2008 Yolo County HIV/AIDS Needs Assessment

Introduction

An HIV/AIDS Community Needs Assessment was conducted by the Yolo County Health Department in 2008 to gain information about the health needs of people in Yolo County who are either affected by or are at risk of being affected by HIV/AIDS in order to identify future planning goals of local services. It is very important for the limited dollars available for HIV education and services are targeted and relevant to the local population. The last time such an assessment was conducted was in 1999. Results from this survey will be shared with the public, policy makers and will be used to focus programs and services on the areas with the greatest need.

Using research, high-risk behavioral groups were identified as those most at-risk for HIV/AIDS infection:

- Injection Drug Users (IDUs)
- Other substance users
- In treatment drug users
- Homeless
- Sex Workers
- Men who have Sex with other Men (MSM)
- At-risk or high risk youth
- Incarcerated individuals
- HIV-infected individuals

Multiple methods were used to assess current Yolo County HIV/AIDS community needs. Data collection methods included 1). Focus groups, 2). Surveys of at-risk youth, 3). Data from pre-tests and post-tests used by Yolo County Health Department staff at local drug rehabilitation centers in conjunction with HIV/AIDS education classes and 4). Surveillance statistics. The focus group questions and youth surveys were designed to assess the met and unmet needs for education and prevention services, risk factors and knowledge of HIV. Focus groups were conducted with target populations comprised of injection drug users, men who have sex with men, sex workers and homeless individuals to obtain more in-depth and qualitative information about knowledge and service needs. Youth surveys were completed by 75 students at local alternative high schools and juvenile hall. Surveillance statistics are gathered, as required by law, for use by the county, the State Office of AIDS and the Center for Disease Control.

Focus Groups

Focus groups were conducted in order to assess the HIV/AIDS prevention and other service needs of high-risk behavioral groups: homeless, men who have sex with men (MSM), injection drug users (IDU), sex workers (SW) and substance users currently in drug treatment. Participants were recruited through fliers and word of mouth at local agencies serving the homeless population and drug rehabilitation centers. E-mail was the primary mode of recruitment for a focus group held for men who have sex with men. Participants in all groups were assured confidentiality and compensated for their time with grocery gift cards.

In total, five (5) groups were conducted and sessions were designed to assess:

- General knowledge of HIV transmission
- Personal risk behaviors and assessment
- Perception of HIV risk behavior among peers and the community
- Knowledge of HIV/AIDS services and information sources
- Perception of risk of other communicable diseases (e.g.: tuberculosis, hepatitis)
- Knowledge of clean syringe sources such as local syringe exchange and/or syringe sales in local pharmacies
- Gaps in health and social services
- Recommendations for how to best reach target populations

Focus groups were organized and facilitated by Yolo County Health Department staff.

Limitations

A total of forty (40) individuals participated in one of the five (5) focus groups. Two groups were held for homeless clients, one in Woodland and one in Davis. Another group included both current injection drug users and sex workers, some of whom were also homeless. The group that included men who have sex with men was held at the UC Davis campus and only included college-age men who self identified as gay. All groups were asked the same set of general questions and each risk group was asked questions specific to their own behaviors. Scheduling conflicts prevented focus groups for migrant farm workers and the incarcerated.

Focus Group Findings

Key findings of focus groups are organized into four (4) categories:

- Personal HIV Risk
- Prevention Methods
- Knowledge of Services
- Needs

A. General HIV Risk

In order to gauge HIV risk among focus group participants, facilitators asked questions about knowledge of HIV transmission and prevention, personal risk behaviors of participants and their assessment of personal risk.

1. Question: Tell us what you know about how people can get HIV.

Note: Homeless (Woodland) refers to focus group conducted in Woodland
Homeless (Davis) refers to focus group conducted in Davis
X = one or more members identified as a risk behavior

HIV Risk	Homeless (Woodland)	Homeless (Davis)	MSM	IDU/SW	Substance Users in Tx
Unprotected Sex (vaginal and anal)	X	X	X	X	X
Low risk from oral sex		X			X
Blood-to-blood activities	X	X			X
Sharing needles	X	X	X	X	X
Blood transfusions			X		
Mother-to-child			X		X
Tattooing					
Body piercing					
Saliva	X			X	

Homeless (Woodland) Comments:

- Several participants had experienced deaths in their families due to HIV/AIDS.
- One participant self-disclosed as being infected with HIV.

Homeless (Davis) Comments:

- Some participants named misconceptions about HIV, including that it can be transmitted through saliva (sharing a glass with someone who is infected), that HIV can go dormant and that Magic Johnson no longer is infected with HIV.

