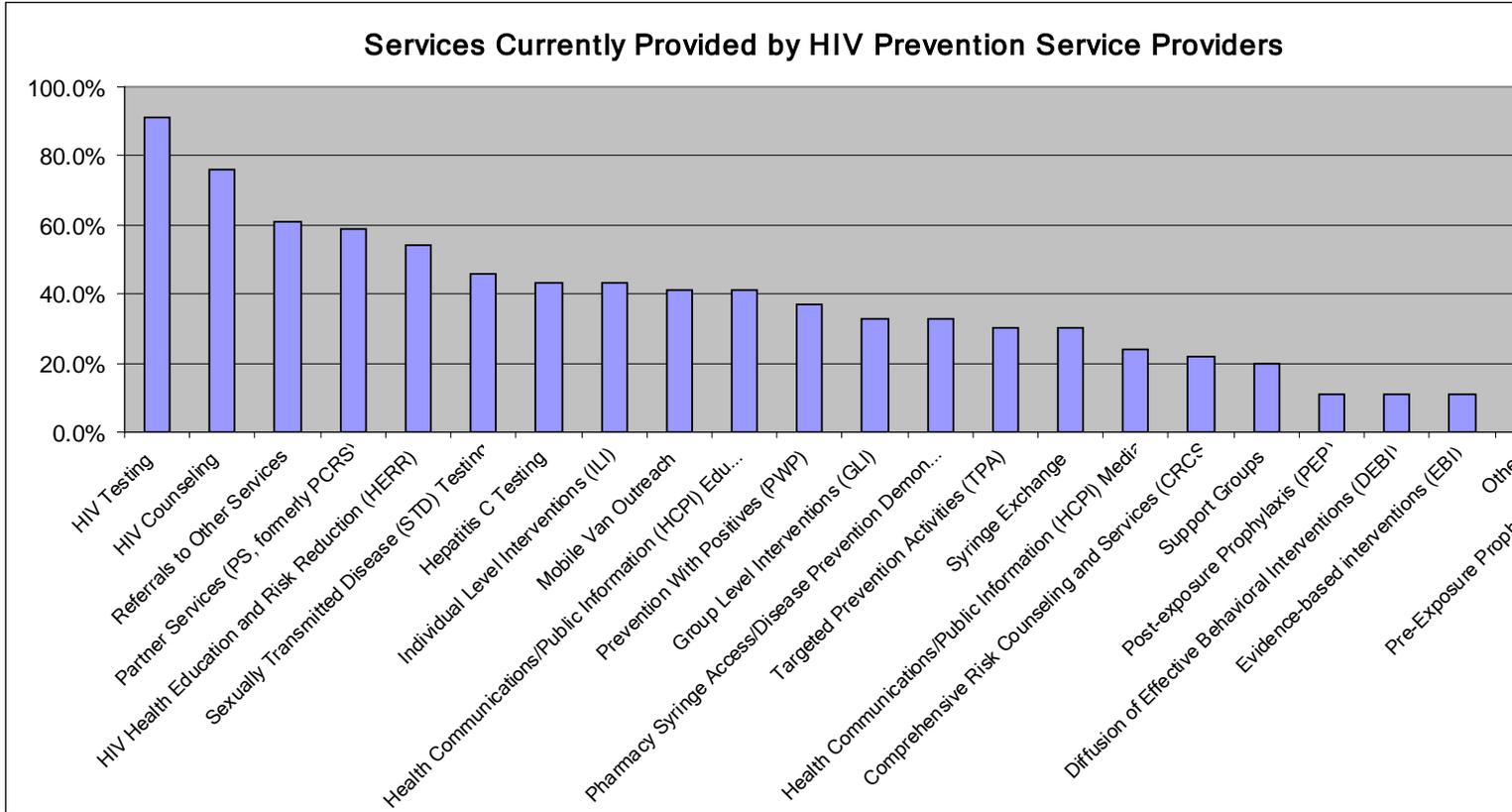
Table 15. Services Currently Provided by HIV Prevention Service Providers

Services Currently Provided	Number	Percent
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HIV Testing	42	91.3%
HIV Counseling	35	76.1%
Referrals to Other Services	28	60.9%
Partner Services (PS, formerly PCRS)	27	58.7%
HIV Health Education and Risk Reduction (HERR)	25	54.3%
Sexually Transmitted Disease (STD) Testing	21	45.7%
Hepatitis C Testing	20	43.5%
Individual Level Interventions (ILI)	20	43.5%
Mobile Van Outreach	19	41.3%
Health Communications/Public Information (HCPI) Education	19	41.3%
Prevention With Positives (PWP)	17	37.0%
Group Level Interventions (GLI)	15	32.6%
Pharmacy Syringe Access/Disease Prevention Demonstration Project (DPDP)	15	32.6%
Targeted Prevention Activities (TPA)	14	30.4%
Syringe Exchange	14	30.4%
Health Communications/Public Information (HCPI) Media	11	23.9%
Comprehensive Risk Counseling and Services (CRCS)	10	21.7%
Support Groups	9	19.6%
Post-exposure Prophylaxis (PEP)	5	10.9%
Diffusion of Effective Behavioral Interventions (DEBI)	5	10.9%
Evidence-based interventions (EBI)	5	10.9%
Other	5	10.9%
Pre-Exposure Prophylaxis (PrEP)	3	6.5%

