

SUMMARY OF 2022 NEEDS ASSESSMENT PROJECT (NAP) COMMITTEE PRESENTATIONS

Anthony J. Santella

CHPC NAP Co-Chair

AGENDA

Recent NAP Presentations

April: New Haven/Fairfield Counties EMA

May: Hartford County TGA

June: CT DPH Ryan White Part B

Breakout Room with Discussion Questions





NEW HAVEN/FAIRFIELD COUNTIES EMA SUMMARY PRESENTATION

Presented by

Joanne Montgomery

in April 2022

Serv	ice	Cat	ego	ľ

2022 PRIORITY SETTING DATA SETS

	Data Set #1: 2020 In Care Needs Assessment	Data Set #2: 2021 Non-Virally Suppressed Needs Assessment	Data Set #3: 2020 Newly Diagnosed Needs Assessment	Data Set #4: 2019 Aged Needs Assessment	Data Set #5: 2019 Priority Populations	Data Set #6: 2021 MCM Survey
Outpatient/Ambulatory Health Services	2	1	2	3	2	13
Medical Case Management	1	2	6	13	1	13
Oral Health Care	7	9	5	6	3	3
Food Bank/Home Delivered Meals	8	7	1	4	4	2
Mental Health Services	9	5	9	5	6	13
Emergency Financial Assistance	4	6	3	9	7	4
Medical Transportation	5	3	7	2	5	6
Housing Services	3	4	8	1	8	1
Substance Abuse Services-Outpatient	11	11	10	7	9	13
Health Insurance Premium/Cost Sharing Assistance	6	8	4	13	10	5
Substance Abuse Services-Inpatient	10	10	11	8	11	13
Denotes Core Service	Most Important Services to maintain/achieve Viral Suppression	Most Important Services to maintain/achieve Viral Suppression	As a person living with HIV/AIDS, what are the 5 most important services you receive	Most Important Services to maintain/achieve Viral Suppression	Most Important Services to maintain/ achieve Viral Suppression	What service needs are you hearing from your clients that Ryan White does provide but not enough of?
Denotes Support Service	Surveys completed=507	Surveys completed=59	Surveys completed=24	Surveys completed=66	Surveys completed=85	Surveys completed = 35

In Care Needs Assessment Survey

November 2019 through February 2020

N = 507

Where are you living now?	
Rent a House or Apartment	72.96%
Living with Family	9.15%
Own a Home	4.57%
Living with a Friend	3.38%
Homeless	3.18%
Shelter/Transitional Housing	2.78%
Other (please specify)	2.58%
Staying with Friends ("couch surfing")	0.80%
Drug Treatment Program	0.60%
Have you ever been homeless?	
Yes	45.24%
No	54.76%

How much money do you get per month?				
\$501 - \$1000	44.80%			
\$1001 - \$1500	20.20%			
\$0 - No Income	10.20%			
\$1 - \$500	9.40%			
\$1501 - \$2000	8.00%			
\$2001 - \$2500	5.00%			
More Than \$3001	1.40%			
Do you know what it means for your HIV Viral Load to be "undetectable"?				
Yes	96.62%			
No	3.38%			
Are you undetectable (viral	load suppression)?			
Yes	89.60%			
No	7.60%			
I don't know	2.80%			
Are you satisfied with the HIV services you receive?				
Yes	97.79%			
No	0.40%			
If no, why?	1.81%			

Most Important Services to Maintain/Achieve Viral Suppression

Answer Choices	Responses		Rank
Medical Case Management	98.82%	501	1
Outpatient/Ambulatory Health Services	98.42%	499	2
	97.19%	485	
Emergency Financial Assistance		403	3
Housing Services	96.99%	484	4
Health Insurance Co-Pay Assistance	95.27%	483	5
Medical Transportation Services	96.79%	483	6
Oral Health Services	94.87%	481	7
Food Bank/Home Delivered Meals	95.99%	479	8
Mental Health Services	91.52%	464	9
Substance Abuse TreatmentInpatient	88.98%	444	10
Substance Abuse ServicesOutpatient	87.38%	443	11

SERVICE(S) I WAS UNABLE TO GET WHEN NEEDED

2019
POPULATIONS
OF FOCUS
IN CARE
NEEDS
ASSESSMEMT

SERVICE	YOUNG MSM HISPANIC	YOUNG MSM AA	AA WOMEN	TRANSGENDER WOMEN
OAHS	0%	10%	0%	0%
HIPCSA	0%	0%	0%	0%
ORAL HEALTH	0%	20%	0%	0%
MENTAL HEALTH	0%	10%	0%	0%
SA OUTPATIENT	0%	10%	0%	0%
MCM	0%	0%	0%	0%
HOUSING	7%	0%	0%	0%
EFA	7%	0%	0%	0%
TRANSPORTATION	0%	0%	0%	0%
SA RESIDENTIAL	0%	0%	0%	0%
FOOD BANK/HDM	0%	0%	2%	0%
EIS	0%	0%	0%	0%
Powere	SurveyMonkey			

MOST IMPORTANT SERVICES TO MAINTAIN/ACHIEVE VIRAL SUPPRESSION

2019
POPULATIONS
OF FOCUS
IN CARE NEEDS
ASSESSMEMT

SERVICE	YOUNG MSM HISPANIC	YOUNG MSM AA	AA WOMEN	TRANSGENDER WOMEN
OAHS	93%	80%	100%	100%
HIPCSA	36%	22%	2%	22%
ORAL HEALTH	86%	60%	48%	57%
MENTAL HEALTH	43%	30%	28%	67%
SA OUTPATIENT	14%	10%	17%	63%
MCM	100%	90%	98%	100%
HOUSING	29%	30%	39%	33%
EFA	29%	44%	24%	68%
TRANSPORTATION	36%	30%	35%	89%
SA RESIDENTIAL	7%	10%	4%	22%
FOOD BANK/HDM	50%	20%	65%	68%
EIS	23%	30%	0%	11%
				9

