Joint EtE/Brooklyn Knows/NYLinks Meeting

September 14, 2017

Location: Brooklyn Borough Hall, 209 Joralemon St, Community Room, Brooklyn, NY 11201
Opening Remarks
Opening Remarks

Diana Reyna – Deputy Brooklyn Borough President

NYS Department of Health AIDS Institute

Bisrat Abraham, MD, NYCDOHMH HIV/AIDS Prevention and Control
Overview
Meeting Overview

• Meeting Co-Chairs:
  – Clemens Steinbock (NYSDOH AIDS Institute)
  – Robert Jones, Zeenath Rehana (NYCDOHMH)
  – David Matthews, Verneda Adele White (EtE)

• Meeting Purpose:
  – Strengthen the coordination of improvement efforts to ultimately end the HIV epidemic in Brooklyn
  – Align the efforts of EtE/Brooklyn Knows/Brooklyn NYLinks
  – Create a platform for peer learning and regional improvements
# Agenda

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<td>Opening Remarks</td>
<td>9:30 - 10:00</td>
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<td>Welcome, Introductions &amp; Meeting Overview</td>
<td>10:00 - 10:15</td>
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<td>Key Brooklyn HIV Data: What everyone should know</td>
<td>10:15 - 10:30</td>
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<td>Presentation of a Brooklyn Shared Vision</td>
<td>10:30 - 10:45</td>
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<td>Updates from Brooklyn EtE, Brooklyn Knows, Brooklyn NYLinks</td>
<td>10:45 - 11:15</td>
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<td>Brainstorming Small Group Exercise: How can we work together to end the HIV epidemic in Brooklyn?</td>
<td>11:15 - 11:30</td>
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<td>Interactive Exercise</td>
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<td>Presentations from the Field: Testing, Linkage, Care</td>
<td>12:00 - 12:45</td>
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<td>Working Lunch</td>
<td>12:45 - 1:30</td>
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<td>Breakout Groups for Four Tracks - Planning Brooklyn-wide Activities: Testing, Linkage, Care, Consumers</td>
<td>1:30 – 3:00</td>
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<td>Team Action Planning and Report Back</td>
<td>3:00 - 3:30</td>
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<td>Next Steps &amp; Evaluation</td>
<td>3:30 - 4:00</td>
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Picture Consent

• You allow EtE/Brooklyn Knows/NYLinks to take pictures at this event and to post them on our websites, social media platforms, and marketing materials for an undetermined period of time
• You have the right to revoke your consent for pictures that are publicly posted
• At no time will individual names be used to identify you, unless you sign the appropriate release form
“Improvement is a journey of many small steps.”
Key Brooklyn HIV Data
HIV/AIDS IN BROOKLYN, 2015

Rebekkah Robbins, MPH
Senior Data Analyst
HIV Epidemiology and Field Services Program
New York City Department of Health and Mental Hygiene

September 2017
HIV SURVEILLANCE ANNUAL REPORT

• Electronic copies available at:

ANNUAL SURVEILLANCE STATISTICS

• Tables for 2001 – 2015
  • Electronic copies available at:

SURVEILLANCE SLIDE SETS

• 2015 sets available
  http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page

- New AIDS Diagnoses
- HIV-Related Deaths
- Reported People Living with AIDS
- Reported People Living with HIV (non-AIDS)

Events:
- AIDS case reporting mandated by NYS
- CDC AIDS case definition (23 OIs) implemented
- HIV-related cause of death reporting begins
- AIDS case definition expanded (CD4 <200, 26 OIs)
- HAART introduced
- NYS HIV reporting law takes effect
- NYS expands AIDS reporting to include HIV
- HIV surveillance expands to include all HIV-related laboratory reports
- NYS mandates routine offer of HIV test
- ART for all PLWHA recommended

PLWHA = People living with HIV/AIDS

*Cause of death for 2015 deaths is incomplete
2015 HIV DIAGNOSES

2015

• 2,493 new HIV diagnoses
  • 29.2 diagnoses per 100,000 population¹
  • 2,050 new HIV diagnoses without AIDS
  • 443 new HIV diagnoses concurrent with AIDS (17.8%)

ZIP codes in Chelsea-Clinton, Central Harlem-Morningside Heights, and East Harlem had the highest HIV diagnosis rates.

