

# **Sacramento 2009 HIV/AIDS NEEDS ASSESSMENT REPORT**

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## **Acknowledgements**

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What follows is their collective assessment of need in the Sacramento region's HIV/AIDS community.

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## **Introduction**

The intent of the 2009 Comprehensive Needs Assessment survey is to identify service needs and gaps as reported by people living with HIV/AIDS throughout the Sacramento Region. The data identifies that a gap or service need exists, not why the gap or service need exists, nor what steps could be taken to address those needs or gaps. The data collected through this survey process is the starting point to a comprehensive approach to providing a continuum of services for HIV/AIDS in the Sacramento TGA.

The Sacramento Transitional Grant Area (TGA) HIV Health Services Planning Council is responsible for the prioritization and allocation of federal funding under the Ryan White Treatment Modernization Act of 2006, formerly the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. A unique characteristic of the CARE Act is its inclusion of local control of funding decisions and, very importantly, community input into those decisions.

A major source of community input comes from scores of local individuals living with HIV/AIDS participating in a comprehensive assessment of community need every three years. This Comprehensive Needs Assessment survey project was completed in the early months of 2009 with 198 individuals taking part in group and individual survey sessions. The data compiled from the hour long sessions was analyzed by the Needs Assessment Committee of the Planning Council and presented to the HIV Health Services Planning Council.

The Needs Assessment Committee chose to undertake the project as a part of a data collection model that will see an ongoing process for obtaining data to provide more updated information to the Council. In a departure from previous Needs Assessments, the committee chose to pursue a course toward a user-friendly report that will act as an accessible tool for both the Planning Council and the community at large, which too often is mined for information and left wondering what became of their efforts.

In producing a highly visual report from the thousands of lines of data collected, the Needs Assessment Committee hopes that this report on community need will act as a reference for future funding decisions, as well as a basis of discussion within the community. While the project sought to include input from all facets of the HIV/AIDS affected community, resource limitations, geographic challenges and numerous other factors prevent surveying every possible constituency. Therefore, when the report is reviewed in the diverse communities throughout the region, each community is challenged to offer its view of its own needs, both in agreement and opposition to the findings laid out here.

The Needs Assessment Committee stands behind the data collected through this project as a true reflection of the reported needs, gaps in services, and barriers to care facing people living with HIV/AIDS in the Sacramento region. Above all, the Needs Assessment Committee seeks information that will provide the Sacramento HIV Health Services Planning Council with the best overall sketch of the needs of the HIV/AIDS affected community in order for Ryan White funding to serve the greatest need of the greatest number.

## Executive Summary

The 2009 Comprehensive Needs Assessment report was written to document the current needs of the HIV/AIDS communities within the Sacramento TGA. The last comprehensive survey was conducted in 2006 and yielded data that proved useful in service priority and resource allocation. The data collected in the 2009 survey will guide the planning process for the coming year and, along with ongoing community dialogue, the Needs Assessment Committee will be working to create an ongoing data collection system to maintain the most up-to-date information on the needs of the HIV/AIDS affected community for years to come.

### Organization

The report is organized through a series of charts and datasets that provide detail on each survey question related to health and supportive services fundable under the Ryan White Treatment Modernization Act of 2006. For ease of use, the charts are grouped by the general service categories as outlined in the survey and datasets are broken out in the appendices by Demographics, Responses to Survey Questions, Barriers to Care, and Substance Use and Abuse Data. Within each service category chart, the data reported is for all respondents and the response to each question are broken down by client need, asks, and receive.

### Service Needs

The top ten reported needs of those surveyed in 2009, compared with 2006 are listed below. The comparison is helpful in understanding the reported relationship of the need for support services in conjunction with medically-related services. It is important to note that while rankings may have changed, the comparison is between two unique data sets and should not be taken as a trend, whether higher or lower ranked than in the past.

