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**PROFILE OF LATINOS WITH AIDS LIVING IN SAN FRANCISCO:
BACKGROUND, NEEDS AND CASEWORK SENARIOS**

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October 1987

In response to the growing incidence of AIDS within the Latino community the Instituto Familiar de la Raza implemented the Latino AIDS Project to engage in preventative education, need assessment and limited casework/counseling. The need assessment study included this survey to determine the general background and service needs of Latinos with AIDS or ARC.

In collaboration with the Bilingual, Multicultural Services Program of the San Francisco AIDS Foundation, a survey study was conducted of their past and present Latino client caseload. The San Francisco AIDS Foundation was selected for this study given their history as being the main social work service provider to PWA's of San Francisco.

The methodology required the Foundation to identify all casefiles with Latino names seen by the Social Service Program since its inception. To ensure client confidentiality, the Foundation's only Latino counselor chiefly responsible for serving Latino clients volunteered to serve as the research collaborator. After assigning a pseudo-name for each case this counselor was interviewed for the profile and casework data available through each of the case files. Researchers used a tabulation sheet to record and subsequently summarize the data.

The total number of Latino cases were 56 of which 32 cases are inactive and, as of September 15, 1987, 24 remained active. The information obtained from the case files is organized in the following general categories: POPULATION BACKGROUND, MEDICAL CARE ISSUES, SUPPORT AND SERVICE NEEDS and CASEWORK EXPERIENCE. The study begins with a summary of the findings and is followed by a discussion of its implications to service delivery to Latinos with AIDS.

In regards to each data item within these categories, the "N" will vary dependent upon whether the information was recorded or could be obtained.

SUMMARY

Latinos diagnosed with AIDS in San Francisco numbered 228 as of July 1987. The sample of Latinos from the San Francisco AIDS Foundation includes 45 diagnosed Latinos with AIDS or 19.7% of the Latino population having AIDS. The Foundation sample also included 11 diagnosed ARC cases. For the purpose of this study, the Latinos with AIDS and ARC were considered part of the same population.

The population of Latinos with AIDS/ARC was characterized as follows: 72% between the age of 26 and 40 years, 66% prefer speaking in Spanish, 75% have resided in San Francisco for five years or more, 23% were without legal immigration status.

The central socio-economic needs identified for Latinos at the time of intake were the following: financial assistance (62.5%), referral or access to particular support services (e.g. homecare, hospice, SHANTI, etc.) 34%, housing (30%), aid in resolving insurance issues (20%), and legal or immigration assistance (16%). During the course of illness housing continued to be a need for 59% of the persons, e.g., money to pay for rent, inadequate housing or no longer able to live alone, etc.

At the time of intake, persons characterized their emotional support as coming predominately from friends and lovers of which 84% stated that the quality of this support was "OK or Good". Of family support 47% stated it was "OK or Good" while 53% characterized it as being none or limited. Sixty per cent of the persons feeling "No or limited support" by family had not told them of their illness primarily because of the distance separating them from family living in Cuba, Mexico or South America. Examples to illustrate "Good Support" are provided, as well as to explain "No support."

In regards to the casework required to assist Latinos stabilize their living circumstances 76% of the cases required 5.5 actions such as home or office visits, patient calls, advocacy calls or information seeking. The remaining cases (24%) required an average of 17 actions. Examples of difficult and healthy case scenarios are provided, as well as examples of the casework interventions by the social workers.

The number of Latinos diagnosed with AIDS was contrasted with the number of LWAs seen by the Foundation on a year to year basis. This data surfaced a Latino response factor which was 10% in 1983 through 1985 and then improved to 22.6% in 1986 and 30% in 1987.

Also, included in this draft report are three (3) attachments summarizing epidemiological data regarding AIDS within the San Francisco Latino community. Attachment I lists Latino AIDS diagnosis by diagnosis hospital through June 30, 1987. Attachment II lists primary AIDS diagnosis by race and ethnicity for San Francisco AIDS cases reported through August 1987. Attachment III summarizes the survival time by diagnostic group and race for AIDS cases diagnosed through September 30, 1986.

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POPULATION BACKGROUND

Includes: Age, Nation of origin, Years in San Francisco, Dominant language,
Immigration Status

AGE

0 - 20 yrs	2	3.7%
21 - 25	2	3.7%
26 - 30	10	18.5%
31 - 35	14	26.0%
36 - 40	15	27.7%
41 - 45	5	9.2%
46 - 50	4	7.4%
51 - 60	2	3.7%

N = 54

LANGUAGE PREFERENCE

Monolingual Spanish:	10	(18%)
Bilingual, Spanish Preference:	27	(48%)
Bilingual, English Preference:	12	(21%)
English Speaking, Unknown if also speak Spanish:	7	(13%)

Charts did not indicate language preference. This information was obtained by interview. The interviews also indicated that a number of bilingual LWAs (Latino with AIDS) reverted to primary Spanish speaking with the progression of the illness.

BIRTHPLACE

United States	19	(34.5%)	Central America	6	(11%)
California	12		El Salvador	4	
New York	2		Nicaragua	1	
Illinois	2		Guatamala	1	
Colorado	1				
New Mexico	1				
Germany	1				
Mexico	13	(23.6%)	South America	6	(11%)
			Venezuela	2	
Puerto Rico	6	(11%)	Ecuador	1	
			Colombia	1	
Cuba	5	(9%)	Peru	2	

N = 55

Given birthplace, the following categories summarize probable dominant cultural experience:

Chicano (Typically Mexicano born in United States):	31%
Mexicano:	24%
Latino (Central and South American):	21%
Puertoriqueno:	15%
Cuban:	11%

LENGTH OF TIME IN SAN FRANCISCO

The average length of time that LWAs resided in San Francisco was 11 years.

0 - 4 years	13	(25%)*
5 - 10	17	(33%)
11 - 15	10	(19%)
16 - 20	10	(19%)
21 - 30	2	(4%)

N= 52

* At least four of these persons came to San Francisco from other parts of California (one from New York) seeking greater resources for PWAs.

IMMIGRANT STATUS

Thirteen (13) persons were without legal immigration papers.

Their average length of residence in San Francisco was 9 years which varied as follows:

1 - 4 years	3 persons
5 - 10	6
11- 20	4

Their countries of origin included Mexico (54%), El Salvador (13%) and South America (13%).

MEDICAL CARE RELATED INFORMATION

DIAGNOSIS

At the time of intake the following diagnoses were provided.

AIDS	45	
ARC	11	N = 56

ALCOHOL/DRUG HISTORY

Alcohol use	22*	(50.0%)	
Cocaine use	2	(4.5%)	
IV use	3	(6.8%)	
Speed	4	(9.0%)	
No drug/alcohol use	13	(30.0%)	N = 44

Of those that cited alcohol use, 18 claimed only "occassional" or "social drinking", 11 noted that they had discontinued drinking since illness or diagnosis and 6 appeared to be current or past abusers.

