The NYC DOHMH Black and Latina Women Workgroup Uses Community Engagement to Improve Ryan White Part A services

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Hello!

We are... Nadine Alexander
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Agenda

- The DOHMH Race to Justice Initiative
- NYC RWPA services
- Black and Latina women in RWPA services
- NYC Black and Latina Subcommittee
  - What we’ve done
  - What we plan on doing
- Committee member perspective
NYC Race to Justice Initiative
Equity vs. Equality

- Achieving the **highest level** of health for all people.
- No one is kept from reaching the highest level of health because of **social position** or **social identities**.

- Job status
- Education
- Income
- Wealth
- Immigration status
- Incarceration history
- And others...

- Race
- Gender
- Identity
- Ethnicity
- Sexual Orientation
- Ability
- Religion
- And others...
Health Inequities

Percent of Population Living Below Federal Poverty Level by Zip Code
- <10% (low poverty)
- 10% - <20%
- 20% - <30%
- >30% (very high poverty)

Percentage of Total Population which is Non-Hispanic Black or Hispanic by Zip Code
- 2.51% to 16.7%
- >16.7% to 40.4%
- >40.4% to 80.9%
- >80.9% to 97.5%

HIV/AIDS Deaths Rate per 100,000

Diabetes Deaths Rate per 100,000

Data source: American Community Survey poverty data from 2010-2014
Building a Foundation for Equity: NYC Health’s Race to Justice
Race to Justice

Racial equity and social justice are necessary to achieve our mission

Promote racial equity and social justice, and build internal capacity, to improve health outcomes and close health inequities
Mission and Goals

- To foster community and advance racial equity and social justice through community building events and town halls that educate, inform, and inspire change.
  - Short term: Build awareness and educate staff on racism and other forms of systemic oppression and the impact of such injustices on our work.
  - Long-term: Encourage and strengthen cross-program collaborations within the Bureau to counter racism and other forms of systemic oppression.
Race to Justice: A DOHMH-wide Initiative

- Building staff awareness about racism & other systems of oppression and skills to address these systems
- Strengthening collaborations with NYC’s communities to counter these systems
- Examining how structural racism & other systems of oppression impact DOH’s work
- Implementing policies to lessen these impacts
NYC RWPA Services
About the Ryan White HIV/AIDS Program

- Largest Federal program focused specifically on providing HIV care and treatment services to people living with HIV (PLWH).
- The Ryan White legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
- Legislation divided into several portions called Parts
Overview: NY EMA Ryan White Part A (RWPA)

- Grantee: NYC Department of Health and Mental Hygiene (DOHMH)
  - Bureau of HIV/AIDS Prevention and Control, Care & Treatment Program (CTP)
NY EMA Ryan White Part A Program by the Numbers

15378
Clients served who are HIV+

88%
Are From Racial/Ethnic Minority Populations

70%
Are enrolled in Medicaid

20%
Are uninsured

Data retrieved from the New York City Ryan White Part A (Base and MAI) Annual Enrollment Report: March 2016-February 2017—Active HIV Positive Clients
RWPA Service Categories

- ADAP
- Case Management (non-Medical)
- Early Intervention Services
- Food Bank/Home-Delivered Meals
- Harm Reduction Services (Outpt. Substance Abuse Services)
- Health Education/Risk Reduction

- Housing Services
- Legal Services
- Medical Case Management
- Mental Health Services
- Medical Transportation (Tri-county only)
- Oral Health Care (Tri-county only)
- Psychosocial Support Services
Implementing “Race to Justice”

In June 2018, a cross-program “Race to Justice” collaborative advisory group was created to monitor progress on program efforts at addressing health equity.

- Includes CTP Race to Justice Workgroups
  - Older People Living with HIV
  - Mortality
  - Youth
  - Housing
  - Transgender Women of Color
  - Cisgender Women of Color
Population Focus

◉ Cisgender definition
  – People whose gender identity and gender expression align with their assigned sex at birth (i.e., the sex listed on their birth certificates).

◉ Rationale
  – Existing Transgender Women of Color workgroup
    – Recommended we explicitly define the target population
  – Cisgender and Transgender Women living with HIV have different needs and priorities
Black and Latina women in RWPA services

Nadine Alexander, ScM
Research and Evaluation Unit (REU)
Care and Treatment Program (CTP)
Agenda

- HIV among women in NYC in 2017
- Black and Latina Women with HIV in RWPA, 2017
  - Demographics
  - Years since diagnosis
  - Care Continuum data
HIV among women in NYC in 2017
HIV Among Women in NYC, 2017*

- At the end of 2017, 125,884 people in NYC were living with HIV
  - 34,775 (28%) were women**
    - 449 women were newly diagnosed with HIV in 2017
      - The majority were Black (61%) and Latina (27%) women

*Source: HIV Surveillance Annual Report, 2017, New York City Department of Health and Mental Hygiene
**Includes transgender women
Race/ethnicity of Women*
Living with HIV in NYC, 2017**

- **Black**: 58%
- **Latina/Hispanic**: 33%
- **White**: 7%
- **Other***: 2%

*Includes transgender women
**Source: HIV Surveillance Annual Report, 2017, New York City Department of Health and Mental Hygiene
***Other includes Asian/Pacific Islanders, clients who reported more than one racial category, and clients whose race is unknown or missing
New Diagnoses among Women**, NYC 2017

*Source: HIV Surveillance Annual Report, 2017, New York City Department of Health and Mental Hygiene

**Includes transgender women
Black and Latina Women with HIV in RWPA, 2017
In 2017, 4,008 (31%) of all people living with HIV were women.
New Diagnoses

- Of the 276 RWPA clients newly diagnosed with HIV in 2017
  - 52 (19%) were women
    - An overwhelming majority of those women were Black (77%) and Latina (21%)
Across all race/ethnicities, roughly half of the women in RWPA were 50 or older.
More than half of Black (68%) and Latina (68%) women in RWPA live in the Bronx and Brooklyn.
Years Since Diagnosis

- Across all race/ethnicities, a large proportion of women in RWPA have been living with HIV for at least 11 years.