¹ Rates calculated using the intercensal 2015NYC population.
Overall, the number of new HIV diagnoses decreased in all boroughs in NYC between 2011 and 2015, except Staten Island, in which the numbers were stable.
The rate of new HIV diagnoses decreased in all NYC boroughs except Staten Island between 2011 and 2015.

New diagnosis rate for residences outside of NYC or unknown borough (N=269 in 2015) not displayed.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Who is getting diagnosed with HIV in Brooklyn?

- **In 2015:**
  - 78% (N=506) Male
  - 84% (N=544) Black or Latino/Hispanic
  - 42% (N=269) <30 years old at diagnosis
  - 53% (N=344) MSM
  - 27% (N=175) living in Bedford Stuyvesant – Crown Heights UHF
2015 HIV PREVALENCE

2015

- 121,616 persons diagnosed with HIV/AIDS, reported in NYC and presumed living
  - 1.4% of the population of NYC¹
    - 29,332 (24%) living in Brooklyn, representing 1.1% of the Brooklyn population

ZIP codes in West Queens, Chelsea-Clinton, and Central Harlem-Morningside Heights had the highest HIV prevalence.

¹ Rates calculated using the intercensal 2015 NYC population.
HIV PREVALENCE BY BOROUGH IN NYC, 2015

HIV prevalence is highest in Manhattan and Brooklyn

Based on NYC intercensal population estimates.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Who is living with HIV in Brooklyn?

- In 2015:
  - 66% (N=19,317) Male
  - 85% (N=24,923) Black or Latino/Hispanic
  - 51% (N=14,882) ≥50 years old
  - 26% (N=7,688) living in Bedford Stuyvesant – Crown Heights UHF
DEATHS AMONG PWHA IN 2015

2015

• 1,678 deaths among persons with HIV/AIDS
  • Age-adjusted death rate: 9.5 per 1,000 PWHA
  • 400 (24%) among Brooklyn PWHA; age-adjusted death rate: 9.7

ZIP codes in Long Island City-Astoria, Stapleton-St. George, and Southeast Queens had the highest mortality among persons with HIV/AIDS.

Age-adjusted death rates among persons with HIV/AIDS, NYC 2015

Age-adjusted death rate² per 1,000 mid-year PLWHA by ZIP code

0.0 - 3.2
3.3 - 6.3
6.4 - 9.9
10.0 - 43.1
Non-residential zones

² Age-adjusted to the NYC Census 2010 population.
AGE-ADJUSTED DEATH RATES AMONG PWHA BY BOROUGH IN NYC, 2015

PWHA residing in Brooklyn had the third highest age-adjusted death rates among all NYC boroughs in 2015.

Age-adjusted to the NYC Census 2010 population.
Deaths outside of NYC (N=59) or with an unknown borough (N=254) not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
Deaths among PWHA in Brooklyn due to all causes:

- 68% (N=118) Male
- 92% (N=160) Black or Latino/Hispanic
- 77% (N=134) ≥50 years old
- 33% (N=59) living in Bedford Stuyvesant – Crown Heights UHF
AGE-ADJUSTED DEATH RATES AMONG PWHA IN BROOKLYN BY RACE/ETHNICITY, 2015

Latino/Hispanic persons with HIV/AIDS living in Brooklyn had the highest age-adjusted death rate compared to Black and White PWHA in Brooklyn in 2015.

Age-adjusted to the NYC Census 2010 population.
Native American and multiracial groups not displayed. N=4 Native American people with HIV and N=5 multiracial people with HIV died in 2015.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
CARE CONTINUUMS: 2015 NYC PLWHA
An estimated 74% of all HIV-infected people living in NYC in 2015 had a suppressed viral load.

Approximately 22,700 HIV-infected persons living in NYC that do not have a suppressed viral load.
An estimated 71% of HIV-infected people living in Brooklyn in 2015 had a suppressed viral load.