TREATMENT FOR ALCOHOL/DRUG ABUSE

No prior treatment	48	
Prior treatment	1	
Desires treatment	1	N = 50

PSYCHIATRIC HISTORY

No prior treatment	32	
Prior treatment	9	
No information	15	N = 41

MEDICAL INSURANCE

Medical Insurance	15	(29%)	
No Medical Insurance	37	(71%)	N = 52

INSTITUTION FOLLOWING MEDICAL CARE

San Francisco General Hospital	32	(58.2%)	
Kaizer Hospital	6	(10.9%)	
French Hospital	5	(9.0%)	
Other: UC Medical Center (2), Mount Zion (1), Children's Hospital (1), Pacific Medical Practice (1), Valley Medical Center (1)			
unknown	6	(10%)	N = 55

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SUPPORT AND SERVICE NEEDS

NEED FOR SUPPORTIVE SERVICES

At the time of intake the following services were of concern to persons:

o Financial: assistance in applying for City, State and Federal benefits.	35	(62.5%)
o Referral to a particular service, i.e., SHANTI, Hospice, Homecare, etc.	19	(34%)
o Housing.	17	(30%)
o Aid in resolving insurance issues (how to pay for medical costs).	11	(20%)
o Legal Assistance (court appearance, power of attorney or will).	5	(9%)
o Immigration Assistance.	4	(7%)
o Information/Education.	4	(7%)

FINANCIAL

At time of intake, 35 persons (62%) required immediate financial assistance including the following:

- o Applying for General Assistance
- o Applying for SSA, SSI or SDI
- o Applying for Food Stamps

The remaining persons for whom financial resources was not the immediate need had already acquired or had applied for the following financial resources:

o Currently employed	3
o State Benefits (SSA, SSI, SDI)	14
o Veterans Benefits	3
o General Assistance	12
o Unemployment Insurance	3

HOUSING

During the period of being an active case, 33 persons (59%) encountered various housing needs including:

- o Needs immediate money to pay for next rent. 7
- o Needs to move because of inadequate housing, i.e., too crowded, no cooking facilities, inadequate heat. 7
- o Current housing became unaffordable because of less income. 5
- o Illness left them without housing. 5
- o Was living alone, yet now needs roommate for care, companionship or to help pay rent. 5
- o Already were homeless. 2

ROOMMATE AND SOURCE OF HOMECARE

At the time of intake or immediately following the person had the following live-in home care support.

Roommate friends	13	(24%)
Roommate lover	12	(22%)
Alone	10	(18.5%)
Temporary live-in family, e.g., mother, brother, sister	7	(13%)
SHANTI or Hospice	4	(7.4%)
Roommate brother/sister	3	(5.5%)
Parents	3	(5.5%)
Wife/girlfriend	2	(3.7%)

N = 54

In summary 52% relied on friends and lovers for homecare support, 24% on family, 18% were alone and 7% on an institutional care program.

In addition to home care support by friends or family, there was use of the following formal support services.*

Hospice	4
Shanti	4
Visiting Nurses Association	3

N = 54

* There may have been subsequent use of formal home care support which occurred later as the illness progressed.

EMOTIONAL SUPPORT

At time of intake persons indicated the following level of support from family and friends.

	NO or Limited Support	OK or Good Support
From Family	25 (53%)	22 (47%)
From Friends	6 (14%)	37 (84%)

Examples of NO or Limited Family Support:

- o The families of live in their home country (Cuba, Mexico, Peru, Puerto Rico, Venezuela), subsequently they have not been told of the illness. 18 persons.
- o The families live in their home country, know of the illness, but distance prohibits direct support. 7 persons.

- o The families have expressed prior rejection for the person, e.g. "They don't want to know about me." "They want me as far away as possible." "My mother doesn't want to see me. She hides from her new husband that her son is gay." 5 persons.

Examples of Good Support from family:

- o A family member has come to live with person to aid them through the illness, e.g., mother or sister coming from Mexico or Colombia to help out. 7 persons.
- o Family members "know" (also about being gay) and are supportive. 7 persons.

Examples of NO or Limited Friends Support from friends:

- o Don't have many friends. 3 persons
- o They haven't come to visit, "they have put distance between us" or "they're scared". 3 persons
- o I haven't told them. 3 persons
- o They seem to treat me different. 2 persons

Examples of GOOD Support from friends:

- o They have provide me a place to live.
- o "They keep in touch."
- o "They have organized a support system for me."
- o "They are like an extended family."
- o "They make me feel nurtured."
- o They are understanding and helpful.

COUNSELING SUPPORT

Currently seeing a counselor	14	Yes	(30%)
	38	No	(70%)

N = 52

Counselors seen: SHANTI counselor (8), pastor (2), SFGH (2)

COUNSELING OR EDUCATION REQUESTS

- o Support group in Spanish. (11)
- o Class on self-sufficiency, e.g., how to cook healthy meals. (2)
- o Stress reduction class. (2)

CASEWORK EXPERIENCE

NUMBER OF CASE ENTRIES TO STABILIZE CASE

Most entries in progress notes represent casework performed, such as office visit, home visit, patient calls, advocacy calls, information seeking, etc. All entries were noted for inactive cases.

Range of entries: 2 to 42

Clusters: average of 5.5 entries 76.6%

average of 16 entries 16.6%

average of 42 entries 6.6%

EXAMPLE OF DIFFICULT CASE SENARIOS

- o Valentine desires counseling in Spanish and no counselors were available. He dies before a counselor can be found.
- o Vato's father and brother come from Peru to aid him and find him already in coma. He dies within days. Family is disoriented by experience. Minimal support is available to them.
- o Rico's lover died two months ago. He knows no one except for sponsor who doesn't speak Spanish. The house he is living in is so crowded he can't rest.
- o Mark was in process of qualifying for Amnesty Program and then receives AIDS diagnosis.
- o Manuel was responding to ATZ treatment, but now he will no longer be able to afford treatment.
- o Lalo has been paying into Social Security regularly for 14 years under psuedo number. Since he is an undocumented worker he cannot secure needed benefits.
- o Gus is now living on streets with no where to go. He is angry that the ARC diagnosis denies him the services he needs.
- o Marcos left family in Fresno because he doesn't want to be a "carga" to the family. He came to San Francisco and decided he'd only return if he could secure his social security benefits that will allow him to make his contribution to the family. He begins volunteering at SF AIDS Foundation, but then begins drinking heavily. His drinking problem is so disruptive that SHANTI no longer wants to assist him. He is currently finding it difficult to live anywhere.

