

UTILIZING MULTIPLE STRATEGIES FOR ASSESSING THE NEEDS OF OLDER PERSONS LIVING WITH HIV IN NYC

SYNC 2019

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CONFLICT OF INTEREST DISCLOSURE: SARAH KOZLOWSKI, MPH

No conflicts of interest



AGENDA

- Epidemiologic data on NYC's older¹ persons living with HIV (OPLWH)
- Ryan White Part A (RWPA): New York City & Tri-County Area
- Learning from our partners
 - Provider Survey
 - Community Forum
- Learning from our clients
 - NYC HIV & Aging Focus Group Project
 - → Preliminary observations





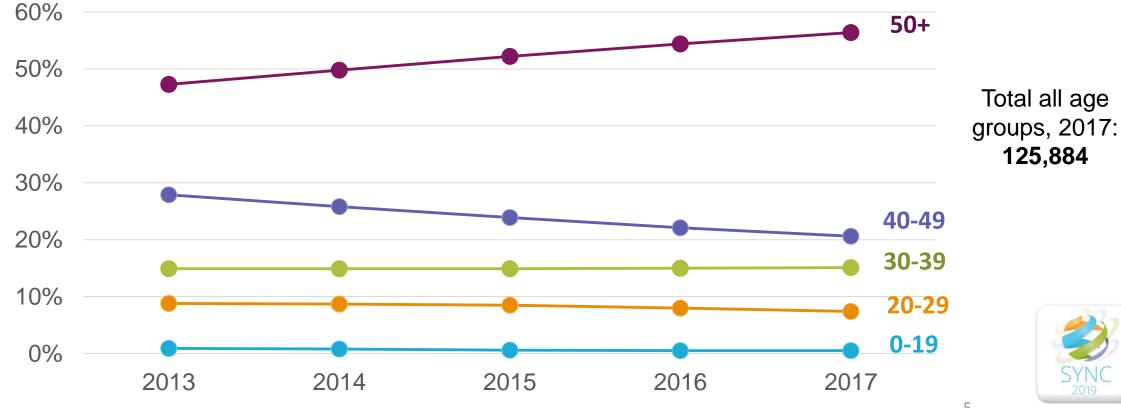


BACKGROUND

NYC's Aging PLWH

PLWH IN NYC 2013 - 2017

The proportion of PLWH aged 50+ in NYC continues to increase compared to other age groups.

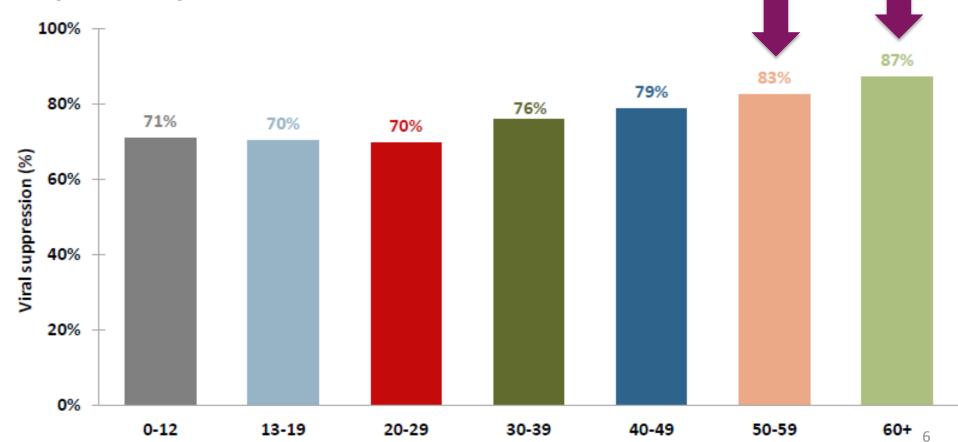




VIRAL SUPPRESSION AMONG DIAGNOSED PLWH BY AGE GROUP, 2017

Among diagnosed PLWH in NYC, rates of viral suppression were highest

among those aged 50-59 and 60+.



