



**Desert AIDS Project**  
care :: prevention :: advocacy

## **The Gay and Gray Community Evaluation Report**

## **Executive Summary**

### **Desert AIDS Project**

Desert AIDS Project (DAP) exists as a center of excellence regarding HIV medical, social and other ancillary care. The agency's service area comprises more than 40% of the overall Riverside/San Bernardino Transitional Grant Area, expanding over 11,000 square miles. DAP's comprehensive system of care available allows the organization to leverage the human, financial, and logistical resources of our programs to benefit one another. The agency's comprehensive continuum of care has resulted in the lowest fatality rate of the Inland Empire's six Ryan White designated areas. Overall, the agency is a one-stop site that allows clients to receive all their services in one location.

### **Overview**

The Gay and Gray (50+) survey reached 168 individuals living in middle and eastern Riverside County along with the San Bernardino County's High Desert. The Agua Caliente Band of Cahuilla Indians Foundation gave a community grant to fund this project. The project took place over a six-month period. The focus of the grant was 1) Begin assessing the needs of the 50+ years of age community, 2) Provide outreach services, 3) Provide HIV Counseling and Testing services, and 4) Provide HIV/AIDS Prevention and Education Services.

The report concentrates on the assessment results and provides a brief summary of what DAP has accomplished in the three additional areas. The assessment has four sections: methodology, results, conclusions and recommendations. The information focuses on the results of the 50+ consumer surveys from November 2007 through March 2008.

### **The Evaluation Results**

Consistent with previously completed surveys throughout the Inland Empire (e.g. 2008 Riverside/San Bernardino Transitional Grant Area's Comprehensive HIV Needs Assessment), there is a high level of migration into Riverside County and particularly the Coachella Valley. A large number of individuals (68:168) report living in the area less than five years. A significant number (77:168) of individuals also report living in the area 6 or more years. A significant number (153:168) indicate they have a medical provider who treats them courteously and politely during their office visits. Fifty-three participants report that their primary source of income is from a job. A large number of participants (93) state that their primary source of income is through their retirement funds or pension funds. The majority of participants report they have knowledge about HIV testing locations.

The survey results reveal alarming information. Despite county medical programs, 15 individuals report that they do not have a medical provider. A group (23.2%) of clients report feeling uncomfortable at their medical provider's office because of their sexual orientation. Although there is a significant number of individuals (141:168) who report that they have knowledge about where to get tested for HIV. The same group reports knowing limited information about what is involved with HIV Counseling and Testing Services, importance of being tested every six months, and basic facts about HIV risk behaviors.

The participants' lack of knowledge about HIV prevention services is distressing because 40.5% of them report having multiple partners and 24.4% state that they do not or inconsistently use condoms when having anal sex. This means that there is a high probability of HIV exposure for people who are 50+ if prevention efforts do not target this group.

The group is beginning to enter retirement age. A significant number are living with their partner or friend and seem to have a good support system. However, 31% are not considering end of life factors such as having a power of attorney assigned to someone in case their health deteriorates to a level where they cannot make decisions for themselves. In addition, their top 10 health priorities are:

- 1) Affordable Medical Care and night clinics,
- 2) Affordable Medication,
- 3) Affordable Mental Health Services,
- 4) Education about HIV/AIDS/STDs and Healthy Living,
- 5) Better access to HIV/STD Testing and Treatment,
- 6) Support Groups
  - a) emotional and
  - b) transition into the desert,
- 7) Transportation services,
- 8) Housing Assistance,
- 9) Social Activities, and
- 10) Case Management services for the 50+ community

### **Recommendations**

Four recommendations to improve the services for the 50+ community are:

1. Health providers need to receive ongoing sensitivity training such as asking questions about sexual activity and safe sex practices.
2. The community needs focused workshops such as importance of Power of Attorney and Sex Negotiation skills.
3. HIV/AIDS prevention and education services need to more effectively target the group. For example, have activities that assist new residents integrate into the at large community and prevention interventions.
4. More effective outreach and education about HIV Counseling & Testing services needs to occur. This includes providing Counseling and Testing services more frequently and at more locations.

