



Year Two of the San Francisco AIDS Foundation's Strategic Plan

A qualitative evaluation of the implementation of strategic priorities 1-3

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Background

Over the spring and summer of 2021, Facente Consulting conducted a qualitative evaluation for the San Francisco AIDS Foundation (SFAF/the Foundation) to assess progress made toward the first three objectives of the five-year strategic plan, which went into effect in 2019:

1. Maintain, expand, and pilot HIV, hepatitis C, and STI prevention and treatment, and other sexual health services to ensure equitable access and utilization by people of color.
2. Maintain, expand, and pilot substance use services, syringe access, and overdose prevention efforts, including establishing safe injection sites.
3. In partnership, create a comprehensive network of health and wellness services for all people over the age of 50 who are living with HIV.

Strategic priority number four, *‘Strengthen organizational excellence with a focus on living our values, including a commitment to racial justice’*, was not explicitly included in this evaluation as this priority is being separately evaluated through an independent process. However, themes related to priority number four came up repeatedly in interviews and are present throughout this report.

Facente Consulting worked in conjunction with members of SFAF’s leadership team to design the evaluation plan, which included interviewing staff, clients, and ‘non-clients’; people who meet the criteria to receive services at the Foundation but who have never or are not currently involved. Staff and clients were asked a series of questions (Appendix 1 and 2) to assess how well SFAF has implemented the strategies identified in the plan, specifically as they pertain to the following priority communities:

- Black, Indigenous and People of Color (BIPOC)
- The trans and gender non-conforming community (TGNC)
- The Spanish-speaking community
- People Living with HIV (PLWH) over the age of 50

Non-clients were asked to reflect on their experiences with similar organizations, barriers to receiving care at SFAF and elsewhere, and recommendations on how the organization could improve in order to better reach priority populations (Appendix 3).

SFAF leadership requested that participants provide feedback on the year prior to the date in which each interview took place, in spite of the impact of the COVID-19 pandemic on service delivery. There is a section in this report dedicated to SFAF’s COVID-19 response, which provides greater detail on how the pandemic limited service delivery throughout this time period.

Process

Facente Consulting interviewed 8 staff members, 13 clients, and 6 non-clients from priority communities. While the initial evaluation plan proposed to interview 10 staff, 12 clients, and 10 non-clients, complications arose throughout the process that limited the ability to enlist participants. After extending the deadline several times, it was decided that there was sufficient information to produce a comprehensive report and the enrollment process was concluded.

Clients who completed an interview were asked to refer people from their community for a 'non-client' interview. Clients were compensated with a \$40 Visa gift card, and an additional \$20 gift card for each non-client they referred who completed an interview. Non-clients were also awarded a \$40 Visa gift card for completing the interview.

While 13 clients participated in interviews, very few were able to provide successful referrals for non-client interviews, indicating that remuneration should be more substantial for non-clients and for referral incentives in the future. Only three individuals referred from participating clients completed interviews. In an effort to increase participation, staff at Facente Consulting reached out to other providers, which led to an additional three interviews, resulting in a total of 6 non-client interviews. All interviews were conducted via Zoom™ or over the phone. A limitation of this evaluation is the inability to conduct in-person interviews due to the COVID-19 pandemic, which limited participation from clients and non-clients who lack access to video conference technology.

Layoffs occurring at SFAF in April prolonged the recruitment of staff interviews for several months, as some staff who had agreed to be interviewed were no longer employed by the Foundation, and for those who were still employed, there were concerns that the useability of feedback may be compromised directly following the layoff period. Ultimately, eight employees agreed to be interviewed. Staff who were chosen for interviews were located at different sites, have been with the organization for varying amounts of time, and worked throughout various levels in the organization. In order to supplement participation from the groups that SFAF aims to better serve, staff members who identify as being part of one or more of SFAF's priority communities were selected for interviews, and at least one staff member from each priority community were represented in staff interviews.

Though participants were not explicitly asked to answer demographic questions, a screener question was used to ensure that all clients and non-clients were a member of at least one or more priority communities. Demographic information was gathered from details that participants volunteered about their identities during their interviews; therefore, the following statistics are not an exhaustive representation of participants' demographics.

- Black, Indigenous and People of Color (BIPOC): At least 22 respondents were part of the BIPOC community. Three BIPOC respondents were recent immigrants, 2 of which are currently seeking political asylum.
- The Trans and Gender Non-Conforming community (TGNC): Four respondents identified themselves as TGNC.
- The Spanish-speaking community: 5 respondents spoke Spanish as a first language. Three participants completed their interviews in Spanish.
- People Living with HIV (PLWH) over the age of 50: At least 9 respondents were PLWH over the age of 50.

Results

Expanding and increasing equitable access to HIV, hepatitis C, and STI prevention and treatment and other sexual health programs.

There was a wide variation in feedback about equitable access to prevention, treatment, and other sexual health programs from both staff and clients. While some SFAF employees appreciated the organization's marketing campaign to increase equitable access to testing and treatment services, they generally did not consider SFAF's sexual health programs to have expanded equitable access in the past year. However, many staff stated that a major factor preventing the expansion of these programs was the impact of the COVID-19 pandemic and believed that sexual health programs had been restricted not just at SFAF, but throughout the city.

Six out of 12 clients interviewed had ever accessed HIV, HCV, and STI testing services at SFAF. Those who had never tested at SFAF either received testing and treatment services from their primary care provider or didn't feel the need to be tested as they already knew they were living with HIV or were not sexually active. The majority of the clients who had accessed testing services at SFAF recounted very positive experiences. Two BIPOC clients reported that they experienced no barriers and felt that their testing and counseling experience was simple and streamlined. These two clients also offered that they had had positive experiences with accessing PrEP at SFAF, stating that it was thorough and straightforward. One client stated, *"[Sexual health services at SFAF were] easy for breaking down barriers to access to getting meds, especially when getting treatment for STDs...access to prophylactic meds was such a great incentive to continue to use services."*

However, both staff and clients remarked that the Castro is not an accessible nor inviting neighborhood to many in the trans and BIPOC communities and that this prevents many people from seeking out sexual health services at SFAF.

"Allowing the program to do events before COVID was one way that as an agency they were pushing to expand HIV/HCV/STI testing services. It's always been an on-going battle and struggle to expand testing services for the BIPOC community [at Strut], but I don't think they ever had a problem expanding that program to white folks."