For definitions of the stages of the continuum of care, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
White HIV-infected persons living in Brooklyn were more likely to be virally suppressed than Black or Latino/Hispanic persons in Brooklyn in 2015.

Includes persons ages 13 and older.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
2015 New Diagnoses of HIV & AIDS

- 2,493 new HIV diagnoses
  - 649 (26%) among persons living in Brooklyn
- 1,307 new AIDS diagnoses
  - 345 (26%) among persons with HIV living in Brooklyn

PLWHA as of 12/31/2015

- 121,616
  - 29,332 (24%) living in Brooklyn

Deaths Among Persons with HIV/AIDS in 2015

- 1,678
  - 400 (24%) among Brooklyn PWHA

2015 HIV Care Continuum

- It’s estimated that virally unsuppressed HIV-infected persons in Brooklyn account for nearly a third (29%) of all virally unsuppressed HIV-infected individuals in NYC overall.

Last HIV VL value in 2015 was ≤200 copies/mL.
ACKNOWLEDGMENTS

• HIV Epi and Field Services Program Staff:
  – Sarah L. Braunstein, PHD MPH: Director, HIV Epidemiology and Field Services Program
  – Surveillance Analysts
  – Data Support Unit
  – Surveillance Operations and Field Staff
  – Field Services Unit Staff
Questions?

Thank you!

Rebekkah Robbins: rrobbins1@health.nyc.gov
nyc.gov/health/hiv
DEFINITIONS: NYC HIV CARE CONTINUUM

• “HIV-infected”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (94.2%), based on a back-calculation method.


• “HIV-diagnosed”: calculated as PLWHA “retained in care” plus the estimated number of PLWHA who were out of care, based on a statistical weighting method. This estimated number aims to account for out-migration from NYC, and therefore is different from the total number of people diagnosed and reported with HIV/AIDS in NYC.


• “Retained in care”: PLWHA with ≥1 VL or CD4 count or CD4 percent drawn in 2015, and reported to NYC HIV surveillance.

Source: NYC HIV Surveillance Registry
DEFINITIONS: NYC HIV CARE CONTINUUM

• “Prescribed ART”: calculated as PLWHA “retained in care” multiplied by the estimated proportion of PLWHA prescribed ART in the previous 12 months (95.5%), based on the weighted proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.


• “Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2015 of ≤200 copies/mL, plus the estimated number of out-of-care 2015 PLWHA with a viral load ≤200 copies/mL, based on a statistical weighting method.

Shared Vision
Public Release of the Blueprint

April 29, 2015

We must add AIDS to the list of diseases conquered by our society, and today we are saying we can, we must and we will end this epidemic.

~Governor Cuomo
EtE Goal: End the Epidemic by 2020

Identifying and providing support for needs and gaps in the HIV Care Continuum in Brooklyn

- Promote HIV awareness through testing
- Promote routine HIV screening in healthcare settings
- Linkage to prevention services, including PrEP

Linkage to Care
- Engagement in Care
- Viral Suppression
- Peer Learning for Providers and Consumers

Addressing first 5 Priority Blueprint Points
Brooklyn Shared Vision

- To form an internal planning group with representatives across the Brooklyn initiatives (EtE, Knows, Links) to better align upcoming events and programmatic priorities
- To harmonize the meeting schedule among the initiatives and promote upcoming events
- To host joint capacity training events on key topics
- To potentially have future joint meetings to bring providers together across the initiatives
Programmatic Updates
Brooklyn
Ending the Epidemic (EtE)
Regional Steering Committee

David W. Matthews, MBA
Program Manager
Bridging Access To Care
BROOKLYN MEN (K)ONNECT [BM(K)]

Verneda Adele White, MBA
Founder - Creative Director
HUMAN INTONATION
New York State EtE Plan

