

SWOT Activity Summary

● STRENGTHS

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- Strong and experienced community members
- Community engagement and infrastructure
- Access to resources and services
- Education and support
- Dedication and commitment
- Progress and innovation



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● WEAKNESSES

- Visibility and representation
- Systemic and structural barriers
- Resource and capacity issues
- Information and communication gaps
- Geographic and economic barriers



● OPPORTUNITIES

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- Funding and innovation
- Growing focus on aging and HIV
- Community engagement
- Collaboration, new partnerships, and learning



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● THREATS

- Stigma and social perceptions
- Political and funding climate
- Aging workforce and limited succession
- System complexity and fragmentation





STRENGTHS:

1. Multiple participants noted the value of experienced consumer advocates, navigators, and members with lived experience. Diversity of membership and lived experiences strengthens representation and insight.
2. Stable partnerships between the community and County; engaged communities and consistent consumer input; consistency in meetings (timing, availability, structure).
3. Access to data, research portfolios, and standards of care. Access to services and good, accessible treatment.
4. Support groups, engaging speakers, and educational opportunities. Existing service standards are well-defined and utilized.
5. Dedicated and compassion providers. Strong commitment to the HPG and effective resource allocation.
6. Medical advancements in HIV care.



WEAKNESS:

1. Community invisibility of the HPG and its work. Lack of voices and difficulty reaching hard-to-reach populations.
2. Bureaucracy that hinders progress. Bigotry that closed-mindedness within systems and communities. Medical mistrust and general distrust of the health care system.
3. Loss of expertise and institutional knowledge due to retirements or disengagement. Challenges recruiting new people into HIV work. Burnout, time constraints, and staffing shortages.
4. Access to information. Education and awareness deficits in both the community and provider levels. Lack of coordination between programs and service agencies.
5. San Diego's size (urban/rural divide) and high cost of living and HIV care. Limited aging-specific education and coordination of services.



OPPORTUNITIES:

1. New funding for creative projects and access to philanthropic/non-governmental sources. Employment pathways for people living with HIV.
2. Growing national focus on aging in the HIV-positive population, including aging trans women. Opportunities to partner with agencies on aging and require inclusion of community plans.
3. Conferences and community councils to build connection and share best practices. Peer navigation/outreach roles tailored to cultural sensitivity. Support and social programming to reduce isolation among aging clients.
4. Technical assistance from the federal government. Partnerships with research institutions. Marketing campaigns and storytelling to increase visibility.



THREATS:

1. Persistent stigma and fear of being publicly known as HIV-positive. Misrepresentation of communities being affected. General disinterest in HIV due to perceptions of it being "solved".
2. The current political environment introduces uncertainty and potential funding cuts. Health disparities and helplessness worsened by broader trends.
3. Providers and mentors aging out with a lack of mentorship to replace them. Loss of grassroots energy and institutional history.
4. Coordination of care, referral systems, and insurance landscapes remain overly complex. Service centralization often misaligned with where consumers live.
5. Housing crisis and lack of resources. Immigration challenges. Social and financial vulnerability of clients. Cultural limitations and the de-emphasis of specialized HIV care.

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GOAL: Local Focus on People At Risk for HIV

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SPECIFIC

By June 30, 2025, HPG will conduct one (1) community needs assessment with care providers and clients in the San Diego region. By June 30, 2025, HPG will collect 50 community needs assessments completed by care providers and clients in the San Diego region. By October 31, 2025, HPG will analyze and prepare a community needs assessment report detailing findings, including but not limited to gaps, service best practices, utilizations, successes, and challenges.

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MEASUREABLE

GOAL: Complex System of Medi-Cal and Medicare

By December 31, 2025, provide comprehensive training to at least 100 individuals aging with HIV in San Diego on the complex enrollment processes of Medi-Cal and Medicare, through a series of four monthly workshops and one-on-one support sessions, with the goal of increasing participants' self-reported confidence and understanding by at least 75% as measured by pre- and post-training surveys.

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ATTAINABLE

GOAL: Isolation

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RELEVANT

By XXX, identify three (3) organizations to identify 20 homebound individuals to organize 10 events over three (3) months. Groups begin with said 20 individuals expanding to public events. At the end of three (3) months measure through those 20 individuals whether the 20 individuals are attending public events.

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TIME-BOUND

GOAL: Building Better Support Groups

By March 26, 2026, implement effective support groups that are inclusive and responsive to community need by collecting county data, engaging with community outreach, and deploying participant follow-ups.