Employees cited the ending of the DREAAM Project, a sexual health initiative for young GBTQQI Black/African American men, as a significant step backwards in SFAF's mission to expand equitable access to testing and treatment services. Testing is now primarily offered at Magnet, and many members of priority communities – as well as People Who Use Drugs (PWUD) and People Experiencing Homelessness and Housing Instability (PEHHI) – do not feel comfortable in the Castro or at Strut and find it difficult to get there. One client stated that while she feels Strut is welcoming to the trans community, she doesn't feel comfortable outside of the building as she felt judged by the *"all of the cisgender white men"* in the neighborhood. Many clients and non-clients mentioned that they would be more likely to access sexual health services if they were provided in neighborhoods where they lived or felt more comfortable visiting such as the Tenderloin, Downtown, Bayview, and the Outer Mission. Several non-clients stated they would likely become clients of the Foundation if services were offered in Oakland.

Despite the generally positive feedback clients gave about their experiences accessing sexual health services at SFAF, one client who identified as being Black/African American (B/AA) and a PLWH over the age of 50 notably stated, “I went to Magnet for STI testing last year and it was the worst experience of my life,” and went on to recount his experience of being misdiagnosed and treated for a syphilis infection:

“I tested positive for syphilis. I asked about a thousand questions because it didn’t make sense to me. I ended up getting injections for syphilis in both of my buttocks. My doctor at [The East Bay AIDS Center] tested me and said he wouldn’t have treated me for syphilis, and he got my permission to call SFAF and they called me back and said ‘I’m sorry, we shouldn’t have done this’. It dawned on me, if you did this to me how many other people did you treat that didn’t need it? What they were showing me was so confusing...When my doctor told me what they did I was so heartbroken, I was angry, I was embarrassed, I was sad.”

This client also stated that he was disappointed that no formal grievance process had ever been offered. Though Syphilis testing is complex, and the presence of antibodies may indicate a different or past infection, it is imperative to ensure that test results and treatment options are explained clearly and correctly so as not to undermine clients’ trust. This is particularly essential when providing services to SFAF’s priority populations because many members of these communities have had negative experiences with healthcare providers, which frequently results in high levels of medical mistrust.

Expanding and enhancing substance health services, including syringe access, overdose prevention efforts, and assessing SCS readiness.

Interviewees had mostly positive reviews about SFAF’s substance health programs and staff were very aware that the organization’s leadership is prioritizing the expansion of these services. Employees cited the organization’s advocacy about Supervised Consumption Sites (SCS), recent conversations on how to increase access to substance health services for priority populations, and the addition of a trans-specific substance health group as evidence of the organization’s commitment to this effort. However, staff, clients, and non-clients raised concerns about the lack of staff diversity on the Foundation’s substance health team (and staff overall), inequitable access to substance health services for people who are BIPOC, and failure to effectively integrate harm reduction services throughout the organization.

While most staff didn’t believe that SFAF’s substance health services had expanded in the past year, many stated that maintaining the same level of services during San Francisco’s Shelter-in-place order should be considered a success. Employees highlighted that the provision of life-saving harm reduction services was maintained throughout the COVID-19 pandemic, and naloxone distribution increased. However, some staff members reported that it was difficult to maintain connections with clients who use substances during San Francisco’s Shelter-in-place order. While the agency quickly adapted to virtual and telehealth services, employees felt that these services were largely inaccessible to PEHPI, causing a lack of engagement with this key population.

Some clients recounted having very positive experiences with substance health services and stated that they would refer a loved one to these services at SFAF: “My visits have been really wonderful in terms of

staff at the clinic. I would recommend it [SFAF's substance health services] because it's a place I feel like I can trust with sharing my personal information." One client credited SFAF's substance health services as a key factor in helping him to stop using substances ten years ago and for his ability to abstain from substance use ever since.

SFAF personnel were split on the issue of staffing of substance health programs; some stated that SFAF added new counselors and groups over the past year, while others said substance health services were understaffed, particularly after April's

layoffs occurred. However, one employee who believed that these programs are under-resourced noted the addition of new interim counselors for clients who are on the waiting list, stating that it was a sufficient temporary solution to short-staffing. Additionally, employees raised concerns about the lack of diversity amongst staff and clients of substance health services.

"[SFAF] has a lot of services for substance use. SAS is pretty diverse but not so much Strut. They have always excelled at providing substance use services, but it's different for different populations...they serve the white, LGBTQ population well."

Furthermore, feedback from respondents suggest a lack of integration of harm reduction services throughout the organization. Two team members did not feel that harm reduction services were adequately valued by staff at other programs. One cited the lack of syringe services provided by the Stonewall Project as an example, while another stated, "Magnet is not an office that can provide harm reduction services to a diverse population. Some Magnet clients don't want homeless people there, and substance users feel policed there." Notably, many clients interviewed did not know that SFAF offers these services at all, suggesting a need for greater promotion and integration of substance health services throughout the agency.

Creating a comprehensive network of health and wellness services for people over the age of 50 who are living with HIV

Both staff and clients commended SFAF's growth in strengthening their network of health and wellness services for PLWH over the age of 50. Employees felt that the Foundation's COVID-19 vaccine distribution program served as an opportunity to expand services for PLWH over 50 in the past year, which helped to strengthen and streamline linkage programs and case management. One staff member stated, "Creating an aging services department is a step in the right direction. We do have an aging population that has been very underserved and I'm looking forward to growth. It's way overdue."

However, a few staff members did not feel that services for this population had improved or expanded over the past year. Additionally, several employees stated that while the expansion of telehealth services has benefited many clients in this population, many others were left behind due to lack of access to technology. One employee who works in substance health services stated that he didn't know whether these services had improved as 50+ clients are mostly served by support groups such as Damn Daddy and the Stonewall Project, suggesting a need for better integration of services for people over the age of 50 throughout SFAF's programs.

“We have really enjoyed the Zoom™ sessions for gay men over 50. Getting to know other guys in this way has been absolutely marvelous for us.”