### **DAP's Response**

Since November 2007, DAP has been providing community workshops and seminars. The Education and Prevention Department has reached over 210 individuals along with other Riverside County staff, public health and other programs. DAP's HIV Counseling and Testing Services has been expanded throughout five Coachella Valley locations and is available daily. STD testing services is available twice per week.

## **Brief Information on Desert AIDS Project**

Desert AIDS Project, Inc. (DAP) began in 1984 as an all-volunteer response to the largest crisis facing our community at the time – AIDS. Over the past two decades meeting the needs of those infected and affected by HIV has translated into a staff of 87 full-time professionals, 15 contracted physicians and mental health specialists, and over 290 volunteers. DAP now serves over 2,200 individuals and families living with HIV/AIDS from the middle of Riverside County through the greater desert region, to the rural towns near the California/Nevada border.

DAP's service area comprises more than 40% of the overall Riverside/San Bernardino TGA, ranging over 11,000 square miles. DAP's available comprehensive system of care allows us to leverage the human, financial, and logistical resources of our programs to benefit one another. DAP's comprehensive continuum of care has resulted in the lowest fatality rate of the six service areas in the Ryan White designated Transitional Geographic Area.

DAP exists as a center of excellence regarding HIV medical, social and other ancillary care. The agency is a one-stop site that allows our clients to receive all their services in one location. A client may see their social case manager and medical care provider, have lab work done, meet with a county employed MISP/ADAP counselor, pick-up prescriptions, receive grocery and gas vouchers, receive nutrition counseling, attend a group meeting or substance abuse counseling session, talk to a therapist or paralegal, and even attend a yoga class, all in one trip (if so desired). Our Indio office serves primarily monolingual Spanish speakers and offers many of the services available at our main location in Palm Springs.

### **Assessment Methodology**

DAP's HIV Prevention, Education and Testing Services department staff developed the initial draft of the Gay and Gray (50+) survey. The survey has 50 questions covering four areas: demographics, general health, sexual risk behaviors and social networks. The survey was modified multiple times to ensure that it covered the four areas accurately. There were three versions of the survey to identify easily the location of administration and the targeted group. The administration of the survey occurred throughout a five-month period at health fairs, workshops, forums, seminars, health and wellness events, Gay and Gray events, Prides, festivals, revivals, men's resorts, Senior Centers, and DAP. Eligible participants are people who are 50 years or older. Every participant who completed the survey received a gift card incentive.

The target area was mid and eastern Riverside County along with San Bernardino County's High Desert. This includes areas in the Coachella Valley and beyond.

## Results

The grants allowed us to survey 168 individuals. We had 148 men, 18 women and 2 Transgenders. The survey participants varied in age from 50 to 99 years old. The largest represented group is individuals who are 50 – 59 years old (75) and they represent 44.6% of the survey. The second largest group is the 60-69 years old (67) who represent 39.9% of the group. The remaining groups are 70-79 (22) at 13.1%, and two who are 80 years or older. We had two individuals who did not state their age. See Table 1 for more information.

Table 1 Participants' Age Range

Age	Frequency	Percent
50-59	75	44.6
60-69	67	39.9
70-79	22	13.1
80+	2	1.2
Did not Report	2	1.2
Total	168	100

The participants' sexual orientation is primarily homosexual (136) men followed by heterosexual/straight men (19) and bisexual men (13). See Table 2 for sexual orientation and percentage. There is parity between HIV positive (82) and HIV negative (78) participants. Three participants indicate that they are HIV positive and are displaying visual symptoms of the virus. See Table 2a for more information.

Table 2 Sexual Orientation

Orientation	Frequency	Percent
Bisexual	13	7.7
Heterosexual (Straight)	19	11.3
Homosexual (Gay/Lesbian)	136	81.0
Total	168	100.0

Table 2a HIV/AIDS status

	Frequency	Percent
HIV Negative	78	46.4
HIV Positive	82	48.8
HIV positive with symptoms	3	1.8
Did not Report	5	3.0
Total	168	100.0

The ethnic distribution of the survey participants is amongst several races/ethnicities. The largest representation is White individuals at 89.1% (147) of the sample size. The second largest representation of the group is Latinos at 6.1% (10), followed by Asians at 2.4% (4), African Americans at 0.6% (1) and American Indians at 0.6% (1). Two individuals report being multi-racial but did not specify which ethnic groups. See Table 3 for more details.

