

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 framework was developed to answer these questions and various methods were used to gather the data for the framework.

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 BVHP SCAN Community Advisory Board (CAB) 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.

Five main data collection strategies were employed for this report (see the chart below).

Data Collection Methods	
<i>Strategy</i>	<i>Details</i>
1) Neighborhood Profile	Data collected from various secondary sources – census data, literature and web-based information describing BVHP, data on people living with AIDS, and counseling and testing data.
2) Neighborhood Residents’ Perspectives	5 Focus Groups – men (n=19), women (n=25) and male-to-female transgendered persons (n=4).
3) Faith Leader Perspective	5 Interviews with faith leaders
4) Health and Social Service Provider Perspective	Input from the CAB – Participants at meetings (n=24); Telephone interviews – HIV care services providers (n=3).
5) Health and Social Services Inventory	Review of community health and social service assets – To provide a comprehensive picture of neighborhood capacity.

LIMITATIONS

The most significant and ongoing challenge to the BVHP SCAN was related to assessing the level and nature of HIV prevention activities in existence, after it became clear that the only formal HIV Prevention Section-funded service was the needle exchange. Additional limitations occurred specific to each data collection method and are fully explained in the full report.

NEIGHBORHOOD PROFILE

BVHP occupies the southeastern stretch of San Francisco's Bay front and is a lower-income, primarily African American (46%) community, although a substantial portion of the population identifies as Asian/Pacific Islander (30%). Due to racism and other factors, the BVHP community has long endured the consequences of a lack of economic opportunities, environmental problems, violence, drug use, health issues, incarceration, and many other social problems. HIV is only one concern among many. In BVHP, there is a strong sense of community. Local institutions (e.g., the church), community-based health and social services (e.g., substance use treatment, health care), and advocacy organizations (e.g., environmental groups) all work to address the root causes and the effects of the multiple issues the community faces.

Despite the diversity of services available, HIV prevention does not appear to have a strong presence in this neighborhood. The two ongoing, formally funded HIV prevention services in this neighborhood are 1) the needle exchange (funded by the HIV Prevention Section), and 2) counseling, testing, and referral (funded through another source). In addition, there are a few HIV prevention annual events, short-term projects, and informal programs (i.e., they do not receive specific funding). The wealth of other types of health and social services and community resources – ranging from youth organizations to parenting support programs to shelter services to faith organizations – offer many opportunities for integrating HIV prevention into the existing social service structures in BVHP.

HIV prevention is needed in this neighborhood, even though compared with some of the hardest hit neighborhoods such as the Tenderloin and Castro, the number of people living with HIV and AIDS in BVHP is relatively low. As of December 2003, 148 people living with AIDS were diagnosed while living in BVHP, and the total number living with HIV or AIDS is estimated at twice that many (about 300). However, African Americans are disproportionately affected by HIV and AIDS in San Francisco, and many of San Francisco's African Americans living with or at risk for HIV reside in BVHP. In fact, 73% of people living with AIDS in BVHP are African American. The primary populations at risk for HIV in BVHP, based on newly diagnosed HIV infections among testers, are men who have sex with men (MSM) as well as MSM who also have sex with women. Other populations, including women and injection drugs users, are also at risk. Because of limited access to HIV testing in BVHP as documented in this SCAN, it is possible that a higher proportion of HIV infections remain undiagnosed compared with other neighborhoods.

RESULTS

The various research methods with BVHP residents, faith leaders and health and social service providers yielded 29 salient findings which are listed below.

Bayview/Hunter's Point Residents' Perspective

Finding 1: Participating BVHP residents had moderate to high levels of HIV-related knowledge overall, but there were clear gaps in knowledge related to the availability of a cure and the transmissibility of HIV via saliva.

Finding 2: The HIV prevention presence in BVHP is limited.

Finding 3: Other health and social issues create more pressing concerns than HIV.

Finding 4: Despite widespread stigma related to HIV in BVHP, participants expressed a desire for and a need to expand the community-level dialogue about HIV and AIDS.

Finding 5: With few exceptions, participants agreed that they would prefer to have HIV-related services located in the BVHP neighborhood, integrated into other health and social services.

Finding 6: Reaching youth with HIV prevention information was a high priority for many participants.

Finding 7: Among male and MTF participants, incarceration was identified as a contributing factor in the spread of HIV in BVHP.

Finding 8: Male participants reported little access to HIV prevention information and education, and suggested a number of approaches and community resources that could be used to disseminate information.

Finding 9: Male participants emphasized the role of drug addiction in HIV transmission.

Finding 10: Female participants reported having been exposed to some HIV prevention messages but believed that more HIV prevention is needed in BVHP.

Finding 11: MTF participants' experiences with HIV prevention were mostly through services or information located in other parts of the city, and they agreed that transgender-specific, transgender-sensitive services in BVHP are lacking.

Bayview/Hunter's Point Faith Leader Perspective

Finding 12: Faith leaders consider HIV and AIDS to be very important issues in BVHP and believe the church should play a central role in prevention and education.

Finding 13: Faith leaders use different approaches to addressing the issue of HIV in their communities.

Finding 14: Faith leaders indicated that they need more education and information about HIV and AIDS in order to be able to educate their congregations.

Finding 15: Faith leaders emphasized the need to change community norms related to the stigma around HIV and AIDS.

Finding 16: Faith leaders emphasized the need for a broad-based community approach to HIV prevention.

Bayview/Hunter's Point Health and Social Service Providers' Perspective

Finding 17: HIV is superceded by other more urgent concerns.

Finding 18: Incarceration is putting men and women at risk for HIV.

Finding 19: Some men are having sex on the “down low.”