2021 Medical Case Management Client Health Insurance Survey

Uninsured by Region Details						
Reason	1 (New Haven)	2 (Waterbury)	3 (Bridgeport)	4 (Stmd/Norwalk)	5 (Danbury)	Total
Uninsurable 2019	83	24	71	44	32	254
Uninsurable 2021	54	37	76	45	27	239
Over Income for Medicaid			4			4
Cannot afford private insurance premiums						-
Failed to Redetermine			2			2
Missed Open Enrollment			1			1
Documented but less than 5 years			1			1
Loss of Employment			1			1
New Employment				1		1
Client declines following up with paperwork	2		4	3		9



HARTFORD COUNTY TGA SUMMARY PRESENTATION

Presented by

Danielle Warren

in May 2022

Out of Care* (OC) Survey

130 individuals identified as OOC

80 responses 27% Whites, 53% Blacks & 21% Hispanic

80% were housed 42% have in past exp. Homeless in their life time

Reason Listed for OOC

- I'm doing well on my own
- I am nervous about COVID and it makes me too afraid to keep appointments or pick up medications.
 - ❖ I missed my appointment, and no one ever called me to reschedule it.
- I keep forgetting my doctor appointments
- I'm not feeling sick at this time
- ❖ I have no insurance

Top Services needed but could not get 36% Housing 25% Dental Service 18% Doctor 18% EFA 17% CM 17% Mental Health 15% Food Services identified as needed for PLWHA to remain in care

53% CM 45% Medical Services 31% Housing 24% Dental 19% HISCP

* Individuals who are out of care, have not had a medical visit within each of the 6 months period in the 2-year period

Non-Viral Load Suppression Survey

257 Individuals Identified as NVLS - 53 Responses/ 21%

4%: 14-24 years old 37.5%: 25-65 years old 57%: 50+ years old

> 33%: Whites 49%: Blacks 18%L Hispanic

57% Males and 43% Female

52% did not know their Viral Load at time of the survey

Some Reasons Identified
As To Why Individuals
Were Not Virally
Suppressed
36% Sometimes Missed
dosage
16% Not taking meds
everyday
48% Take meds every
day

Non-Viral Load Suppression

Reasons Indicated Why Individuals
Were Not taking their meds or stop
taking their Medication
47% Forgot
13% Busy
10% Did not Attend Medical appts.
needed to obtain refills

10% Did not have any Health Insurance coverage and could not afford it

83% Indicated that they were not regularly taking medication

41% Drug Miss use & Complicated Life 20% Medial Health Problems 16% Inadequate Housing Service need to stay in care

89% Medical
68% Cm services
47% Health Insurance
35% Housing Assistance
31% Mental Health
30% Substance Misuse Services
29% dental

Hard to Get Services

25% CM
28% Substance Miss
use Services
20% Dental
17% Housing
14% HISCP
11% EFA
8% Mental Health

Needs Assessment Service COVID Survey

230 Participants

Demographics 43% Female 56% Male

43% were Black 38% Hispanic 18% white

13% unstable housing

36% of the PLWAH were employed

25% reported they were at risk because of work and living environment

90% Knew the protocol to take if they contracted COVID

93% COVID spread person to person

90% Understood that Asymptomatic people could COVID

SERVICE ACCESS Pre-COVID vs. During COVID

Services	Access before Covid	Access during Covid
	Yes	Yes
Medical Case Mgt (incl		
Treatment Adherence)	<mark>76.30%</mark>	<mark>44.74%</mark>
Outpatient/Ambulatory		
Health Services	<mark>58.77%</mark>	<mark>27.31%</mark>
Oral Health Care	54.98%	46.93%
Mental Health Services	41.23%	34.65%
Early Intervention		
Services	18.48%	14.98%
Substance Abuse		
Services - Outpatient	19.43%	14.10%
Health Ins Premium &	1711070	
Cost Sharing Assist	30.33%	32.60%
Housing Services	30.81%	40.61%
Medical Transportation		
Services	36.49%	30.70%
Psychosocial Support		
Services	30.81%	22.81%
Emergency Financial		
Assistance	35.07%	42.98%
Food Bank/Home-		
Delivered Meals	42.18%	47.37%
Clinical Quality		
Management	26.07%	26.55%

Help Needed

TOPIC	Pre-COVID	During- COVID
	Often	Yes, Several days
Little interest in		
doing things	<mark>12.96%</mark>	<mark>28.64%</mark>
Feeling down, depressed or		
hopeless	<mark>17.05%</mark>	<mark>32.56%</mark>
Feeling stressed		
and anxious	<mark>24.55%</mark>	<mark>38.46%</mark>
Trouble falling or		
staying asleep	21.62%	27.03%

Top Concerns people faced during the quarantine:

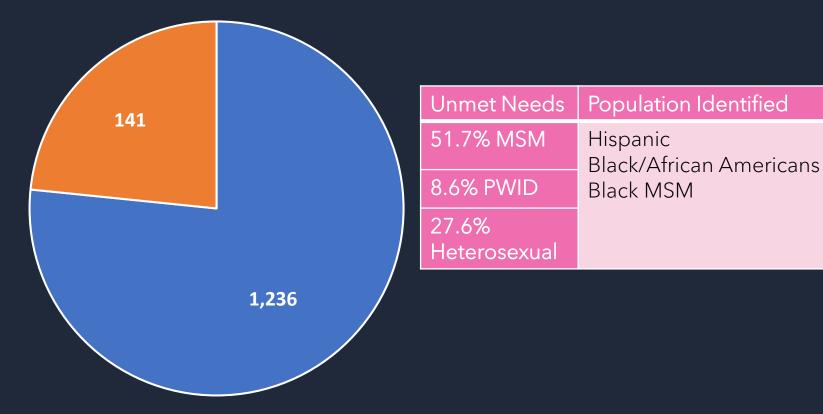
- Not able to visit friends and family
 - 2. Concerned about family
 - 3. Boredom
- 4. Access to food

UNMET NEEDS FRAMEWORK

The unmet need for an area is an estimated number of the need for HIV-related health services by individuals with HIV who are aware of their status but are not receiving regular primary HIV health care. It is calculated by the number of Ryan White clients that have not had a CD4, VL test, or medical visit in the most recent calendar year.