- o Saul and wife are HIV positive and their smallest child has AIDS. They have isolated themselves from friends and family so as to not reveal their child's illness. Because of finances they are presently looking for a cheaper place to live.
- o Baltazar has ARC. His 5 month old son died of AIDS last month. His wife (girlfriend) is sick but unwilling to seek treatment because she has no legal papers. Baltazar leaves her.
- o Bennie and his brother are gay. Mother does not want to see them nor expose them to her new husband. Bennie has experienced 6 deaths in 14 months including father, step-mother and sister. Needs counseling support.
- o Rithmo has worked and contributed into social security for the 19 years he has lived in the United States, yet he is deathly afraid if he applies for any benefits he will be deported.

EXAMPLES OF HEALTHY CASE SENARIOS

- o Victor has ARC, fortunately the use of relaxation techniques have help greatly. He wants to help others which he is doing by assisting on hotline and being available for an article on how his family is dealing with his illness.
- o Pablo was initially quite depressed by his AIDS diagnosis and felt that he couldn't tell his family who lives in Mexico. His family came to visit him and given thier support he decided to return to Mexico.
- o AIDS diagnosis came as complete surprise to Ono. He felt he couldn't tell family for they would never understand. His friends helped him financially and then to find a place. Ono is doing well.
- o Miguel has gotten so ill that he can't perform basic household tasks. Catholic Services helped to pay for his mother to come and stay with Miguel until he got better. Subsequently, his brother came and stayed with him until he died.
- o Manuel has accept his AIDS diagnosis and plans to live life fully. He continues going to college.
- o Leto wants to maintain good spirits despite AIDS diagnosis. From knowing no one with AIDS he has gotten involved in various AIDS counseling and education programs. He feels he has set his life in order and now spends considerable time volunteering at SHANTI.
- o Daniel became so exhausted that he requested assistance from his mother. She came up from Los Angeles to help him. Ultimately, she was able to share the dying process with Daniel and his lover. (3 similar cases)

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EXAMPLES OF INTERVENTION BY AIDS COUNSELORS

The purpose of the Foundation social worker is to facilitate access to necessary services, provide client advocacy and counseling support until the PWA is able to better handle the complexities of his/her situation. The following are examples of the character of this work as it relates to Latinos.

- o Alfonso would like to visit Mexico before he dies. The counselor seeks appropriate resources.
- o Blas denies having AIDS, yet is dying in front of his sister's family. Counselor makes a number of home visits to dialogue with Blas and family to assist the family through this difficulty. (Spanish)
- o Celso is dying and his devoted lover is growing exhausted through his provision of devoted care. Counselor accesses resources for home care assistance and a support group for lover. Counselor also helped friends coordinate the burial services. (Spanish)
- o In part Francisco health is being taxed by his worry about creditors. Counselor assists in alleviating this stress by helping negotiate arrangements with creditors. (Bilingual)
- o Since Gregorio has minimal support, counselor assists in the translations and advocacy required to secure needed benefits. (Spanish)
- o Miguel is worsening as dementia develops. Mother is stressing out by Miguel's behavior and her inability to communicate with any of the nurses who come to assist in home care. Counselor assist to find a bilingual nurse. Counselor takes Miguel and mother on an outing drive around the Bay to lift their spirits. Miguel died seven weeks after. (Bilingual)
- o Mike feels isolated and wants to reconnect with Latino which the counselor facilitates given his own contacts in the Latino community. (Spanish)
- o Given Ramon's lack of residence documentation, counselor has to work creatively to secure needed financial assistance. (Bilingual)
- o Rico, a Cuban refugee, is very alone except his sponsor. Counselor provides emotional support for both as well as practical assistance in arranging funeral. (Spanish)
- o Samuel has various friends who desire to help him, yet their competitive jealousy is now becoming stressful. Counselor helps Samuel's friends coordinate their support. (Spanish)
- o After identifying over a dozen persons who desire a Spanish support group, yet given its non-availability, the counselor establishes such a group.

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FOUNDATION RESPONSITIVITY TO LATINOS WITH AIDS

The following chart indicates the number of Latinos diagnosed with AIDS since 1981 and correspondingly the number of Latinos seen by the San Francisco Foundation for each year. The final column is the response ratio of the Foundation to Latinos with an AIDS diagnosis.

	AIDS DIAGNOSIS	FOUNDATION CLIENTS	RESPONSE RATIO
1981	2	0	0
1982	7	0	0
1983	10	1	10%
1984	34	3	9%
1985	60	6	10%
1986	75	17	22.6%
1987*	40	12	30%

*These statistics include cases until July 1987.

Its critical to note that the increase in per cent of Latinos with AIDS seen by the Foundation (the Latino responsitivity factor) increases beginning 1986, the year that the Foundation hired a bilingual/bicultural counselor.

REASONS FOR TERMINATION

Stablized	12
Death	6
Lost contact	4
Left country	2
Left area	1
Unspecified	7

N = 32

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AIDS CASES IN SAN FRANCISCO LATINO COMMUNITY THROUGH JUNE 30, 1987
PRIMARY AIDS DIAGNOSIS BY DIAGNOSING HOSPITAL

VI-)	Count Row Pct Col Pct	Kaposi Sarcoma	Pneumocyl Istis Car	Toxoplas mosis	Atypical Mycobac	Candida Esophagi	Cryptosp loridiosi	Cryptocol lcal	Pri. Lym phoma	Cytomegal lovirus	Histopla smosis	Isospori asis	Non-Hodg kins	Row Total
		1	2	3	4	5	6	7	11	12	13	14	16	
HOSPITAL														
Private Doctors	0	5 100.0 7.0												5 2.2
SFGH	1	24 33.3 33.8	33 45.8 27.0	4 5.6 100.0	4 5.6 80.0			4 5.6 50.0		1 1.4 33.3	1 1.4 100.0		1 1.4 25.0	72 31.6
UCSF	2	15 42.9 21.1	14 40.0 11.5				2 5.7 40.0	1 2.9 12.5	2 5.7 100.0				1 2.9 25.0	35 15.4
Davies/Franklin	3	5 21.7 7.0	15 65.2 12.3				2 8.7 40.0			1 4.3 33.3				23 10.1
Presbyterian	4	3 21.4 4.2	11 78.6 9.0											14 6.1
SF Kaiser	5	9 28.1 12.7	22 68.8 18.0							1 3.1 33.3				32 14.0
MT. Zion	6	2 25.0 2.8	5 62.5 4.1									1 12.5 100.0		8 3.5
VA	7	1 16.7 1.4	3 50.0 2.5				1 16.7 20.0	1 16.7 12.5						6 2.6
Childrens	8	1 20.0 1.4	3 60.0 2.5			1 20.0 50.0								5 2.2
St. Francis	9	1 16.7 1.4	4 66.7 3.3										1 16.7 25.0	6 2.6
St. Lukes	10	1 12.5 1.4	6 75.0 4.9					1 12.5 12.5						8 3.5
St. Marys	11	1 100.0 1.4												1 .4
Letterman Army	12		1 33.3 .8			1 33.3 50.0		1 33.3 12.5						3 1.3
French	14	1 12.5 1.4	5 62.5 4.1		1 12.5 33.3								1 12.5 25.0	8 3.5
	16	2 100.0 2.8												2 .9
(Continued)	Column Total	71 31.1	122 53.5	4 1.8	5 2.2	2 .9	5 2.2	8 3.5	2 .9	3 1.3	1 .4	1 .4	4 1.8	228 100.0

Source. Dr. Lemp, Department of Public Health, San Francisco.

