

2006 HIV/AIDS Needs Survey

Background of Santa Barbara County HIV/AIDS Demographics

According to Public Health Department statistics, 797 individuals have been diagnosed with AIDS from 1981-2006. Currently, 303 individuals are living with AIDS (261 male, 42 female) in Santa Barbara County, and 138 have been diagnosed HIV positive (86% male, 14% female). The present distribution of HIV positive individuals countywide is 101 (73%) in the south county, 36 (26%) in the north and 1 (1%) in the central county area. Please refer to the Public Health Department website for further analysis of HIV/AIDS data in Santa Barbara County.

2006 Needs Assessment Survey

The 2006 HIV/AIDS Needs Assessment Survey was conducted as a requirement of the Title II Needs Assessment component of the Services Delivery Plan. A total of sixty-nine completed surveys were returned. Thirty-six (52%) participants responded from south county organizations, 23 (33%) participants responded from the north county organizations, and 10 participants were undisclosed. The surveys were completed in English (N=51) and Spanish (N=18).

- Pacific Pride Foundation - South
- Pacific Pride Foundation- North
- AIDS Housing Santa Barbara
- SBNC-Westside
- SBNC-WIHS
- Santa Barbara Public Health Clinic - Santa Barbara
- Santa Barbara Public Health Clinic - Santa Maria

Demographic Results

The resident zip codes of the participants are from the following areas: 36 (52%) south, 23 (33%) north, and 10 were undisclosed. The reported gender of survey participants includes 45 (68%) male, 19 (29%) female, two (3%) transgender (M to F), and three undisclosed.

Ages of participants are as follows:

Age Group	Frequency	Percent
20-29	6	11%
30-39	12	22%
40-49	26	48%
50-59	9	17%
60+	1	2%

Race/Ethnicity

Race/Ethnicity of those surveyed include 28 (44%) Caucasian/White, 22 (35%) Latino/Hispanic, five (8%) African American/Black, three (5%) Native American, five (8%) Other: Multiracial, and six undisclosed. This data closely reflects the ethnic breakdown of HIV/AIDS cases in Santa Barbara County.

Income Status

Sixty-one of the 69 respondents reported their annual income (before taxes) as follows:

<u>Income</u>	<u>Percent</u>
Under-\$8,500	30
\$8,501-\$17,000	36
\$17,001-\$25,000	23
\$25,001-\$30,000	2
\$30,001-\$40,000	3
Over \$40,000	7

Sixty-five of the 69 respondents reported their total monthly expenses as follows:

<u>Expenses</u>	<u>Percent</u>
Under-\$850	28
\$851-\$1,700	40
\$1,701-\$2,500	20
\$2,501-\$3,000	5
\$3,001-\$4,000	6
Over \$4,000	2

Of the 61 respondents to the question, “What kind of income and benefits do you currently receive?” survey results reveal that 24 (35%) participants “Get paid by check or cash for work I do (work).” Seven (10%) participants responded that they receive “Supplemental Security Income (SSI),” 5 (7%) participants receive “Social Security Disability (SSDI)” and 1 (1%) responded that they “Get help from family or friends.”

HIV Status

Survey results reveal that 50 (77%) of participants are HIV+ and 15 (23%) are AIDS diagnosed. Only 15 (23%) are unaware of their current T-Cell count and 23 (36%) are unaware of their viral load.