<b>Reported Services Need of All Respondents</b>		
<b>Rank</b>	<b>2006</b>	<b>2009</b>
1	HIV Outpatient Medical Care	HIV Outpatient Medical Care
2	Doctor Prescribed Medications	Doctor Prescribed Medications
3	Medical Case Management Sessions	Medical Case Management Sessions
4	Dental Visits	Dental Visits
5	Food Vouchers	Food Vouchers
6	Non-HIV Medical Conditions	Non-HIV Medical Conditions and Food Bank
7	Benefits Counseling	Utilities Assistance
8	Medical Case Management Intake Sessions	Benefits Counseling, Visit to Medical Specialist, and Housing/Rental Assistance for Permanent Housing
9	One-on-one Counseling	One-on-one Counseling
10	Food Bank	Bus, Light Rail Pass

## Service Gaps

Among the most informative pieces of data to be collected through the needs assessments comes in the form of the “Need/Receive Gap”. This measurement reveals disconnects between the reported need and the actual accessibility of a particular service. Reviewing the service gaps allows for the identification of those services that are greatly needed, but are for some reason inaccessible to a percentage of the community.

Seven of the top ten Need/Receive Gaps found in the 2009 assessment related to direct financial assistance or help with accessing such assistance. The assessment data showed that Food Vouchers presented the greatest gap between the services needed and those received. Utilities assistance ranked as the second largest gap, followed by housing/rental assistance as the third most unmet service need. The top ten Need/Receive Gaps are presented below, again with a side-by-side comparison to the findings from the 2006 assessment. Specific information on all Need/Receive Gaps can be found in Appendix C and among the service category charts found later in this report.

Need/Receive Gaps		
Rank	2006	2009
1	Housing/Rental Assistance for Permanent Housing	Food Vouchers
2	Utilities Assistance	Utilities Assistance
3	Legal Services	Housing/Rental Assistance for Permanent Housing
4	Housing Information Services	Benefits Counseling Sessions
5	Supportive Services for Recreational Activities	Housing Information Services
6	Complementary Therapies	Bus, Light Rail Passes
7	Benefits Counseling Sessions	Supportive Services for Recreational Activities
8	Taxi Services	Legal Services
9	Rehabilitation Therapy	Client Advocacy with Counselor
10	Bus, Light Rail Passes	Volunteer Drivers

### Service Needs Reported by Race/Ethnicity

The following table represents the top five reported service needs by race/ethnicity. Service needs reported by African American, Latino, and White respondents are included in the table; the number of respondents self-identified as Asian Pacific Islander, Native American, Multiracial or Other represented too small a portion of the sample size (10% or 20 respondents) upon which to base statistically significant statements of need. For the most part, the top five needs reported are the same despite race/ethnicity and vary slightly in ranking across each demographic.

<b>Top Five Reported Needs by Race/Ethnicity</b>			
<b>Rank</b>	<b>African American</b>	<b>Latino</b>	<b>White</b>
1	Visits with a Doctor for Outpatient Medical Care	Visits with a Doctor for Outpatient Medical Care	Visits with a Doctor for Outpatient Medical Care
2	Doctor Prescribed Medications	Dental Visits	Doctor Prescribed Medications
3	Medical Case Management Sessions	Doctor Prescribed Medications	Medical Case Management Sessions
4	Bus, Light Rail Pass	Visit to a Medical Specialist	Food Voucher
5	Food Voucher	Visit with a Doctor for Non-HIV Medical Health Conditions	Dental Visits

### Barriers to Care

Respondents were asked to rank potential barriers to their accessing services on a 1-5 scale. The top five highest rated barriers are identified below.

<b>Top Five Barriers to Services for All Respondents, 2009*</b>		
<b>Rank</b>	<b>Barrier</b>	<b>Percent of All Respondents</b>
1	Not knowing that a service or treatment was available to me	29.3%
2	Not knowing who to ask for help	26.3%
3	I do not believe HIV or AIDS is a problem for me that requires assistance	23.2%
4	Not knowing a location of the service(s)	22.8%
5	Sensitivity of the organization and person providing services to me regarding my issues and concerns	21.2%

\*Based on clients having said that it was either a “big” or “very big” problem.

### Ryan White Funded Services

Among the services prioritized and funded by the Sacramento HIV Health Services Planning Council, the highest prioritized services were also ranked as one of the top ten needs of all respondents to the survey. In FY2009-2010, the Planning Council prioritized Ambulatory/Outpatient Care, Medical Case Management, Oral Health Care, and Mental Health Services as the top four services to receive funding. HIV Outpatient Medical Care, Medical Case Management Sessions, Dental Visits, and One-on-One Counseling were ranked by all respondents as the first, third, fourth, and ninth service need, respectively.