More than a third of the clients interviewed were PLWH over the age of 50 and had very positive reviews of the services they had received at SFAF, particularly with support groups. However, while clients from this priority population had

overwhelmingly positive feedback about services, some issues arose around lack of staff diversity in terms of age and race. One client expressed that he wishes SFAF had more mental health supports such as psychotherapy for the aging population, and that he would like to have a therapist that was more of a peer in terms of age. Additionally, a non-client who had formerly received services at the Foundation shared that he attended one of the first 50+ group meetings but didn't return because he didn't feel it was well-attended by B/AAs and added, *“I don't know what that group evolved into, but I kind of lost interest after that.”*

Increasing Spanish language capacity to improve engagement of Spanish-speaking clients.

In general, respondents did not feel that SFAF had increased their capacity to serve Spanish-speaking clients since the strategic plan went into effect. Some employees recognized that the organization has put in a greater effort to enhance their Spanish-language services by providing more written materials and re-instating a Spanish-language substance health support group, Paso a Paso. However, both staff and clients felt that the organization should be doing more to meet the needs of this priority population.

Many staff expressed that the prioritization of hiring bilingual staff falls on program managers rather than from a concerted effort on the part of leadership, and that the provision of Spanish-speaking services vary widely throughout the organization as a result. Additionally, employees felt that the ability to connect monolingual Spanish-speaking clients with staff in other programs relied heavily on personal relationships. Rather than using a systematic approach to referring these clients to other services within the organization, employees tend to contact individual team members whom they know to be bilingual. Spanish-speaking personnel felt that the lack of a formal referral process, along with other organizational practices such as depending on program staff to translate materials, puts a disproportionate burden of work on them and their peers.

Staff also felt that Spanish-speaking clients lack access to the specialized services offered throughout the agency, and that Spanish-speaking clients are often limited to a single support group, El Grupo de Apoyo Latino. One SFAF team member stated that if he doesn't know someone who speaks Spanish in a specific department then he will refer clients to El Grupo de Apoyo Latino and hope that they can handle it, which suggests a lack of a proactive organization-wide strategy for serving Spanish-speaking clients. Furthermore, one employee cited the lack of a Spanish-language website as an example of leadership's lack of commitment to serving this population.

“There are very limited Spanish-speaking, Latinx identified, culturally-connected providers that understand the true experience of the Latinx immigrant. It is very different to have people who may say that they speak Spanish [learned], rather than have the lived experiences of various ethnic nuances and cultures.”

Two staff members and two clients reported that there were no Spanish-speaking front desk staff at the time of their interview, which created significant barriers to these clients. One client stated that she had trouble getting connected to services because front-desk staff didn't understand her. However, this respondent stated that she has had very positive experiences at the Foundation once she was finally connected to a Spanish-speaking case manager.

One of three clients who speak Spanish as their primary language or who had limited English-speaking capacity felt that it was easy for him to receive services in Spanish and to find staff members that he identified with culturally. The other two clients, however, both felt that there is not enough Spanish speaking or Latinx staff members at SFAF. Spanish-speaking clients requested that the organization re-instate the support services for the immigrant and Spanish-speaking community that they once had, such as legal services and ADAP enrollment.

Centering trans and gender nonconforming persons in service provision and reducing barriers to care

Most interviewees believed that services for the TGNC community had improved over the past year. Employees were aware that reducing barriers to care for this population is a priority of leadership and gave many examples of how this organizational value has been operationalized, such as the expansion in gender affirming care, provision of hormone replacement therapy, and the addition of a harm reduction group for trans clients. Staff also felt that the Foundation's COVID-19 vaccine distribution program was a step in the right direction, as it was developed with the TGNC and other priority communities in mind. One staff member stated, *"We have heard from clients that there is now better representation of the trans and queer community."*

"Some of the hiring has felt like blatant disrespect. When they choose someone to lead a program and that person isn't a part of that group it's extremely frustrating for folks to see that there's not enough effort going into getting the right folks in this role."

While most staff believed that improvements in serving the TGNC community were made in the past year, several staff members did not believe enough effort had gone into changing the culture of the Foundation. One staff member shared, *"There is culture of cis-sexism at SFAF, it's the elephant in the room that only trans and gender non-conforming people can see."*

Two staff members stated the importance of hiring from within priority communities, referencing a program for trans clients that up until recently was run by a cisgender individual. Another staff member shared that they had seen recent instances of discrimination toward staff: *"I've seen situations where staff are feeling harassed and not feeling comfortable being who they are, in terms of anti-blackness and cis-sexism."*

Conversely, TGNC clients believed that SFAF's services have improved, and felt that they see themselves represented in staff members at the organization. One trans client expressed that she felt welcomed at Strut when she saw the representation of trans women in all levels of SFAF's staff, and two trans clients specifically

"I like the fact that I saw transgender people that I could relate to... [I feel respected] every single time I go in when people call me by she/her. It's a place where I don't have to worry about being clocked, it feels good to be called by who you are."

mentioned the addition of gender-affirming hormone services as an important step in the right direction for SFAF. One client made suggestions about how the organization could go a step further to support the TGNC community, including offering a trans café, providing a space specifically for trans women, and displaying the transgender pride flag throughout various SFAF spaces.

Centering Black, Indigenous and People of Color in service provision and reducing barriers to care

There was a wide range of responses regarding the centering of Black, Indigenous and other people of color in SFAF's service provision and reducing barriers to care. Staff recognized that leadership has made efforts over the past year to improve services for San Francisco's BIPOC population and acknowledged that the organization has increased marketing toward this community in the wake of protests surrounding the murder of George Floyd. Additionally, several personnel mentioned the organization's vaccine distribution program as a good example of how programs can be developed to prioritize the BIPOC community.

However, a major theme throughout staff and client interviews was that some SFAF sites are not well situated to serve the BIPOC community. One Black/African American *staff member* shared,

"I see why a person who looks like myself would be uncomfortable at Strut...How does one feel comfortable being in an environment where there's no one that looks like them, there's no one that talks like them, there's no one that understands their background?"

This staff member went on to describe what he refers to as a "hierarchy of skin tone" at Strut and asserted that when SFAF has served the B/AA community well it was because B/AA staff members took initiative to meet the needs of their community, not due to any greater organizational commitment.