Finding 20: High STD rates, especially among youth, indicate high-risk behavior for HIV.

Finding 21: There is a need for community-wide HIV prevention efforts.

Finding 22: There is a need for an expanded network of health and social services.

Finding 23: Residents experience multiple barriers to accessing services.

Finding 24: Lack of funding to support community services is a barrier to effective HIV prevention.

Finding 25: HIV prevention does not have a visible presence in BVHP.

Finding 26: There are multiple psychosocial influences on HIV risk among BVHP residents.

Finding 27: A comprehensive HIV prevention approach is needed in BVHP to deal with multiple health and social service needs and the context of HIV risk.

Finding 28: There is a need for building the capacity of BVHP agencies to provide HIV prevention.

Finding 29: The HPPC funding priorities are a perceived barrier to bringing HIV prevention funding into BVHP.

CONCLUSIONS

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

- **Community Need:** The HIV prevention needs in BVHP are distinct from other neighborhoods in San Francisco. Epidemiologic data suggest comparatively low numbers of people living with AIDS and new HIV infection rates similar to those in other parts of the city. However, evidence from the community members and leaders participating in this SCAN suggests that numerous cofactors affect the lives of BVHP residents and are putting them at risk for HIV (e.g., mental health, substance use, stigma about HIV, homelessness). There also appear to be some significant gaps in HIV-related knowledge (e.g., some believe HIV is transmitted by saliva). Furthermore, limited access to testing may lead to undiagnosed infections. According to residents, there is a need for community-wide HIV prevention efforts, especially for youth, that include information, education, and opportunities for dialogue in order to prevent the epidemic from growing in BVHP.
- **Community Assets:** BVHP has a strong network of health and social services, ranging from substance use and mental health treatment to childcare support to afterschool programs for youth. In addition, services exist in BVHP for people living with HIV, including primary care, case management, and health education. Many of these health and social service providers recognize the HIV prevention needs of their clients and have formed the BVHP HIV Service Providers Network (which served as the CAB for this SCAN) to think strategically about building community capacity and strengthening networks to meet these needs. Furthermore, the existence of this network of services offers opportunities for integrating HIV prevention into existing programs.
- **Community Access:** HIV prevention has a limited presence in BVHP. Although many community members know of health care or community-based resources in BVHP or elsewhere in the city where they could get information about HIV, few reported that HIV prevention had ever come to them. Community members noted a particular lack of outreach and media campaigns in the neighborhood. Residents do have access to needle exchange and counseling and testing (uninsured individuals only) in their neighborhood. Annual HIV health fairs and informal (non-funded) programs provide additional information, but in general, HIV prevention information and services are not readily accessible. According to SCAN participants, instituting an HIV prevention program or programs that address the entire community would greatly improve access to HIV prevention.

In summary, to this point, HIV prevention efforts have not been widespread or coordinated in BVHP, suggesting that the neighborhood currently has low capacity to meet the HIV prevention needs of its residents. However, a number of findings from this SCAN point to opportunities for bringing a strong HIV prevention presence to this neighborhood and building neighborhood capacity:

- Community members clearly articulated a need and a desire for a community-wide dialogue about HIV and HIV prevention;

- There are dozens of existing programs that could incorporate HIV prevention into their activities (e.g., substance abuse, mental health, primary care, youth services); and
- Faith leaders indicated a willingness to include HIV prevention messages in their work with their communities.

In conclusion, efforts to work with BVHP community leaders, support BVHP agencies to apply for HIV prevention funding, provide capacity building assistance to agencies to conduct HIV prevention, and organize groups of concerned residents around the issue of HIV could help create a successful, locally driven HIV prevention strategy in BVHP.

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

- Integrate HIV (and STD) prevention services into existing services (e.g., primary care, substance use treatment), instead of having stand-alone HIV services. There are numerous opportunities for this in the Bayview, as there are many community-based organizations that have access to and trust among the community. These agencies could develop the capacity to conduct HIV prevention, even if they have never done it before.
- Find ways to address other higher priority health and social issues (e.g., violence, environmental issues, homelessness) so that HIV prevention can have more than a limited impact.
- Provide capacity-building and technical assistance for neighborhood-based agencies interested in doing this work, to ensure that a solid foundation for continued HIV prevention is built in BVHP. This will involve efforts to prepare and educate BVHP service providers to be able to respond to any upcoming HIV prevention requests for proposals (RFPs).
- Include more community input into research design and implementation.
- Bring more health and social services to BVHP.
- Encourage and support community involvement and membership in HIV policy groups (i.e., HPPC and the HIV Health Services Planning Council, also called the CARE Council).
- Have a strong youth focus in HIV prevention efforts.

Recommendations for Strategies and Interventions

- Implement outreach and social marketing (two approaches highlighted by SCAN participants). Outreach should be available in all BVHP neighborhoods, and social marketing campaigns should be developed with community involvement to ensure cultural appropriateness. Some possible areas for campaigns to focus on

- could be reducing the stigma around HIV, providing accurate information about HIV transmission, and giving information on where to get anonymous testing.
- Improve access to HIV testing (e.g., increase the number of counseling and testing sites in BVHP).
 - Conduct outreach and education with local businesses and ask businesses to help disseminate HIV prevention information (e.g., liquor stores, beauty parlors).
 - Increase programs for incarcerated and recently released people and their partners.
 - Increase HIV prevention education in schools.
 - Involve faith communities in HIV prevention.
 - Find effective ways to reach non-gay identified MSM.
 - Promote communication about sexuality.
 - Provide community education on vaccines and HIV and AIDS myths.
 - Work with faith leaders and faith communities to provide a consistent and locally appropriate HIV prevention message and to help reduce stigma related to HIV.