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In keeping with priority services mandated by the CDPH/OA, the vast majority of providers offer HIV counseling, testing referral and partner services. Outreach, health education, individual, group and community level interventions are also provided to a lesser extent. Thirty percent provide syringe exchange services or have enrolled pharmacies in the sale of non-prescription syringes.

Table 16. Estimated Number of Clients Served by HIV Prevention Service Providers within the Last 12 Months

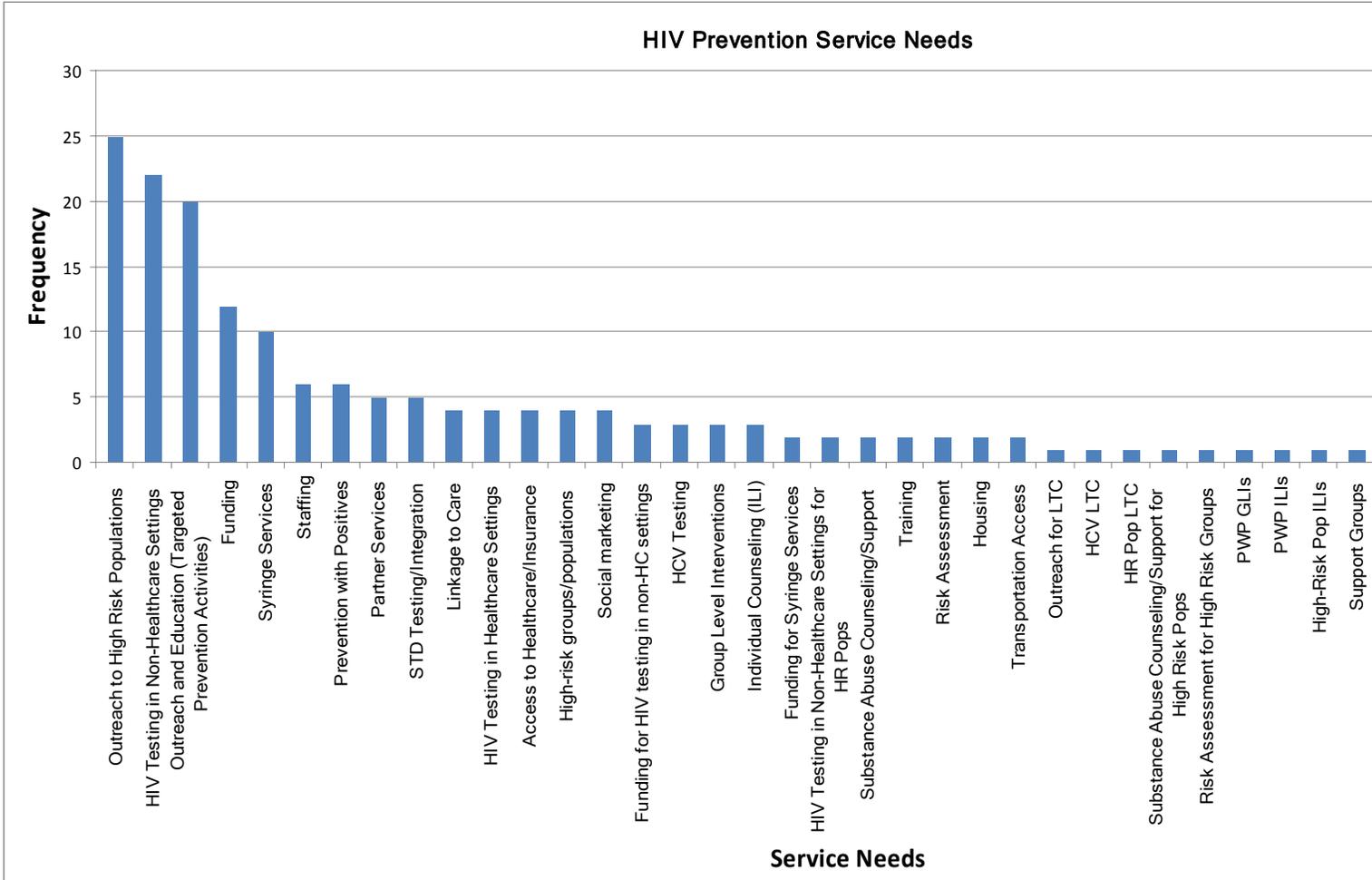
Number of Clients Served	Number	Percent
0	1	2.3%
<50	6	14.0%
51 - 150	4	9.3%
151 - 500	6	14.0%
501 - 1,000	4	9.3%
1,001 - 5,000	12	27.9%
5,001 - 10,000	0	0.0%
10,001 - 15,000	1	2.3%
>15,001	3	7.0%
Unknown	6	14.0%
Total	43	100.0%