Rather than reducing barriers to care, several respondents felt that the organization has regressed in their efforts to serve BIPOC communities. Employees thought that the sudden closing of the DREAM Project created significant hurdles to accessing sexual health services for this community, and that the justification for ending this program was not clearly communicated to staff. Another staff member implored SFAF leadership to recognize the talent of BIPOC staff, promote from within, and to take actionable steps to realize the values in the strategic plan: *"If you have a program for Black folks, don't just hire one Black person to do it. Look at what you got and actually expand. Don't just put it inside a document."*

One B/AA client shared that although Black Brothers Esteem (BBE) is one of SFAF's longest running programs, he believes services for BBE have declined and funding has diminished in comparison to other priority communities. Another client from the Latinx community felt similarly stating, *"The Foundation has provided me so much support and so many opportunities. But I often fight with them and wonder why they are not fighting for us...Why are we not being offered the same services that were offered 25 years ago? It feels like the skeleton of a program rather than a full program."*

Lack of racial and ethnic diversity amongst staff members was another theme that arose in both client and staff interviews. Some BIPOC clients didn't feel it would be difficult to find staff members that looked like them. Others didn't feel that there was a lot of SFAF personnel whom they identified with culturally but said that it wasn't necessarily a priority for them to see themselves reflected amongst the

Foundation's personnel. However, several clients wished that the staff were more diverse. One client who identifies as a B/AA trans immigrant shared,

"I think it would have been more appealing if they had people of color, black folks that I identify with who would bring a more intersectional perspective and understanding of what we all go through as people of color. For me that's what I thought was missing...They should start recruiting people that look like us, that feel what we go through--the systemic and structural oppression that we go through that are the reasons why we come to the Foundation. I believe that's fundamentally important."

Another client who identified as Latinx and who has participated in SFAP's services for about ten years stated, *"There is a lack of people who feel and look like me within the Foundation, and there is a limitation in providers who fully understand my needs...It is difficult for me to see community members want support and assistance, but not be able to get it in their native language and/or cultural understanding."*

Notably, though all non-clients interviewed were BIPOC and most were people living with HIV, only one had ever heard of SFAP, indicating a need for more effective outreach to these communities. When asked for ways that SFAP could diversify their outreach efforts, one non-client shared that services shouldn't just be focused on medical care, but also on mobilizing the community: *"To me it's about the continuing engagement. It's not a 'tick the box because you belong to this group of people, and you need to access services because [the organization] wants us to.'"*

Another B/AA non-client believed that SFAP should be more interactive with their community outreach in order to engage BIPOC communities and wished that more outreach was done in neighborhoods such as the Tenderloin and Bayview, adding that distributing flyers isn't enough to get people from her community to come to Strut. This respondent and other non-clients suggested that SFAP organize events centered around fun and entertainment rather than around testing, and that incentives should be provided for people to attend.

Moving from program-centered to client-centered models of care by strengthening service integration and referrals.

Though clients who had been referred to other services within the organization generally felt that the process was simple, staff felt that the lack of integration for different SFAP departments has been a long-standing issue that has remained largely unimproved since the implementation of the strategic plan. Most employees didn't feel that they had a good understanding of what services were provided at other sites or what would make a client eligible for them. No employees mentioned being given any official guidelines on how to refer to other programs within the agency, suggesting the need for clearer organization-wide guidelines on internal referrals.

"I think of the organization as an amalgam of different nonprofits that have been absorbed into one organization."

Staff believed that the success of internal referrals is largely dependent on having personal relationships with staff in other programs: *“When there is a service that you’re not used to referring to, then you’re just cold-calling a number and you feel like you’re in a different agency. If it’s a staff member that’s new or I didn’t know they existed then it’s harder.”* This employee also believed that some entry-level staff are afraid to make referrals to other programs for fear of appearing that they don’t know what they’re doing, adding that this fear is particularly heightened as people are afraid of losing their jobs due to COVID-19.

However, two staff members cited the success of a recent collaboration between programs that resulted in the launch of a new substance health program for trans clients and felt that increasing joint initiatives between programs would help to improve service integration. Additionally, one staff member mentioned that communication improved during the COVID-19 pandemic out of necessity, and stated that the new Diversity, Equity and Inclusion group is forcing conversations amongst the programs and helping staff to get to know one and to be transparent and vulnerable with each other.

To assess the level of integration of SFAF’s programs, clients were asked to list the services that they know are provided at the Foundation, including those in which they had never participated.

Unsurprisingly, clients who had been at the Foundation for longer periods of time were more aware of the various services that are available at SFAF. Newer clients had some awareness of other programs at the agency; however, there was a low level of awareness of behavioral health and substance health services among both new and existing clients.

Clients who had received internal referrals at the agency gave positive feedback about their experience. Those who had been referred to other programs generally felt that it was simple, and of the clients who had never been referred to another program, most suspected that they would not have any concerns with the process.

However, one client who identifies as a Black trans woman gave a notable account of the lack of referrals she had received. This client first visited the Foundation to receive the COVID-19 vaccine and wasn’t aware of other services that were provided there. Though this client had been interested in starting gender-affirming hormone treatment, behavioral health services, and getting help with health insurance, she was not referred to any of these services at SFAF. It wasn’t until this client returned to the agency to ask for a referral for gender affirming hormone treatment that she was connected to any programs.

Some staff members gave recommendations to help improve intra-agency communication such as creating a menu of services that includes program summaries, inclusion criteria, and tips on how to refer their clients. Another staff member suggested that SFAF adopt a practice from a similar organization, where employees are asked to spend one day a month volunteering with a different program in order to gain better understanding of their services as well as get to know its team members. Most staff appreciated program updates during organizational meetings, and one asked that programs give topical updates during these meetings, such as developments in PrEP, harm reduction training, and updates on immigration policies.

Ensuring that case management support is available for people living with HIV with a high-level need to stay engaged in care.

Although many staff and clients felt that case management services are undervalued both at SFAF and throughout the city, participants of the case management program gave very positive feedback about

“[My case manager] has taken the time to give me advice, support me, integrate me into safer networks, and allowed me to persevere farther than I originally thought I could go. He did more for me than I could have wanted. People need this level of support, beyond just medical/physical health.”

their experiences. Both staff and clients stated that case management services should be made available to everyone once they walk in the door. A client who has been working with a case manager stated that they believed case management was one of the most valuable and essential services provided by the Foundation. However, this 50+ client – who had been a member of the Foundation

for about a decade – also shared that they were disappointed both that it took so long to be offered these services, and that other people in his demographic aren’t provided with case management.