• In June 2014, Governor Cuomo detailed a three-point plan to move us closer to ending the HIV epidemic in the state
• The goal of the initiative is to reduce the number of new cases of HIV from 3,000 to 750 annually by the year 2020
• The three points:
  – Identify persons with HIV who remain undiagnosed and link them to healthcare
  – Link and retain persons diagnosed with HIV in healthcare to maximize viral suppression so they remain healthy and prevent further transmission
  – Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to help keep them HIV negative
• On October 14, 2014, Governor Cuomo announced members of the Ending the Epidemic Task Force. The Task Force was established to support Governor Cuomo's three-point plan. The Task Force developed and synthesized recommendations, presented in New York's Blueprint to end the epidemic.
Purpose of the Brooklyn Ending The Epidemic Regional Steering Committee

- To provide a forum to develop and execute on-going EtE-related efforts in the Brooklyn region
- To eliminate duplication and enhance coordination among regional clinical and non-clinical service providers, faith-based initiatives, non-traditional partners, consumers and networks including Brooklyn Knows and NYLinks
- To develop and implement a strategic plan to address identified needs and gaps in the Brooklyn region in alignment with the Regional Action Plan
- To identify and address new emerging regional issues
Brooklyn EtE Priority
Blue Print Points

• Five prioritized Blue Print Points:
  – BP#23: Promote comprehensive sexual health education
  – BP#8: enhance and streamline services to support the non-medical needs of persons with HIV
  – BP#’s 11 – 14: All items that facilitate access to pre-exposure prophylaxis
  – BP#1: Make routine HIV testing truly routine, and
  – GTZ#1: Single point of entry across all NYS for all low income persons with HIV/AIDS
Best Practices and Next Steps of the Brooklyn Ending The Epidemic Regional Steering Committee

• All partners of the existing Brooklyn Knows and Brooklyn NYLinks initiatives will be invited to attend all Brooklyn EtE Steering Committee meetings going forward
• Brainstorming has begun for planning the first EtE borough-wide event in Brooklyn with a focus on BP23 – To promote comprehensive sexual health education
• Sub-committees have formed to address each of the priority Blueprint Points
• Next meeting will take place in October 2017
Thank you!

Please join contact:
David W. Matthews,
dmatthews@bac-ny.org and
Verneda Adele White,
verned@a@vernedadele.com

etedashboardny.org
NYS ETE Dashboard
NYLinks

- NYLinks began as a HRSA Special Project of National Significance and was subsequently adopted by the NYSDOH AIDS Institute
- Goals: End the Epidemic by
  - Improving linkage to care in NYS
  - Improving retention in care in NYS
  - Improving viral suppression in NYS
NYLinks

• Strategies:
  – Involve providers and consumers in planning and implementing regional networks that improve outcomes along the HIV treatment cascade
  – Strengthen partnerships and peer learning through regional improvement networks
  – Increase the use of quality improvement on an organizational and regional level
  – Enhance understanding of how facility and local data have regional and statewide impact
Existing Regional Group Locations
Regional Groups

• Engage all medical and non-medical organizations within a geographic area to improve linkage to care, retention in care, and viral suppression
• Involve all types of organizations—hospitals, community health centers, CBOs, local health departments, NYS staff
• Involve all levels of individuals—consumers, front line staff, administrators, data staff, QI staff, CEOs, medical directors, medical providers
• Develop both an organizational and a regional approach to improvement
• Use data to improve performance
• Use QI strategies to design and assess performance
• Use peer learning to spread innovation
Brooklyn NYLinks

- Brooklyn NYLinks Initiated: December 2016
- # of Full Group Meetings: 2
- # of organizations involved: 30
- Viral suppression project:
  - Conducting process investigation for clinic-wide viral suppression
  - Providing technical assistance on clinic-level process changes and QI activities
  - Following-up on those practices after technical assistance and giving feedback
- Survey:
  - We also conducted a survey among our partners to get feedback to tailor Brooklyn NYLinks activities so that we can assist partners their clinic-wide improvement efforts
- Collaboration:
  - We are working together with Brooklyn ETE/ Knows initiatives to reduce meeting burden on providers and also to better consolidate the work being done in the region
NY Links Website

Welcome to NY Links

NY Links focuses on improving linkage to and retention in HIV care to support the delivery of routine, timely, and effective care for Persons living with HIV/AIDS in New York State. We bridge systemic gaps between HIV related services and achieve better outcomes for PLWHA through improving systems for monitoring, recording, and accessing information about HIV care in NYS. Region by region, we utilize the learning collaborative model to fortify the links holding together communities of practice, and the links grounding them in the communities of consumers they serve.