MSM Comments:

- One participant reported that his sister is infected with HIV.

IDU/SW Comments:

- One participant self-disclosed as being infected with HIV.

2. Question: What do you do that can put you at risk for HIV?

Note: Homeless (Woodland) refers to focus group conducted in Woodland
Homeless (Davis) refers to focus group conducted in Davis
X = one or more members participated in the risk behavior

HIV Risk	Homeless (Woodland)	Homeless (Davis)	MSM	IDU/SW	Substance Users in Tx
No Risk	X	X			
Unprotected Sex (vaginal and anal)	X		X	X	X
Multiple sexual partners			X		
Low risk from oral sex					
Blood-to-blood activities					
Sharing needles		X		X	X
Other drug risk	X	X	X	X	
Blood transfusions		X		X	
Mother-to-child					
Tattooing					X
Body piercing					
Saliva				X	

MSM Comments:

- One participant discussed prevalence of internet dating sites that increase risk for HIV through multiple sex partners that are sometimes unprotected.

3. Question: Do you feel that you are personally at a high or low risk for HIV? Why?

MSM Comments:

- Two participants felt they are at low risk because they are currently in monogamous relationships.

- One participant felt he is at a low risk in general but that HIV is more common in larger cities like Sacramento or San Francisco so that influences his perception of risk

IDU/SW Comments:

- Several participants stated that they feel their risk is lower than in the past because of increased access to clean needles from the local syringe exchange.

IDU in Treatment Comments:

- Some participants felt that their risk was low because they always used clean needles and never shared. Their main risk concern was risk through sex.

- A couple of participants stated an increased risk because of tattoos in prison.

- Participants disclosed that they shared needles when they were high and that put them at in increased risk.

B. Prevention Methods

Participants were asked questions regarding their own experiences with risk reduction techniques and what factors might influence themselves or others to make those risk reductions.

1. Question: What are some examples of things you have ever done to reduce your risk?

Note: Homeless (Woodland) refers to focus group conducted in Woodland
Homeless (Davis) refers to focus group conducted in Davis
X = one or more members participated in risk reduction method

Risk Reduction Methods	Homeless (Woodland)	Homeless (Davis)	MSM	IDU/SW	Substance Users in Tx
Abstinence from sex	X	X	X		
Increased condom use	X	X	X	X	X
Limit number of sexual partners			X		X
Postponing sex			X		
Abstinence from needles	X				
Use needle exchange		X		X	
Use new needle		X		X	
Not sharing needle		X			
Not sharing other works				X	
Get tested	X				X
Discuss HIV and STDs with partners			X	X	

2. What influenced your decision to make those risk reductions? What are some reasons that people might decide to reduce their risk?

Homeless (Woodland) Comments:

- Some participants expressed concern that hepatitis C is more infectious than HIV so that has influenced their decision to reduce their risk.
- A few participants stated that as they have gotten older they are less likely to engage in higher risk activities.

Homeless (Davis) Comments:

- One participant stated knowing an injection drug user that died from HIV influenced his decision to stop sharing needles with others.
- Participants discussed an “honor system” in the IDU community where peers generally disclose their HIV and/or hepatitis C status to one another.

IDU/SW Comments:

- Participants talked about abstaining from needles because they have seen others who have overdosed.
- Education through places such as the Broderick Christian Center has also encouraged participants to stop engaging in risky behaviors.
- One participant stated that when she is high and wants to use a needle she can rationalize in her head that the needle is clean even if someone else has used it.
- One participant said that his HIV-positive diagnosis prompted him to make better decisions in regards to drug use and disclosing his status to potential sexual partners.

IDU in Treatment Comments:

- One participant stated that she got tested for HIV because she distrusted her partner.
- Most participants were more concerned about hepatitis C infection than HIV.
- Several participants said that they tested for HIV because of education and availability of HIV testing at drug treatment facilities.
- A few participants said that service agencies such as the local syringe exchange and Harm Reduction Services encouraged them to stop using or to be safer.

C. Knowledge of Services

Participants were asked questions related to their knowledge of HIV/AIDS and other STD services. They were also asked their own personal experiences with testing and where they go to seek out health information. All groups were asked questions related to best methods for getting HIV prevention messages to their communities.

1. If you or someone you know had HIV/AIDS, where could you (or they) go for help?

- Most participants in all groups were aware of local resources where HIV-positive individuals can receive health care and supportive services. Common responses included hospitals, clinics, libraries or the internet. Specific resources included CARES, Harm Reduction Services, Safer Alternative thru Networking and Education (SANE) and clinics operated by CommuniCare Health Centers.