Unmet Need

■ In Care
■ Unmet Need





CT DPH RYAN
WHITE PART B
SUMMARY
PRESENTATION

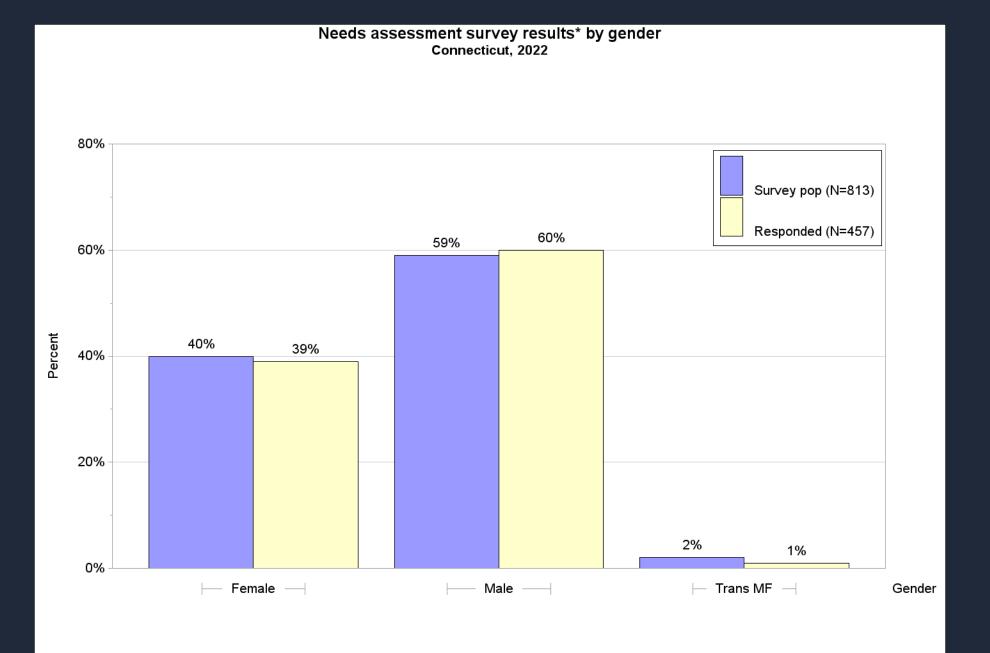
Presented by Mukhtar Mohamed and Mitch Namias in June 2022

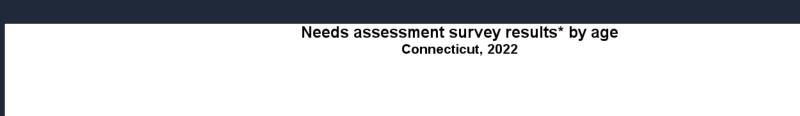
PART B CLIENT SURVEY

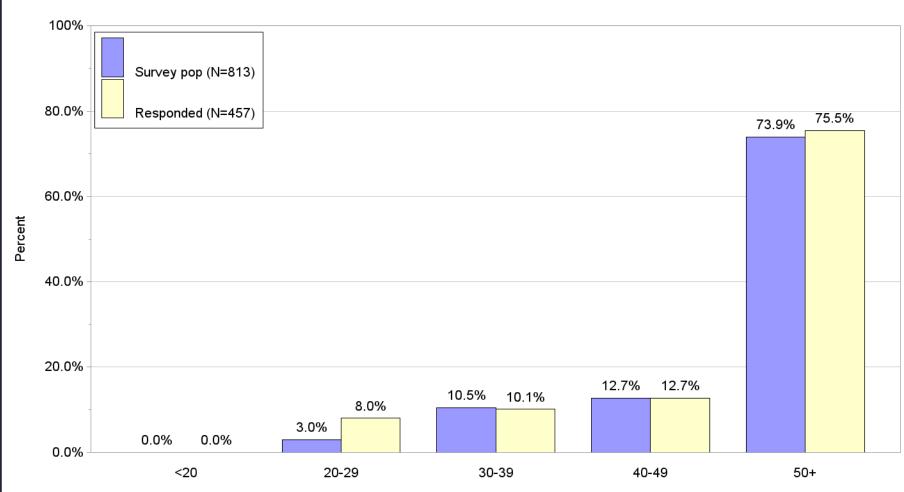
- Inclusion Criteria: Active Medical Case Management by Ryan White Part B, not deceased or discharged in e2CT as of December 2021
- Survey administered from February 18-May 2, 2022
- 813 clients were selected to participate in the survey
- 56% (457/813) responded to the survey
- Statistical analyses comparing demographic factors (gender, age, and race/ethnicity) were not statistically different for clients selected for the survey and those who responded