New York Links is supported by the HRSA HIV/AIDS Bureau (HAB)-sponsored Special Projects of National Significance (SPNS) and the NYSDOH AIDS Institute.

New York State Ending the Epidemic Initiative

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of...
Contacts

Clemens Steinbock, clemens.steinbock@health.ny.gov
Zeenath Rehana, zrehana@health.nyc.gov
Brainstorming Activities
Brainstorming Exercise

• Step 1: Form teams of up to 10 participants
• Step 2: Determine one facilitator in the group
• Step 3: Brainstorm in your group one vision statement in response to the following question:
  “How can we work together to end the HIV epidemic in Brooklyn?” – Be creative! Not more than 15 words.
• Step 4: Write down your statement on a provided flipchart
• Step 5: Report back to the larger group
Public Goods Game

Source: Dan Ariely, Predictably Irrational, Public Goods Game, page 257.
Group Competition: Public Goods Game

• Step 1: Form teams of 10 participants
• Step 2: Each group is assigned a facilitator/reporter
• Step 3: Each team is playing against all other teams to have the most money after 5 rounds
• Step 4: Debrief with large group
Rules for Public Goods Game

• Each team is given $10
• Each round, each team can put as much of their $10 into the ‘group pot’
• The total $ amount in the pot is doubled and evenly split by all teams (regardless how much money each team contributed)
• The ‘value’ of each team is recorded after each round
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Debriefing
Presentations from the Field
Presentations

• We have identified six presenters across the various initiatives
• Each presenter is asked to present 3 slides (< 3-5min)
  – Slide 1: What strategies have you applied? What have you done?
  – Slide 2: What were the results of your efforts? What are your next steps?
  – Slide 3: What are the lessons learned? What can others learn from your experience?
• Presenters:
  – Dr. Jameela Yusuff, SUNY Downstate; Dr. Jonathan Zellan, Brightpoint
  – Debra Lesane, Caribbean Women’s Health Association; Mervin Otero, MetroPlus
  – Screening of parTy boi; Laurel Young, Wyckoff Heights
Measuring Stigma in Healthcare Settings

Preliminary Findings
Surveying Employees & Patients

- **Survey of Healthcare Staff** (*completed*)
  - Tool recreated in SurveyMonkey for ease of distribution/analysis
  - Demographics page removed (recommendation by HR Department)
  - Initiative announced in Quality Management Committee Meetings
  - Survey hyperlink e-mailed to staff at the healthcare sites
  - Surveys administered over a three-week period

- **Soliciting Feedback from Healthcare Patients** (*in progress*)
  - Survey tool created
  - Reviewed tool and process with our Consumer Advisory Board (CAB)
    - CAB members expressed concern over the gender identification choices & requested a layout change
    - Indicated that they would be surprised if patients reported that they experienced stigma at our healthcare clinics
  - Partnered with staff from our grant-funded programs to identify forums for soliciting feedback and for distributing surveys to patients
Results

• Preliminary results from the staff survey indicate:
  • **93%** of employees never observed healthcare workers unwilling to care for patient living with or thought to be living with HIV.
  • **97%** of employees never observed healthcare workers providing poorer quality of care to a patient with or thought to be living with HIV.
  • **98%** of employees never observed healthcare workers talking badly about people living with or thought to be living with HIV.
  • Overall, low prevalence of stigma reported through surveys
  • **Most** staff commented that there are existing processes and procedures in place to reduce stigma, including
    • Organizational policies and procedures
    • Annual on-line trainings
However,

- 20% of staff do not know if his/her practice site has written guidelines to protect patients living with HIV from discrimination
- 28% of staff reported that they have not received training on how to treat MSM/men who identify as bisexual or gay
- 25% of staff reported that they have not received training on how to treat patients who are transgender or gender non-conforming
- 31% of staff reported that they have not received formal training re treating patients who have a mental health diagnosis

Next Steps:

- Need for enhanced training and education so that staff are aware of policies and procedures and receive formalized trainings in the areas noted above
  - Work with Human Resources to promote and enhance training opportunities
Lessons Learned

• Length of survey
  • n=59
  • 83% completion rate

• Need to work with HR to update employee list
  • Target all applicable staff
  • Assist with identifying response rates

• Include minimal demographic information
  • In the future would maintain some demographic information, e.g., job title/position to better identify training needs.

