



Tuesday, January 19, 2016, 1:00 – 3:00 PM

LGBT Community Center, 208 West 13th Street, Rm 101, New York, NY

Planning Council Members Present: Billy Fields (Co-Chair), Randall Bruce (Consumer At Large), Lisa Best, Daniel Castellanos, DrPH, Carrie Davis, Maria Diaz, Matthew Lesieur, Saul Reyes, John Schoepp

Planning Council Members Absent: Altirik Harper, Harry Jackson, Jesus Maldonado, Antonio Munoz, Carlos Rosario, Kim Watson

Appointed Community Members: Yves Gebhardt, Ron Joyner, David Martin, Glen Phillip

Guests: Mark Browne, Lawrence Francis, David Terry, Mark Misrok

NYCDOHMH: Jan Carl Park, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda & Rules for Respectful Engagement;
- December 22, 2015 Meeting Minutes;
- CDC/HRSA Integrated HIV Prevention & Care Guidance, p.15;
- Consumer Committee Membership 2015-2016;
- Announcement of nominations of Consumer At Large Member 2015-16;
- Voting Ballot for Consumer At Large Election;
- NYDOHMH HIV/AIDS Bi-Weekly Update;
- Strategies and Resources to Increase Employment Opportunities of People Living with or at High Risk for HIV, Mark Misrok, National Working Positive Coalition, Presented 1/19/16;
- HIV Surveillance Annual Report, 2014, NYCDOHMH;
- Consumer Committee December 2015 & January 2016 Meeting Evaluations; and
- January 2016 HIV Planning Council Calendars.

WELCOME/INTRODUCTIONS/REVIEW OF MINUTES

Billy Fields, Co-Chair of the Committee opened the meeting, followed by participant introductions. *John Schoepp* led the group in a moment of silence in honor of those struggling and those who have passed. *Darryl Wong* reviewed the meeting agenda, meeting packet and Rules of Respectful Engagement. The December 2015 minutes were accepted as presented.

PUBLIC COMMENT:

David Terry, PLWH and resident of an SRO, expressed concerns about safety, drug use, vermin and monetary exchange for services in his current residential setting, as well as the lack of an advocacy voice amongst his peers. *Lisa Best*, Tri County resident, urged this individual to continue speaking out to raise awareness of these and other infrastructural issues affecting the quality of life of PLWHs in SRO settings.

ELECTION OF CONSUMER AT LARGE 2015-16

The roles and responsibilities of the Consumer At Large position was reviewed before the call for nominations. *Randall Bruce*, having served in this role for the past two terms (including the current term), graciously volunteered to continue serving in this role. Running unopposed, he was appointed by acclamation.

COMMUNITY CO-CHAIR REMARKS

Matthew Lesieur, newly elected Planning Council Community Co-Chair, introduced himself and underscored the importance of consistent consumer participation in providing input into the planning process as well as providing the perspectives of the lived experiences of PLWHAs living in the NY EMA.

PLWHAs & Employment/ Q & A

Mr. Wong introduced Mark Misrok, President of the National Working Positive Coalition, who provided historical context to the work of the World Health Organization, Centers for Disease Control and Prevention (CDC), the Updated National HIV/AIDS Strategy, and the Ending the Epidemic (ETE): New York State's Blueprint Plan to End the AIDS Epidemic in identifying employment as a social and economic determinant of health.

The Updated National HIV/AIDS Strategy (NHAS) states that in many cases, it is not possible to effectively address HIV transmission or care without also addressing structural factors and social determinants of health, such as poverty, lack of education, unemployment, homelessness and other issues. To address disparities requires:

- focusing on disproportionately affected communities and populations;
- implementing structural approaches to HIV prevention and care that address conditions such as housing, education, employment, and food security; and
- reducing stigma and eliminating discrimination associated with HIV infection.

Poverty, unemployment, and underemployment are social and economic determinants of health which critically influence outcomes along the HIV care continuum, including engagement/retention in care, treatment adherence and viral suppression. To achieve and maintain viral suppression, which is the clearest indicator that appropriate medical care is being provided, a person with HIV needs a host of non-medical resources.

Persons with HIV who lack jobs, housing, financial resources, adequate insurance, behavioral well-being, and/or personal support systems are less likely to achieve improved health outcomes. It will be essential to ensure adequate, stable levels of support to people living with HIV in housing, transportation, employment, nutrition, substance abuse treatment, mental health services, and/or child care.