A majority of HIV Prevention service providers served between 1,001 and 5,000 clients in a 12 month period.

Prevention Service Needs, Barriers and Gaps

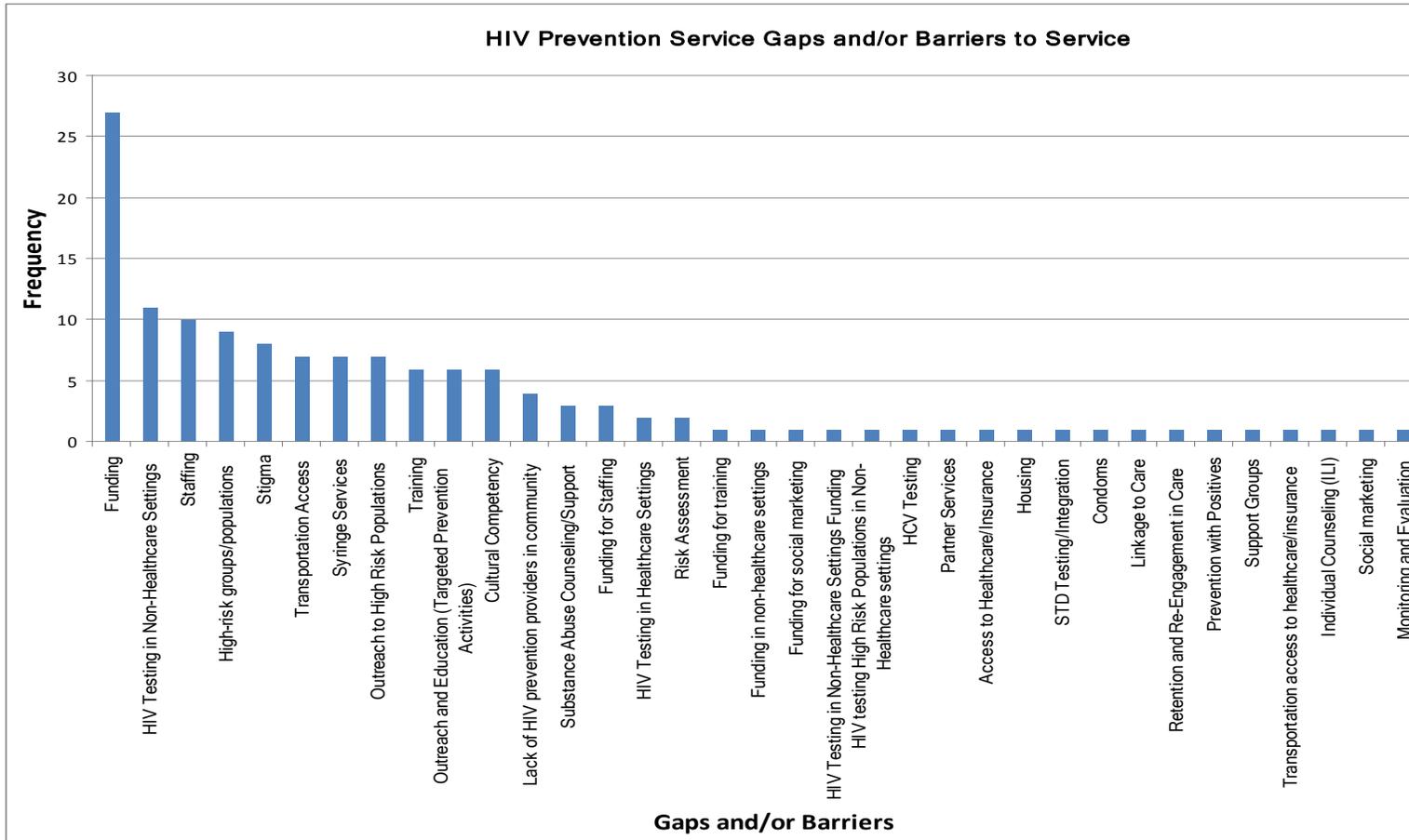
Charts 17 and 18 represent providers’ responses to HIV prevention service needs, service gaps and/or barriers to service. Respondents were asked to indicate the top five service needs of their identified target populations as well as other populations they serve. Respondents were also asked to indicate the top five service gaps and/or barriers to service that exist within their community. In the survey service gaps was defined for participants as “*all prevention service needs not currently being met for identified target populations as well as other populations served.*” Barriers to services were defined in the survey as “*anything standing in the way of obtaining services or providing services.*”