2. Where can people go to get tested for HIV and/or STDs?

- Participants seemed to be aware of where they can go in the community to receive testing services for HIV and other STDs. Many of the agencies in the previous question came up again with respect to HIV testing.

3. Have you ever been tested for HIV? Where did you go?

- Homeless (Woodland): Two participants had tested in past. One received testing while in jail. The other tests regularly at a veteran's hospital.

    a. Barriers to testing: One participant stated that he does not test because he is afraid to receive the results.

- Homeless (Davis): Many participants had received HIV testing through the Yolo County Health Department or Safer Alternatives thru Networking and Education (SANE). They preferred rapid testing because of the short waiting time for results.

    a. Stated benefits to testing included relief in receiving negative result and taking an active role in their own health status.

    b. Barriers to testing: Anxiety of waiting for results, dislike of blood tests, high amount of paperwork and forms and fear of "preliminary positive" result during rapid testing and still waiting for one to two weeks for confirmatory results.

- IDU/SW: Participants had received testing through the Yolo County Health Department and Safer Alternatives thru Networking and Education (SANE) during regular testing at the Broderick Christian Center.

    a. Stated benefits of testing included convenience of testing services (for HIV and hepatitis C) at the Center, availability of condoms and relief of knowing results.

- IDU in Treatment: Eight participants had tested in the past either in prison, during prenatal checkups while pregnant or at a local clinic.

    a. Barriers to testing: Difficulty in waiting and worrying about results, anxiety of thinking about past behaviors while getting sober and the anticipation of results even with low-risk behavior.

4. Where do you think others in your community might find information about HIV or STDs? What locations would be best for getting HIV and STD information to your community?

- Homeless (Woodland): Bars, laundry mat, billboards, courthouse, jail, recovery centers, parole/probation office, buses and newspapers.
- Homeless (Davis): Shelters (Grace in Action), parks and liquor stores.
- MSM: Website (i.e. Craigslist, Daviswiki), restaurants and cafes with bulletin boards, libraries, classrooms (i.e. courses that offer information about sexuality). One participant discussed lack of information in courses that are not related health (i.e. Management classes).
- IDU/SW: Broderick Christian Center, bus stops and liquor stores. The Internet was listed as a resource that is not used by this group.
- IDUs in Treatment: Neighborhoods with known drug use, shelters (i.e. Loaves and Fishes), schools, bars and outreach workers on the streets.

D. Use of other services

Participants were asked questions related to specific services that may be utilized by that population. For example, current injection drug users and injection drug users currently in treatment were asked questions about their use of local needle exchange programs or pharmacy-based syringe sale programs.

1. Where can people go to get new/clean syringes or needles? Do you know anyone who has ever bought syringes (or needles) from a pharmacy?

- Homeless (Woodland): Participants had knowledge of pharmacies where people can go to buy syringes without a prescription (Rite-Aid was specifically identified).

  One participant (out of ten) was aware of pharmacy-based programs and had had a “good” experience and was given a brochure after syringe had been purchased. Most participants seemed to agree that such programs are important to decrease transmission of HIV and hepatitis C.
- Homeless (Davis): Hospitals, needle exchange programs (for syringes and Sharps containers) and pharmacies (Long’s Drug and Rite-Aid) were identified as sources. Participants had knowledge of cost and various differences between pharmacies. For example, one participant stated that identification is not required at Longs but is at Rite-Aid.
- IDU/SW: Participants had used local pharmacies such as Rite-Aid, Walgreens and Long’s Drug. There were generally no complaints but one

participant stated that it was difficult at Rite-Aid because they “give you a hard time and make you feel humiliated.” This was not explored further.

- IDUs in Treatment: One participant purchased syringes at a pharmacy in Sacramento and others identified Long’s Drug as source. One participant stated that he had sold clean needles to other users for drugs.

2. Do you know anyone who has ever used a syringe (or needle) exchange program?

- Homeless (Woodland): There was no knowledge of a syringe exchange program in Woodland.

- Homeless (Davis): Safer Alternatives thru Networking and Education (SANE) was identified as a syringe exchange source. Participants stated that they are glad to have a program but were concerned about local law enforcement. The main concern was that it has an effect on services provided at Grace in Action. Also, because people are “scared of the police”, they tend to leave needles in bushes in order to avoid getting arrested.

- IDU/SW: Most participants were aware of the program but not many had utilized it. One participant stated that is a “free, clean and easy” option. Another participant had purchased syringes from a pharmacy in the past and had given them out to friends. There was concern that people might buy them at a pharmacy and sell them to other users at an increased cost.