HIV Transmission Routes are reported as follows:

40 (63%)	Sex with a man
4 (6%)	Sex with a woman
2 (3%)	Sex with injection drug user
3 (5%)	Sex with a man & sex with an injection drug user
5 (8%)	Sharing drug needles or works
9 (14%)	Don’t know

2006 Needs Assessment Results

Services that are most often listed as “*needed and utilized*” are as follows:

<u>Needed and Utilized</u>	<u>Frequency</u>	<u>Percent</u>
Medical care	55	83%
Food bank/free groceries	48	75%
Case management	43	67%
Medical information about HIV/AIDS etc.	39	61%
Dental Care	33	54%
Professional mental health (Counseling or therapy)	24	37%

The services most often listed as “*do not need*” by respondents are as follows:

<u>Don't Need</u>	<u>Frequency</u>	<u>Percent</u>
Child care	55	86%
Help managing drug/alcohol use	56	86%
Help quitting drug/alcohol	57	88%
Hospice care	58	97%
Information with safer sex/drug use	50	77%
Adult day health program	53	84%
Spiritual counseling	48	80%
AIDS Residential Care Facility	57	97%
Professional mental health (Counseling or therapy)	34	52%

The Services that are most commonly reported to be “*needed and could not get*” are as follows:

<u>Needed and couldn't get</u>	<u>Frequency</u>	<u>Percent</u>
Naturopathy/herbal medicine	13	21%
Acupuncture/Chinese Medicine	13	22%
Dental Care	22	36%
Help paying rent	20	31%
Help find low income housing	23	37%
Help with utility bills/security deposits	14	22%
Professional mental health (Counseling or therapy)	7	11%
Support groups	17	26%
Housing that will accept pets	10	16%

In responding to the question “*what services are most important to you?*” the 7 top responses from participants are as follows (in order of importance):

- Dental Care
- Food bank/free groceries
- Medical Care (doctor, nurse, etc.)
- Help paying rent
- Prescription drug program of CA state (“ADAP”)
- Help getting housing (low income/affordable)
- Mental health counseling or therapy

The services that participants most frequently list as those that “*help to get or keep medical care*” are as follows (in order of importance):

- Help paying rent
- Dental care
- Food Bank/free groceries
- Prescription Drug Program of Ca State
- Help Paying Utility Bills
- Help Finding Low Income Housing
- Case Management

Housing

- Out of the 66 respondents to the question, “*who lives with you now?*” 17 participants listed that they live alone. Forty-five live with spouses, partners, family, friends, and room mates or in group homes. Four were undeclared.
- In response to the question “*Does the government or another organization pay or help pay for your housing each month?*” 16 participants out of the 21 who responded to the question answered that they receive a section 8 voucher.
- In response to the question, “*What would be the impact on your life if your monthly housing costs went up about \$50?*” 52 (79%) out of 66 participants responded that they would be significantly impacted. Forty-two are currently behind on one utility bill. Twenty-five are behind on rent/mortgage.
- Forty one percent of respondents reported having been homeless at some point in the past, however, in the past three years, only 8% has spent a night in a shelter, and 13% reported sleeping outside “*because you did not have anywhere else to sleep.*”
- Sixty-seven percent of respondents prefer to remain in their current housing.

Data from the previous three HIV Needs Assessment Surveys (2003, 2004, 2006) reveal that *Help paying rent* and *Help finding low income housing* remain highly identified needs that are not being met. In addition, the HIV Prevention and Care Council (HPCC) conducted focus groups (September 2006) to obtain additional input regarding this need. Input from attendees identified the following barriers to *obtaining* stable housing:

- Limited/Closed Section 8
- American Disabilities Act (ADA) Issues/poor access
- Lack of income/in poverty/or have poor credit versus rising rent
- Active substance abuse
- Lack of availability
- Undocumented populations (no identification)/language barriers

Input from attendees also identified barriers making it difficult to *stay* in stable housing. These include:

- Fixed monthly income versus rising rents and cost of living (food, health care)
- Lack of transportation
- Substance abuse
- Location in regard to access to care and services
- Stigma (mental health), fear
- Unsafe living conditions
- Section 8 rigidity (inspections failures, maintenance standards)

Comparisons with 2003, 2004, 2006 Results/Trends

The following tables provide a comparison of the highest priority services identified by the participants in each of the following survey categories:

“Needed and utilized”