• Importance of ensuring that all staff receive ongoing training and exposure to policies and procedures
Quality Improvement Plan

Jameela J. Yusuff, MD MPH FACP
Medical Director
STAR Health Center at SUNY Downstate Medical Center
September 14, 2017
STRATEGIES

• Theradoc Application:
  • Application links to EMR populates alerts of all HIV+ test results

• STAR Connect Phone:
  • 24/7 cell phone for any new diagnoses/linkages to care by call/text

• Outreach:
  • HIV residency track meet/greet of new patients (newly dx/returning to care)
  • Targeted grand rounds/presentations to other Departments (Family Medicine, ED, Internal Medicine, OB/GYN) and networking within hospital
  • Community outreach: Fairs, Parades, Expo, Linkages, Balls
RESULTS

• Positive HIV results: 163 results
  • Large number were known to be positive—lab is working on reducing positive
  • 33 follow up with outside providers
  • 5 referred to STAR but didn’t follow up for appointment

• New positives: 12 includes about 5 who were seroconversion
LESSONS LEARNED

• Optimize EMR system—automatic notifications
• Standardize approach
• Networking with other departments and CBOs
• Ongoing education for non-HIV specialist
• Collaboration with other departments
PrEP Education for Women:
The CWHA Experience

Presentation
for the
Joint Brooklyn ETE/Knows/Links Meeting
September 14, 2017

Debra Lesane
Director of Programs, CWHA
Caribbean Women’s Health Association, Inc.

PREP Education for Women: CWHA Experience

- PrEP Education has been incorporated into all HIV Prevention interventions, including HIV Testing/Counseling, VOICES/VOCES, SISTA, Linkage/Retention and Prevention Education Workshops
- In Fiscal Year 2015-2016 we provided HIV Prevention Program services to a total of 457 women
Caribbean Women’s Health Association, Inc.

PrEP Education for Women: Best Practices

- Develop resources/maintain relationships with PrEP clinical providers
- Incorporate PrEP Education throughout all HIV programs services; encourage discussions and questions
- Identify intersectional opportunities for PrEP Education-including all CWHA women’s programs and other services
Caribbean Women’s Health Association, Inc.

**PrEP Education for Women: Issues and Challenges**

- Women still don’t acknowledge their HIV risk
- Women think that PrEP is for the MSM community only
- PrEP educational brochures and materials don’t include women, women of color
Caribbean Women’s Health Association, Inc.

**PrEP Education for Women - What needs to change?**

- Make PrEP educational materials that are more women/women of color friendly
- Improve collaboration/discussions between CBO’s and PrEP clinical providers on how to improve PrEP education/outreach for women
MetroPlus Special Needs Plan (SNP) - Partnership in Care
Joint Brooklyn ETE/Knows/Links Meeting
September 14, 2017

Ross Hewitt, MD
Debra Williams, EdD
Presenter: Mervin Otero
### What strategies has MetroPlus applied?

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<th>Peer Educators:</th>
<th>Priorities:</th>
<th>Peer Counselors:</th>
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| Viral Load Count : 201 ≤ 10,000 | • The primary role of the Peer Educator is to co-facilitate and/or facilitate A Healthier Me Workshop.  
• The workshop is a 10-week health & wellness series, which creates a framework to promote health literacy for our members of the Peer Care Connect (PCC) ETE Cohort. | • Adherence Support  
• Engagement of PCC ETE Cohort and ultimately enrollment into A Healthier Me Workshop.  
• Linkage to care & Retention support  
• Empowering members by teaching them self-sufficiency.  
• Facilitate the “soft-hand off.” | • The primary roles of the Peer Counselor is to enhance the Health & Wellness Advisement Model by engaging members at the “point of care” and facilitating the “soft-hand off” to their designated Health & Wellness Advisor.  
• Additionally, Peer Counselors will also play an important role in member’s coordination of care by helping members to better navigate their medical and HIV-related social services appointments.  
• Provide linkage and retention support for all [assigned] members’. |
| Most recent CD4 Count | • Peer Educators will also be heavily involved in assisting the ETE Advisor in all outreach efforts, engagement and promotional activities associated with getting members enrolled into the workshop and solidifying partnerships with facilities. | | |
| ARV Refills | | | |
| Lines of Business: Medicaid, SNP, HARP, FIDA | | | |

