

## EXECUTIVE SUMMARY

---

In 2002, the HIV Prevention Planning Council (HPPC), San Francisco’s HIV prevention community planning group, identified a need to assess the HIV prevention efforts in two San Francisco neighborhoods – Bayview/Hunter’s Point (BVHP) and the Tenderloin. The HIV Prevention Section (HPS) of the San Francisco Department of Public Health (SFDPH) contracted with an independent research consulting firm, Harder+Company Community Research, to conduct a systems capacity assessment by neighborhood (SCAN) for each of these two communities. Harder+Company launched a participatory research project in each of these neighborhoods. The overarching research questions for the SCANS were:

- To what extent do neighborhood residents have access to HIV prevention information and services?
- What is the current capacity of each neighborhood to meet the HIV prevention needs of its residents?
- What improvements are needed to ensure that HIV prevention efforts are meeting the neighborhood needs?

A research design was developed to collect data related to community need, community assets, and community access. Based on these data, the SCANS aimed to characterize each neighborhood’s capacity to meet the HIV prevention needs of its residents. This report describes the methods and findings for the Tenderloin SCAN.

### METHODS

The SCAN was implemented using a participatory research approach. In participatory research, “knowledge is not simply *for* the people, but created *with* and *by* the people. The evaluation team also worked with a Tenderloin SCAN Community Advisory Board to help define the types of data to be collected, to assist in the design of data collection tools, and to determine who the participants should be.

Four main data collection strategies were employed for this report:

<b>Data Collection Methods</b>	
<i>Strategy</i>	<i>Details</i>
1) Neighborhood Profile	<b>Data collected from various secondary sources</b> – census data, literature and web-based information describing the Tenderloin, data on people living with AIDS, and counseling and testing data.
2) Neighborhood Residents’ Perspectives	<b>3 Focus Groups and 8 Interviews</b> – MSM drug users (n=12), recently released men (n=7) and male-to-female transgendered persons (n=15); Youth Interviews (n=8)
3) HIV Prevention Provider Perspective	<b>Input from HIV prevention providers</b> – Provider Information Forms and Interviews with Program directors (n=11).
4) Health and Social Services Inventory	<b>Review of community health and social service assets</b> – To provide a comprehensive picture of neighborhood capacity.

## **LIMITATIONS**

The most significant challenge to the SCAN was the limited availability of neighborhood-specific data. Additional limitations occurred specific to each data collection method and are further explained in the full report.

## **NEIGHBORHOOD PROFILE**

The Tenderloin, situated just west of downtown San Francisco and the Financial District, has a unique demographic composition that contrasts sharply with the demographic makeup of the city as a whole. Although its racial/ethnic composition is similar to the city's, a substantially higher proportion of Tenderloin residents are male and MTF transgendered, low-income, non-English speaking, and foreign-born non-citizens compared with the rest of the city. The Tenderloin is also home to a substantial proportion of San Francisco's Native Americans, sex workers, homeless individuals, and individuals who are at risk for incarceration or have been recently released from jail or prison. Many of the HIV cofactors that affect marginalized and underserved populations are part of the daily reality of Tenderloin residents, including homelessness, drug use (injection and non-injection), and mental health issues.

Of all San Francisco neighborhoods, the Tenderloin has perhaps the richest mix of health and social service resources, ranging from food pantries to peer support groups to shelters, all designed to meet the specific and unique needs of the different people who live and seek services there. HIV prevention programs are a key component of the health and social service system in the Tenderloin. Services available include needle exchange, counseling and testing, street outreach, support groups, one-on-one counseling, prevention case management, and referrals to other health and social services. Despite the wealth of services available, basic structural barriers, including lack of affordable housing and limited substance use and mental health treatment slots, prevent many agencies from fully meeting the needs of their clients.

The HIV- and AIDS-related needs in the Tenderloin are greater than in many other San Francisco neighborhoods. Most people living with AIDS in the Tenderloin are white (58%) and African American (20%). The rate of new HIV infections among MSM and MSM/F in this neighborhood appears to be high at 2.4% and 3.9% per year, respectively (based on counseling and testing data), compared with an estimated citywide rate of 2.2% per year for MSM and MSM/F. The HIV and AIDS trends in this neighborhood are directly related to the prevalence of the multiple cofactors mentioned earlier.

## RESULTS

The various research methods with Tenderloin residents, and HIV Prevention Providers yielded 20 salient findings which are highlighted below. Detailed explanations of each finding are given in the full report.

### **Tenderloin Residents' Perspective**

**Finding 1:** Participating Tenderloin residents had high levels of HIV-related knowledge.

**Finding 2:** There may be some gaps in HIV-related knowledge among Tenderloin youth.

**Finding 3:** HIV prevention information appears to be reaching high-risk Tenderloin residents.

**Finding 4:** Multiple cofactors represent barriers to acting on HIV prevention information.

**Finding 5:** To address the cofactors that affect HIV, specific changes in the health and social service system are needed: more money, more housing, better mental health services, more substance use treatment.

**Finding 6:** Different HIV prevention approaches and services work for different people, on different timetables, and in different ways.

**Finding 7:** Participating MSM drug users reported easy access to HIV prevention information and services, highlighting outreach, media messages, and peer approaches as effective.

**Finding 8:** Participating men recently released from prison or jail have been reached by prevention messages, and reported that 1) jail- and prison-based prevention should focus more on preparing individuals for accessing the service system upon release, and 2) more needle exchange services are needed.

**Finding 9:** Participating MTF persons reported easy access to HIV prevention information and services, and noted opportunities for building on the existing infrastructure to improve and expand the services.