  There was concern in the group regarding law enforcement. One participant stated that he had once purchased syringes from a pharmacy and was stopped by law enforcement after leaving. This provoked a further conversation about law enforcement trying to “clean up the streets” and confiscating clean syringes from people.

- IDUs in Treatment: Harm Reduction Services (HRS) and Safer Alternatives thru Networking and Education (SANE) were identified syringe exchange sources. Participants had knowledge of the program but had not utilized it. They, however, had heard positive things about it.

E. Needs

Participants were asked questions related to their health needs and area of unmet needs.

1. What services do you (or others) need but cannot get?

- Homeless (Woodland): Proper medical services, YCHIP, drug rehab services were listed at unmet needs.

- Homeless (Davis): Medication (sometimes confiscated by police), better shelter services, methadone and better transportation services were the main areas of need.

- MSM: Better education to the community about HIV was stated as an important need, as were better vision and dental insurance and better services for gay men in Davis.

- IDU/SW: Methadone services in West Sacramento, mobile medical clinics and better dental care were priorities.

- IDUs in Treatment: Dental and eye coverage were important to the group, in addition to reduced cost of medicine.

Conclusions

Within the various focus groups there seemed to be a strong general understanding of HIV transmission and an awareness of how diseases can affect their communities. For example, in one of the homeless groups, several participants disclosed that they had family members or friends infected with HIV and that seemed to motivate participants to reduce their own risks for HIV. In the focus groups in which hepatitis C was addressed, participants recognized the similar modes of transmission between HIV and HCV. It is important to keep in mind that many participants were already seeking services at the focus group locations or had received educational or testing services from the Yolo County Health Department and partner agencies. This may increase their personal knowledge regarding disease risk and various methods of prevention and may not represent the general population.

Many participants stated that they had accessed HIV testing services either through medical providers or publicly-funded HIV testing programs (such as the Yolo County Health Department, CommuniCare Health Centers, Harm Reduction Services or Safer Alternatives thru Networking and Education (SANE)). An overall consensus seemed to be that those who had tested in the past preferred receiving “rapid” HIV testing (i.e. same-day results) rather than waiting two weeks. This waiting period seemed to increase anxiety about HIV testing and could be a barrier for those who may seek testing in the future.

It should also be noted that the different communities seem to receive (or would prefer to receive) health and risk reduction message through different means of communication. For example, the participants in the MSM focus group where all college-aged young adults who thought that the Internet would be the best way to reach people in their community. Other populations may not have access to the Internet or online services and identified public locations as a better means of providing education. Such sites include shelters, laundry mats, courthouses, etc.

In regards to health needs identified by the focus groups, increasing access to medical and dental care seems to be a priority in many communities. Also, among substance users who participated in the groups, syringe exchange and pharmacy-based syringe sale programs were identified as necessary services but barriers still exist that keep populations from accessing these resources. These barriers include a general lack of knowledge or understanding of how such programs work, as well as a fear and mistrust of law enforcement if these programs are utilized.

Youth Survey Summary

The following is a summary of the data collected from the Yolo County Health Department HIV and STD Survey. This survey was used to assess high-risk populations of teenagers that are more prone to risky behaviors and thus have a higher statistical chance of contracting HIV and STDs. The survey was administered to high risk youth in Yolo County high schools and Juvenile Hall. Our data came from three locations: two continuation high schools (Yolo High located in West Sacramento and Martin Luther King High School in Davis) that deliver alternative education and are sponsored by the Yolo County Department of Education, and the Yolo County Juvenile Hall located in Woodland.

A total of 75 youth participated with 13 at Yolo High, 42 at King High and 20 at Juvenile Hall. Demographic breakdowns are as follows:

- Twenty-two percent identified as female and 77% identified as male. The age range was from 16 to 19 years old.
- Eighty-nine percent of those surveyed responded with their ethnicity. Of those, 5% identified as “African American”, 45% as “Caucasian/White”, 4% as “Native American”, 7% as “Asian/ Pacific Islander”, 24% as “Hispanic/Latino(a)”, and 4% self-identified as “Other”.
- Surveyors were also asked for their zip code with 11% responding from Woodland, 44% from Davis, 17% from West Sacramento, <1% from Winters and 9% from Sacramento (primarily from Juvenile Hall population) and the remainder did not respond.

A. HIV/AIDS Knowledge

Part A of the survey asked the participants to respond to statements about the transmission of HIV. From their answers, we can see how knowledgeable each sample is about HIV and its transmission. The percentage of participants answering each question correct was averaged for the entire survey to get a sense of the overall understanding. The scores were 85% correct at Juvenile Hall, 92.5% at King High, 94% at Yolo High.