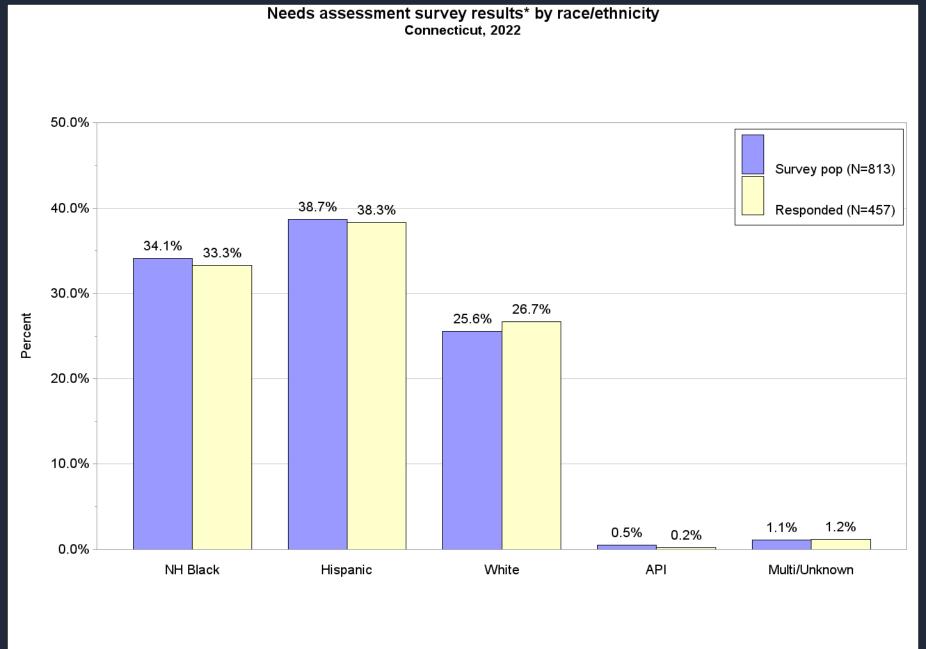
· Age distribution is skewed toward the older population as is Ryan White population