PRIMARY DIAGNOSIS BY RACE/ETHNICITY FOR SAN FRANCISCO AIDS
CASES REPORTED THROUGH AUG 1987

Page 3

SPSS/PC+

Crosstabulation:

VI

AI Diagnosis

By RACE

RACE→	Count Row Pct Col Pct	White 1	Black 2	Hispanic 3	Asian-Pa- cific 4	Other 5	Row Total
VI							
1 Kaposi Sarcoma	922 87.9 29.5	39 3.7 17.6	79 7.5 31.0	6 .6 10.5	3 .3 75.0	1049 28.7	
2 Pneumocystis Car	1832 85.3 58.7	131 6.1 59.0	135 6.3 52.9	48 2.2 84.2	1 .0 25.0	2147 58.6	
3 Toxoplasmosis	13 68.4 .4	2 10.5 .9	4 21.1 1.6			19 .5	
4 Atypical Mycobac	40 76.9 1.3	7 13.5 3.2	5 9.6 2.0			52 1.4	
5 Candida Esophagi	44 81.5 1.4	8 14.8 3.6	2 3.7 .8			54 1.5	
6 Cryptosporidiosi	44 84.6 1.4	1 1.9 .5	7 13.5 2.7			52 1.4	
7 Cryptococcal	86 74.1 2.8	20 17.2 9.0	9 7.8 3.5	1 .9 1.8		116 3.2	
8 Herpes simplex	5 50.0 .2	4 40.0 1.8	1 10.0 .4			10 .3	
9 Prog. Leukoencep	13 100.0 .4					13 .4	
11 Pri. Lymphoma	13 86.7 .4		2 13.3 .8			15 .4	
12 Cytomegalovirus	32 74.4 1.0	6 14.0 2.7	4 9.3 1.6	1 2.3 1.8		43 1.2	
13 Histoplasmosis	3 75.0 .1		1 25.0 .4			4 .1	
14 Isosporiasis	2 50.0 .1		1 25.0 .4	1 25.0 1.8		4 .1	
16 Non-Hodgkins	73 90.1 2.3	3 3.7 1.4	5 6.2 2.0			81 2.2	
17 Interstitial Pne	1 50.0 .0	1 50.0 .5				2 .1	
Column Total	3123 85.3	222 6.1	255 7.0	57 1.6	4 .1	3661 100.0	

Chi-Square

D.F.

Significance

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75 (72.0%)

Survival by Diagnostic Group, Age, Sex, Race,
Risk Group, and Year of Diagnosis for
San Francisco AIDS Cases Diagnosed through Sept. 30, 1986

<u>Category</u>	<u>N</u>	<u>Median Survival (In Months)</u>	<u>P Value (NS=Not Significant)</u>
<u>Diagnostic Group:</u>			
Kaposi's Sarcoma (KS) Only	596	17.3	< 0.001
PCP Only*	1295	10.2	
KS and PCP	356	12.3	
Other Opportunistic Infections	199	6.2	
<u>Age Group:</u>			
< 20	6	-	< 0.001
20 - 29	350	12.5	
30 - 39	1247	12.0	
40 - 49	618	10.8	
50 - 59	184	8.2	
≥ 60	41	5.5	
<u>Sex:</u>			
Male	2424	11.2	NS
Female	22	8.8	
<u>Race/Ethnic Group:</u>			
White	2125	11.2	NS
Black	135	11.7	
Latino	155	12.2	
Asian/Pacific Islander	30	11.6	
<u>Risk Group:</u>			
Homosexual/Bisexual Male	2065	11.2	< 0.001
Intravenous Drug User	26	6.5	
Homosexual/Bisexual IVDU	315	10.6	
Transfusion Recipient	17	1.0	
<u>Year of Diagnosis:</u>			
1981	24	10.1	NS
1982	100	12.5	
1983	277	11.1	
1984	527	10.8	
1985	778	11.7	
1986	738	-	

*Pneumocystis Carinii Pneumonia

source. Dr. George Lemp, Department of Public Health, San Francisco.

*Fairbank,
Bregman
& Maullin*

*Marketing Research &
Public Opinion Analysis*

REPORT ON
A BASELINE SURVEY OF AIDS RISK BEHAVIORS
AND ATTITUDES IN SAN FRANCISCO'S LATINO COMMUNITIES

CONDUCTED FOR THE
SAN FRANCISCO HEALTH DEPARTMENT,
AIDS ACTIVITY OFFICE

BY
FAIRBANK, BREGMAN & MAULLIN, INC.

July 6, 1987

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BACKGROUND AND METHODOLOGY

This report presents the findings of "A Baseline Survey of AIDS Risk Behaviors and Attitudes in San Francisco's Latino Communities," conducted for the San Francisco Health Department, AIDS Activity Office by Fairbank, Bregman and Maullin, Inc. (FB&M). A total of 404 Latino residents of San Francisco were interviewed in person during the period April 12 - June 3, 1987.

Joining FB&M in the development of the questionnaire which was used in the study were senior staff members from the Mission Neighborhood Health Center (MNHC), Dr. George Lemp, Chief, Surveillance and Investigations Branch of the San Francisco AIDS Office, and Dr. Mervyn Silverman. FB&M and MNHC staff were also jointly responsible for the recruitment of interviewers and an interviewing supervisor, each of whom was bilingual and bicultural. Information on AIDS was provided in a training session for interviewers by the Latino AIDS Project. FB&M senior staff trained the interviewers in the proper techniques for sampling and interviewing that were necessary for carrying out this study.

Using 1980 United States Census block and tract data, FB&M selected a random sample of locations with high Latino populations in which to conduct the interviews. Using a cluster block system, interviewers then were given specific instructions on which residences to begin their attempts to obtain completed interviews, how to proceed around the cluster block, and how to make their additional attempts at residences where they could find no qualified respondent (try again on another day, at another time of day). All respondents had to meet the following criteria:

- Identified themselves as Hispanic/Latino;
- Between the ages 18 - 60 years old.

*Fairbank,
Bregman
& Maullin*

The following table shows the Census figures for age and sex breakdowns in the Hispanic community of San Francisco and the comparable figures for our sample.

Chart 1

Demographic Comparisons

	<u>1980 Census</u>	<u>Sample</u>
<u>Age</u>		
18 - 29	44%	47%
30 - 39	24	28
40 - 49	17	13
50 - 59	16	12
<u>Sex</u>		
Male	49%	41%
Female	51	59

It should be noted that in analyzing the data, a "weighted total", which reflected the actual proportions of men and women in the 1980 Census for San Francisco Hispanics was compared to the unweighted total. There were no statistically significant differences which occurred between the weighted and unweighted totals.