Viral suppression is defined as viral load <200 copies/mL.
Data as reported to NYC DOHMH by March 31, 2018.





LOOKING THROUGH A LENS OF RACIAL & ECONOMIC DISPARITIES

NYC's Aging PLWH



VIRAL SUPPRESSION RATES BY RACE/ETHNICITY AMONG PLWH UNDER 50 VS. 50+

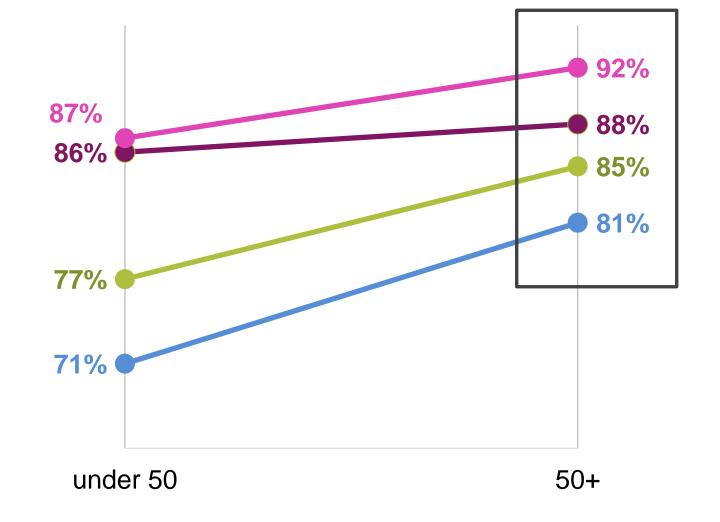


White

Asian/Pacific Islander

Latino(a)/Hispanic

Black







VIRAL SUPPRESSION RATES BY AREA-BASED POVERTY AMONG PLWH UNDER 50 VS. 50+

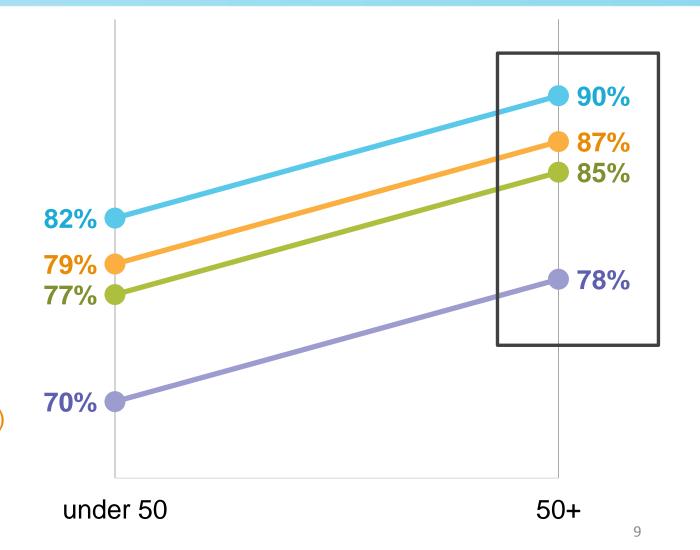
ZIP Code-Based Poverty Levels:

Low poverty (<10% below FPL)

Medium poverty (10-<20% below FPL)

High poverty (20-<30% below FPL)

Very high poverty (≥30% below FPL)