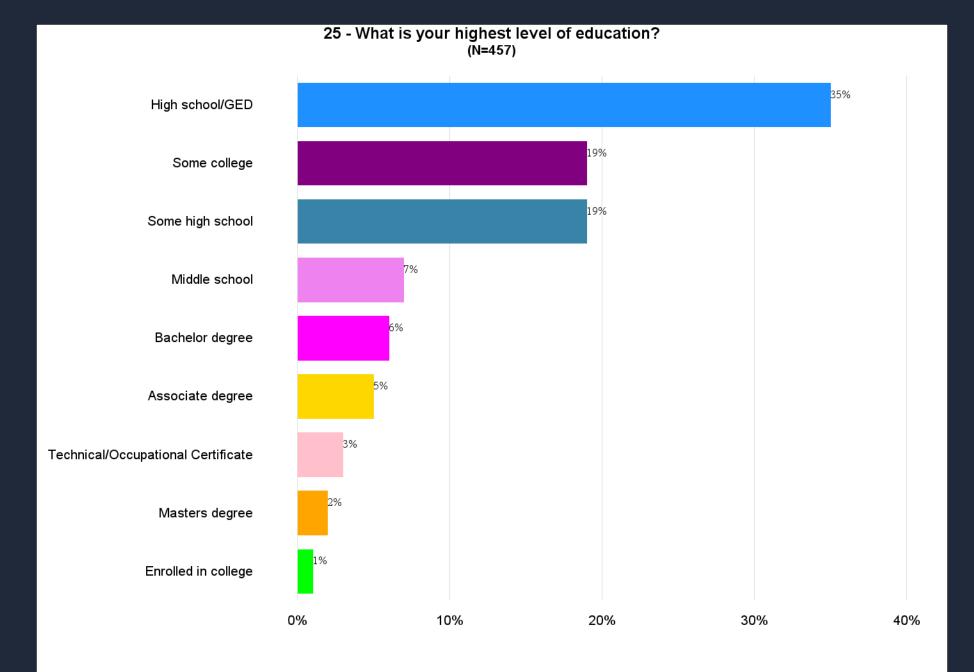
7/21/2022

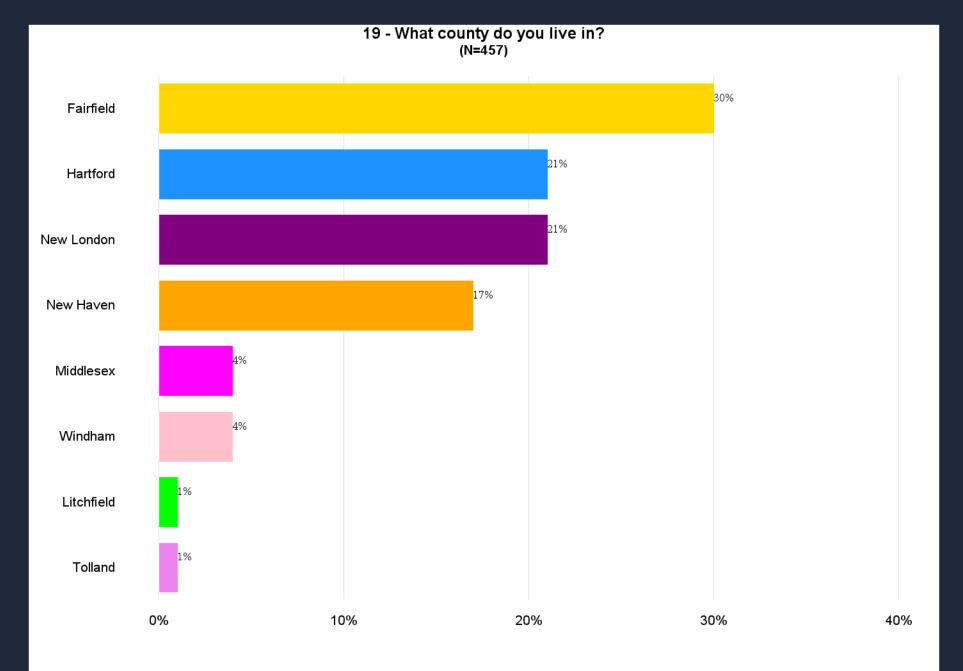


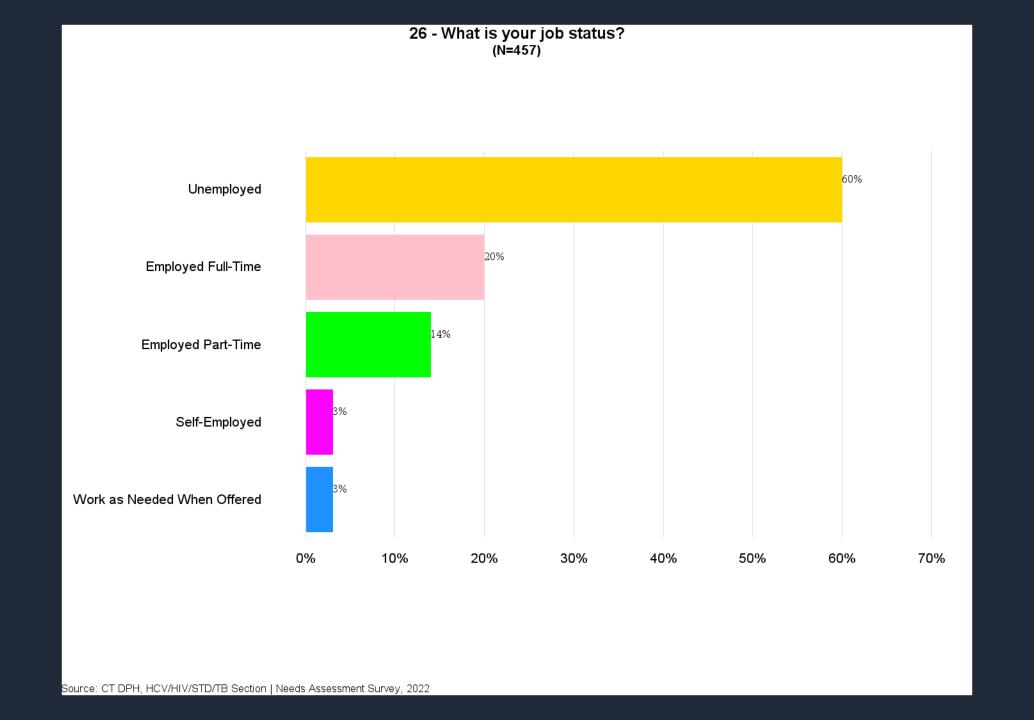


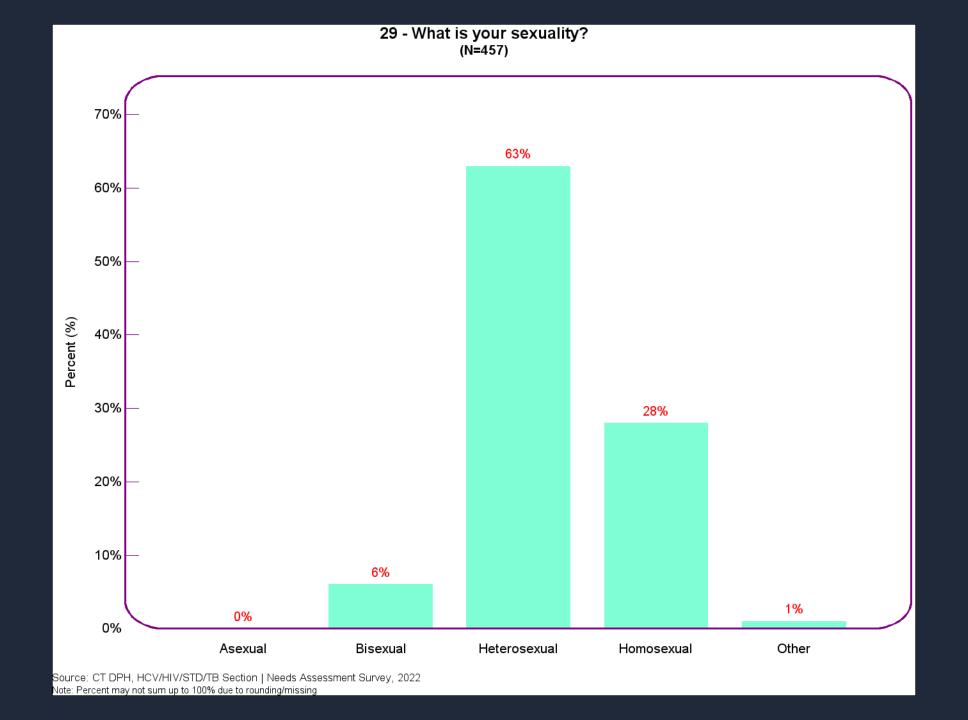