Table 3 Ethnic Distribution

Ethnicity/Race	Frequency	Percentage
American Indian or Alaska Native	1	0.6
Asian or Pacific Islander	4	2.4
Black or African-American	1	0.6
Latino or Hispanic	10	6.1
Multi-racial	2	1.2
White	147	89.1
Did Not Report	2	1.2
Total	165	100

The participants report that a significant number 93 (53.4%) of them are receiving their primary income through their pension or retirement plan. A large portion 53 (30.5%) is currently employed. A few of the individuals 18 (10.4%) are receiving Social Security Disability benefits. Ten participants (5.7%) were unemployed when they participated in the survey. At least six participants are receiving their income from more than one source.

Table 4 Participant Income Resources

	Frequency	Percentage
Job	53	30.5
Pension/Retirement	93	53.4
SSD	18	10.4
Unemployment	10	5.7
Total	174.0	100

The majority 77 of the 168 participants indicates that they have lived in the Coachella Valley (including High Desert and mid Riverside County) more than six years (45.8%). A significant number of individuals 51 (30.4%) have lived in this region 1-5 years and 17 (10.1%) have recently moved into the region. There are 19 (11.3%) people who live in the county on a part time basis. This is consistent with the 2008 Comprehensive HIV Needs Assessment data, in which it states that people are migrating into Riverside County and the Inland Empire from 24 different states, 7 countries, and multiple counties within California.<sup>1</sup>

Table 5 Length of time lived in Coachella Valley, High Desert or Mid-Riverside County

	Frequency	Percent
Less than 1 year	17	10.1
1-5 years	51	30.4
6-10 years	39	23.2
11+ years	38	22.6
Part-time	19	11.3
Missing information	4	2.4
Total	168	100.0

The participants report that 153 (91.1%) have medical insurance and 15 (9.9%) do not have medical insurance to pay for their medical care costs. A significant number, 60 (35.7%) indicate that they have private insurance through their employer. Thirty-eight (22.6%) participants indicate that they have Medi-Cal only, 37 (22.0%) have Medicare only, 8 (4.8%) have both Medicare and Medi-Cal, 11 (6.5%) have MISP. See table 6 for the integrated insurance distribution table.

Table 6 Type of Insurance

	Frequency	Percent
Private Insurance	60	35.7
Medicare Only	37	22.0
Medi-Cal Only	38	22.6
Medicare/Medi-cal (both)	8	4.8
MISP (Riverside County Only)	11	6.5
No Insurance	14	8.3
Total	168	100.0

The participants report that 126 (75.0%) have a primary physician who they see regularly. There are 20 (11.9%) participants who receive their medical care at a health clinic. report that they do not have a primary medical doctor or medical care provider. Seven participants receive acupuncture or

<sup>1</sup> Riverside/San Bernardino Department of Public Health, 2008 Comprehensive HIV Needs Assessment

chiropractic services. Fifteen (8.9%) did not report information on whether they receive medical services or if they have a primary physician. See Table 7 for more information.

Table 7 Medical Provider

	Frequency	Percent
Private physician	126	75.0
Health Clinic	20	11.9
Alternative (Acupuncturist, Chiropractor)	7	4.2
Did not Report Information	15	8.9
Total	168	100.0

The vast majority of participants 146 (86.9%) rate their healthcare provider as good to excellent. There are 8 individuals (4.8%) who report that their healthcare provider is fair. One individual indicates that the service he receives is poor. See Table 8 for a breakdown of the information.