Due to the sensitive nature of the study, three particular methodologies were used. First, was the employment of only female interviewers to interview women and only male interviewers to interview men. Second, all those people who were interviewed in their homes were given ten dollars (\$10) as a thank you gift for participating in the study. Third, each respondent had the choice of conducting the interview in Spanish or in English.

Among the 404 completed interviews were 315 that were obtained using the random, door-to-door methodology. The remaining 89 were conducted using an intercept method, where respondents were selected at the Mission Neighborhood Health Center and interviewed in a private room at the Center. In analyzing the data, those interviews obtained through the intercept method were considered separately. A discussion of significant differences between the intercept and in-home samples is presented in an individual section of this report.

All resultant data from the 315 in-home interviews have been examined for statistically significant differences at the 95% confidence level in total and among the following cross-tabulations:

- Age: 18-29; 30-39; 40-60.
- Know someone with AIDS: Yes; No.
- Have changed sexual activities because of existence of AIDS: Yes; No.
- Marital status: Married; Single; Separated/ Divorced/Widowed.
- Number of People in Household: 1 or 2; 3 or more.
- Children in Household: Yes; No.
- Educational Level: Some High School or less; High School graduate; More than High School.
- 1986 Income: Under \$10,000; \$10,001-\$20,000; Over \$20,000.
- Language respondents usually speak: Mostly Spanish; Mostly English; Speak both about equally.
- Sex: Male; Female.

- Engaged in "Unsafe" Sexual Behavior in the past month:

Defined either as: 1) Having 2 or more sex partners in the past year and had vaginal or anal intercourse without a condom; or 2) Having 1 sex partner in the previous year, had a sexual partner who is in one of the following 6 groups:

- a) People who have AIDS; or
- b) Men who have had sexual relations with other men or with both men and women; or
- c) Female prostitutes; or
- d) Male prostitutes; or
- e) Intravenous drug users; or
- f) People who have been sexual partners of any of the types of people listed in items a-e;

and had vaginal or anal intercourse without a condom.

- Possibly Engaged in "Unsafe" Sexual Behavior in the past month:

Defined either as: 1) Having had sexual relations with a "person who has AIDS" and not included in "unsafe behavior", above; or 2) Yes to one of the items listed in b-f, above, and engaged in oral sex.

- Engaged in Safe Sexual Behavior:

Not included in two previous categories, defined as either: 1) No sexual partners in the past year; or 2) One sexual partner in the past year who could not be described in items a-f, above; or 3) 2 or more sexual partners in the past year and did not have vaginal or anal intercourse without using a condom.

- "Unsafe" Drug Behavior:

Defined as either: 1) Having ever taken drugs that are not medicine or vitamins by injection; or 2) Having ever done skin popping; or 3) Having taken medicine or vitamins by injection outside of a doctor's office, health clinic, or hospital and reporting that more than one person has used the same needle.

- No Unsafe Drug Behavior: Not included in "unsafe drug behavior," above.
- All "Unsafe" Behavior: Included in either "unsafe sexual behavior" or "unsafe drug behavior", above.

Among the 315 completed in-home interviews, 289, or 92% of the people chose to have the interview conducted in Spanish.

Statistically significant differences among population sub-groups at the 95% confidence level are reported in the text of this report. If a difference is not mentioned it can be assumed to be not statistically significant, not meaningful to the discussion, or both. The sample of 315 has a sampling tolerance, or margin of error of +/- 7%, at the 95% confidence level. Copies of the complete computer printout have been provided to the AIDS Office.

ADDENDUM

Demographic Characteristics of Latinos in San Francisco:
1980 Census vs. Survey Sample Data

	<u>1980 Census</u>	<u>Sample</u>
<u>Education</u>		
Less than high school graduate	42%	45%
High school graduates	27	23
Some college or more	30	30
Refused	-	2
<u>Household Income</u>		
Under \$10,000	34%	35%
\$10,000 - \$20,000	32	32
Over \$20,000	34	17
Refused	-	17
<u>Marital Status</u>		
Married	41%	57%
Single	38	32
Separated/Divorced/Widowed	21	11
Refused	-	*

*Less than 0.5%

Note: Some percentages do not add to 100 because of rounding.

SUMMARY AND CONCLUSIONS

Overall, some of the basic messages about AIDS have reached the Latino population of San Francisco. However, there remains a vast amount of misinformation throughout the populace. The highlights of the findings from this study are summarized as follows:

- 1) To some extent, people are aware that they need to know more about AIDS. Just about one person in six (17%) claims to know a great deal about it. However, over half (54%) believe that they are receiving adequate information to be kept properly informed about AIDS. On the other hand, 53% know "little" or "almost nothing" about AIDS and a similar proportion (45%) are not satisfied with the amount of information they receive about it.
- 2) Nearly everyone correctly identifies the ways in which AIDS is most commonly transmitted from one person to another. However, more than two-thirds of the people mistakenly believe that AIDS can be transmitted when donating blood or when having blood taken for lab tests, and between one-third and one-half the people incorrectly believe it can be transmitted from toilet seats, when drinking out of the same glass as someone who is infected, eating food prepared by someone who is infected, and swimming in a public swimming pool. In total, when asked if each of fourteen (14) different items was or was not a way that AIDS could be transmitted, just 5% of the respondents answered all fourteen questions correctly.

- 3) There is relatively little recognition that Hispanics/Latinos have a generally higher risk of getting AIDS. While 54% say Blacks have a generally higher risk, 49% say Whites have a higher risk, and 44% say Hispanics/Latinos have a higher risk.
- 4) When asked for the best ways that people can protect themselves from getting AIDS, only slightly more than half the respondents mentioned condom usage, with about an equal proportion suggesting monogamy, and one-third saying that people should not share needles. Therefore, in spite of what seems to be great amounts of information about condom usage being disseminated, nearly half of these people did not think of it as a way to reduce the spread of AIDS.
- 5) Members of the Latino community recognize the importance of AIDS, as more than nine people in ten said it was at least one of the most important issues today, if not the most important one.
- 6) The critical nature of the problem emerges as most people rated each of nine different proposals for reducing the spread of AIDS as being at least a "good idea." While they differentiated their best liked idea, "education in the schools," from the others, perhaps these respondents were also feeling that the problem is so acute that almost any measure may have some merit.
- 7) Education in the schools was not only the best liked of the ideas offered for reducing the spread of AIDS. More than four people in five also said that schools were a proper place to handle AIDS education and it should not be left solely to parents.