Some highlighted areas of misconception are as follows:

- Thirty percent of students at Juvenile Hall and at King High believe oral sex is not risky compared to a 21% at Yolo High.
- Seventy-five percent at Juvenile Hall answered correctly that a newborn child can get HIV from his or her mother compared to 88% at King High and 92% and Yolo High.
- Misconceptions about the spread of HIV are still present even though most of the youth surveyed had a general understanding of the virus. For example, questions 1 and 2 were related to the risk of HIV transmission from anal or vaginal sex (respectively). In total, 9% stated that HIV cannot be passed from anal sex and 5% stated that HIV cannot be passed from vaginal sex.

The following is a table that shows the percentage of participants who answered the question correctly from each location:

Part A: Percentages Answering Correctly

Question: True (T) or False (F)	Juvenile Hall	King High	Yolo High	Total
You can get HIV from having anal sex. (T)	85%	90%	100%	90.7%
You can get HIV from vaginal sex. (T)	90%	95%	100%	94.7%
You can get HIV from sharing a needle. (T)	85%	95%	100%	93.3%
You can get HIV from hugging. (F)	90%	95%	85%	92.0%
Do you consider oral sex risky for HIV or STDs? (T)	55%	67%	69%	70.7%
A newborn child can get HIV from his/her mother. (T)	70%	88%	100%	84.0%
HIV can be prevented. (T)	90%	93%	100%	93.3%
HIV can be cured. (F)	85%	90%	92%	88.0%

B. Sexual Activity

Students were asked a series of questions relating to their sexual histories. Overall, 76% had engaged in oral sex, 85% had engaged in vaginal sex, and 37% had engaged in anal sex. When asked about condom use, 81% had ever had oral sex without a condom, 78% had ever had vaginal sex without a condom, and 64% had ever had anal sex without a condom. Of the participants who had ever engaged in sexual activity, 54% stated they had 4 or more partners in their lifetime. This is of importance when compared to national data from the CDC Surveillance Study in 2007, which was 15% for this age group.

Thirty-two percent of students stated that they were under the influence of drugs and alcohol the last time they engaged in sexual activity. Compared to the Healthy Kids Survey of 2007, 25% of students nationwide had used drugs or alcohol before their last sexual encounter. West Ed's Healthy Kids Survey attributes drug and alcohol use to risky sexual behavior that poses a threat to the youth's health such as an increase risk for unplanned pregnancies and contracting STDs and HIV.

Sixty percent of students have not used a condom when engaging in some sort of sexual intercourse (vaginal or anal) in their lifetime. This is the opposite percentage compared to a CDC Surveillance Study, which reported 61.5% of sexually active participants nationwide that had used a condom during sexual intercourse. The percentage of our participants who did not use a condom contradicts the overwhelming results of question 7 that asks surveyors if they think it is important that people use condoms or other

barriers. Of the youth who had not used protection during sexual activity, 84% either agreed or strongly agreed that protection was important.

C. Drug Use

Part C of the survey asked participants about their drug and alcohol use, needle use and permanent tattoos. Overall, the survey's results of drug use were drastically higher when compared to the national results from the CDC Surveillance Study of 2007. Taking into account all locations, 80% of participants had ever used alcohol compared to 45% nationally and 82% from our survey had used marijuana in their lifetime compared to 38% nationally.

Forty-three percent reported using cocaine in their lifetime, compared to the national reported 7.2% from the CDC Surveillance Study. Twenty-seven percent reported using methamphetamine, compared to 4.4% students nationwide. Thirty-four percent of participants reported using other drugs; the most popular being mushrooms and pain killers. Other drugs reported were prescription drugs, acid, crack and heroin. One finding of interest is that 54.6% had ever used ecstasy, with Juvenile Hall having the highest rate of 65%, compared to 5.8% reported nationally. The survey also found that 4 teenagers used needles to inject drugs, and all of them reported sharing needles with others while none of them ever cleaned the needles with bleach.

D. Resources

This portion of the survey assessed which resources participants believed were available to them acquiring information about HIV/AIDS, and STDs. Juvenile Hall and King High respondents reported that if they needed information about HIV or other STD's, over half would get it from their parents. The second most used resource reported was a medical provider or clinic, followed by their school counselor or nurse. This data differed from Yolo High with 9 people responding they would use Google, other websites and a therapist as a resource, followed by a medical provider and social networking websites such as MySpace.