Table 8 Health Care Provider Rating

	Frequency	Percent
Excellent	87	51.8
Good	59	35.1
Fair	8	4.8
Poor	1	.6
Missing Information	13	7.7
Total	168	100.0

Fifty-two (n=63) participants indicate that the personnel at the clinics (doctor, nurse and staff) always or almost always treat him or her politely and courteously. In addition, 127 (75.6%) participants report being treated fairly despite their sexual orientation at the healthcare locations. However, during the last 12 months, 39 (23.2%) participants report that they experienced discrimination and/or felt uncomfortable at the locations where they receive medical treatment. See table 10 for additional information.

Table 9 Level of Satisfaction

	Frequency	Percent
Always	30	47.6
Almost Always	22	34.9
Sometimes	3	4.8
Did not rate	8	12.7
Total	63	100.0

Table 10 Discrimination or Uncomfortable in a Healthcare Setting

	Frequency	Percent
No	127	75.6
Yes	39	23.2
No Response	2	1.2
Total	168	100.0

The participants indicate that the majority of them 109 (64.9%) have assigned a Power of Attorney to somebody they know and trust in case they are unable to make health related decisions. There is still a large number 52 (31%) who do not have a power of attorney.

Table 11 Power of Attorney

	Frequency	Percent
No	52	31.0
Yes	109	64.9
Missing	7	4.2
Total	168	100.0

The survey participants report that 34 (20.2%) are not sexually active. However, most of the participants 131 (78.0%) indicate being sexually active during the past 12 months. Those who report being sexually active indicate that 41 (24.4%) are in a monogamous relationship. There is a group of 38 (22.6%) who have had between 2-5 partners in the same period. There is a group of 11 (6.5%) who state having 6-10 partners and a group of 19 (11.3%) who state having more than 10 partners. Fifty-nine (35.1%) individuals did not answer the question. Those who are active indicate that 75 (44.6%) use condoms. However a group of 41 (24.4%) indicate that they do not use a condom or occasionally use a condom when engaging in sexual intercourse. See Table 12 to see an integration of the information

Table 12 Sexual Activity and Condom Use

In the last 12 months, have you been sexually active?	Frequency	Percent
No	34	20.2
Yes	131	78.0
No Response	3	1.8
Total	168	100.0
Number of Partners	Frequency	Percent
1 Partner	41	24.4
2-5 Partners	38	22.6
6-10 Partners	11	6.5
+10 Partners	19	11.3
No Response	59	35.1
Total	168	100.0
Use Protection	Frequency	Percent
No	22	13.1
Yes	75	44.6
Sometimes	19	11.3
No Response	52	31.0
Total	168	100.0

A statistical analysis was made of the type of sex the participants are having and the reasons why they are not using condoms. When engaging in Insertive anal sex 76 (45.2%) of the participants report using a condom. However, 37 (21.9%) participants state that they do not use a condom or sometimes use a condom. The pattern remains consistent when they engage in Receptive anal sex. The participants convey that 65 (39.6%) use a condom when they engage in this type of sexual activity. As with Insertive anal sex, 36 (21.9%) convey that they do not or occasionally use condoms when engaging in this type of sexual activity. A further analysis of the 21 participants who state that they never use condoms reveals that 9 (42.9%) are in a monogamous relationship, five (23.8%) do not like the feel of condoms, one (4.8%) reports that he experiences erectile dysfunction, and one (4.8%) reports that he does not feel that he is at risk for HIV exposure.

Table 13 Type of Sex and Reason for Not using condoms

Protection with Insertive anal sex	Frequency	Percent
No	20	11.9
Yes	76	45.2
Sometimes	17	10.1
No Response	55	32.7
Total	168	100.0
Protection with Receptive anal sex	Frequency	Percent
No	21	12.5
Yes	65	38.7
Sometimes	15	8.9
Missing Information	67	39.9
Total	168	100.0
Reason for Not using condoms	Frequency	Percent
Don't like feel	5	23.8
Causes Erectile Dysfunction	1	4.8
Monogamous Relationship	9	42.9
Don't think I'm at risk	1	4.8

Table 14 provides information on whether the participants are having sex while under the influence of alcohol or other drugs. There are 44 (26.2%) participants who report that they do not use alcohol or drugs when they have sex. However, there is a significantly large number of individuals 95 (56.5%) who state that they use alcohol sometimes or all of the time.