SFAF staff generally did not feel that the agency was equipped to provide comprehensive case management for people with a high level of need, and a few said that case managers were overwhelmed by their caseloads. Several employees believed that case managers as well as staff throughout the organization were not able to serve clients who are experiencing mental health crises, which they identified as requisite for providing effective case management. One staff member shared,

“We’re quite capable of doing the navigation part, but when it comes to behavioral health, we feel that there is a big hole in that area—at SFAF and in all of San Francisco. At 1035, if we have someone who comes in who needs services and they are having some sort of [behavioral health crisis], we have to know how to diffuse the situation and not call the police. We feel that this is the population that needs us most, but it’s more of an intervention than treatment.”

When asked about their experience with case management at other organizations, non-clients shared that service providers should do a better job of matching case managers with clients and ensuring that clients feel respected and valued. One non-client affirmed the importance of feeling heard by their case manager and shared some lessons learned from a negative experience at an organization in Oakland:

“They couldn’t help me with rides, they gave me inaccurate information about medications, case managers persuaded me to take medications that were not good for me and gave me side effects. I never really felt judged, but I did feel like my voice wasn’t heard.”

One non-client stated that what they look for in a case manager is someone that can provide broad support rather than just coordination of medical care. They are very satisfied with the services they receive at a nearby program for PLWH because they provide comprehensive wrap-around services, including providing help with their kids and isolation-reduction services. Additionally, many non-clients mentioned that one of the most valuable services a case manager can provide is accompanying them to their medical and social service support appointments.

Strengthening housing advocacy by implementing strategies in the HIV housing policy roadmap.

Many staff felt that they didn't have enough knowledge of SFAF's housing program to speak to its strengths, and those that had more knowledge felt that the Foundation's housing resources are extremely limited, as clients must be referred for housing through the city Coordinated Entry process.

One member of the housing program raised concerns about a lack of initiative by the agency to obtain housing services funding. This staff member also stated that while a 5-year housing contract was recently renewed, the budget had been significantly cut from the prior grant cycle. He voiced concerns over how the program will continue to be staffed in the future.

"A [request for proposals] went out a few months ago for housing and the agency was either unaware or chose not to pursue it. That's an opportunity missed and why did we miss it? The program is working for people who we are intending to serve so go for more! Housing is a huge issue in San Francisco, and it only works if you fund it."

Only one client interviewed had received housing assistance through SFAF and had a very positive experience, stating that the coordination of the program is excellent. However, most other clients were unaware that SFAF operates a housing program, and those who did thought that SFAF has a very limited capacity for housing assistance. A client who is part of the 50+ support group voiced that he wished that he had been given more information and resources about housing in the city. This person recalled an instance where a city housing worker was invited to give an informational presentation during a support group meeting but felt like the "ball had been dropped" when it came to following up with more information, adding that they believe the agency used to be more active about seeking out funding for housing assistance. One client recommended that the Foundation creates a housing list flyer to display around the offices, to help people get connected to housing either at SFAF or elsewhere in the city.

Sustaining a COVID-19 response, including continuing to adapt to a virtual culture, and increasing accessibility.

Many SFAF staff and clients believed that the agency was swift and effective at adapting services during the COVID-19 pandemic. Employees commented on the dedication displayed by their team members in wanting to get back to serving clients as quickly and as safely as possible. In terms of adapting to San Francisco's Shelter-in-place order, one staff member commented, "I think the Foundation did an excellent job right away. Immediately they got everything to everyone who needed it...People started to get used to Zoom™ meetings. We were getting lots of updates and step-by-step plans."

Only one client mentioned having difficulty connecting to virtual services; however, this is not necessarily indicative of the general SFAF client experience, as participants who are unable to access technology were excluded from this evaluation due to the interviews being conducted online or over the phone. Three staff members referenced early conversations with leadership about supplying phones and laptops to clients who lacked access. Staff were optimistic about this prospect, but stated they were unsure of what came of these conversations. Additionally, several staff members felt that the

organization was too conservative about which services they deemed essential, and felt that they had to fight to see clients:

“To be honest, I think we could have and should have done more in terms of providing direct care to our clients. When I look at other providers in the city, they were able to keep some more clinicians on site as needed on a regular basis. We could have staved off the dramatic decrease in participation from some of our low threshold clients. We didn’t do anything in person for a long, long time, which is going to have repercussions to the program and clients.”

Clients over the age of 50 who attended support groups were more likely to have taken part in services over the course of the pandemic. Many other clients, however, were unaware that SFAF had been providing any services throughout the year. Furthermore, one client voiced having difficulty connecting with their case manager during the pandemic, stating that they left multiple voice messages and did not receive a call back for two or three days.

Most clients did not have any issues with accessing services due to accessibility issues before or during the pandemic. However, one client mentioned that it is difficult for their partner who uses a wheelchair to move throughout the building, as they must find staff members to accompany them to the fourth floor. This client also shared that it can be difficult for clients who use hearing aids to interact during in-person support groups due to ambient noise and suggested that the agency provide a quiet corner for people who use hearing aids to allow them to feel more included at events. Additionally, one former client who used to commute from Oakland stated that they no longer visit the Foundation because the location lacked parking and he has a disability that prevents him from safely being able to use public transportation. Finally, some clients commented that the website was difficult to navigate, and one noted that the lack of a Spanish-language website limited accessibility.

Improving community connectedness and reducing isolation

Interview participants had overwhelmingly positive reviews about the organization’s efforts to reduce feelings of isolation and believed that these services continued to be effective throughout San Francisco’s Shelter-in-place order. Though many staff members expressed concern over having lost

“Despite COVID, they did an amazing job of making things happen virtually. There were huge efforts on the marketing side, and they were still trying to get community together with happy hours and book clubs etc.”

connection with clients who had limited access to technology, respondents felt that this was a widespread problem and not specific to SFAF. One staff member believed that improving community connectedness was one of the things that the Foundation does best.

Clients who were involved in support groups, particularly those over the age of 50, shared many examples of the ways in which the agency has helped them to reduce feelings of isolation at SFAF both prior to and throughout the COVID-19 pandemic, referencing meals, social events, and topical informational sessions at the Foundation.