When asked about local testing options for HIV and/or STDs, the overwhelming response from all participants was some type of clinic or doctors office. Some responded with John H. Jones Clinic, others with Planned Parenthood, Salud Clinic, or simply 'teen clinic.' Others mentioned the Health Department, Juvenile Hall, Boys Ranch, and school.

E. Personal Assessment

The final portion of the survey was a personal assessment section that asked the surveyors about their age, race, and hometown. It also asked if the surveyor had ever been tested for HIV or STDs and if they believed they were at risk of acquiring either. Only 13% of respondents perceived themselves to be at risk of getting HIV or STDs. This is a low percentage considering the percent of participants who had not used a condom during sexual intercourse. At Juvenile Hall, Yolo and King High, the percent of teenagers that did not use a condom were over half.

Overall, 43% of students said they had been tested for HIV and 43% had tested for STDs. Thirty nine percent had tested for both.

F. Conclusions

At-risk youth surveyed as part of this community assessment appear to have strong knowledge about the risks associated with HIV transmission but they may not necessarily apply that knowledge to their own behaviors. Youth surveyed reported a higher rate of substance use and sexual activity without a condom than figures suggested by national data. Limitations of the data include the potential issues related to self-reporting and since the group was not randomly selected, results may not be indicative of the population as a whole.

Students who participated in the survey seemed to be very aware of local resources available for HIV and other STD testing but may not access those resources. Access to care issues may include lack of knowledge concerning confidentiality of reproductive health services, parental barriers or lack of initiative to seeking testing and care for HIV and sexually transmitted diseases. These issues were not explored by this survey.

In addition, youth seem to be comfortable seeking information about these topics from their parents, providers, and counselors, as well finding information on their own through online searches. It is important to consider these types of issues when developing health prevention methods for this population.

Pre and Post-Test Data Summary

The following data was collected in conjunction with HIV education classes taught by Yolo County Health Department staff from July 2007 through June 2008 in three drug rehabilitation centers (Cache Creek Lodge, Beamer Street Detox and Walter's House) and one alternative high school (Yolo High School) in Yolo County. Of 136 respondents, the demographic breakdowns are as follows:

- Thirty seven percent identified as female and 63% identified as male.
- Ten percent were 19 years old or younger, 27% were between the ages of 20 and 29, and 63% were over 30.
- Fifty nine percent identified as "Caucasian/White", 18% as "Hispanic/Latino(a)", 9% as "African American", 3% as "Native American", 3% as "Asian/Pacific Islander", 3% marked more than one ethnicity and 5% either marked "Other" or failed to respond.

The Yolo County Health Department, HIV/AIDS program staff provided an educational presentation and asked participants to respond to a true or false "pre-quiz" prior to the class session. The same questions were used as a "post-quiz" to assess the effectiveness of the presentation and to gauge the knowledge increase (or decrease) of participants.

Limitations of Data

In a few cases, the number of questions answered on the pre-quiz versus the post-quiz are discordant and this can be attributed to a variety of reasons, including participants leaving the session early and not completing the post-quiz, an inability to understand instructions, etc. Some participants may have completed the post-quiz side first or filled in both pre and post quiz before the presentation and this should be taken into consideration when reviewing the data.

Highlights:

- From the data tables shown below, there are some patterns in lack of knowledge for certain questions. For example, Question 3 asked whether or not mosquitoes and other insects cannot transmit HIV. This was the lowest correctly answered question at all four locations, and the percentage did not improve significantly in the post-quiz.

- There also appeared to an increase in knowledge for certain areas. Question 7 asked whether having a Sexually Transmitted Disease (STD) can increase risk for getting HIV or other STDs. At all four locations the percentage correctly answered increased significantly between pre and post quiz results.

- Questions 5 and 8 were general questions about the HIV virus and were the highest correctly answered questions on average. This suggests that participants understood the general aspects of the HIV virus.

Site 1: Beamer St. (n = 23)

Question: True (T) or False (F)	Pre Quiz	Post Quiz
1. There is a cure for AIDS. (F)	100%	96%
2. You can get HIV from sharing a cup with an infected person. (F)	91%	100%
3. Mosquitoes and other insects cannot transmit HIV. (T)	52%	87%
4. HIV only affects gay and drug users. (F)	96%	96%
5. HIV is the virus that causes AIDS. (F)	100%	91%
6. There are 2 types of testing: anonymous and confidential. (T)	87%	87%
7. Having a Sexually Transmitted Disease (STD) increases risk for HIV or other STDs. (T)	74%	91%
8. HIV is a disease that affects your immune system. (T)	96%	100%
9. Getting tested is the only way to know if you are infected with HIV. (T)	100%	100%
Total	89%	94%