Chart 17. HIV Prevention Service Needs



The most frequently reported prevention service need (25%) is outreach to high risk populations, which is a prevention service that no longer receives targeted funding. HIV testing in health care settings is also considered a major prevention need among respondents.

Chart 18. HIV Prevention Service Gaps and/or Barriers to Service



Respondents ranked “funding” as the most frequent gap or barrier to prevention services. A majority of other gaps and barriers are associated with limited public health infrastructure and structural interventions.

Health Care Reform and Statewide Coordinated Statement of Need

The Community Assessment Workgroup of the California Planning Group embarked on an ambitious plan of data gathering in support of the Integrated Surveillance, Prevention, and Care Plan and the Statewide Coordinated Statement of Need (SCSN). As part of the data gathering activities, a survey was sent to representative Local Health Jurisdictions and/or HIV Service Providers in all Counties in the State. Specific questions related to Health Care Reform and the SCSN were asked, and the data received are summarized as follows:

Health Care Reform

Respondents were asked “What is the most pressing need within your LHI/community to prepare for Health Care Reform (HCR) implementation?” Space was given for a narrative response where the respondent could provide any information which they felt was relevant to the topic of HCR readiness. A total of 55 respondents chose to answer the question, and the responses clustered within the following primary domains:

Patient Navigation Concerns & Understand New Systems of Care

24% of responses expressed concerns related to assisting patients to navigate the new systems of care and educating patients about changes related to HCR. Of concern were clients falling out of care due to complicated forms, clients

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falling through the cracks as they shift between systems of care, and eligibility requirements. One respondent stated that they need “Case Management to assist clients to understand and access confusing systems.” Another needed a “clear understanding of client eligibility guidelines and training all providers to assist clients with enrollment.”

Collaboration/Integration with Other Systems of Care

24% of respondents talked about concerns related to uncertainty about collaboration with new care providers such as FQHCs and non-Ryan White medical providers. Themes of continuity of care again came up in these responses, as well as questions about how to integrate Ryan White funding with the Low Income Health Plans. Three respondents specifically identified concerns regarding the integration of HIV specialty care.

Funding

Twelve respondents (22%) identified concerns related to funding changes, and the impact on Ryan White funding in particular. Additionally, respondents described already dealing with being short of funds for needed services such as dental care, case management, outreach, and dealing with multiply-diagnosed clients. Several responses talked about staffing shortages and more general difficulties due to budget shortfalls.

Education/Technical Assistance

20% of respondents identified needs related to education and/or technical assistance, both for themselves and for their client and provider communities. Themes included better understanding of what the provider landscape will look like, what they need to do to prepare for Health Care Reform, and general comments of needing guidance from the State and Federal offices. One respondent specifically identified needing assistance with electronic health record implementation.

Other needs and/or areas identified included a concern that their area has insufficient numbers of medical providers, or that additional providers will be needed with the expansion of HCR (4 responses), uncertainty about the impact of HCR on funding for prevention activities (5 responses), and general outreach concerns (3 responses). Four respondents indicated that they did not know what their needs would be to prepare for HCR in their community.

Statewide Coordinated Statement of Need

Respondents were asked to share any additional information about care or prevention needs which may be of interest or consideration in preparing the integrated plan or the SCSN. As this was an open-ended question there was quite a variety of responses among the 29 respondents who answered the question. A few themes emerged, however:

Prevention & Testing

45% of responses (13) used this space to discuss needs for enhanced prevention and testing activities, including routine testing and integrated HIV & STD testing. One respondent highlighted the need to “map the epidemic” on a statewide basis.

Funding

Ten of the responses (34%) referred to funding issues, with three of them specifically calling attention to the fact that case numbers in their counties are underreported due to their county not being where the case was originally identified.

Geography

Three respondents highlighted challenges delivering care and prevention services in rural counties. Travel distance was reported as a barrier, and a reminder was offered that care and prevention models designed for urban populations may not be appropriate for rural communities.

In addition to the above, two respondents identified needs specific to youth and young adult populations, and two indicated that funding cuts to their surveillance programs were resulting in fewer cases being identified and thus an additional loss of funds. Finally, one respondent detailed challenges in their county related to linkage and retention of HIV positives in care.

