DHRPC Foreign born and African Americans
200 W 14th Avenue, Suite 210, Denver
Monday March 15, 2012
11:00am-1:00pm

Planning Council Members Present
Michael Pearl , Kari Hartel, Imani Latif
Community Members Present
Antoniette Gomez, Khalil H., Roberto Esquivel, Maria Chiadez, Veronica Desmond, Sarah Rowen MD
Staff/Facilitator Present
Maria Lopez; Lynn Hough; Matt Bennett (Facilitator)

Welcome and introductions

Maria Lopez, Planning Council Program Manager, welcomed the Members and staff to the meeting. The members and staff introduced themselves.

Agenda Review and Summarized Data Presentation

Facilitator, Matt Bennett, reviewed the general Retention and Linkage data so the group could have a common understanding of issues impacting system unmet need. He also reviewed Denver Transitional Grant Area (DTGA) data on foreign born and African Americans. Reported out were the Evaluation and Assessment Committee findings, after reviewing overall care needs in the DTGA Unmet Need has emerged as a priority focus area. The driving force of the 2012-2014 Comprehensive Plan is to reduce unmet need in the Part A system of care workgroup goals and strategies to reflect this common goal.

Guided Questions

What does Aging with HIV look like in the Denver TGA?
How do we become proactive to address the future of Aging with HIV/AIDS in Denver?

Data Presentation and Discussion

General Linkage Data Findings
Problem Statement: Once diagnosed there is a delay in linkage to care for a large percentage of PLWHA's

- 26% (145/558) of participants did not access medical services for 7 months after diagnosis
- 18.8% (105/558) did not access medical services within a year of diagnosis

- Barriers of out of care participants (129):
  - 10.1% (13) There was no one to help me figure how to access care
  - 18.6% (24) Did not want anyone to find out I had HIV
- What participants needed after diagnosis (565):
  - 55.0% Emotional Support
  - 51.0% Finding a Doctor
  - 44.1% Information about HIV

General Retention Data Findings:
Problem Statement: Over one third of population of DTGA not in care in the last 12 months

- 36% of TGA participants have unmet need (no primary care/labs within last year)

- System Literacy - Why people are out of care (129):
  - 35.7% (46) Couldn't afford care
  - 27.1% (35) Insufficient insurance
  - 10.1% (13) Did not qualify for services

        - Comment – CDPHE Maria C. is seeing the same reasons for not accessing care within Part B newly diagnosed participants.
- Health Literacy - Why people are out of care (129):
    - 20.9% (27) Did not think they needed care because *I wasn't sick*
    - 14.7% (19) Did not think medical care would do any good
- System Issues - Why people are out of care (129):
    - 15.5% (20) Too many requirements/too much paperwork
    - 10.9% (14) Lack of transportation
        - Quality Management Issues – the role of 6 month recertification.
        - Follow-up with DOHR (Michele S.) working on one ROI and sharing intake update process in CareWARE for precise plan.
- Foreign Born – Dynamics of a Growing Population

  Problem Statement: Increase in Foreign Born Population who test late and enter care with higher acuity, later in disease progression.
    - General population of foreign born is increasing
    - 15% increase in PLWHA 2006 - 2010 (source: eHARS)
    - An increase of 183 total PLWHA
    - New Diagnosis who are foreign born increased 8.2% from 2005-2009 (source: Rowan, MD February 2012)
    - 23/139 vs. 28/113
    - 20% of the newly-diagnosed through DH and UCH (source: Rowan, MD February 2012)

  Committee Comments:
    - There is a disparity between the two providers (DHHA-will treat all patients and appears to have utilized Cultural Competency). University will not accept all patient – only those who have insurance.
    - Foreign Born present – late in diagnosis with high acuity. Prevention implications here.
- Top reasons for testing: Immigration & Illness
    - Total PLWHA in CO through 2008: 10,811
        - US-Born: 9,808
        - Foreign-Born: 1,003 (9.3%)
        - Latin America/Caribbean 553 (55.1)
        - Mexico 403 (40.2 %)
        - Africa 243 (24.2 %)- 30 countries, largest group Ethiopia
        - Europe 68 (6.8 %)
        - Asia 48 (4.8 %),
        - Unknown 60 (6 %)
- Enter care with higher acuity, later in disease progression
    - 33% FB vs. 19% USB enter with concurrent diagnosis
- Once diagnosed foreign born are successfully linked and retained in care
    - Prevention implications
- Acuity – Unique needs and possible challenges if not covered in health care reform

  Committee Comments:
    - Part A CareWARE database currently is not set up to collect foreign born information

- Can CareWARE database system be modified to collect foreign born information? Strategy would include identifying key information needed and system timeline to include barriers such as cost, etc.