Some staff and clients mentioned that they feel a greater ability to connect with one another over Zoom™ than they did in in-person support groups: *“In live settings we didn’t necessarily get to talk*

to lots of people, but in the Zoom™ sessions we have been able to meet and learn more about all of the participants...it's been very meaningful for us." Employees also shared that conducting groups online helped clients who lack transportation to access services and hoped that the agency would continue to offer online support groups even when in-person services are fully resumed. However, both staff and clients wished that the Foundation had been able to distribute phones and tablets during the pandemic in order to help clients stay connected with one another.

One non-client gave a suggestion for improving community connectedness, based on their experiences in the country from which they emigrated, where they attended bi-weekly meetings where the community would socialize and form community connections. This client suggested, *"Services shouldn't always be about providing medication; they should also be about being human to each other. Service to me should also be about community coming together. Of course, medication and tests are important but create a way for people to check on each other."*

Advancing racial and health justice in San Francisco.

Staff and clients generally felt that SFAF had made a greater effort to advance health justice in San Francisco over the past year. Employees referenced the Diversity, Equity, and Inclusion group as well as media campaigns around racial justice and supervised consumption sites as ways that the organization has demonstrated their commitment to health justice.

When asked what health justice means to them, many clients cited the ability for everyone to have their basic needs met and increasing access to care, particularly for those with no health insurance: *"They definitely ensure that as a foundation and institution they have [health justice] as a core health value. Queer and trans people of color can still access services without health insurance, and I personally have seen the benefit of that at SFAF as I am still fighting for political asylum in the US".*

"The campaigns that we've had in the past year with health justice for all and Stop Killing Black People--It was really telling to have a white CEO saying these things out loud and saying it's not ok. It started to really change the org and what it's been known for."

However, staff commented on ways in which they don't feel the Foundation always embodies its stated values. Many employees, particularly those identifying as BIPOC, reported that they feel the actions of leadership don't align with their words when it comes to meeting the needs of the BIPOC community. One staff member offered, *"You can't just throw out marketing and branding about not killing black people when our own system fundamentally serves middle class white men."* Another SFAF employee described an example of the organization not living up to its word when leadership offered staff time off to process the events that occurred in the wake of George Floyd's murder, while simultaneously denying a Black trans staff member's request for temporary medical leave, adding that it took the advocacy of several staff members to reverse this decision.

Clients also felt that the Foundation could further advance health justice if there were more racial and ethnic diversity in SFAF's personnel and made the following recommendation:

“They should have a staff person at SFAF who looks at the health needs and lived realities and experiences of BIPOC and especially black folks, because a lot of us have been disenfranchised in health services and we continue to be left behind. There is a need to have a specific person reaching out to Black folks, TGNC POC, Asian Americans and Pacific Islanders, etc. We need to feel ownership on our end so we aren't just getting support and services from white folks but from our own communities so that we are all part of this whole ecosystem of care that is provided by the Foundation.”

A few clients stated that they weren't sure what the agency is doing to fight for health justice, and some suggested that SFAF could fight for health justice by putting a greater emphasis on increasing access to behavioral health care and general wellbeing, in addition to physical health services. One participant stated that they don't know who is on SFAF's Board of Directors or what they look like and suggested that clients of the organization be more involved in decision-making. Furthermore, both clients and non-clients recommended that the organization do more community outreach and host events, such as open forums for the whole community.

Non-clients said that health justice means fighting stigma, having providers that are respectful of their patients, and providing more than just medical care: “[Health Justice] means doing community outreach to help people navigate barriers and to learn what is helpful and important to them, instead of just providing services because you want them to get certain services.” Because nearly all non-clients interviewed had not heard of SFAF, they were unable to comment on whether the Foundation is fighting for health justice. When asked which organizations in the city are doing the most to advance health justice, all non-clients mentioned organizations that they had positive experiences with as clients or patients. Only one client or non-client mentioned legislative advocacy as being part of what it means to fight for health justice.

Conclusion

Year 2 of SFAF's strategic plan was carried out under unique circumstances, including the COVID-19 pandemic and a considerable number of staff layoffs. These unprecedented conditions impacted SFAF's ability to implement changes prioritized in the strategic plan. However, despite these circumstances, the Foundation has continued to noticeably progress in some of its priority areas, such as services for the TGNC community, programs for PLWH over 50, reducing client isolation, and some aspects of substance health services. Several other SFAF objectives will require SFAF's leadership to make a more concerted and deliberate effort to improve, including advancing health justice, reducing barriers to care for the BIPOC community, service integration, and access to Spanish-language services.

It is important that the Foundation continue to conduct an annual evaluation to monitor progress toward its strategic priorities, particularly in the following year as the world begins to stabilize in the wake of COVID-19. The following recommendations should be considered when designing subsequent evaluation plans, to improve the quality of information to be gleaned: (1) Conduct interviews in person whenever possible, and find ways to recruit clients and non-clients with limited access to technology, (2) Increase incentives for client and non-client interviews and referrals in order to encourage greater community participation, (3) Conduct focus groups in lieu of or in addition to interviews, in order to stimulate conversation amongst these communities and to be more time-efficient, and (4) Continue to prioritize the voices of staff members from priority communities in evaluations.

Interview Guide - Staff

Introduction

Thank you for taking the time to meet with me today. I work with Facente Consulting, and we've worked with SFAF on some other projects so you may already know a bit about us, but in case you haven't, we are a small public health consulting company based in the bay area. We are conducting interviews with staff and clients to evaluate the progress made in year two of SFAF's five-year strategic plan. We will also be talking with community members who may benefit from SFAF's services but who are not currently clients of SFAF in order to learn more about barriers people may be experiencing in getting care.

For this project, we are focusing on evaluating strategic priorities 1-3 which are:

1. Expand and maintain existing HIV, hepatitis C, and STI prevention and treatment, and other sexual health services to ensure equitable access and utilization by people of color.
2. Expand and maintain existing substance use services, syringe access, and overdose prevention efforts, including establishing safer injection sites.
3. In partnership, create a comprehensive network of health and wellness services for all people over the age of 50 who are living with HIV.