- 8) Three respondents in five (60%) said they speak mostly Spanish. However, when asked in which language they would prefer to receive AIDS information, 72% chose Spanish. When asked where they get most of their information about health care issues, the largest proportion (56%) said "Spanish language television/radio programs."
- 9) Although 54% said they were satisfied with the amount of information they were receiving about AIDS, just 40% said there was enough information available in Spanish for the needs of themselves and their families.
- 10) Throughout the study, there is less knowledge about AIDS among people who speak mostly Spanish, people who have less formal education, and people who have not known anyone with AIDS.
- 11) While 17% of all respondents said that they have changed their sexual behavior since becoming aware of the existence of AIDS, the proportion is almost doubled for men (33%) and single people (28%). Four-fifths of these respondents said the change had occurred in the previous two years, divided about equally between those having made the change within the past year and those changing their behavior from one to two years ago.
- 12) In the previous month most respondents had either no sexual partners (32%) or one sexual partner (62%). Just 6% had two or more partners.
- 13) In the previous year a greater proportion of people had two or more sexual partners (18%), with 59% having one partner, and 22% saying they had no partners.
- 14) No more than 5% of the participants reported having a sexual partner during the past year who could be described as being in one of the "high risk" groups.

- 15) In total, 11% of the respondents had engaged in "unsafe" sexual behavior during the past year, with most occurring during the past month.
- 16) 2% of the respondents had engaged in "unsafe" intravenous drug use.
- 17) In total, 13% of the respondents had engaged in either "unsafe" sexual behavior (11%) or "unsafe" drug behavior (1%), or both (1%).
- 18) Proportions of "unsafe" behavior were higher among those who said they have changed their sexual behavior since becoming aware of the existence of AIDS (33%), men (26%), and single people (22%).
- 19) One-third of the respondents reported that they talk to potential sexual partners about safer sexual practices before having sexual relations with them. However, when this group of respondents was asked to describe what practices are safer, just 20% mentioned condom usage, while 76% referred to "normal/heterosexual/vaginal sexual relations."
- 20) About half the respondents had heard of the AIDS antibody screening test and 3% reported that they had taken the test. After being given a more complete description of the test, one-fourth said they were very likely to take the test within the next year, with another one-fourth somewhat likely to do so. If they were to take the test, about half the respondents would prefer to go to either San Francisco General Hospital or the Mission Neighborhood Health Center to have it administered.

In short, members of the Latino community of San Francisco are aware of the seriousness of the AIDS epidemic in the general population. However, they are not aware that the problem is greater in most minority communities, including their own. Most people are also greatly misinformed or uninformed about the disease, how it can be spread, and how its spread can be reduced. There is also considerable question concerning how many people are truly engaging in safer sexual practices.

*Fairbank,
Bregman
& Maullin*

With more than two-thirds of the Latino population saying that they preferred to receive AIDS information in Spanish, and with 92% of our respondents choosing to conduct these interviews in Spanish rather than English, it is clear that a special effort must be made to reach this segment of San Francisco's citizens.

It must be assumed that most programs, geared to the English speaking population, are not reaching the majority of people in the Latino community of San Francisco.

Therefore, we recommend a coordinated, comprehensive Spanish language program. It must employ as many of the available Spanish language media outlets as possible, especially radio and television, to provide educational programs and public service announcements, broadcast at times when many people are listening or watching. Spanish language newspapers must also be included, as must the rest of the community.

More extensive programs must be made available to the health centers, hospitals, clinics, schools and other institutions serving the Latino community. Specialty programs, like the Latino AIDS Project, must be expanded to be able to reach more people.

These are just the basic outlines of what needs to be done. It is clear, however, that the specific programs must be implemented as soon as possible.

CITY AND COUNTY



OF SAN FRANCISCO

CITY-WIDE ALCOHOLISM ADVISORY BOARD

170 FELL STREET, ROOM 25

SAN FRANCISCO, CALIFORNIA 94102

415 558-5226

**LATINO COMMUNITY PLANNING CONFERENCE:
ALCOHOL, DRUGS & AIDS IN THE LATINO COMMUNITY**

OCTOBER 16, 1987

CONFERENCE PURPOSE:

To familiarize ourselves with the need assessment reports on substance abuse and AIDS in the Latino community and to prioritize program and service responses to those needs to be incorporated into the City's Substance Abuse and Health Plans.

OBJECTIVES:

- o Increase our familiarity with Latino needs in substance abuse and AIDS.
- o Increase our shared awareness of community resources concerned or available to respond to these needs.
- o Project a 5 year plan to address our community needs and prioritize those programs or services requiring immediate implementation.

FACILITATOR: Roberto Vargas, DrPH
New World Associates

CONFERENCE FORMAT

9:00 INTRODUCTION: WELCOME
PURPOSE
AGENDA
PROACTIVE PLANNING

9:15 CONOCIMIENTO: AGENCY/POSITION
YRS IN FIELD/WHY ATTENDING
EXPECTATIONS

9:30 OVERVIEW OF THE PLANNING PROCESS: TIMETABLE
POLITICS

9:45 REVIEW NEED ASSESSMENT DATA: ALCOHOL

DRUG ABUSE

AIDS

OTHER

10:45 AUDIENCE CONCEPTUALIZATION OF NEEDS:

Includes audience reaction to reports and the identification of needs not addressed by report. Group develops a consensus on the general analysis of community needs.

11:30 WORK GROUPS FOR PLANNING: IDENTIFY PROGRAM NEEDS AND PRIORITIZE SERVICES NECESSARY FOR FY 1988-89.

- Alcohol
- Drugs
- AIDS
- Other

LUNCH

1:30 FULL ASSEMBLY: TO REVIEW PRIORITIES AND SECURE FEEDBACK

2:00 WORK GROUPS ELABORATE PROPOSALS: DEVELOP SPECIFICS OF SERVICE STRATEGY.