Table 14 Sex and Alcohol or Drug Use

Use Alcohol or Drugs when having sex	Frequency	Percent
No	44	26.2
Yes	39	23.2
Sometimes	56	33.3
Missing	29	17.3
Total	168	100.0

Table 15 provides information on the level of communication participants are having with their sexual partners. A significant number 141(83.9%) indicate that they discuss HIV and Sexually Transmitted Disease/Infections (STD/STIs) information with their sexual partner(s), but 18 (10.7%) state that they do not discuss information about HIV or STIs with their sexual partner(s). There is still a high number of individuals 111 (67.3%) who comment that they are worried about HIV/STDs. There is also a large number of individuals 51 (30.9%) who are not worried about HIV/STDs. This is alarming given the number of partner's the participants report having during the past 12 months.

Table 15 HIV/STD Level of Communication and Anxiety about infection

Discuss HIV/STD with Sexual Partner	Frequency	Percent
No	17	10.1
Yes	141	83.9
Sometimes	1	0.6
Did Not Respond	9	5.4
Total	168	100.0
Worried about HIV/STDs	Frequency	Percent
No	51	30.4
Yes	111	66.1
Did Not Respond	6	3.6
Total	168	100.0

Table 16 details the number of individuals' level of involvement with HIV Counseling and Testing (HIV COUNSELING & TESTING ) services, knowledge and overall accessibility. The participants report that 49 (29.2%) have been tested for HIV during the past year. The majority of participants 76 (45.2%) report that the last time they were tested for HIV was between 1 and over 5 years ago. It is concerning that 43 (25.6%) did not report when was the last time they were tested for HIV. The participants indicate that 123 (73.2%) are HIV negative, 29 (17.3%) are HIV positive, and 16 (9.5%) did not provide information about their HIV status. The participants report that most of them, 141 (83.9%) do know where to get HIV Counseling & Testing services, but 24 (14.3%) do not know where to access HIV Counseling & Testing services.

Table 16 HIV Counseling & Testing Accessibility

Tested for HIV	Frequency	Percent
Within the last year	49	29.2
1-3 Years Ago	32	19.0
3-5 Years Ago	10	6.0
+ 5 Years	34	20.2
Did Not Respond	43	25.6
Test Results	Frequency	Percent
Positive	29	17.3
Negative	123	73.2
Did Not Respond	16	9.5
Know where to get HIV Counseling & Testing services	Frequency	Percent
No	24	14.3
Yes	141	83.9
Did Not Respond	3	1.8

Table 17 shows various aspects of the participants' social network. A significant number 77 (45.8%) are living alone. A larger number 87 (51.8%) are living with a spouse or a roommate or friend. Almost 80% (79.2) state that they have someone they can talk with about personal matters. In addition, 70

report that they are involved in a club or organization. The majority 90 (53.6%) of participants state that they are not affiliated with a club or association.

Table 17 Support System

Current living situation	Frequency	Percent
Other	1	.6
Alone	77	45.8
With partner/spouse	71	42.3
With roommate/friend(s)	16	9.5
Missing	3	1.8
Total	168	100.0
Friends to talk with about personal matters	Frequency	Percent
No	19	11.3
Yes	133	79.2
No Response	16	9.5
Total	168	100.0
Association to clubs or organization	Frequency	Percent
No	90	53.6
Yes	70	41.7
Sometimes	1	.6
No Response	7	4.2
Total	168	100.0

The workshop participants' indicate that their top health priorities are:

1. Affordable Medical and Medication
2. Affordable Mental Health
3. Education about HIV/AIDS/STDs and Healthy Living
4. Better access to HIV/STD testing and treatment
5. Support Groups a) emotional b) transition into the desert
6. Transportation
7. Housing
8. Social Activities
9. Food
10. Case Management for the 50+ community

The top health priorities are consistent with the top seven priorities identified by the 2008 Riverside/San Bernardino Transition Grant Area Comprehensive HIV Needs Assessment. In particular, the feedback is consistent with the information that was given by participants who are 50+ years old.

