Harlem United

For The Council of State Governments
Health Reform and Reducing Health Disparities: STDs and HIV/AIDS
Providence, Rhode Island
December 3, 2010
Harlem United: Early Development


• Specifically to serve people living with HIV/AIDS (PLWH/As) who were homeless and/or suffering from mental illness and/or substance use.

• Agency of last resort for medically-underserved communities of color in Harlem.

• Part of community-based movement to care for PLWH/As:
  – Founded to address lack of response from established providers;
  – Responding to the unique personal, social, and institutional barriers to care in Harlem.
To best meet the needs of a complex yet chaotic and vulnerable population, Harlem United has developed a comprehensive interdisciplinary system of care and support, distinguishing us from community health centers with a multitude of services delivered in a fragmented system.
Integrated Health Services

Community Health Services

- Community Based HIV/STI/HCV Screening
- Access to Care
- Drug User Health Services (Syringe Access, Harm Reduction, Recovery Readiness)
- Black Men’s Initiative – integrated interventions for MSM of color

Integrated HIV Services

- Holistic Provider-Led, Patient-Centered Primary Care and Dental Services
- Behavioral Health Services
- Patient Navigation/Case Management Support

- Adult Day Health Center
- Food & Nutrition
- Supportive Housing
- COBRA Case Management
- Family Support
### HIV in Harlem

Data from the NYC Department of Health and Mental Hygiene, 2008 Surveillance Report

<table>
<thead>
<tr>
<th>District</th>
<th>Diagnoses (per 100,000)</th>
<th>Prevalence (% of population)</th>
<th>Death (per 1,000 PLWHA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC Total</td>
<td>47.6</td>
<td>1.3%</td>
<td>17.9</td>
</tr>
<tr>
<td>Central Harlem</td>
<td>137.6</td>
<td>2.9%</td>
<td>25.8</td>
</tr>
<tr>
<td>East Harlem</td>
<td>91.6</td>
<td>2.8%</td>
<td>26.9</td>
</tr>
</tbody>
</table>

East and Central Harlem report the 2\textsuperscript{nd} and 3\textsuperscript{rd} highest rates of HIV diagnoses and prevalence, and the death rate is 1.5 times the city rate.
2009 Central Harlem cases diagnosed per 100,000, and city ranking (1=highest)  
42 United Hospital Fund neighborhoods, 15-34 year old residents

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th></th>
<th>Gonorrhea</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>New York City</td>
<td>462</td>
<td>913</td>
<td>107</td>
<td>155</td>
</tr>
<tr>
<td>Central Harlem</td>
<td>1,045</td>
<td>1,744</td>
<td>460</td>
<td>275</td>
</tr>
<tr>
<td></td>
<td>Rank: 1</td>
<td>Rank: 5</td>
<td>Rank: 1</td>
<td>Rank: 4</td>
</tr>
<tr>
<td>East Harlem</td>
<td>738</td>
<td>1,528</td>
<td>275</td>
<td>215</td>
</tr>
<tr>
<td></td>
<td>Rank: 10</td>
<td>Rank: 8</td>
<td>Rank: 5</td>
<td>Rank: 8</td>
</tr>
</tbody>
</table>
The CBO Challenge and Response

Mission and vision driven, not always enough money.

Need to be innovative about how program funds can be “married” for effective service delivery, and continually improve on our process.

What we do:
• Universal testing through Blocks I and II
• Integrate HIV/STI screening into HIV testing
• Build community capacity: train the local ministers
• Build collaborations with local government: I Talk About HIV...the videos
Changing the Paradigm: Risk-Targeting with a Zone/Geographic Approach

Testing Services

Blocks/Zone Based Testing

- Identification of high prevalence zones, community saturation with prevention messages and HIV facts, increased testing accessibility via alternative venue and mobile testing

Risk Based Testing

- Social Networks: MSM, high-risk African American women
- Venue Based: IDU, MSM, high risk women, immigrants

Risk is defined as sharing syringes, unprotected anal or vaginal sex with an HIV-positive person or a person of unknown HIV status in a high risk group, STI in the last 12 months, unprotected sex in the last 12 months with multiple partners
Blocks: Tools and Tactics