As stated in the ETE Blueprint recommendation #30, *Increase access to opportunities for employment and employment/vocational services*, research findings reflect the benefits of employment and employment services to HIV health and prevention outcomes. There exists a need for current HIV service providers to identify and address employment-related needs of people living with HIV, including the need for HIV employment programs, including targeted services for:

- Transgender individuals (especially transgender women of color) without regard to HIV status;
- People with HIV returning to the community from or with a history of incarceration;
- Homeless youth (especially black and Hispanic/Latino MSM and transgender women) without regard to HIV status; and
- HIV peer workforce education, credentialing and employment.

With respect to high rates of loss of employment after HIV diagnosis, for the past 20 years, estimates of the rate of unemployment of people living with HIV have ranged from 40% to 70%. For many, an HIV diagnosis initiates or exacerbates and entrenches long-term poverty. The longer an individual is out of the workforce, the harder it is for them to succeed in employment.

The impact of unemployment and underemployment includes the multiple challenges of loss: of identity, personal and vocational development, social connections, focus on the future, structure for

time and energy, engagement with evolving technology and software, self-esteem, role modeling for children, feeling of productivity, opportunities to contribute and to mentor, access to many or improved benefits, in addition to loss in economic status.

Employment is associated with benefits to mental health, including improved psychosocial and psychological functioning, increased self-esteem, decreased psychological distress, decreased depression, lower depressive affect, higher general morale, lower anxiety and higher perceived quality of life.

With respect to the impact of employment on treatment adherence, the 2013 ILOAIDS study evaluating 28 studies involving 8,743 people showed that employed participants had 27% higher odds of optimal adherence to antiretroviral meds (>95% adherence)

The National Working Positive Coalition Vocational Development and Employment Needs Survey (2008-2009; n = 2506 PLHIV) brought to light that 63% of PLWHAs were employed when diagnosed and that 32% employed when surveyed. The majority of those employed, after period of not working, reported no change, or decreases in: viral load (38%), alcohol use (35%), drug use (34%) and condom-less sex (30%). There were reported increases in self care (49%), CD4 count (37%), and medication adherence (21%).

In order to integrate employment in HIV service delivery, approaches should include:

- discussions and assessments for employment interests, needs, concerns and questions, integrating findings with assessments for income, housing, food/nutrition and other social and economic determinants of health, from intake and through-out subsequent follow up contact;
- providing or referring for information, counseling/coaching and advice on benefits (including financial, medical, housing), training, education and employment; and
- identifying community resources, including handouts and/or online resources.

To build service capacity, programs should:

- identify and revise program policies and procedures presenting barriers to employment for participants;
- learn where key employment-related resources are in the community;
- provide benefits planning and assistance;
- provide adult education (including GED prep, ESL, literacy/numeracy), vocational rehabilitation and employment services (including OTDA & other HIV employment programs, ACCES-VR, Workforce1 and community-based workforce development programs); and
- develop cross-sector linkage and liaison relationships with employment-related community partners

The HIV/AIDS Employment Initiative (OTDA) is administered by the NYS Office of Temporary and Disability Assistance in cooperation with the AIDS Institute and the OTDA Center for Employment & Economic Supports. Seven (7) contracts were awarded in 2013, with each agency awarded 1 to 5 years of funding (approximately \$166K/year) to serve low income PLWH residing in New York State. Contracts could continue through December 2018, pending allocations or program changes. There are five (5) NYC grantees : CAMBA and Housing Works in Brooklyn, ASCNYC and GMHC in Manhattan, and Elmcors in Queens, as well as NADAP on Long Island and ACR in Syracuse.

Other linkages to increase vocational opportunities for people living with HIV include:

- Workforce1 Career Centers: NYC's American Job Center workforce development community hubs, which serve all jobseekers, including people with disabilities;
- There are 19 Workforce1 Career Centers across all 5 boroughs, which are locally branded – Workforce1 is the name in New York City for our local American Job Center “one-stop” career centers;

- ACCES-VR: NY state vocational rehabilitation agency which serves people with disabilities through fifteen (15) District Offices in NYC: Bronx, Brooklyn, Manhattan (includes Staten Island satellite office) and Queens District Offices;
- Funding of community-based HIV employment programs is possible through both Local ACCES-VR District Office or local Workforce Investment Board

