

# Utilizing a Collaborative Community Engagement Model to Improve HIV Prevention, Care, and Behavioral Health and Support Services for MSM of Color in New York City

Robert V. Jones, Stephanie J. Hubbard, Anthony Freeman, Marne Garretson, Kathleen Scanlin, Benjamin Tsoi  
New York City Department of Health and Mental Hygiene, Queens, NY

Contact: Robert Jones  
rjones6@health.nyc.gov  
347-396-7748

Abstract  
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## Issue & Setting

In New York City, gay, bisexual, and other men of color who have sex with men (MSM) experience the highest estimated rates of new HIV diagnoses and disparities in HIV-related health outcomes. In 2016, Brooklyn, New York had the highest number of new HIV diagnoses among NYC boroughs and, among newly diagnosed men, **76%** were Black or Latino and **64%** were MSM, proportions that reflect recent trends.<sup>1</sup>

In response, the NYC Health Department implemented a collaborative community engagement model in Brooklyn to improve access to and delivery of HIV prevention, care, and behavioral health and social services among MSM of color in Brooklyn, under Project THRIVE NYC, a CDC-funded demonstration project.

## Project

Activities are conducted in Brooklyn at community-based organizations that have strong relationships with Black and Latino MSM or at commercial venues frequented by MSM of color. Activities include:

1. **Community Listening Sessions**
2. **Other Outreach Activities & Events**
3. **Service Provider Meetings**
4. **Community Advisory Board**

Emerging themes from each activity are integrated into the work of other activities and inform the evolution of the work/processes moving forward.

### Community Engagement Model:



## Community Engagement Activities

### 1. Community Listening Sessions:

Entertainment centered events with built in discussion groups to address *employment, mental health, criminal justice, stigma/violence and other social determinants of health.*

Sample emerging themes include:

1. **Lack Of Affirming Services Tailored For Black and Latino MSM**
2. **Lack of Access to Services**
3. **Lack of Awareness of Available Services**
4. **Lack of Integrated Service Delivery Models**
5. **Limited Safe and/or Social Spaces**



### 2. Other Community Outreach Activities & Events:

- Surveys with community members to support emerging themes from other activities and to evaluate and inform improvement of services
- Other community events, i.e. storytelling

**3. Service Provider Meetings:** Quarterly meetings for community-based HIV prevention and care service providers in Brooklyn to discuss how to improve service delivery, reduce stigma, and increase awareness and utilization of services for Black and Latino MSM. The meetings use a peer learning collaborative model. Meeting topics prioritized by the group include:

1. Social Media Outreach & Engagement
2. Cultural Responsiveness for Services
3. Telepsychiatry mental health Services
4. Other Suggested Topics: U=U, Immediate ART Initiation, Sexual History Taking, Supporting Clinical Champions & more

**4. Community Advisory Board:** Body made up of providers who have expertise in delivering services to MSM of color in Brooklyn and community members who identify as MSM of color residing or accessing services in Brooklyn.

Goals Include:

- **Informing** the development and implementation of activities aimed at increasing provision of and access to HIV prevention and care services for gay, bisexual, or other men who have sex with men (MSM) of color in Brooklyn
- **Synthesizing** information gathered from all activities (listening sessions, outreach activities and service providers meetings and survey data)
- **Building and sharing** recommendations based on information gathered to increase utilization of HIV prevention and care and social & behavioral health services

## Recommendations From the Community Advisory Board

Highlighted Recommendations based on emerging themes:

1. Require providers to provide Black and Latino MSM **affirming services** through contract mandates and performance-based financing.
2. Increase access to **mental health services** by advocating for greater affordability of services & less strict eligibility criteria.
3. Develop, implement and evaluate a **social media strategy** to outreach to Black and Latino MSM and promote existing services across various social media platforms.
4. Create **1-stop shop service models** by CBOs and Clinics partnering to leverage each other's services.
5. Create **events** like, viewing parties where gay men of color can gather/socialize and receive information on where to receive services.



## Lessons Learned

- **Allow for Continuous Revisions:** The NYC Health Department's community engagement model for Project THRIVE allows for continuous revisions.
- **Build in Time:** Involving an array of stakeholders in ongoing evaluation and refinement of the process is key to its success; however, working with a diverse set of stakeholders and ideas requires more time for consensus building and planning.
- **Use Creative Promotion:** Promoting activities through community organizations and non-NYC Health Department social media outlets was key to reaching the intended populations, especially for the listening sessions.
- **Boost participation:** For the CAB and provider meetings, attendance and participation often varied between meetings; this challenge was mitigated by clearer communication of the goals, intended outcomes and progress as well as building in social events.
- **Incorporate Feedback:** Taking feedback to inform programming in real time builds engagement.



## References & Acknowledgements

1. HIV Epidemiology and Field Services Program. HIV Surveillance Annual Report, 2015. New York City Department of Health and Mental Hygiene: New York, NY. December 2016.

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