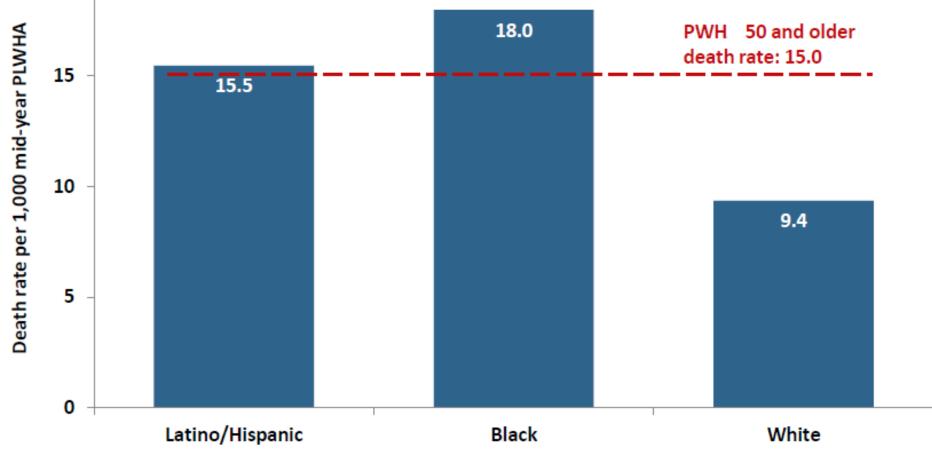






DEATH RATES AMONG PWH AGE 50+ IN NYC, 2017

Among persons with HIV (PWH) in NYC in 2017, the death rate among Blacks was the highest among racial/ethnic groups at 3 deaths/1,000 above the average.



Crude death rates. Death data for 2017 are incomplete.

Native American, Asian/Pacific Islander (API), and multi-racial groups not shown because of small numbers. There were N=8 API, N=6 Native American, and N=2 multi-racial PWH ages 50+ who died in 2017.





ADDRESSING NEEDS THROUGH OUR SERVICE SYSTEM

Ryan White Part A



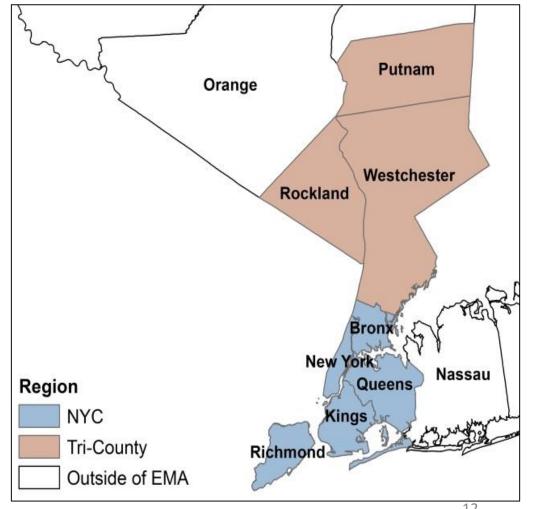
NY ELIGIBLE METROPOLITAN AREA (EMA) RYAN WHITE PART A (RWPA)

Ryan White Part A:

Emergency assistance to areas hardest hit by the HIV epidemic

New York City Department of Health and Mental Hygiene (DOHMH) is the grantee for RWPA in the New York EMA

→ NYC and Tri-County area





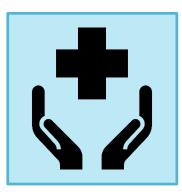


NY ELIGIBLE METROPOLITAN AREA (EMA) RYAN WHITE PART A (RWPA)



>14,000 HIV-positive individuals served in grant year 2017

The local program provides ~14 service categories, which predominantly focus on providing supportive services





Contracts with ~90 service delivery agencies





OPLWH DEMOGRAPHICS, NY EMA RWPA

Active HIV+ Clients in the NY EMA Ryan White Part A Services¹

14,327

Total OPLWH:

7,464 (52.1%)

Race/Ethnicity			
Black	54.3%		
Latino(a)/Hispanic	33.9%		
White	9.1%		
Asian/Pacific Islander	0.6%		
Other ²	2.1%		
Self-Identified Gender			
Man	62.7%		
Woman	35.6%		
Transgender	1.7%		

¹Clients must have had an open enrollment from 3/1/2017 - 2/28/2018 and received at least one service in a Ryan White Part A program in the NY Eligible Metropolitan Area (EMA) during this time period.



²Includes clients identified as Native American/Alaskan Native, other, mixed race, or unknown.