It is important to be able to access accurate information regarding work earnings while receiving benefits. Service providers and people living with HIV need adequate access to accurate information about work earnings-related policies for key programs including SSI/SSDI, HASA (in NYC), Medicaid, Medicare and other health coverage, and subsidized housing (HOPWA, Section 8). Employment challenges cited by meeting participants included:

- Seasonal, part time wages which negatively affect HASA benefits, contrary to the advice of their HASA caseworkers;
- The lack of accurate information available to HASA clients from their caseworkers;
- Challenges in negotiating time off for medical appointments and sick leave;
- Receipt of stipends for work which, by negatively affecting benefits and entitlements, act as disincentives to looking for work; and
- Financial penalties for having earned above a certain minimal threshold.

In conclusion, well-informed decision-making about working and transitions to employment depends on information accessibility in order to maintain or improve access to health care, housing and economic stability. Service providers and people living with HIV need training, individual benefits counseling and advice is needed by people living with HIV, as is education about community-level resources available for vocational training, education and employment services.

Additional resources and information may be found at:

- ACCES-VR (formerly VESID) – NYS vocational rehabilitation agency (District Offices by borough – Manhattan District has S.I. office) at www.acces.nysed.gov/vr/district-offices
- Workforce1 – NYC’s American Job Center “one-stop” career centers www.nyc.gov/workforce1;
- NYESS – New York Employment Services System, www.nyess.ny.gov;
- New York Makes Work Pay, www.newyorkmakesworkpay.org
- U.S. Department of Labor, Office of Disability Employment Policy – Topic: HIV/AIDS
- www.dol.gov/odep/topics/hiv aids; and
- National Working Positive Coalition (NWPC), www.workingpositive.net

NEEDS ASSESSMENT COMMUNITY BRIEFING

Daniel Castellanos, DrPH and Carrie Davis, Co-Chairs of the Needs Assessment Committee, greeted consumers with the charge of integrating the work of the Needs Assessment Committee with the work and voices of consumers from the Consumers Committee. The complexity of examining data in the context of employment opportunities and other socioeconomic factors, HIV/Hep C co-infection and housing issues will ideally lead to policy discussions and resultant programmatic changes addressing these factors and their relationship to positive health outcomes for PLWHA.

In response to *Saul Reyes*, Committee member, who sought clarification on how data will be collected and utilized, Dr. Castellanos noted that while the Committee does not collect data, it can help shape how data, such as CHAIN studies, is collected, presented and utilized by our planning body. *Ron Joyner* identified criminal justice history, including outstanding warrants and the effects of incarceration on employability, as an area needing additional study. *Lisa Best* spoke to transportation challenges in getting to/from work for Tri-County residents and *Mr. Terry* re-iterated his comments on housing conditions, especially in SROs, with residents with mental health challenges and engaging in active drug use. There will be ongoing opportunities for additional discussions regarding the integration of the committees’ work.

Members were reminded of the Needs Assessment Community Briefing to be held at the NYU Kimmel Center, 60 Washington Square South, Rm 914, on Tuesday, February 23 from 9AM – 1PM.

PLANNING COUNCIL /CONSUMER COMMITTEE UPDATES

Committee members were reminded that the development of the CDC/HRSA Integrated Prevention and Care Plan is moving forward and that there will be a NYS/NYC conference call addressing involvement of Planning Council members in this process. It was announced that the State has retained a consultant who will be developing the integrated plan; dates for smaller discussion workgroups will be announced. The State will be presenting on the ETE Regional discussions and its role in the joint plan at the full Planning Council meeting on January 28. Mr. Lesieur, Planning Council Community Co-Chair, remarked that the Ryan White Part A program is one of the few inclusive processes which directly solicit consumer input and that members should take full advantage of the opportunity to participate. Members who expressed interest in participating in the discussions include *Randall Bruce, John Schoepp, Saul Reyes, Billy Fields, Ron Joyner, Lisa Best and Maria Diaz.*

New Business/Borough & Network Updates:

Yves Gebhardt invited members to the Manhattan HIV CARE Network next meeting at NYCDOHMH, at 158 East 115th Street, New York, NY on January 26.

PUBLIC COMMENT/NEW BUSINESS/BOROUGH UPDATES/ADJOURNMENT

There being no further business, the meeting was adjourned at 3:05PM.