I will be asking you questions regarding your opinions on SFAF's services and will focus specifically on how the implementation of SFAF's strategic plan has impacted clients in the past year. Because we are still in the midst of a pandemic and are unsure of when in-person services will begin again in full, your feedback about how services have been provided throughout the past year will be extremely helpful. Our conversation should last no longer than 1 hour. You are welcome to skip any questions that you do not want to answer. If at any point you no longer feel comfortable participating, we can stop the interview. We'll be preparing a written summary of our conversations for SFAF to highlight common themes and suggest areas for improvement; however, the written report will not contain any names or personal identifiers.

I'm hoping to record all these conversations so I can make sure we are capturing people's responses correctly and that I don't miss anything important, however, it's not required that I record our conversation today. Again, this recording will only be used to help me with my notes and will not be shared with anyone outside of Facente Consulting.

Is it ok with you if I record our conversation?

Do you have any questions before we begin?

1. Can you start by telling me how long you have been with SFAF and describe your role in the organization?

2. To your knowledge, what has SFAF done in the past year to,
 - a. Expand or enhance HIV/HCV/STI testing and sexual health services?
 - b. Expand or enhance substance use services, syringe access, and overdose prevention?
 - c. Improve and increase services for people over the age of 50 who are living with HIV?

3. In the past year, what changes has SFAF made to improve and expand services specifically designed to benefit:
 - a. The Black/African American community?
 - b. The Trans and gender non-conforming community?
 - c. The Spanish-Speaking community?
Long-term survivors of HIV (those age 50 and over who are HIV-positive)

4. Do you feel that programs at different sites communicate well with one another? Why, why not?
Prompt: What changes could SFAF make to facilitate communication or create a shared culture between the sites?

5. If you were to refer a client to a different program at SFAF, how confident are you that they would get the services they need and feel respected while doing so?
Prompt: How would that answer change if the client needed Spanish-language services?

6. In the past year, have you had any clients who needed more intensive case management than you feel SFAF could provide?
Prompt: If yes, did you refer those clients to other organizations? If yes, who and how did you choose that organization?

7. What organizations should SFAF build partnerships with and why?
Prompt: What organizations would you like to see SFAF partner with for policy work? Are there organizations already have a strong relationship with SFAF?

8. In the past year, what efforts have been made to increase access to housing for SFAF clients?

9. In your opinion, how well did SFAF balance providing essential clients services with maintaining staff and client safety throughout the past year?

Prompt: how could the organization continue to adapt to serve clients better in the coming year, particularly those that may need a higher level of care?

10. What efforts did SFAF make to help reduce feelings of isolation and build community with clients in the past year?

11. In the past year, how has SFAF contributed to the movement for health justice in San Francisco?

Prompt: Have these efforts been sufficient? If not, what else do you think SFAF could do to advance health justice in San Francisco?

12. To your knowledge, what policy work has SFAF undertaken in the past year? Is there any policy work that you would like to see SFAF take on in the next year?

13. Do you have any other suggestions on what SFAF could do to improve services for priority communities?

Interview Guide – Clients

Introduction

Thank you for taking the time to meet with me today. I work with Facente Consulting which is a small public health consulting company based in the bay area. Facente Consulting is conducting interviews with SFAF staff and clients in order to identify ways that they could improve their services and reach more people. This interview will last about one hour, and you will receive a \$40 visa gift card, which can be used at any online retailer that accepts Visa. for your participation. At the end of the interview, I'll ask you to refer someone you know who is not a client at SFAF to do this interview. If they complete the interview, you will receive an additional \$20 visa gift card.

I will be asking you questions regarding your opinions on SFAF's services and asking for suggestions on how SFAF could improve. Because we are still in the midst of the pandemic and are unsure of when in-person services will begin again in full, your feedback about how services have been provided throughout the past year will be extremely helpful.

We'll be preparing a written summary of our conversations for SFAF to highlight common themes and suggest areas for improvement; however, the written report will not contain any names or personal identifiers. You are welcome to skip any questions that you do not want to answer. If at any point you no longer feel comfortable participating, we can stop the interview.

I'm hoping to record all these conversations so I can make sure we are capturing people's responses correctly and that I don't miss anything important, however, it's not required that I record our conversation today. This recording will only be used to help me with my notes and will not be shared with anyone outside of Facente Consulting.

Is it ok with you if I record our conversation?

Do you have any questions before we begin?

1. Can you start by telling me what brought you into SFAF the first time and when that was?

2. What types of services have you accessed at SFAF?

Prompt: What were they and where were they located? How has your experience been with these programs?

3. In your own words, can you describe the services that SFAF provides, including those that you haven't taken part in?

4. Have you ever been referred from one program to another program at SFAF?

- If yes, can you tell me about how that experience was for you? Was the process simple or complicated? Do you still participate in that program?
- If no, would you have any concerns about being referred to different services within SFAF?

5. If you wanted to receive services from a staff member at SFAF who has a similar cultural background to you, how easy or difficult would that be?

Cultural background could include things like race, socioeconomic status, gender identity, HIV status and age.

6. If you wanted to receive services from a staff member at SFAF who has had similar life experiences to you, how easy or hard would that be?

Life experiences could include things like, having experienced housing instability, the neighborhood you come from, or living with a substance use disorder.

7. If you had a loved one who wanted help with a substance use or mental health concern, would you refer them to SFAF?

Prompt: Why/why/not?

8. In the past year, have you gone to SFAF for any sexual health services such as HIV, HCV, STI testing or PrEP access?

- If yes, did SFAF staff refer you to any other services after you received your results? If yes, what were they and where? Would you refer a friend to be tested for HIV, HCV, or STIs at SFAF? Why, why not?

- If no, did you receive any of these tests from a different provider in the past year? If so, what contributed to your decision to get tested with that provider?

9. In the past year, have you received any of the following services at organizations other than SFAF: syringe exchange, substance use treatment, HIV case management, PrEP, housing assistance, or mental health services?

Prompt: If yes, what do you like about the services you receive at (other organization)?

10. Are there any ways in which SFAF has helped you to feel less socially isolated in the past year during the COVID-19 pandemic?

Prompt: If yes, can you describe them?

11. Have you ever encountered any accessibility issues at SFAF such as physical barriers to entering or moving around in any SFAF's sites, either prior to the COVID-19 pandemic or during the pandemic?

Prompt: Have you had any trouble accessing services online since the pandemic started?

12. Have you ever received written materials from SFAF, such as flyers or brochures?

If yes, how did you find them? Were they easy to read and relevant? Do you have suggestions on any other written materials you'd like to see?