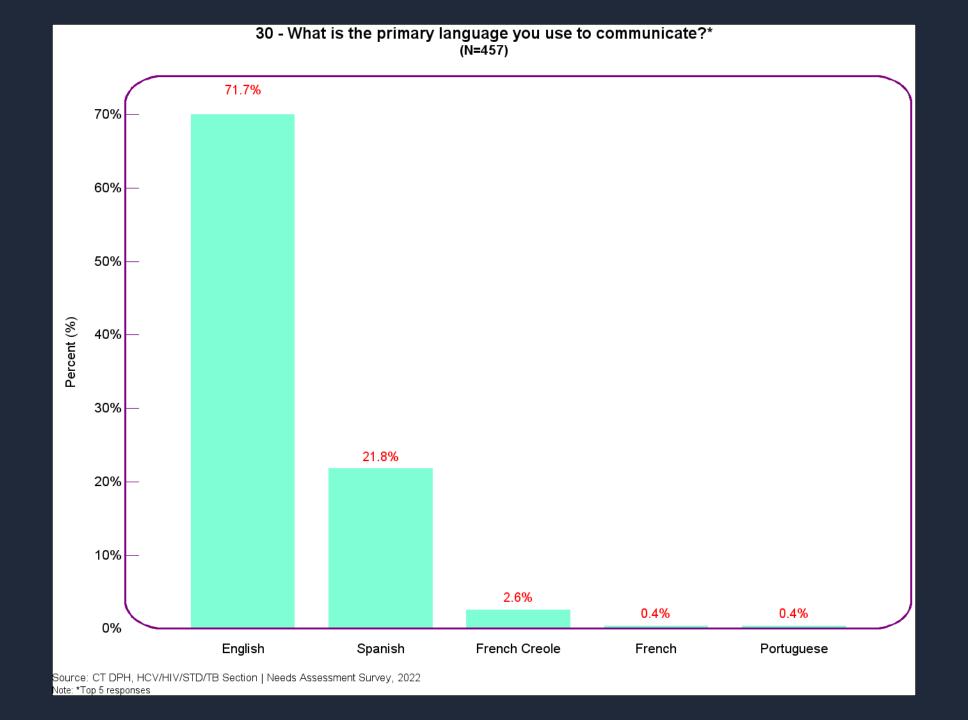


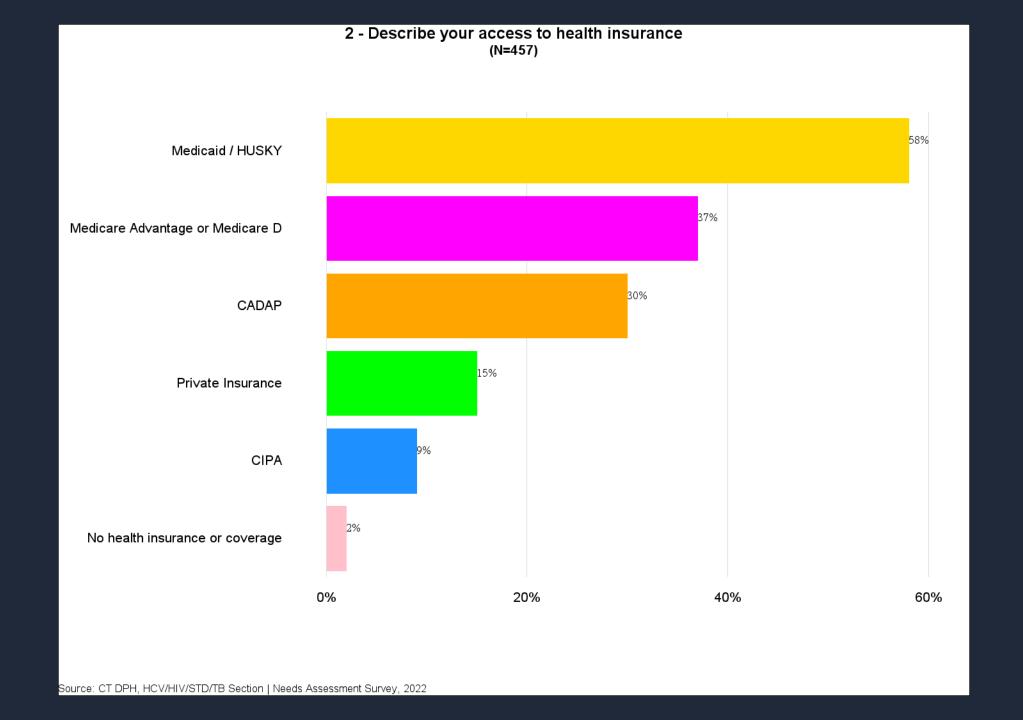


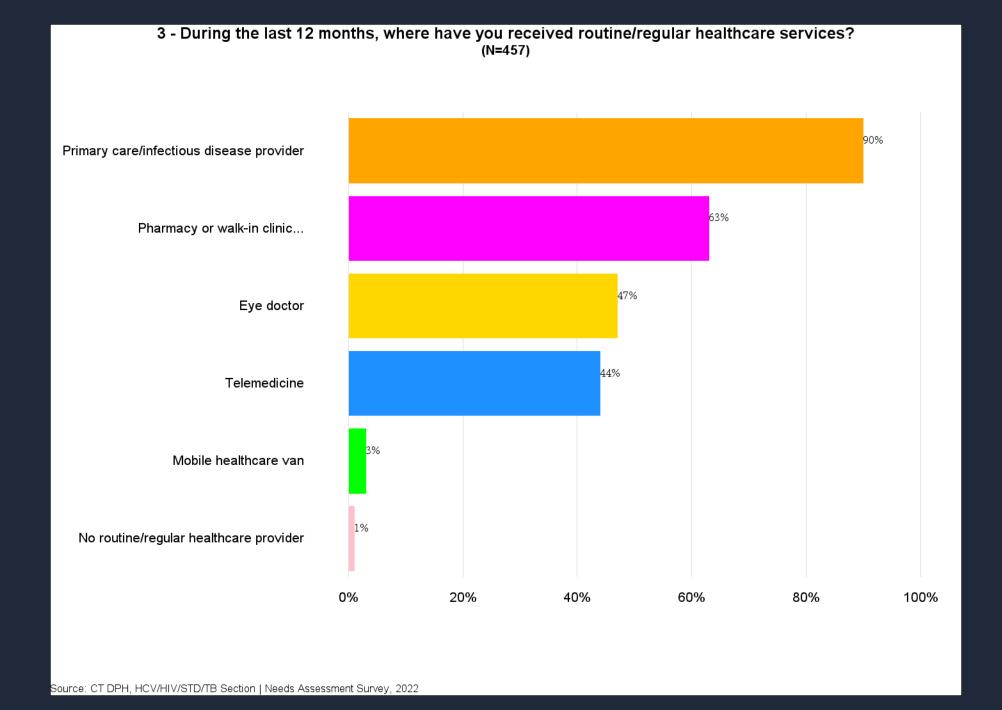