### Main Focus

Utilization of technological systems to coordinate care.  
To engage and maintain members in care to improve measures VL and other lab values like CD4 count.  
To identify members who will benefit from the intervention  
PROMote medication adherence
Street Outreach & Engagement Intervention

Intervention Overview

• Alliance for Positive Change (APC) will attempt to find member using last known contact information.

• APC will perform initial comprehensive assessment once contact is made.

• With member’s permission, APC peer navigators will accompany member to re-engagement care visit.

• Once member is engaged, APC will hand-off the member to MetroPlus Health Plan ETE team.

Outreach Criteria

1. LOB: FIDA, SNP, HARP, Medicaid
2. Detectable Viral Load
   and
   Must be out of care for 9+ months
   or
   Last ARV pharmacy claim is 6+ months
What were the results of your efforts? Lessons learned?

- **Street Outreach and Engagement** – Alliance for Positive Change is the contracted vendor for this intervention. 46 of 204 (23%) out-of-care member names have been successfully reengaged in care to date.

- **Peer Care Connect** – Peer Educators, Peer Counselors and ETE health & Wellness Advisors have completed contacts with 418 ETE listed members thus far.

- **Telenursing Adherence Support** – this intervention will be implemented in October 2017.

- The Program is has to be flexible to confront challenges.

- Members want more than HIV workshops. Members want Engagement Events – Creative Arts workshops are now offered at Bellevue Hospital, East New York, Jacobi Hospital and North Central Bronx.
Screening of party boi: black diamonds in ice castles at HCC

YOU’RE INVITED TO THE PRE-PRIIDE FILM SCREENING OF

party boi
BLACK DIAMONDS IN ICE CASTLES

A poetic periscope into the world of meth addiction in the Black and Latino Queer Community. Including an intimate Discussion with Film Director/Creator Micheal Rice and Special Guests.

Friday, June 23rd, 2017
6:00pm – 8:00pm

Haitian-American Community Coalition (HCC)
3807-3809 Church Avenue (bet.E.38th & E.39th St.),
Brooklyn, NY 11203

Refreshments served.

For more info:
718-940-2200 ext. 117
Mark Kornegay - mkornegay@hccinc.org
Collaborated with:

- Spencer Casseus—Bridging Access to Care (BAC)
- Michael Rice—Film Maker/Director
- Alvin J. Woods—Chief Executive/Brand Strategist
- Avery D. Wilson (former crystal meth user)
- Kenwardo Moore (current user)
- Tylique Jones-Bey—BAC (BMK)
Collaborated with Con’t

• Jorge Benitez—Columbia Research Unit
• Jonathan Kimble– CAMBA
• Ramesh Smith– Bedford Stuyvesant Family Health Center
• GMHC– Re-Charge Program; specifically designed for men who have sex with men and individuals of trans experience who have sex with men, who are using crystal meth.
The What?

• Screened Party Boi Friday June 23, 2017; the start of Pride Weekend.

• This was decided approximately a month and a half prior. The flyer went through several reiterations before it was ready to promote, then promotion ensued. FB, NY Knows Digest, HPG Distribution list, Carol Tyrell’s list, personal flyer distribution to other agencies, etc.

• This resulted in 30 Queer/Gay MSM individuals, some trans-identified, some gender non-conforming, walking through the doors of HCC for the first time.