1) Geo-code clients to identify hot-spots for outreach and testing;

2) Saturate the zone with relevant and targeted HIV prevention facts and messages to remove stigma of testing and HIV;

3) Provide accessible, on-the-spot HIV testing; and

4) Provide referrals to linkage to care
Identification of Zones: Hot Spot Maps
## Findings: Positive Cases

### Testing 2008

<table>
<thead>
<tr>
<th>Approach</th>
<th>Tests</th>
<th>Positives</th>
<th>Sero-positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone-Based</td>
<td>3,351</td>
<td>90</td>
<td>2.7%</td>
</tr>
<tr>
<td>Risk-Based</td>
<td>1,291</td>
<td>48</td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>Venue-based</strong></td>
<td>1,186</td>
<td>38</td>
<td>3.2%</td>
</tr>
<tr>
<td><strong>Social Networks</strong></td>
<td>105</td>
<td>10</td>
<td>9.5%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>4,642</td>
<td>138</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

### Testing 2009

<table>
<thead>
<tr>
<th>Approach</th>
<th>Tests</th>
<th>Positives</th>
<th>Sero-positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone-Based (incl. collabs)</td>
<td>5,919</td>
<td>86</td>
<td>1.5%</td>
</tr>
<tr>
<td>Risk-Based</td>
<td>2,512</td>
<td>70</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Venue-based</strong></td>
<td>1,201</td>
<td>37</td>
<td>3.1%</td>
</tr>
<tr>
<td><strong>Social Networks</strong></td>
<td>1,311</td>
<td>33</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>8,431</td>
<td>156</td>
<td>1.9%</td>
</tr>
</tbody>
</table>
Blocks II: Testing the Working Poor

Figure 8: Blocks Project II - Implementation Model

- Mini Clinic (Mobile Unit) with Local Pharmacies & Botanicas
- Targeted Outreach & HIV/STI Health Education with recruitment to Rapid HIV Testing with local business
- Blocks Project II Community Partnerships with Local Businees
- Social Network: Engagement of Business Employees to recruit members of their Networks
- Mini Clinic (Mobile Unit) with Local Livery Car Services
Blocks II: March - October 2010 (N=864, Total % Positive = 1%)

- Pharmacy: 1.58% positive
- Botanica: 0% positive
- Car Service: 1.32% positive
- Other Business: 0.55% positive

# of HIV Tests vs. Total Tested vs. Total Positive
Blocks II: Reaching the Easy to Miss

Of those tested, 17% had never been tested before, and 40% were tested over 12 months ago.
Integrate STI testing

**Figure 2: STI Screenings 2010 (January – September 2010)**

**Total STI Screenings Conducted (N=657 Unique Clients)**

- **Chlamydia**: 4.1%
- **Gonorrhea**: 0.9%
- **Syphilis (Includes YMSM Syphilis Elimination Project)**: 8.8%

Legend:
- Red: Positive
- Blue: Negative
New Hope for the World Ministries, addressing social issues while tending to the spiritual needs of people in Harlem

2008: HU provided outreach, education and testing as part of their annual ReachWeek event

2009: HU created and delivered a Peer Education training to the ministers for the annual ReachWeek event so they could join in the prevention efforts

2010: Trained ministers to become test counselors, secured NYS CLIA waiver for NHWM – our Chief Medical Officer is their Lab Director, gratis.
2010 Timeline: Lecture & Inspiration

- July: Complete CLIA, learn protocols
- August: Received CLIA
- September:
  - HIV/STI 101, plus Connecting Faith and HIV
  - HIV Treatments, plus Spoken Word and Testimonials
  - Stigma and HIV
  - Two weeks of shadowing and practice
Faith Based Events
Collaborating with Government

• City Council Speaker Quinn, World AIDS Day 2009: I Talk about HIV...

• Staff and clients presented their responses on video for showing on the Website, and at a City Council sponsored event.
Thanks to:

- MAC AIDS Fund
- Gilead Sciences
- New York City Department of Health and Mental Hygiene
- New York State Department of Health AIDS Institute
- Centers for Disease Control and Prevention

For more information, please contact:

Sara Gillen: sgillen@harlemunited.org