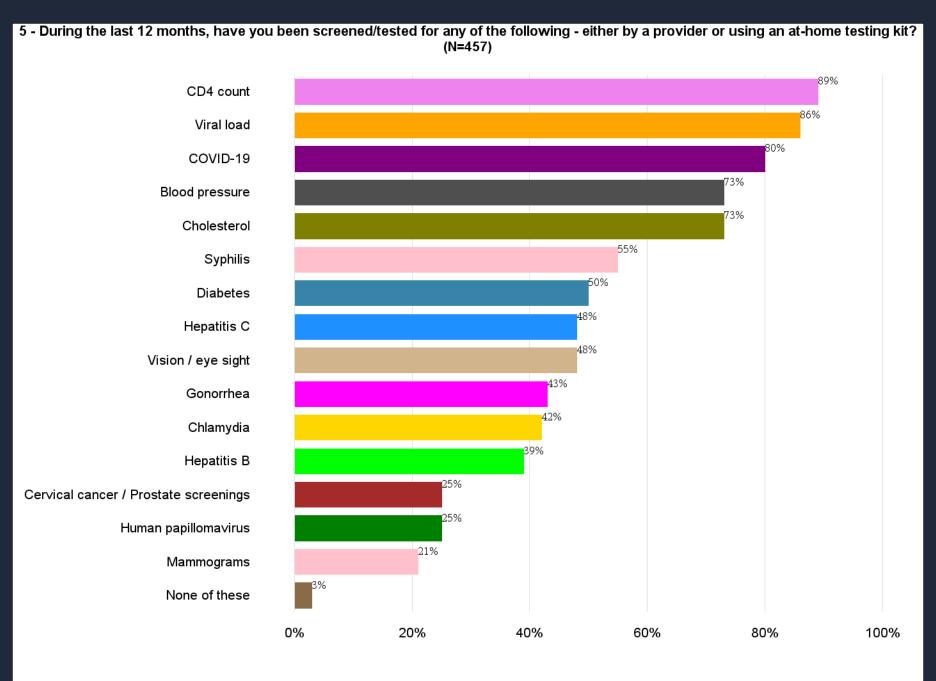


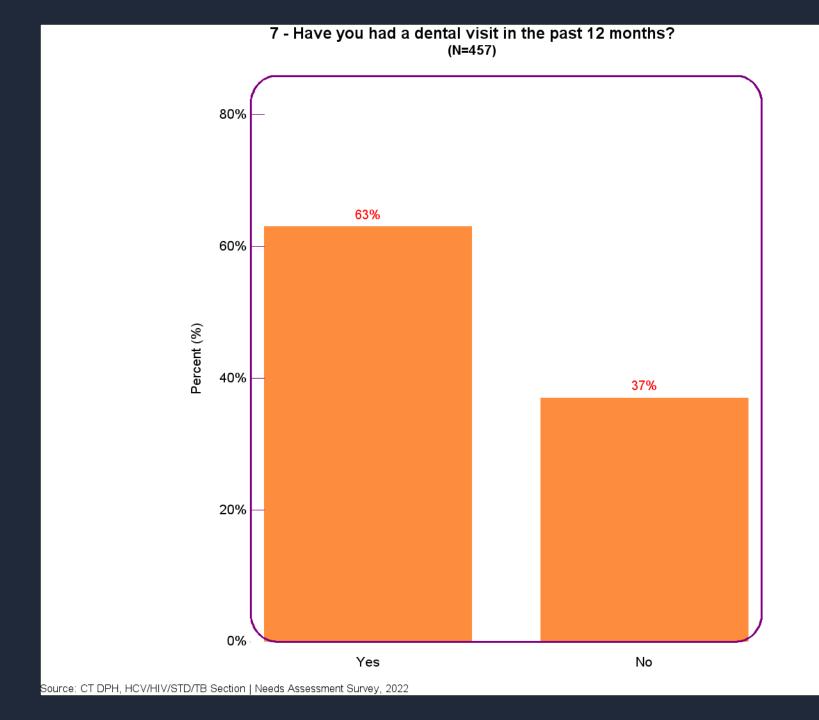


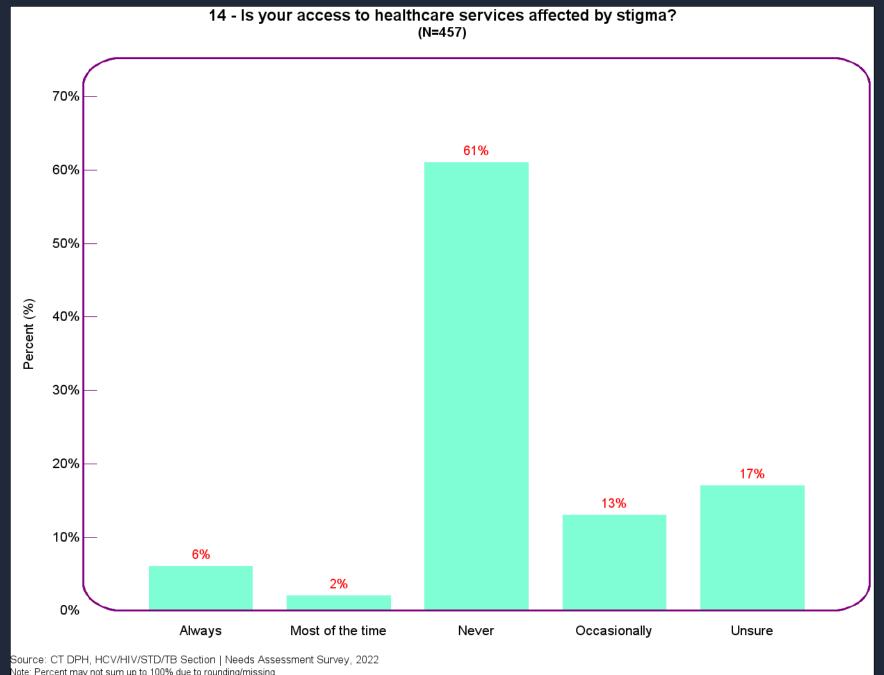


TOP SERVICES NOT ACCESSED ("I CANNOT GET THIS SERVICE")