## **Conclusions**

The survey reached 168 individuals. As with previously done surveys throughout the Inland Empire, there is a high level of migration into the middle and eastern part of Riverside County. There is a large number of individuals (68) who have lived in the area less than five years. A significant number (153) indicate they have a medical provider. Fifty-three participants report that they have a job and that it is their primary source of income. There are a large number of participants (93) who are also receiving retirement funds or pension funds. The participants report that they have knowledge of HIV testing locations.

The survey reveals alarming information. Despite county medical programs, 15 individuals report that they do not have a medical provider. A group (23.2%) who report feeling uncomfortable at their medical provider's office due to their sexual orientation. Although there is a significant number of individuals who report that they have knowledge about where to get tested for HIV, very few know information about what are HIV Counseling and Testing Services, importance of being tested for HIV every six months, and basic facts about HIV risk behaviors.

The participants' lack of knowledge about HIV prevention services is distressing because 40.5% of them report having multiple partners and 24.4% state that they do not or inconsistently use condoms when having anal sex. This means that there is a high probability of HIV exposure for people who are 50+ if prevention efforts do not target this group.

In addition, the group is beginning to enter retirement age. A significant number are living with their partner or friend and seem to have a good support system. However, 31% are not considering end of life factors such as having a power of attorney assigned to someone in case their health deteriorates to a level where they cannot make decisions for themselves.

## **Implications and Community Response**

The Gay and Gray (50+) evaluation results reveals information that has major implications amongst the target population.

1. Over 40% of the surveyed men report having more than one sexual partner. The community members who attended the presentation report that the men are under-reporting the number of sexual partners. One potential cause for underreporting is a level of embarrassment while answering the survey.
2. Men who are 50 years or older are sexually active. Almost 25% of them are not using condoms or are occasionally using the condoms. This means that it is possible of the 78 men who report being HIV negative 20 (25%) may become HIV positive.
3. Over 55% of men are having sexual intercourse while using alcohol or other drugs. This suggests that the men are engaging in higher risk behaviors while intoxicated, which may ultimately lead to HIV exposure.

4. At least 36 of the 105 men who report not using a condom or occasionally using a condom. These men report that the reasons they are not using a condom is because it causes erectile dysfunction or they do not like the feel of the condom. More effective education and exposure to other types of condoms or safe sex practice is crucial.
5. Although the men report that they are speaking with their sexual partners about HIV/STDs 83.9% of the time. The community participants indicate that the men are over reporting this particular behavior. Needless to say, it does suggest that there is a level of concern about HIV and STDs in the population over 50 years old.
6. The information on the 50+ community is groundbreaking for the Inland Empire. However, it is important that generalizations of this pilot group are not generalized for the entire area. More studies need to be conducted before making broad and encompassing statements about the Gay and Gray population.

### **Recommendations**

The following recommendations are a result of the information, conclusions and DAP's HIV Prevention and Education Department's experience.

1. Health Providers need to receive ongoing sensitivity training. This training is crucial given the migration of individuals into the area, the increased number of gay men living in the area. Health providers need specific training on:
  - a. How to ask individuals who are 50 or older questions about their level of sexual activity,
  - b. How to solicit information on the type of sex men and/or women are having
  - c. How to assess whether the patient is practicing safe sex.
2. The community needs focused information that is useful for the Gay and Gray population. The information needs to empower participants into positive action steps. Methods may include:
  - a. More information on the internet about services, topics, and events that are suited for the age group.
  - b. The Gay and Gray workshop series needs to continue.
    - i. Two examples of workshops for this series are reasons to delegate a Power of Attorney and Building Self-Esteem.
  - c. Given that this age group is now eligible for the AARP services and consistently receives electronic and paper based newsletters, articles about HIV/AIDS would be beneficial to educate the overall population.
  - d. Events and/or activities that help integrate new residents into the Coachella and Desert area.
3. HIV/AIDS prevention and education services are crucial. The 50+ population needs more information about HIV prevention methods. The group needs to learn:
  - a. More effective sex negotiation skills,
  - b. Communication skills, and

c. Alternative safe sex activities.