13. In your own words, what does the term 'Health Justice' mean to you? Do you feel that SFAF is helping San Francisco to achieve health justice? Why/Why not?

Prompt: What else could SFAF be doing to fight for health justice in San Francisco?

14. Could you describe a time where you felt heard, respected, and valued at SFAF?

Has there ever been a time where you felt like your voice wasn't being heard at SFAF? If yes, can you tell me about it?

Additional questions for Spanish Speakers

15. How easy or hard has it been to access Spanish-speaking services at SFAF?

Prompt: Does SFAF have enough services for Spanish-speaking clients or do they need more? Have you ever had trouble accessing Spanish-language materials, such as pamphlets or flyers?

16. Do you see your culture being represented throughout SFAF's services?

17. What could SFAF do to improve services for people who speak Spanish?

Thanks for providing your feedback. As I mentioned at the start, we also want to talk with community members who may benefit from SFAF's services, which include HIV care and case management, substance use treatment, syringe exchange, overdose prevention, sexual health testing and treatment, and behavioral health and housing support for people living with HIV. SFAF is particularly interested in hearing from the communities that they'd like to serve better, including people who speak Spanish, Trans and gender non-conforming folks, Black/African American folks, and people over the age of 50 living with HIV. If you know anyone who fits that description and you think they could benefit from receiving services at SFAF, please provide them with this phone number and email address so that they can contact me for an interview. We ask that you only refer one person. If this person completes an interview, SFAF will provide you with an additional \$20 for your help.

Interview Guide – Non-clients

Introduction

Thank you for taking the time to meet with me today. I work with Facente Consulting, which is a small public health consulting company based in the bay area. Facente Consulting is conducting interviews with staff and clients of the San Francisco AIDS Foundation in order to identify ways that they could improve their services and reach more people. We are also reaching out to community members, like yourself, who don't go to SFAF to see what changes could be made to make it easier for people to get the care they need. For some background, these are the services provided at SFAF:

Sexual health services including HIV and STD testing, PrEP and PEP (which are medicines that can be taken to prevent people from getting HIV), Hepatitis C testing and treatment, substance use treatment, counseling and case management, syringe access and disposal, overdose prevention services, housing and financial benefits for people living with HIV, support groups, and now COVID vaccination.

SFAF is particularly interested in hearing from the communities that often get left out of services or don't have great experiences when they go to places for services like I just described, including, Trans and gender non-conforming persons, Black/African American folks, people over the age of 50 living with HIV, and people who speak Spanish and not fluent English. I will be asking you questions regarding services you'd like to see at SFAF, as well as any barriers to care you have experienced before, or imagined you might experience at a place like SFAF. This interview will last less than an hour, and you will receive a \$40 visa gift card, which can be used at any online retailer that accepts Visa. for your participation.

We'll be preparing a written summary of our conversations for SFAF to highlight common themes and suggest areas for improvement; however, the written report will not contain any names or personal identifiers. You are welcome to skip any questions that you do not want to answer. If at any point you no longer feel comfortable participating, we can stop the interview.

I'm hoping to record all of these conversations so I can make sure we are capturing people's responses correctly and that I don't miss anything important, however, it's not required that I record our conversation today. This recording will only be used to help me with my notes and will not be shared with anyone outside of Facente Consulting.

Is it ok with you if I record our conversation?

Do you have any questions before we begin?

1. Have you ever received services from SFAF?

- If yes, what services did you receive and where? Can you tell me about your experience?
- If No, had you heard of SFAF prior to this interview? What have you heard about SFAF? Had you ever considered using any of the services at SFAF? What prevented you from doing so?

2. What have been the biggest barriers for you in getting health or social support services in the past?

Examples: fear of being judged by a provider or that they would not understand where you were coming from, cost, location, care quality, transportation, or worried about legal trouble

3. Have you ever had a case manager at a different organization?

- If yes, what did you like/dislike about that experience? Do you still receive services there?
- If no, what factors contributed to you ending services there?

4. Has a doctor or case manager ever referred you to other health services? For example, did they suggest that you go somewhere to receive HIV/HCV/STI testing or treatment, substance use treatment, housing navigation, or other health services?

- If yes, did you follow-up on that referral? What factors contributed to you choosing whether or not to follow-up?
- If you did follow up, how was that experience was for you? Was the process simple or complicated? Do you still participate in that program?

5. If you had a loved one who wanted to start substance use treatment, where would you want them to go for care and why?

6. In the past year, have you gone anywhere for HIV, HCV, STI testing or to access PrEP?

- If yes, where? What did you like about the services you got there? What didn't you like?
- If no, have you gone anywhere for these services in the past five years?
 - If yes, where? What did you like about the services you got there? What didn't you like?
 - If no, have you ever considered going somewhere for those services? And if yes, what prevented you from going somewhere for them?

7. In the past year, have you received any of the following services at organizations other than SFAF: syringe exchange and overdose prevention services, substance use treatment, HIV case management, PrEP, housing assistance, or mental health services?

- If yes, where? What did you like about the services you got there? What didn't you like?
- If no, have you gone anywhere for these services in the past five years?
 - If yes, where? What did you like about the services you got there? What didn't you like?
 - If no, have you ever considered going somewhere for those services? And if yes, what prevented you from going somewhere for them?

8. Are there any services or organizations that helped you to feel less socially isolated in the past year during the COVID-19 pandemic?

Prompt: If yes, can you describe them?

9. If you wanted to get services from an organization that had staff with a similar cultural background to you, how easy or hard would that be to find in San Francisco?

Cultural background could include things like race, socioeconomic status, gender identity, HIV status and age.

10. In your own words, what does the term, 'health justice' mean to you? What organizations do you think are doing the most to improve health justice in San Francisco?

Prompt: In your opinion, what else could be done to promote health justice in San Francisco?

11. Are there any other things that SFAF could do to improve or to make more people want to receive services there?

Additional questions for Spanish Speakers

12. How easy or hard has it been to access Spanish-speaking health or social support services in San Francisco?

13. What healthcare providers or organizations do you feel most comfortable going to?
What makes you feel more comfortable or accepted with those providers than with others?

14. Besides having staff that speak Spanish, what factors are most important to you when choosing a provider or engaging in social support services?