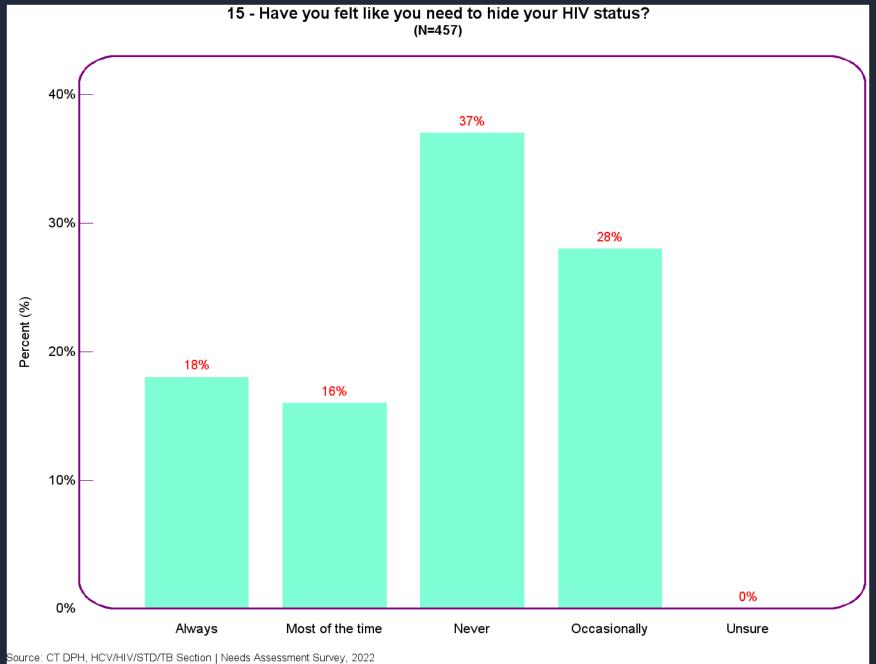
- 1. Childcare to attend healthcare appointments (222/455 = 48.8%)
- 2. Help to reduce tobacco, vaping, or nicotine use (156/455= 34.3%)
- 3. Reproductive health services (153/457= 33.5%)
- 4. Help paying for late rent/mortgage (118/454= 26%)
- 5. Help finding affordable housing (117/454= 25.8%)
- 6. Help to reduce alcohol use (113/455= 24.9%)
- 7. Interpreter to speak with medical provider (153/457= 24.3%)
- 8. Domestic/IPV services (101/455= 22.2%)
- 9. Help to reduce prescription drug use (100/455= 22%)
- 10. Nutritional counseling services (97/455= 21.3%)



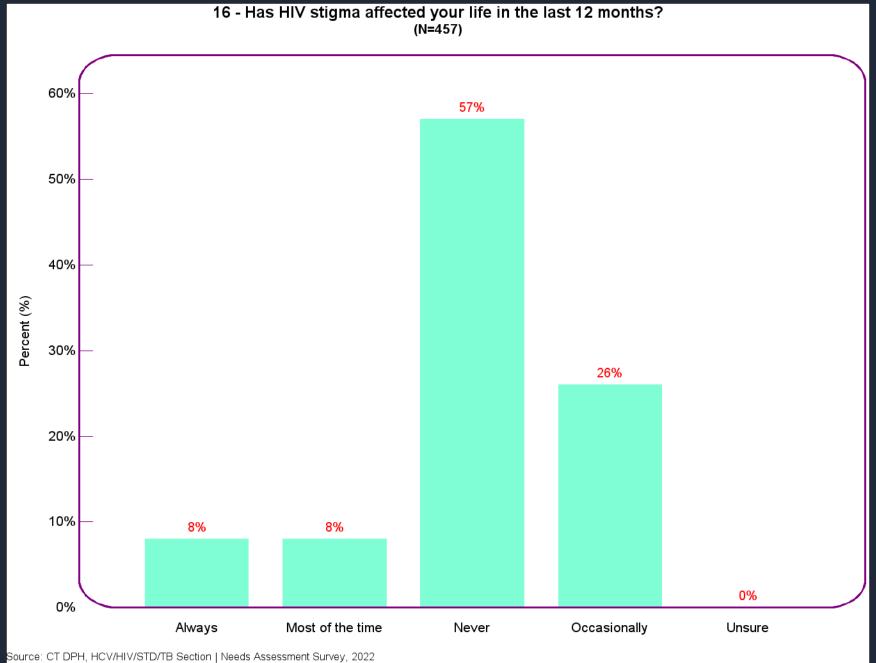




Note: Percent may not sum up to 100% due to rounding/missing



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BREAKOUT ROOM DISCUSSION QUESTIONS

- Please answer all three questions in your Zoom breakout.
- Elect one person to take bulleted notes that can be copied and pasted into main room chat.
- Discussion questions:
 - 1. What surprised you the most about the needs assessment information?
 - 2. What are the top three needs for persons with HIV?
 - 3. What other information or needs assessments should the CHPC and its partners consider doing in the upcoming years?