



New York HIV Planning Council 2013 Consumer Listening Sessions Summary of Key Findings

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- ***Six (6) listening sessions held in Brooklyn, the Bronx, Manhattan, Queens, Staten Island, and Westchester County between May 14 - June 4, 2013.***
- ***Five (5) sessions conducted in English; one (1) in Spanish***
- ***All sessions audio recorded and transcribed; data analysis completed using ATLAS.ti analytic software***
- ***The following slides present the most common responses to questions related to “barriers” and “facilitators” to accessing HIV testing and treatment services in New York.***



Barriers to HIV testing

- A1. Lacking knowledge of HIV risks**
- A2. Sense of invulnerability**
- A3. Not wanting to know status**
- A4. Concerns regarding discretion and confidentiality**
- A5. Stigma of HIV and lack of social support**
- A6. Lack of knowledge of where to get tested and what services are offered**



Strategies/facilitators to HIV testing

- B1.** More education outreach in multiple languages
- B2.** Greater utilization of peers for pre/post-test counseling



Barriers to accessing HIV treatment services

- C1. Concerns regarding confidentiality**
- C2. Inconvenient clinic hours/wait times**
- C3. Inconvenient clinic location/lack of transportation**
- C4. Poor provider-consumer relationship**
- C5. Lacking bilingual staff at clinics**



Strategies/facilitators to accessing HIV treatment services

- D1.** Greater assurance for consumers regarding their rights to confidential care
- D2.** Caring providers
- D3.** Having support of peer mentor
- D4.** Improvement/oversight of transportation system
- D5.** Extended clinic hours
- D6.** More bilingual staff at clinics



Barriers to initiating ART

- E1. Depression/Isolation**
- E2. Fear of side effects**
- E3. Widespread misconceptions about medications**
- E4. Being in denial of HIV progression**



Strategies/facilitators to initiating ART

- F1. Greater education and communication regarding side effects**
- F2. Consumers feeling empowered to have input in their healthcare**
- F3. Good provider-consumer communication**



Barriers to maintaining viral suppression

- G1. Poorly coordinated system of HIV care**
- G2. Feeling better and stopping treatment.**
- G3. Having poor communication with providers**
- G4. Having competing responsibilities**
- G5. Not disclosing status**
- G6. Living in poverty/being transient**



Strategies/facilitators to maintaining viral suppression

- H1.** Developing integrated team of providers – with peers as integrated team members.
- H2.** Automated reminders to take medication
- H3.** Caring providers
- H4.** Continued education of consumers on importance of being adherent.
- H5.** Greater integration of HIV care with other social support services – especially housing

Characteristics of an ideal system of HIV care ^{1/2}

- 1. Better integration of HIV care with other social services (i.e., housing, food security, mental health services) (G1, H5)**
- 2. Improved transportation services (C3, D4)**
- 3. Wider availability of specialists in all boroughs and upstate – especially for provision of mental health services**

Characteristics of an ideal system of HIV care 2/2

4. **Provision of bilingual services for both HIV education outreach and care (B1, C5)**
5. **Engaging family/significant others in managing HIV**
6. **Advocacy focus**
7. **Developed with input from consumers and HIV care providers**