*Other includes Asian/Pacific Islanders, clients who reported more than one racial category, and clients whose race is unknown or missing.
The highest proportion of women in RWPA who were virally suppressed in 2017 were White.

*Other includes Asian/Pacific Islanders, clients who reported more than one racial category, and clients whose race is unknown or missing.
NYC Black and Latina Subcommittee
Community-based Participatory Research (CBPR)

‘A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings’

- In traditional research, individuals other than the research participants define the research issues, determine how research is done, and decide how outcomes are used
- CBPR is predicated on mutual and shared ownership of the research and decision making process
- Decrease disparities

Next steps:
- Identify aims and corresponding goals
Women’s Advisory Board

◉ Comprised of a diverse group of dedicated, passionate, community leaders who are committed to improving HIV prevention and care for women in NYC through dialogue and concerted action

◉ Convened by the NYC DOHMH in 2016 through collaboration with:
  ○ New York Knows
  ○ DOHMH HIV Planning Group
  ○ DOHMH’s Center for Health Equity
Subcommittee Logistics

- We meet every other month from 12:30 – 1:30 (before the scheduled general WAB meeting)
- Consumers who join the subcommittee will receive roundtrip metro cards
- Snacks and beverages
- Meetings are driven by committee-informed agendas and established group agreements
- To date, we have held two subcommittee meetings
Primary Goals

Corporate Focus

Women of color workgroup

Black and Latina women subcommittee

Objectives

Increase the amount of effective and responsive services we offer to Black and Latina women in the RWPA portfolio

Decrease disparities for Black and Latina women throughout the HIV Care Continuum

Reduce general health outcome disparities in Black and Latina women living with HIV
Some questions we want to answer...

- What are the biggest barriers to engaging Black and Latina women in NYC?
- What are your methods for engaging Black and Latina women?
- Is the DOHMH creating barriers to engaging Black and Latina women? What are they?
- What are some strategies to improve client retention rates?
- What is the biggest unmet need you see for HIV+ Black and Latina women in NYC?
Activities

◉ Evaluate the RWPA portfolio using eSHARE data
  ─ Assess where Black and Latina women are being served in the RWPA portfolio and what services they receive
  ─ Identify gaps in the care continuum

◉ Identify appropriate outreach venues
  ─ Faith based organizations
  ─ Cultural events
  ─ Pediatric centers
  ─ After school programs

◉ Develop relationships with key community stakeholders

◉ Collaborate with community stakeholders to develop responsive and relevant deliverables
In the works...

What we’ve done

- Evaluate/ing the RWPA portfolio using eSHARE data
  - Enrollment
  - Demographic and clinical characteristics
  - Proximity to Services
  - Comorbidities
  - Mental Health Diagnosis
  - Viral Suppression
In the works...(cont’d)

- Cont’d
  - Collaborated with Women’s Advisory Board to establish a Black and Latina sub-committee with participants who include:
    - DOHMH staff from the Black and Latina CTP Race to Justice workgroup
    - Service providers
    - Consumers of HIV services in NYC
  - Conduct subcommittee meetings
In the works...(cont’d)

- Cont’d
  - Focus our work to achieve tangible outcomes
    - Examples: engagement, retention, etc.
Women’s Advisory Board Survey Results

Please select up to 3 topics that you see as the greatest unmet needs of Black and Latina women living with HIV in NYC

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td>Role of race/racism and stigma in the treatment of Black and Latina women living with HIV.</td>
<td>69.23%</td>
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<tr>
<td>Addressing trauma experienced by Black and Latina Women living with HIV by Increasing trauma-Informed approaches and services</td>
<td>53.85%</td>
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<tr>
<td>Support for childcare and family responsibilities to assist with engagement in HIV care (or health care in general)</td>
<td>53.85%</td>
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<td>Increasing access to comprehensive social support programs for Black and Latina women with HIV.</td>
<td>46.15%</td>
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<td>Improving cultural sensitivity/cultural humility among service providers in the HIV care settings</td>
<td>23.08%</td>
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<tr>
<td>Recruitment strategies to engage and retain Black and Latina women in HIV care.</td>
<td>15.38%</td>
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<tr>
<td>Creating sex positive environments in healthcare settings.</td>
<td>15.38%</td>
</tr>
<tr>
<td>Increasing late-night and weekend hours of operation for service providers.</td>
<td>15.38%</td>
</tr>
<tr>
<td>New approaches to support and sustain medication adherence.</td>
<td>0.00%</td>
</tr>
<tr>
<td>Addressing the needs of long-term survivors, including women who acquired HIV perinatally.</td>
<td>0.00%</td>
</tr>
<tr>
<td>Increasing awareness of the services available for people living with HIV.</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total Respondents: 13
In the works...

What next...

- Ongoing recruitment to the subcommittee
  - Open up the Black and Latina sub-committee to additional providers and consumers
    - Specifically RWPA service providers
  - Focus the work of our subcommittee
    - Conduct a root cause analysis to hone in on tangible objectives
Subcommittee Perspective
Subcommittee Perspective

- Providers experience
- Experience with and expectations of the subcommittee
- Importance with working with DOHMH to make decisions
Thanks!

Any questions?

You can find us at:

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