- **What are key areas of focus for African Immigrants and refugees discussion?**
  - Historically has not been studied it is recommended we learn more specifics about this population. Who are they and what are their needs?
  - Outreach is issue for African Immigrants:
    - Culture plays a major role
    - **Long period to build trust**
    - Colorado African Origination-state funding to do testing
    - Popular Opinion Leaders has been an effective model for MSM African Immigrants
    - Finding people is a big problem, with the African population the translation is limited and community is small.
    - Religious implication is there as well.
    - HIV positive as a result of rape in their home country – gender issues.
    - Not a lot of data
  - Very sick is when they come in for care to the ER, not all facilities have LTC.
  - **STIGMA – they don't want anyone to know**.
    - Such a small community/loss your whole social network.
    - Want to deal with the issue but not the person.
    - Are we enabling the fear by not discussing HIV?
    - Once they are into care they are linked into care they stay in care.
    - Understand that stigma is a real barrier.
  - What goals should the group address?
    - Bring Key Providers together to identify areas for collaboration and increase overall knowledge
  - Who are the key players that need to be involved?
    - Develop this piece
  - What additional data do we need?
    - eHARS collects FB Data country of origin
    - Future needs assessment focus area.

- **What are key areas of focus for Latino Foreign Born – Undocumented discussion:**
  - Working impacts retention – later appointments
  - Stigma – substance abuse
  - They go to the doctor when they feel sick, educating them to understand the progression and potential impacts. They don't get diagnosed because they don't have insurance, fear of being undocumented, don't feel sick.
  - LTC – fostering relationships
    - Active referrals to MCM agency
    - Signed the release and have them on the phone with the referral
    - Giving them options and contacting the agencies isn't enough.

        - The success is based on valuing and trusting the agency you plan on referring to CBO's. They are not going to stay in care if they are not educated from the very beginning.
    - DHHA model has the advantage of being there at diagnosis. Is a process, meeting the client where they are at.
    - Resources sharing
    - They are not getting their basic needs met, need food, can't work, housing, legal status is a huge barrier, asylum is very difficult, transitioning back to home country (what are the resources available)?
    - Matricula – shelter – TB testing –
    - Transgendered
    - Collections of medical bills –Client and provider education.
- What are key areas of focus for Foreign Born Undocumented?
    - Increase in Foreign Born Population who test late and enter care with higher acuity, later in disease progression.
    - Transgender
    - Healthcare reform
    - Unmet Need
- Summary for Foreign Born Undocumented:
    - What are key areas of focus for Foreign Born Undocumented?
        - Increase in Foreign Born Population who test late and enter care with higher acuity, later in disease progression.
        - Transgender
        - Healthcare reform
        - Unmet Need
    - What goals should the group address?
        - Goal: Prepare for implication of Health Care Reform
        - Goal: "Outreach"
            - Population has such high acuity how do we reach them sooner?
            - Reduce Stigma
            - Group support – peer advocacy critical
        - Goal: Decrease Unmet Need by same percentage as total population
    - Who are the key players that need to be involved?
        - Part A MAI providers, CDPHE and Part A LTC staff
    - What additional data do we need?
        - TBD

Foreign Born Prevention implications – Early Intervention Services

- Outreach
- We have to understand that and it is real.
- There are different levels of acculturation that factor into this issue.
- Housing – they get thrown out of the house.

- Resource differences based on immigration status. Refugee vs. Undocumented.
- Summary Key Focus Areas:
  - Utilize Existing Refugee Resources
  - Provider and Participant Education
  - Educate Prevention and Care
  - LTC

➢ Problem Statement: Over representation of African American population in PLWHA and under utilization of RW Outpatient Ambulatory Care services
- A question of language: African American or Black?
- Black used in data collection
- African American doesn't capture all those that report as Black

➢ What are Key Areas of Focus African American's Discussion:
- There are 11 Percent PLWHA – AA accessing OA and 15 percent in Part A services
- OA 11% – HIAP 16%
- Incarcerated population issue
- Mental Health Issues 11% = 113
- If you are on CICP it takes up to 6 months, MHCD – they were not taking CICP, issue with linkage to care program. There is one therapist for HIV program, is there an AA mental health professionals, not a lot of psychiatrists.
- Substances Abuse
- **Total number of AA accessing services 431**
  - It did include MAI
- Opportunity for better coordination, EIS – Retention/Re-Engagement – Client Advisory Board (Informational brochure – dissemination of information) Emotional support. Had the silo's based on risk but making sure we are collaborating outside of our resources. More engagement with other counties.
  - Outreach
  - Emotional Support
  - Reduce Unmet Need

➢ **What Goals should the group address:**
- Reducing the number of those out of care by 10% (3.3% per year); strategy - mental health, EIS – LTC, Outreach, utilizing Client Advisory Board