2003	%	2004	%	2006	%
Medical care	93.8	Medical care	84.7	Medical care	83
Case management	84.4	Case management	72.9	Food bank/groceries	75
Food bank/groceries	84.4	Medical information	71.7	Case management	67
Medical information	79.1	Food bank/groceries	70	Medical information	61

“Not needed”

2003	%	2004	%	2006	%
Hospice care	93.8	Hospice care	92.9	AIDS Residential Care Facility	97
Child care	93.8	Home care worker	89.8	Hospice care	97
Adult day program	93.8	Child care	88.3	Help Quitting Drug/Alcohol	88
Home care worker	90.6	Help managing drug/alcohol	88.1	Help managing drug/alcohol	86
Home nursing	87.5	Help quitting drug/alcohol	86.7	Child care	86

“Needed and could not get”

2003	%	2004	%	2006	%
Acupuncture/Chinese Medicine	21.9	Naturopathy/herbal medicine	25	Help find low income housing	37
Dental care	21.9	Acupuncture/Chinese Medicine	24.6	Dental care	36
Legal assistance	21.9	Help paying rent	20	Help paying rent	31
Naturopathy/herbal medicine	18.8	Help find low income housing	18.3	Support groups	26
Help find low income housing	18.8	Help with utility bills/deposits	16.7	Acupuncture/Chinese Medicine	22
				Naturopathy/herbal medicine	21

“Most important”

2003	%	2004	%	2006 ¹
Dental care	56.3	Dental care	57.8	Dental care
Food bank/groceries	56.3	Medical care	43.8	Food bank/groceries
Affordable housing	53.1	Help paying rent	40.6	Help getting housing (low income/affordable)
Medical care	46.9	Case management	39.1	Help paying rent
Case management	43.8	Food bank/groceries	39.1	Medical care
Help paying rent	40.6	Help getting housing	37.5	Mental health counseling or therapy
				CA Prescription drug program ADAP

“Help to get or keep medical care”

2003	%	2004	%	2006 ¹	%
Food bank/groceries	50	Dental care	62.1	Dental care	
Case management	43.8	Food bank/groceries	46.6	Food bank/groceries	
Dental care	40.6	Help paying rent	43.1	Help paying rent	
Help paying rent	37.5	Help finding low income housing	41.4	Case management	
Prescription drugs	37.5	Case management	34.5	Help finding low income housing	
				Help Paying Utility Bills	
				Prescription drugs (ADAP)	

General Conclusions

- For services that are “needed and could not get,” the 2003, 2004 and 2006 surveys identified *Help finding low incoming housing* as a high priority with a need of 18.8% for 2003, 18.3% for 2004, and 37% for 2006. The need for this service has increased significantly (by 19 percentage points) since the 2004 and survey. ”
- Input from attendees of the HIV Prevention and Care Council (HPCC) focus groups identified active substance abuse as a significant barrier to obtaining stable housing. When comparing this to the answers for services that are “not needed”, 65 (86%) respondents to the question of *help managing drug/alcohol* services identified the service as being “not needed”. This may be somewhat attributed to the combination of community members and service staff participation in the focus group versus only clients participating in the surveys. This may also point to issues of denial regarding the need for substance abuse treatment for some clients. As the surveys were anonymous, it is impossible to discern if those clients submitting surveys have substance abuse issues.

¹ Percentages not given due to changes in the survey requesting participants to rank each response.

- For services that are “needed and could not get”, the 2004 and 2006 surveys identified the *help paying for rent* services as being high priorities, with an increased need of 11 percentage points from 2004 to 2006.
- For services that are “needed and could not get”, the 2004 and 2006 surveys identified the help paying for utility bills services as being high priorities.
- For services that are “not needed”, 59 (97%) respondents identified *AIDS residential care services* as being “not needed.”
- For services that are “not needed”, 60 (97%) respondents identified *Hospice care services* as being “not needed”.
- For services that are “not needed”, 65 (88%) respondents identified *help quitting drug/alcohol services* as being “not needed”.
- The previous 3 survey cycles have consistently illustrated that the top 4 “needed and utilized” services are as follows: medical care, case management, food bank/free groceries, and medical information.
- The survey provides a good representative sample of ethnicity of HIV/AIDS cases in the county. However, results reveal a higher percentage representation of females than males in the county, and a lower representation of south county clients in comparison to North County.