• It looked like this:
parTy boi screening

Mark Kornegay moderating after the showing of the documentary, with the panelists.
parTy boi screening

Attendees
Lessons learned

• You can never do too much promotion
• Folks living right in the neighborhood where your agency is, really don’t know that you exist.
• This work does not happen in a vacuum, and it takes time!
Thanks

• The staff of HCC:
  • Fuljens Henry—Deputy Executive Director
  • Nahomie Lolo– PREP Navigation
  • Michael Anderson– Peer Educator/HIV Tester
The Undetectables Program at Wyckoff
Doing our share to End the Epidemic

Laurel Young, LMSW – Program Manager
Wyckoff Heights Medical Center
Positive Health Management
First program designed & implemented at Housing Works

Wyckoff is one of seven grant-funded agencies in NYC & the only medical center-based program

Program eligibility requirements:
1. Have an HIV primary care provider (PCP)
2. Have an HIV case manager (CM)

Referrals from: CM, PCPs, Consumer Advisory Board (CAB), Self-referral, monthly clinic-wide VL detectable report

Marketing: superhero culture & ETE messaging, flyers, posters, brochures

Patient buy-in to ETE and community health goals

Adherence toolkit with collaboration from CM to address barriers to care

$100 gift card incentive/quarter for VL results <200 copies

Quarterly Patient Health Education Breakfast
Program Highlights and Outcomes
January 1 – August 31, 2017

- 173 patients enrolled & 165 retained to date
- Distributed 107 – $100 Incentives for VL<200
- Increased engagement & retention in care as reported by PCP and Case Managers
- Patient more invested in their own health outcomes
- Patients are empowered and recognized as valued key players in health of community and goals of ETE
- Culture and excitement of Undetectables program resulted in patients becoming more involved in CAB, CQI, events and meetings.
Viral Load Outcomes

Baseline VL (N = 165)

- Detectable >200: 18%
- Detectable <200: 24%
- Undetectable <20: 58%

Post-Enrollment VL (N = 121)

- Detectable >200: 6%
- Detectable <200: 21%
- Undetectable <20: 74%

VL Detectable at Baseline: Progress over time (N = 70)

- Results pending: 31%
- Detectable >200: 10%
- Detectable <200: 3%
- Undetectable <20: 56%
Lessons Learned

- Participation positively impacts more regular appointments and treatment adherence
- Baseline and post enrollment health outcomes: decreased VL and increased CD4 of participants
- Improved coordination among CMs, programs, and PCPs
- Promoting positive culture can impact patient participation and investment in personal and community health
- Often patients are just as motivated by ETE goals as the were by the monetary incentives
- Positive culture + promoting strengths + support + incentives = Decreased VL, Increased CD4, a sense of achievement, empowerment & progress on ETE
Rosa: 69 year old Hispanic woman. At intake VL of 278,962; CD4 130. Started UND & DOT. Currently VL <200; CD4 191

Karen: 40 yr. old African–American woman Baseline VL 12, 668; CD4 155, cancer, depressed. After enrollment VL < 200, CD4 282, Cancer in remission

Jesus: 34 year old Hispanic man newly diagnosed. Baseline VL 1,699,365; CD4 376. Post–enrollment VL <200; CD4 1,138

Working Lunch
Breakout Groups
Breakout Groups: Testing, Linkage, Care, Consumers

- Step 1: Identify one of the following 4 Breakout Groups to participate in: Testing, Linkage, Care, Consumers
- Step 2: Form these groups; a facilitator is assigned to your group
- Step 3: Brainstorm in your group about strategies you believe are critical to work towards ending the epidemic in Brooklyn; keep a list of ideas/use flipchart paper (30min)
- Step 4: Based on the generated list, prioritize the three (3) most critical/innovative ideas for Brooklyn-wide implementation (20min)
- Step 5: Report back your top three ideas to the larger group (15min) and post your flipchart
- Step 6: The entire group will vote across all ideas using provided dots
Team Action Planning and Report Back
Group Activity

• Sit with your agency representatives
• Develop an action plan going forward using the provided template based on what you have learned today
Evaluation
Evaluation

• Sharing of Aha moments
• Please complete the session evaluation form
• Complete our contact information sheet
Thanks for joining the first Joint EtE/Brooklyn Knows/NYLinks Meeting