OPLWH DEMOGRAPHICS, NY EMA RWPA

Insurance Status		
Uninsured ¹	12.9%	
Insured – Public	83.9%	
Insured – Private	1.9%	
Unknown	1.2%	
Federal Poverty Level		
<100% Federal Poverty Level	77.7%	
≥100% Federal Poverty Level	22.2%	
Unknown	0.1%	





LEARNING FROM OUR PARTNERS

A Survey of HIV Care Providers in NYC &

A Community Forum on HIV & Aging





- Goal: To better understand the needs of OPLWH in NYC from the perspectives of clinical and non-clinical providers
- Topics explored regarding OPLWH:
 - Resources currently available
 - Barriers and challenges
 - Areas of unmet service need
 - Common referrals





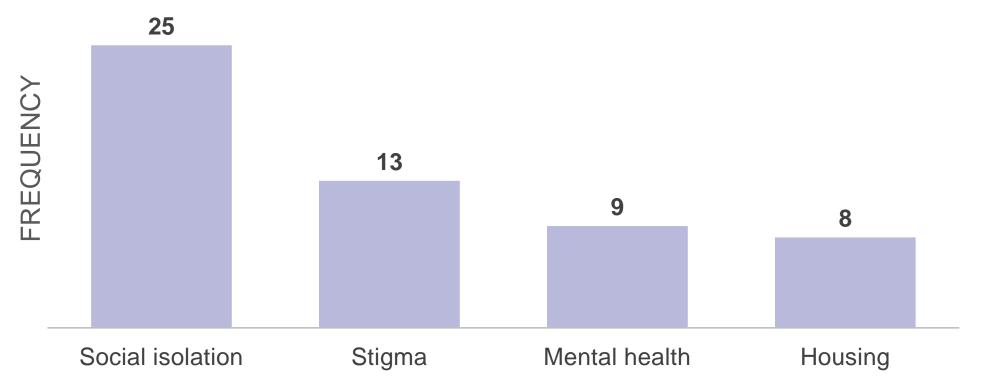


- 234 providers received the survey
 - 70 complete responses

Organization Type	
HIV/AIDS Service Organization	36%
Hospital	31%
Health Clinic	21%
Public Health Non-Profit/CBO (not HIV-specific)	7%
Government	4%
Research Institution	2%

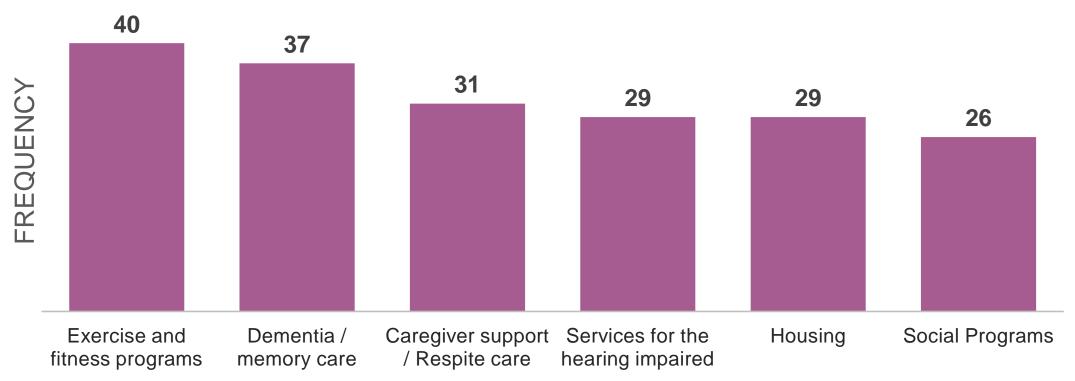


Clinical and non-clinical providers identified **social isolation** as the greatest challenge for OPLWH in NYC.





Clinical and non-clinical providers identified **fitness programs** and **dementia/memory care** as the most needed services.