## Methodology and Limitations

- Data were collected from eight locations including CARES, Harm Reduction Services, MAAAP, Inc., Sierra Foothills AIDS Foundation, and Colonial San Martin as well as neighborhoods that included Diamond Springs and Oak Park.
- A total of 198 surveys were completed with the aid of a survey administrator, between November 2008 and April 2009. All survey respondents stated they were HIV positive.
- Council staff, service agencies, and volunteers conducted surveys, both in groups and in one-on-one settings.
- The survey instrument was created in English, but was administered in Spanish when appropriate.
- 198 anonymous completed surveys were entered and analyzed by the Community Services Planning Council, Inc. using Microsoft Excel, Access, and SPSS 16.0 software.
- While every effort was made to ensure that individuals completing the surveys fully understood the intent of the questions, responses are ultimately based on each respondent's individual understanding and interpretation of each question.
- Data were collected from a few transgender/intersex individuals as well as individuals who stated their race as Asian Pacific Islander, Native American, or Multirace. The sample for these groups was too small to be statistically reliable, and results would only be misleading.
- 75% of survey respondents earned \$11,600 or less per year. As such, the data reported here reflect the needs of very low-income HIV/AIDS clients in the TGA.
- Data for all survey respondents is highlighted in the following Service Need charts and all data can be found in the appendices. It is important to note that the responses provided in the Service Need charts regarding the need for a service, whether a client requested a service, and whether a client received the service do not correlate to one another. The survey asks three distinct questions in this section:
  1. Did you *need* this service in this past year?
  2. Did you *ask* for this service in this past year?
  3. Did you *receive* this service this past year?

The response to each question is independent of the other and the reader cannot make any assumptions about the receipt of services based on reported need or request.

## Demographic Data

The table below shows the final demographic breakdown of the survey responses, as well as general population figures for the Sacramento TGA (Sacramento, El Dorado, and Placer Counties), people living with HIV/AIDS within the TGA, and Ryan White Clients. The most significant finding to note when comparing the general demographics of the TGA to that of the HIV/AIDS epidemic, is the disproportionate impact on African Americans. African Americans represent 7.0% of the general population of the TGA, but comprise 22.0% of the people living with HIV/AIDS. It should also be noted that, due to the methodology, the data collected from the survey process is not aligned with the overall demographics of the region's HIV/AIDS population.

Population		TGA, General Population* n=1,964,352	TGA, PLWH/A** n=2,991	Ryan White Clients n=1,705	Survey Participants n=198
<b>Gender</b>	Male	49.1%	82.9%	78.6%	68.7%
	Female	50.9%	17.1%	20.8%	28.8%
	Transgender	NA	NA	0.6%	NA
	Transgender – MTF	NA	NA	NA	1.5%
	Transgender – FTM	NA	NA	NA	.5%
	Intersex	NA	NA	NA	.5%
<b>Race</b>	African American	7.0%	22.0%	25.0%	38.9%
	Asian/Pacific Islander	11.8%	0.3%	2.0%	1.0%
	Native American	0.7%	0.1%	2.0%	3.0%
	Latino	18.2%	13.6%	16.0%	15.7%
	White	59.6%	60.0%	53.0%	35.4%
	More than one	3.7%	0.03%	2.0%	4.0%
	Other	NA	NA	NA	2.0%
<b>Risk Group</b>	MSM	NA	55.8%	42.4%	40.9%
	MSM/IDU	NA	9.9%	6.4%	0%
	IDU	NA	11.8%	11.6%	14.6%
	Heterosexual	NA	19.25	21.4%	27.8%

\*California Department of Finance, 2009

\*\*Ryan White C.A.R.E. Act Sacramento Region Part A Application, 2009-2010

## Needs of People Living with HIV/AIDS in the Sacramento Region

The survey asks three distinct questions in this section:

1. Did you *need* this service in this past year?
2. Did you *ask* for this service in this past year?
3. Did you *receive* this service this past year?

The response to each question is independent of the other and the reader cannot make any assumptions about the receipt of services based on reported need or request.