Site 2: Cache Creek Lodge (n = 52)

Question: True (T) or False (F)	Pre Quiz	Post Quiz
1. There is a cure for AIDS. (F)	96%	94%
2. You can get HIV from sharing a cup with an infected person. (F)	94%	92%
3. Mosquitoes and other insects cannot transmit HIV. (T)	48%	57%
4. HIV only affects gay and drug users. (F)	100%	96%
5. HIV is the virus that causes AIDS. (F)	100%	100%
6. There are 2 types of testing: anonymous and confidential. (T)	79%	83%
7. Having a Sexually Transmitted Disease (STD) increases risk for HIV or other STDs. (T)	71%	79%
8. HIV is a disease that affects your immune system. (T)	96%	94%
9. Getting tested is the only way to know if you are infected with HIV. (T)	94%	92%
Total	87.5%	87.4%

Site 3: Walter's House (n = 49)

Question: True (T) or False (F)	Pre Quiz	Post Quiz
1. There is a cure for AIDS. (F)	98%	96%
2. You can get HIV from sharing a cup with an infected person. (F)	94%	98%
3. Mosquitoes and other insects cannot transmit HIV. (T)	55%	75%
4. HIV only affects gay and drug users. (F)	100%	98%
5. HIV is the virus that causes AIDS. (F)	98%	98%

6. There are 2 types of testing: anonymous and confidential. (T)	76%	77%
7. Having a Sexually Transmitted Disease (STD) increases risk for HIV or other STDs. (T)	67%	85%
8. HIV is a disease that affects your immune system. (T)	98%	100%
9. Getting tested is the only way to know if you are infected with HIV. (T)	96%	100%
Total	87%	92%

Site 4: Yolo High (n = 12)

Question: True (T) or False (F)	Pre Quiz	Post Quiz
1. There is a cure for AIDS. (F)	83%	83%
2. You can get HIV from sharing a cup with an infected person. (F)	67%	75%
3. Mosquitoes and other insects cannot transmit HIV. (T)	33%	42%
4. HIV only affects gay and drug users. (F)	75%	75%
5. HIV is the virus that causes AIDS. (F)	100%	92%
6. There are 2 types of testing: anonymous and confidential. (T)	83%	92%
7. Having a Sexually Transmitted Disease (STD) increases risk for HIV or other STDs. (T)	75%	100%
8. HIV is a disease that affects your immune system. (T)	100%	92%
9. Getting tested is the only way to know if you are infected with HIV. (T)	67%	83%
Total	76%	90%

Average of Total Locations (n = 136)

Question: True (T) or False (F)	Pre Quiz	Post Quiz
1. There is a cure for AIDS. (F)	94%	92%
2. You can get HIV from sharing a cup with an infected person. (F)	87%	91%
3. Mosquitoes and other insects cannot transmit HIV. (T)	47%	65%
4. HIV only affects gay and drug users. (F)	93%	91%
5. HIV is the virus that causes AIDS. (F)	99.5%	95%
6. There are 2 types of testing: anonymous and confidential. (T)	81%	85%
7. Having a Sexually Transmitted Disease (STD) increases risk for HIV or other STDs. (T)	72%	89%
8. HIV is a disease that affects your immune system. (T)	98%	97%
9. Getting tested is the only way to know if you are infected with HIV. (T)	89%	94%
Total	84%	89%

Yolo County HIV Surveillance Statistics

As required by law, Yolo County collects surveillance statistics help to understand the distribution of HIV and AIDS in Yolo County. By evaluating these statistics outreach and education efforts can match the trends in the spread of the disease. On average, 10-20 new cases of HIV occur in Yolo County over the past several years. Since 1987, 317 cases of HIV/AIDS have been reported in Yolo residents and currently 190 persons known to have HIV reside in Yolo County. A current surveillance report can be found in Appendix A. A more comprehensive look at the statistics can be found on the county website at: http://www.yolocounty.org/Index.aspx?page=125

- Men account for the majority of HIV/AIDS cases in Yolo County (85%).
- The greatest percent of new infections occur between the ages of 30-39 (35%).
- HIV/AIDS cases are mostly reported among White at 61%. 39% of all reported HIV/AIDS are among minority groups with Hispanic (21%) and Black or African American (10%) as the most commonly reported categories. In Yolo County, African Americans account for only 2% of the population.
- Seventy-nine percent of all Yolo County residents who were reported with HIV/AIDS through 2008 were exposed to HIV through homosexual contact and/or injection drug use.
- Fifty-seven percent of males reported sex with another man and 13% reported injection drug use as their primary modes of transmission. 16% of men both sex with another man *and* injection drug use as their primary categories of transmission.
- Forty-three percent of women identified injection drug use and 40% reported heterosexual contract as the primary category of exposure to HIV.