COMMUNITY FORUM ON HIV & AGING, JAN. 2018

- Key needs identified for:
 - Providers
 - Clinical tool for comprehensive assessment/holistic view of patient

Patients

- Research to fill gaps in knowledge on consumer-identified needs
 - What works in the system?
 - What is missing?
- Qualitative and quantitative data on patients' perspectives to influence future programming







LEARNING FROM OUR CLIENTS

The NYC HIV & Aging Focus Group Project



PURPOSE:

To learn about the strengths, unmet needs, and barriers







experienced by NYC's OPLWH





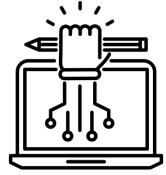
Topic Domains



Mental Health Care



Educational Resources



Other Needs

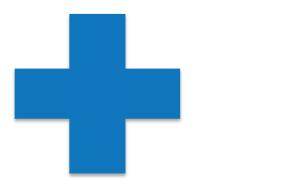






Topic Probes:

What's gotten **EASIER** with age, and what's gotten **HARDER**?







Eligibility Criteria

Are you 50 or older?

Are you living with 🖽 🤍 ?

Have you been diagnosed for 10 or more years?

Live in the 5 boroughs

The New York City Health Department is hosting focus groups throughout NYC this fall to hear about people's experiences living with HIV as they get older.



Participants will receive a <u>\$50 gift card</u> and a <u>round-trip MetroCard</u> for their time. Snacks and beverages will be provided.

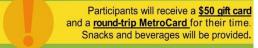
Si prefieres grupos en español, también los tenemos disponibles.

We want to hear about your experiences! Please call Sarah at 347-396-7672 or Scott at 917-751-4818 to find out if you're eligible to participate Are you 40 or older?

Are you living with **HIV**?

Do you identify as **transgender** or **gender non-conforming**?

The New York City Health Department is hosting a focus group for <u>transgender and gender non-conforming individuals</u> in NYC this fall to hear about their experiences living with HIV as they get older.



We want to hear about your experience! Please call Sarah at 347-396-7672 or Scott at 917-751-4818 to find out if you're eligible to participate.





7 focus groups, **62 total participants**

	Cisgender men who have sex with men (MSM)	Cisgender men who have sex with women (MSW)	Cisgender women	Transgender & gender non-conforming (TGNC)
English	11	9	11	13
Spanish	10	2	6	N/A





General Demographics

	1 st Most Represented Group	2 nd Most Represented Group	
Borough of Residence	Bronx	Brooklyn	Participants from all 5
Age	60-69	50-59	boroughs!
Race/Ethnicity	Black	Latino/Latina	

Average Number of **Years Diagnosed**:

Percentage of Participants **Publicly Insured**:

24

90%





Some preliminary observations from the focus group data...







Medication Adherence







"The medicine is **so much easier to take** now than it was when I was originally diagnosed. **No side effects.** I personally take my medicine right before I go to sleep, because I'm so busy during the day, things come and go, I like to be on time. So, I know what time I go to bed, the last thing I do before I go to sleep is take my medicine."







"...what makes it easy for me to take my medication is that I want to live today. You know, I've lost a lot of friends due to this disease and it's very important to take your medication every day."







"For me, it's getting a little harder. I'[ve] been HIV positive since I was a teenager. I never thought I was going to live this long. Honestly, I just- I get tired of it. I try not to think about it. But- but it's getting harder emotionally. And like [Redacted] said, I- I'm undetectable and sometimes I think, well, I'm okay and I shouldn't take it this week. And I started doing that and my CD4 count dropped like a hundred."



Mental Health Care







MODERATOR: "Would you say it's easier or harder now to access mental health- mental health care?"

RESPONDENT: "Well, black people, or minorities, are really beginning to realize that it's **not only for white people**."





"When you have a mental health professional who is very good, that person is always very busy. And it's ridiculous to tell someone who's depressed and anxious, well, we have an appointment for- for 10 weeks from now, that's just- it's just- it's just not- it's not the focus of a lot of centers where they treat HIV."