**Finding 10:** Participating Tenderloin youth have been reached by HIV prevention messages and services through a wide range of channels, and reported that peer approaches, outreach, skits, and group discussions are the preferred services.

### **HIV Prevention Providers' Perspective**

**Finding 11:** Tenderloin HIV prevention providers have referral systems in place to help meet their clients' health and social service needs.

**Finding 12:** HIV prevention providers are aware of and refer clients to population-specific services when appropriate.

**Finding 13:** The efficiency and effectiveness of referrals and linkages to other services (e.g., substance use, mental health, housing, other HIV prevention services) could be improved.

**Finding 14:** In some instances, there may not be sufficient referral resources to meet substance use, mental health, and housing needs.

**Finding 15:** Collectively, Tenderloin HIV prevention programs cover all the BRPs, and there are more programs for the highest-risk BRPs.

**Finding 16:** Tenderloin providers are reaching a diverse group of subpopulations within the BRPs.

**Finding 17:** There appears to be little duplication of HIV prevention services in the Tenderloin.

**Finding 18:** There may be some duplication of CTR services.

**Finding 19:** HIV prevention outreach schedules and locations in the Tenderloin needs to be better coordinated to improve the ability of programs to reach the population.

**Finding 20:** Corroborating what neighborhood residents stated in the focus groups, providers widely agreed that immediate and life-threatening concerns, such as food and shelter, take priority over HIV prevention for residents.

## CONCLUSIONS

Using the project framework of community need, community assets, and community access, the Tenderloin SCAN resulted in the following conclusions:

- **Community Need:** There is a high level of HIV prevention need in the Tenderloin, but from the perspective of residents, more pressing issues such as homelessness, mental health and substance use take priority. Although HIV prevention information and services are readily available, HIV cofactors are not being sufficiently addressed.
- **Community Assets:** There is a strong HIV prevention presence and a wealth of health and social service agencies in the Tenderloin, all of which represent community assets. Each existing HIV prevention service appears to fill a unique niche in the landscape of HIV prevention services in the Tenderloin, resulting in the availability of a wide variety of mostly non-duplicative, population-specific HIV prevention services. HIV prevention providers have linkages in place to refer clients to additional needed services.
- **Community Access:** HIV prevention information and services are readily available and accessible to high-risk populations in the Tenderloin. In particular, CTR services and outreach need to be better coordinated to ensure appropriate access to these services. Linkages and coordination between HIV prevention and other health and social services (e.g., substance use, mental health, and housing) could be better utilized to improve access for Tenderloin residents.

In summary, the Tenderloin has a high capacity to meet HIV prevention needs in the sense that it is well-covered in terms of BRPs, subpopulations, strategies, and interventions. Its capacity to

meet HIV prevention needs is limited, however, when the need falls outside the scope of what prevention providers are able to offer. For example, when lack of housing is one of the primary factors driving an individual's HIV risk, the role of the HIV prevention provider becomes more complex and is generally limited to referring a person to housing services, which may or may not result in the client finding a place to live. High-risk populations in the Tenderloin have the knowledge and skills to prevent HIV infection, due to the strong and consistent presence of HIV prevention programs in this neighborhood. For HIV prevention to be effective, a greater focus is needed on the root causes of HIV and AIDS in this neighborhood, including lack of affordable housing, poverty, drug use, mental health, incarceration, and others.

## **RECOMMENDATIONS**

The following recommendations represent a synthesis of the researchers' recommendations as well as those from the HPPC, the SCAN participants, and community members and providers who attended a community forum where the results of the SCAN were presented.

### **General Recommendations**

- Develop and implement a plan to improve linkages among HIV prevention providers and between prevention providers and health and social services (e.g., mental health, substance use) in the Tenderloin. This might include the development of a resource guide, trainings for line staff on available resources, increasing units of services for referral and follow-up, and developing a referral tracking system.
- Explore policy and structural interventions directed at changing the availability and accessibility of services for meeting basic health and social needs.
- Improve the coordination of outreach efforts in the Tenderloin. This might include developing an outreach calendar (with times, locations, target population, and goal of outreach) that includes not only HIV prevention outreach but other outreach services as well.
- Develop a neighborhood-based plan for CTR that includes strategic allocation of resources, availability of a variety of testing options (e.g., standard, rapid, Orasure), policies regarding incentives for testing, and strong linkages and referrals from HIV prevention and other programs to counseling and testing.
- Put in place a system for analyzing units of service delivered/number of clients served by neighborhood to provide information for planning purposes (e.g., planning for neighborhood-based resource allocation).
- Provide incentives for collaboration, partnerships, and coordination among HIV prevention providers.
- Examine and replicate other relevant models of collaboration and coordination (e.g., integrated services model used in HIV/AIDS care).
- Ensure that services are delivered at times and in locations that are convenient for consumers (i.e., bring the services to the consumers instead of bringing the consumers to the services).
- Utilize suggestions regarding methodology to improve future SCANS. For example, future surveys might include more open-ended knowledge questions to improve the assessment of participants' knowledge regarding HIV/AIDS.

## **Recommendations for Specific Strategies and Interventions**

- Provide Tenderloin-based culturally appropriate syringe treatment and mental health services for gay men and other MSM.
- Ensure the availability of peer-delivered services and that peer educators are perceived as true peers by the population.
- Implement innovative outreach programs (e.g., street theater, musicals).
- Offer both professional and paraprofessional street and community based outreach and counseling.
- Emphasize a harm reduction model that meets people “where they’re at.”
- Offer acupuncture and other health promotion services on a drop-in basis.