Final Conclusions

The following are the general conclusions presented by the Yolo County Sexual Health Advisory Group by evaluating the community input and data collected from this assessment:

- Barriers exist that keep clients from accessing legal clean syringe options such syringe exchange programs (SEPs) and pharmacy-based syringe sale programs.
- Relationships need to be developed with local law enforcement with regard to syringe exchange policies.
- HIV and STD curriculum and implementation in schools is inconsistent.
- Substance use continues to be an area of risk for youth in Yolo County.
- Methadone treatment is needed in Yolo County.
- There is a lack of an appropriate syringe disposal plan.
- Outreach for men who have sex with men (MSM) is needed, especially for those not attending UCD, those in the middle years and injection drug users.
- Online outreach is an important means of communication to reach youth and young adults.
- Community locations rather than internet are needed to reach those that are not youth.

Recommendations

1. The Sexual Health Advisory Group, Yolo County's Local HIV/AIDS Planning Group, should collaborate with other groups with regard to youth substance use issues.
2. Yolo County needs to work better with Sacramento County and its community-based organizations to collaborate on education, outreach and testing and decrease duplication of services.
3. Develop more HIV-related services for monolingual Spanish speaking residents.
4. Continue to promote broad benefits of the syringe exchange program: people who access programs receive risk reduction education, HIV and HCV testing and referrals for medical and substance use services.
5. Additional outreach in rural cities (i.e. Knight's Landing) with regard to clean needles.
6. Need for mobile health care clinics to reach populations with low access to traditional health care services.
7. Need to include other communicable disease and sexually transmitted disease testing in conjunction with HIV testing at outreach sites.
8. Need for a resource inventory and a broad publication of local services both electronically and at community locations.

Appendix A
HIV and AIDS Cases in Yolo County Surveillance Report - 12/18/2008

1.

Disease Category	Adult/Adolescent * Cases	Adult/Adolescent * Deaths	Pediatric * Cases	Pediatric * Deaths	Total Cases	Total Deaths
PCP	75 (24)	50 (67)	0 (0)	0 (.)	75 (24)	50 (67)
Other Disease w/o PCP	85 (27)	55 (65)	1 (100)	0 (0)	86 (27)	55 (64)
KS Alone	6 (2)	3 (50)	0 (0)	0 (.)	6 (2)	3 (50)
No Diseases Listed	150 (47)	18 (12)	0 (0)	0 (.)	150 (47)	18 (12)
Total	316 (100)	126 (40)	1 (100)	0 (0)	317 (100)	126 (40)

2.

Age *	Cases
Under 5	0 (0)
5-12	1 (0)
13-19	1 (0)
20-29	60 (19)
30-39	112 (35)
40-49	96 (30)
Over 49	47 (15)
Unknown	0 (0)
Total	317 (100)

3.

Race/Ethnicity	Adult/Adolescent * Cases	Pediatric * Cases	Total Cases
Hispanic - All Races	67 (21)	0 (0)	67 (21)
Not Hispanic - Am. Indian/Alaska Native	7 (2)	0 (0)	7 (2)
Asian	2 (1)	0 (0)	2 (1)
Black or African American	34 (11)	0 (0)	34 (11)
Native Hawaiian/Pacific Is.	1 (0)	0 (0)	1 (0)
White	193 (61)	1 (100)	194 (61)
Legacy Asian/Pacific Is.	5 (2)	0 (0)	5 (2)
Multi-race	5 (2)	0 (0)	5 (2)
Unknown	2 (1)	0 (0)	2 (1)
Total	316 (100)	1 (100)	317 (100)

4.

Exposure Category	Adult/Adolescent Transmission Modes: Males	Females	Total
Men who have sex with men	154 (57)	0 (0)	154 (49)
Injecting drug use	36 (13)	19 (40)	55 (17)
Men who have sex with men and inject drugs	42 (16)	0 (0)	42 (13)
Hemophilia/coagulation disorder	4 (1)	0 (0)	4 (1)
Heterosexual contact	12 (4)	20 (43)	32 (10)
Receipt of blood, components, or tissue	3 (1)	2 (4)	5 (2)
Risk not reported/Other	18 (7)	6 (13)	24 (8)
Total	269 (100)	47 (100)	316 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).