Social Support







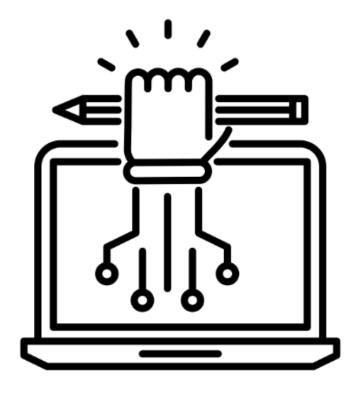
"In my case, it is not difficult. It's the other way around. Now that I'm getting older, it's even easier for me. And when--I'm very friendly. I'm very friendly, right? And people don't believe me-- First, they don't believe my age. And secondly, they don't believe that I've been HIV positive for so many years, and much less that I have lost my children and my two partners, right? ... So, the other way around. I think that the older I get, the prouder, more seasoned and fascinating I am."





"...two months ago, my husband of 25 years died of liver cancer so, even though I do support groups and I'm all up in [the] HIV community, I decided I needed a therapist ... And he's- the doctor's looking at me and he said, how can you be depressed? He said, 'You're personable, you dress well, you're always on vacations, you've won awards.' I mean, he's just listing all my pluses, so he does not believe I'm depressed or upset. So, so I said, you know .. I'm all this until I go home and close the door, then the makeup comes off, my teeth [come] out. I live by myself."

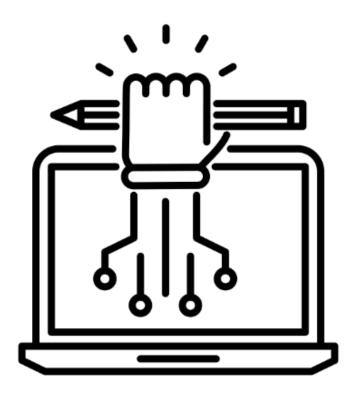




Educational Resources





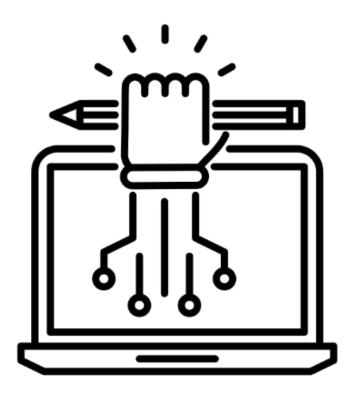


How OPLWH learn about resources

- Google
- Smartphones
- Word of mouth, other PLWH
- Support groups
- Trainings
- Social workers





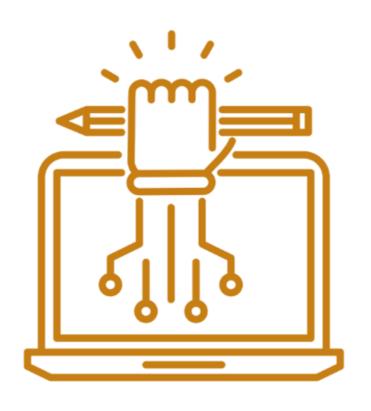


Types of resources accessed

- HIV supportive services
- Housing
- Legal assistance
- LGBT-specific resources
- English classes
- Exercise/fitness (e.g. Silver Sneakers)
- General services for older persons (e.g. AARP)







Some barriers:

Okay, everything right now is about doing your own research and doing your own footwork. Everything is not going to be handed out to you, or given to you. I had to find out a lot of things on my own. I had to talk to people.

It's just- you got to know the right questions to ask to get that information. And the people that's in the know, some of them will give it to you, some of them won't give it to you. If you want to know, you just have to keep pressing.





In-depth qualitative analysis of focus group data

Service changes to address social isolation

 Implementing Remote Counseling in RWPA-funded mental health, supportive counseling, and harm reduction programs

More client-focused events

Long-Term Survivors Day event

Increased coordination between State-funded and City-funded programs

Development of benefits navigation training for clinicians and case managers





ACKNOWLEDGEMENTS

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ACRIA

Argus Community

GMHC

Griot Circle

Iris House

The LGBT Center

The Long-Term Survivors Wellness Coalition

SAGE

Individuals

Claire Odom

Frances Silva

Graham Harriman

Kate Penrose

Kylie Waddy

Luz Santiago

Mark Brennan-Ing

Mary Irvine

Max Sepulveda

Michael Diaz

Monica Darcy

Rafael Ponce

Scott Spiegler

Tsetsi Kgama

