

# Upper Manhattan Community Consultation

New York State Department of Health / AIDS Institute

January, 2008

## Overview and Background

In the fall of 2007 the New York State Department of Health's AIDS Institute contracted with the Council of Community Services of NYS, Inc. (CCSNYS) to facilitate a community consultation process for HIV/AIDS Prevention and Supportive Services in Upper Manhattan. The community consultation was prompted by an anticipated re-solicitation of funding for Community Service Program(s) serving East, West, and Central Harlem, Washington Heights, and Inwood. The goal of the community consultation process was to engage a wide range of stakeholders in helping the AIDS Institute identify and better understand community needs, service gaps, and barriers to service.

Data for the community consultation was collected through a variety of methods, including key informant interviews, an online survey, a paper survey, and two community forums held in Washington Heights and Harlem. AIDS Institute staff worked with CCSNYS staff to develop comprehensive contact lists that included a variety of stakeholders including HIV/AIDS service providers, consumers and community members, clergy or faith community representation, and other service providers not specifically focused on HIV/AIDS.

## Findings

### Summary

The provision of HIV/AIDS prevention services range from umbrella organizations providing comprehensive services to organizations providing a single service. Many of the community organizations maintain linkages with other agencies especially when their services are limited and client referrals are needed. The target population for these services include, heterosexual, gay, transgender, bisexuals, children, adults, and seniors, who are at high-risk or living with HIV/AIDS. The majority of the populations served are people of color (African, Latino, Caribbean, and African American).

Informants indicated that although efforts should continue to focus on traditional high risk populations, there needs to be an increased focus for prevention efforts targeting young people, older adults, and African American and Latina girls and women, and new African immigrants. Similarly, efforts need to target the transgender and MSM populations, and those re-entering the community from prison or jail. Many older adults and African American and Latina women believe themselves to be in committed relationships and therefore do not see themselves at high risk. Each of these populations requires targeted and focused intervention messages that are culturally appropriate. Peer education is seen as an important strategy for communicating these messages. Efforts to combat homophobia and the stigma of HIV/AIDS need be included in these messages. There also needs to be a broad-based public education campaign that is beyond the scope of any individual organization or community.

Key informants emphasized the need for a comprehensive approach to prevention and support service efforts. Specific supportive service needs and gaps focused on additional housing, employment, mental health, and legal services. Housing and food are seen as critical components of prevention because people will not care about HIV/AIDS prevention if they are struggling to meet their basic needs. Interviewees identified the need to help consumers become active participants in their health care and self-advocates so

they can maintain health-seeking behaviors. Key informants stressed the importance of integrated care where services are located in one place, but many also identified the need to have tentacles reaching into local neighborhoods and communities. Unconventional hours were also seen as important, including evenings and weekends. Broad-based and accessible testing was seen as very important.

Collaboration and service coordination were identified as important components of prevention efforts and a service delivery system. Churches, schools, and medical facilities are seen as important partners in conveying prevention messages and providing support services. Prisons and shelters should be targeted as well as organizations and resources for sex workers. Syringe exchange programs and other harm reduction programs are important vehicles for reaching a difficult population. In addition, bars and clubs are important for reaching adults, and efforts need to be made to identify locations where young people congregate. The Internet and other social networks were also identified as strategies for getting out prevention messages.

## **COMMUNITY FORUMS**

Two community forums were held on December 12 and 13, 2007. Many of the same themes were identified in both forums, but each had a different emphasis. Both emphasized that risk-based approaches were not enough or effective in these communities and both identified the need for broad community-based participation and media campaigns. The December 12<sup>th</sup> Washington Heights Forum focused more in depth on issues specific to Latinos, the importance of location and accessibility of information and services, and cultural competence. The December 13<sup>th</sup> Forum included these issues, but focused on the need to coordinate prevention efforts and testing at points of intersection with medical providers such as when someone seeks treatment for Sexually Transmitted Diseases and Hepatitis.

Below are the key themes for each of the forums.

### **December 12, 2007- Washington Heights**

- Risk-based approach is important, but not enough
- Language & Culturally competent/appropriate services are needed
- A broad and targeted outreach and education campaign is needed to include a variety of strategies that ensure access to information, testing, and services.
- People need basic services/resources such as housing and food and medical care
- Media Campaigns
- Organizations need to work together and with non-traditional stakeholders
- There is a correlation of risk between those with STIs, hepatitis, and those who have HIV

### **Dec. 13, 2007 -Harlem**

- Consumers/PLWHAs need to be fully engaged in prevention efforts and providing supportive services

- Non-traditional approaches and service delivery models are needed
- Coordinate Medical Care/Prevention Efforts
- Involve (educate and engage) community at large, including people living with HIV/AIDS.
- Condom distribution is not enough. Many don't identify as high risk and consider themselves in monogamous relationships.
- Focus on high risk and emerging populations with culturally competent services
- Media and Social Campaigns targeting whole community
- Promote early testing and make it widely available (not just risk-based)
- Basic Needs are Critical and tied to prevention and risk of infection/transmission

### Key Findings and Recommendations

An analysis of the key informant interviews, community forums, and surveys suggests that there are 11 key findings and recommendations for prevention and supportive services in Upper Manhattan.

1. Target prevention efforts to high risk populations such as gay men, MSMs, and those who use IV drugs *as well as* emerging populations such as African American Women and Latinas, immigrants, youth, and older adults who do not identify as high risk or are not traditionally seen as high-risk.
2. Develop and implement consistent and ongoing broad-based and targeted population-based outreach and community education strategies using media, street level interventions, and collaborations.
3. Provide comprehensive/coordinated direct services focused on prevention and support services including housing, mental health, substance use/abuse, counseling and testing.
4. Coordinate and integrate HIV/AIDS counseling, testing, and treatment with primary care, emergency care, and broad-based STI/STD screening initiatives.
5. Create service models that address multiple needs and create linkages to a wide range of non-HIV related services programs and providers.
6. Ensure that HIV/AIDS providers, other providers, schools, community-based organizations, medical providers, jails, prisons, shelters, bars/clubs and the community at-large collaborate and coordinate efforts in order to reach people with information and services.
7. Provide a wide range of culturally appropriate services in English, Spanish, and other languages (Creole and a variety of African languages).
8. Engage community members and consumers, clients, and those at risk in prevention efforts and service provision using community and peer-based models.

9. Craft messages that challenge homophobia and misperceptions or stereotypes of HIV/AIDS transmission and traditional high-risk populations while also educating people about their potential risks of contracting HIV/AIDS.
10. Promote and normalize early testing and counseling.
11. Expand access to syringe exchange and harm reduction efforts.