HPCC Comments

- The committee met on November 8, 2006 for presentation and discussion of initial finding from the Needs Assessment Survey. Committee members are strongly concerned about the status of local housing in Santa Barbara County and the group validated survey results demonstrating the negative impact on clients by a rent increase of \$50 per month. Although a member mentioned that the opening of more Section 8 vouchers may have a positive impact on some clients, committee members expressed increasing frustration with the lack of affordable housing.
- The committee recommended separating data between north and South County to identify differences between the two geographical areas, particularly with housing.
- Several committee members commented that this survey tool can be streamlined and shortened for further usage which they believe will result in more completed surveys and fewer complaints from clients regarding the length and perceived duplicity.
- Results of housing section seem to indicate most clients are in stable housing (as they have not indicated a great deal of homelessness in the recent past), however they feel they may be at risk of becoming homeless due to the significant impact of only a \$50 increase in rents to their existence.
- Income and expense data was not available until early December 2006. This data indicates that approximately 50% of the survey respondents are at or below 100% of the federal poverty level. In addition, the majority of respondents are having difficulty

meeting their monthly expenses (based upon reported incomes). This information gives more credence and weight to the survey respondents that assistance with rents and utility payments are critical and additional expenses could cause these respondents to lose their housing or fail to pay for all of their expenses. This information indicates the need for some type of rental subsidy or additional low-income rental units/assistance.

Researchers Recommendations

- Consider eliminating consistently low response items, such as the questions regarding adherence support, AIDS residential care, and Hospice.
- Consider reducing the overall length of the survey.
- Provide an “Orientation to the Survey” for all agency representatives to facilitate the process and define agency representative’s responsibilities. This will allow for a clearer understanding of the incentives used for participants completing the survey.
- Provide a breakout of data to determine differences in needs between north and south county areas.

Limitations

Many surveys were not fully completed, many leaving sections blank. These researchers attribute this to the length of the survey and suggest a review to shorten the survey to fewer pages.

Specifically, several of the questions regarding housing were only completed by few participants, resulting in possibly unreliable data.

A large percentage of participants continue to not disclose their resident zip codes, making it difficult to determine if a representative sample was obtained geographically. Based upon surveys returned, South County *may* be underrepresented with only 52% of surveys returned from south county areas.

Females are overrepresented in the survey results with 29% of respondents in a county with an overall lower rate of females with AIDS and HIV+.

Survey Participant Comments

A: 1 = “Keep up the great work guys! Thanks for keeping me alive!”

B: 3 = “Trying to “get by” on \$813 a month is extremely difficult, even only paying approximately \$200/ mo. Rent. I have not been well enough to supplement my income and the stress and depression of constantly running out of money, usually by the 20th of every month, makes it impossible to have anything remotely resembling “normal living”. It is shocking to me to think that anyone can expect to live open such little money. I am, on the other hand, very

grateful for the help I am getting, it's just putting more stress on my already stressful condition.

Thanks for being there with your help.”

E: 5 = “Is it possible to get out-dated vitamins and herbs from local health food stores? This would save me an incredible amount of money per year. Thank you for all the other services that I am now receiving I am very grateful.”

F: 1 = “Nesesitamos mas vivienda a bajo costo para personas sin documentos.” (We need more services at low cost for people without documents.)

G: 1 = “Dental services with more help.”

G: 2 = “Bilingual case manager (more).”

H: 1 = “Calif. should model their HIV/AIDS project more like the one in Seattle, WA. They do a much better job.”

H: 8 = “Many thanks for all your help. The folks at Westside Clinic and Nard’s dental office and the people administering the programs are all angels and are in my prayers for them. Gracias!”