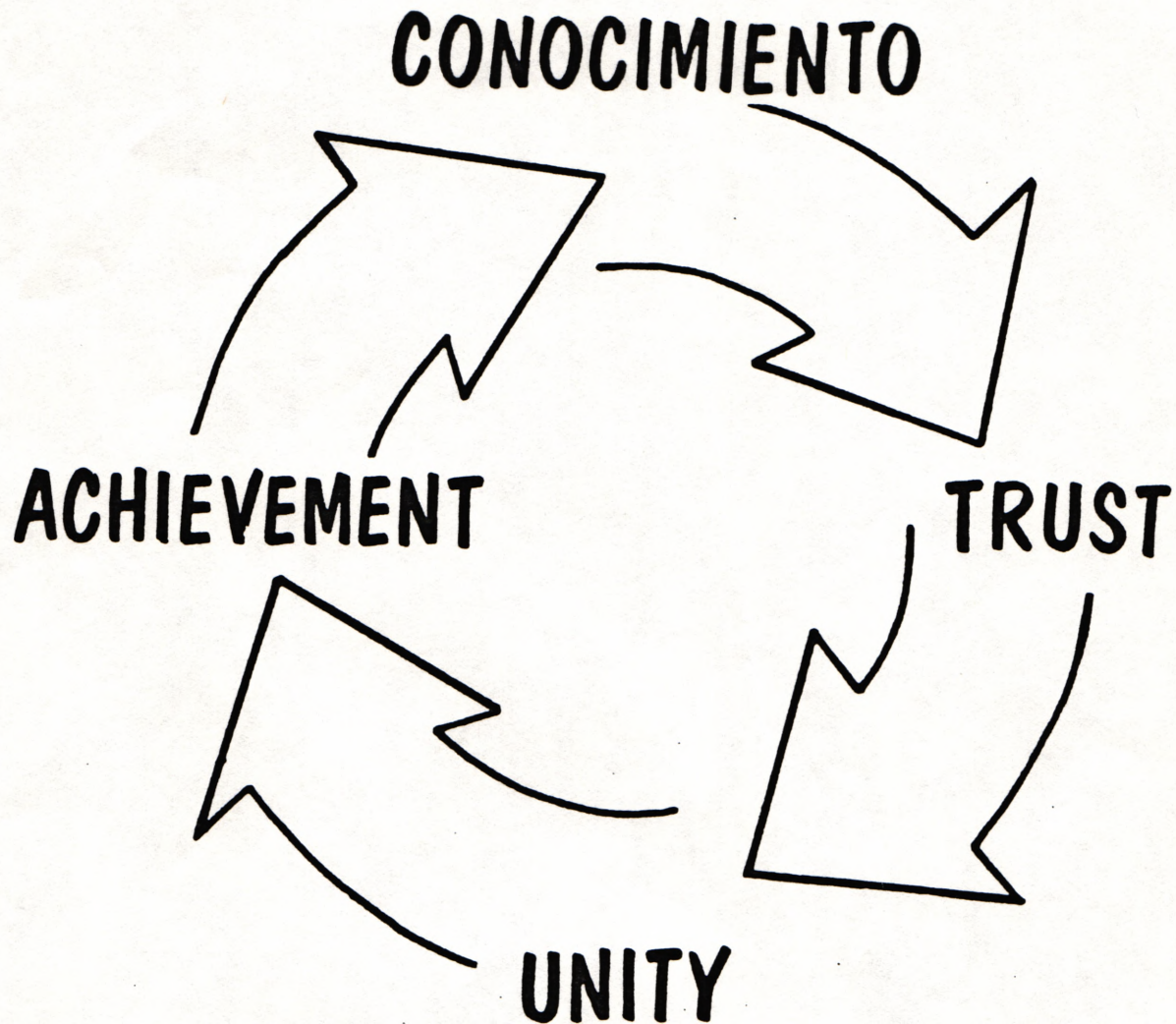
Include: Type of service,
target population,
program objectives,
general staffing needs,
funding levels,
training needs,
alternative sources of funding,
strategies for implementation.

3:00 GROUPS PRESENT FINAL RECOMMENDATIONS: INPUT FROM ASSEMBLY

3:30 STRATEGY FOR POLICY FOLLOW-UP: HOW CAN WE OPTIMIZE THE POTENTIAL OF SECURING NECESSARY PROGRAMS.

4:00 CLOSING

UNITY PRINCIPLE



THE UNITY PRINCIPLE. Achievement is the accomplishment of desired results. Optimal group achievement requires relationships of trust and collaboration. The **UNITY PRINCIPLE** is used to advance such cooperation by facilitating shared understanding and trust. The **UNITY PRINCIPLE** calls upon groups to engage in developing mutual understanding, **conocimiento**, so as to nurture relationships of trust and unity which can lead to optimal group achievement.



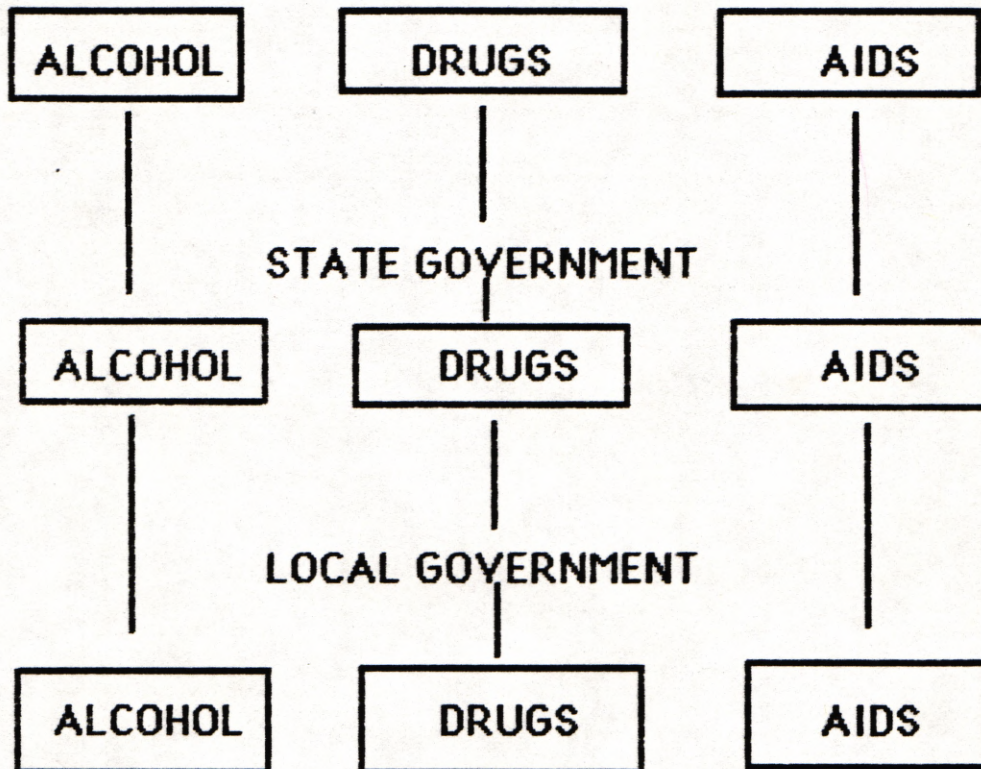
NEW WORLD ASSOCIATES
PO BOX 7002
OAKLAND, CA 94601