A workshop or individual sessions may cover each topic.

4. Finally, there needs to be more outreach and education about HIV Counseling & Testing services. The services need to be provided more frequently and throughout different locations in the Coachella Valley and High Desert.

## How DAP is Responding to the Survey Results

The following are two tables that exemplify what Desert AIDS Project is already doing as a response to the evaluation results. The Education and Prevention Department plans on implementing additional targeted programs as a response to the report.

### Community Presentations and Seminars

<b>Number</b>	<b>Date</b>	<b>Title &amp; Presenter</b>	<b>Number of Participants</b>
1	November 27, 2007	Balancing Life, Paul Zak	17
2	December 5, 2007	Reawakening Sexuality and Self-Esteem, Dennis Daniels	35
3	December 19, 2007	Anxiety & Depression, Dr. Donald Grimm	31
4	April 5, 2008	Gay & Gray, Paul Froman	38
5	April 22, 2008	Coping with Stress, Paul Zak	42
6	June 7, 2008	Happiness- What is it? How can you get it? The Positive Psychology Model Linda Emerson, MA	31
7	August 26, 2008	HPV Dr. Esmond Gee	24
8	September 24, 2008	What the 50+ is Saying Dr. Jaime Mendoza	18

As noted in the above table, the Community Presentations and Seminars has reached over 213 individuals, public health and other county organizations. The topics are based on what the client committee has recommended and the assessment results.

### Confidential HIV Rapid Antibody Testing, Results & Counseling

Day	Time	Location
Monday <b>HIV and Syphilis</b>	4:30 - 7:00 pm	Desert AIDS Project, <u>1695 Sunrise Way, PS 92262</u> Call to schedule an appointment: (760) 323-2118
Tuesday	2:00 - 5:00 pm	Desert AIDS Project <u>Palm Springs, CA 92262</u> Call to schedule an appointment:
Every Wednesday	4:00 - 7:00 pm	Desert AIDS Project, <u>82-365 Highway 111</u> <u>Indio, CA 92201</u> , (760) 342-4197
1st & 3rd Wednesdays	3:00 – 6:00 pm	Casa San Miguel 37155 Palo Verde Drive Cathedral City, CA 92234, (760) 202-7212
1st Wednesday	8:00 AM – 1:30 pm	Desert Hot Springs Senior Center <u>11777 West Drive Desert</u> <u>Hot Springs, 92240</u> (760) 329-0222
Thursday <b>HIV &amp; Syphilis</b>	4:30 - 7:00 pm	Desert AIDS Project <u>1695 Sunrise Way PS 92262</u> Call to schedule an appointment: (760) 323-2118
Friday	2:00 – 6:00 pm	Revivals, <u>68-401 Hwy 111 Cathedral City, 92234</u> (760) 969-5747
Saturday	9:30 AM – 4:30 pm	Revivals <u>611 S. Palm Canyon Dr. PS 92264</u> (760) 318-6491 Saturday 9:30 AM – 4:30 PM

The Prevention and Education Department has expanded its HIV testing program. The department provides HIV testing six days per week, at eight different times and at six different locations. In the six month span beginning 11/07 through 4/08 the program tested 857 individuals. This is an average of 143 per month. During the same time of 11/06 through 4/07 the department tested 647 individuals. This is an average of 108 per month. The grant funds have allowed for the increase in HIV and STD testing services by over 35 new patients per month.

## Acknowledgement

DAP would like to express our appreciation to **Jaime E. Mendoza PsyD** for his thoughtful reviews and comments during the development and refinement of the Gay and Gray survey. We appreciate his time and energy in evaluating the data, and every phase of the report write-up and community presentation. DAP strongly believes that we have gathered cutting edge information on the 50+ community and wish the counties of Riverside and San Bernardino or other health based organizations pursue this endeavor further.

You may reach Dr. Jaime Mendoza at

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This report is respectfully submitted by

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