10-16-87

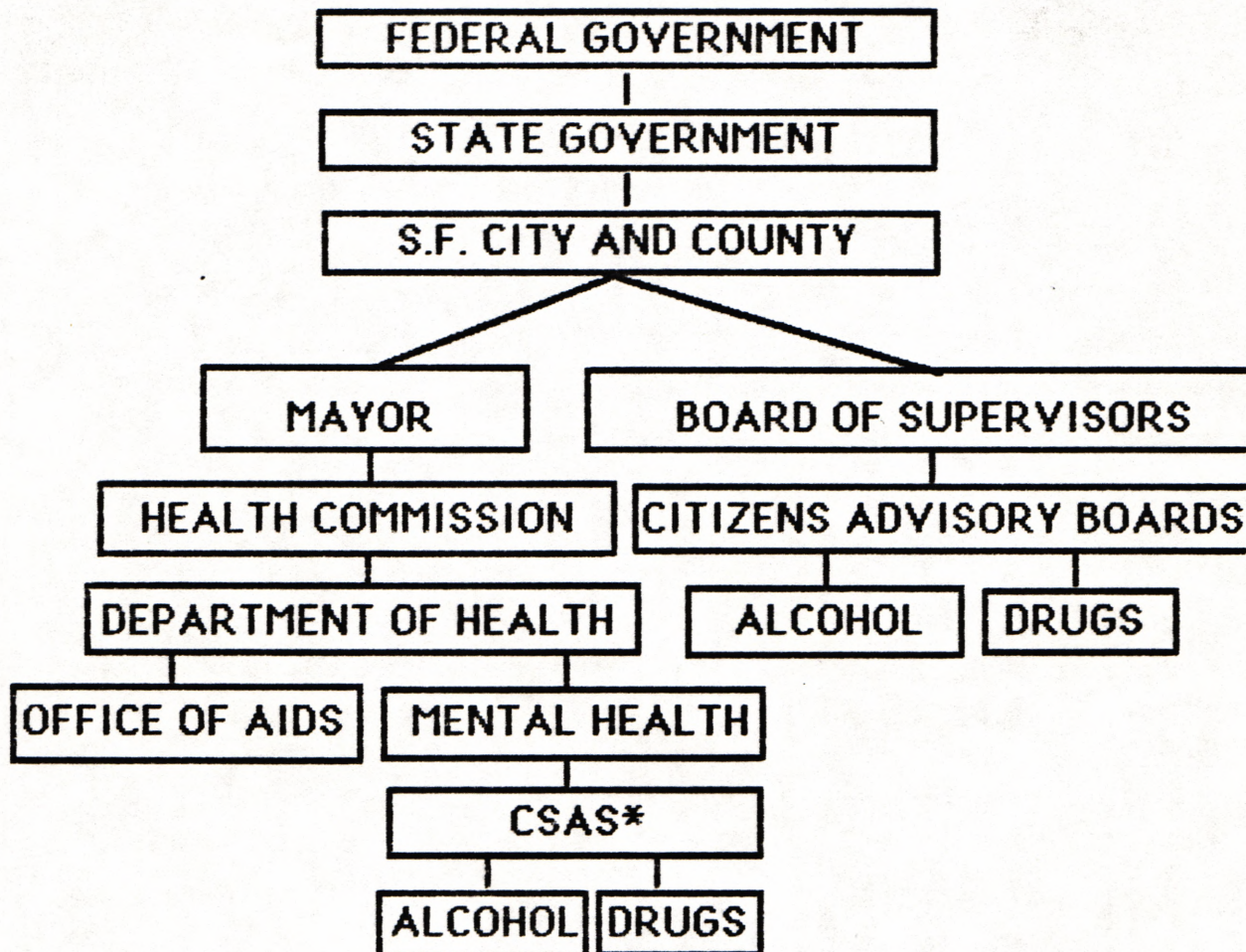
EM

FUNDING SOURCES

FEDERAL GOVERNMENT



FUNDING PROCESS



* CSAS = Community Substance Abuse Services

Planning Process

Input of Needs for FY '88-'89

**Identification of Needs and Priorities
for FY '88-'89**

|

**Requests for Proposals
for FY '88-'89**

|

**Review of Proposals
for FY '88-'89**

|

**Recommendations to Board of Supervisors and
Mayor**

|

Proposals Approved for Funding FY '88-'89

|

Services Start July 1, 1988

Calender of Planning Activities of the Citizen's Alcoholism Advisory Board for Fiscal 1987 to 1988

Phase I Development of the County Plan

- **Review of Current Needs and Receive Community Input
(to be completed by November 1, 1987)**

Activities:

- CAAB reviews State Mandated "County Plan" and makes recommendations at full board meeting on July 22nd;
- CSAS and Division of Alcohol Services provides input by September 23rd full board meeting;
- Community hearing meetings are held in September, 1987
- CAAB has its Annual Retreat on October 17th;
- Providers submit their recommendations for '88-'89 Plan by September 23rd full board meeting;
- Input from conferences, groups and other interested parties submitted to the CAAB's full board meeting on September 23rd.

Outcome:

- Preliminary set of priorities are developed, finalized and proposed to the CAAB Board on the October 28th meeting of the full CAAB.

Phase II Evaluation of Current Services (to be completed by February 1, 1988)

Activities:

- Annual monitoring site visits are conducted and reports completed during the months of November and December;
- Review of existing needs, as outline in the State Mandated "County Plan" for fiscal '87-'88 will be finalized at the CAAB full board meeting on January 20, 1988;
- Review of impact of services on the Alcohol problem in S.F. through an analysis of the Outcome Objectives of each contract. Data for this could be obtained by the annual

monitoring site visit of each agency. A data collection "window" would need to be established by the Division of Alcohol Services for the uniformity of data collection. Data is used for the evaluation of each program. A summary report of all programs is submitted to the CAAB on January 20, 1988 meeting by the Division of Alcohol Services.

Outcome:

- The Evaluation Committee will oversee the evaluation activities, the monitoring site visit reports are completed and available by January 1, 1988, and the Evaluation Committee develops its report to the full CAAB in the January 20th meeting;
- The CAAB will make recommendations to be implemented into the planning process on January 20th;
- The CAAB's recommendations for the County Plan for '88-'89 is finalized so that the Request for Proposals (RFP's) can be sent out to providers that reflects the recommendations for 1988-89 on January 20th.

Phase III Operationalizing the '88-'89 Plan and RFP Process (to be completed by April 1, 1988)

• **Programs to be Funded for 1988-'89 (RFP Activities)**

Activities:

- The proposal review process is initiated after the CAAB approves the recommendations for Alcohol Services on January 20th.
- RFPs are available on January 21st and applications received from providers by February 22nd;
- Proposals are given to CAAB members at the February 24th full board meeting;
- Proposal Review Committee meets on March 2nd and 9th for questions to applicants and on March 12th and 19th for interviewing applicants and receiving responses to questions;
- Proposals are reviewed by the proposal review committee and recommendations are presented to the CAAB on the March 23rd full board meeting.

Outcomes:

- Proposals are recommended for funding by the CAAB that directly relate to the priorities noted in the assessment and

evaluation phases of this planning process at the March 23rd full board meeting;

Phase III Finalizing the State Mandated "County Plan"
(to be completed by June 1, 1988)

Activities:

- The overall planning process is reviewed and amended if needed and a schedule set for the following fiscal year which is included in the "County Plan" document by the April 23rd full board meeting.
- The "County Plan" document for 1988-89 is prepared by the Division of Alcohol Services and submitted to the CAAB for final recommendations and approval by the May 25th full board meeting.

Outcomes:

- The County Plan document is submitted for approval to the city and county and available for distribution by June 1, 1988.