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# QUALITATIVE DATA

# PSRA: 2020 PLANNING

## Community Discussions and Forums

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Tuesday, June 18<sup>th</sup>, 2019

# What is the CPC and what are the members charged with?

- Standing committee of the Greater Baltimore HIV Health Services Planning Council.
- Charged with:
  - developing the comprehensive/integrated plan,
  - identifying trends and needs for planning, and
  - overseeing the logistics of PSRA.
- Members 2018-2019:
  - Dale Brewer, Markton Cole, Carlton Gross, Vanessa Lathan, Fernando Mena-Carrasco, Martin McEnrue, Kemahn Jones, Akil Patterson, Carlton Smith, and Brande Ward.

# How did we get here?

- PSRA 2018
  - “Churning of patients” who fall in/out of care
- CPC Summer 2018-Summer 2019
  - Identification of unmet need - objective & subjective data
  - Led to exploration of models that assertively engage HIV+ persons
  - Held 5 community discussions:
    - Assertive engagement models to improve access to care for PLWHAs (July 2018)
    - Reaching & Serving Latino Communities (October 2018)
    - Community Conversation on Engaging the Youth Population (November 2018)
    - Transgender Response Team (March 2019)
    - Community Discussion on Care Engagement of PLWHAs (March 2019)

# How did we get here?

- The CPC identified key populations based on MDH/BCHD reporting in 2017:
  - **Younger people** ages 20-39 accounted for 60.1% of the new diagnoses\*
    - Of those with a viral load test, viral suppression was lowest among persons currently aged 13-19 and 20-29 years old (68.5%).
    - An additional 50.6% of persons aged 13-24 living with HIV in Maryland remain **undiagnosed**.
  - **Hispanics/Latinos** accounted for 10.2% of the 1,040 reported HIV diagnoses\*
    - While Baltimore's overall population diminished by 4.6% between 2000-2010, the Latino population grew by 134.7%\*\*
    - An additional 17.6% of Latinos living with HIV in Maryland remain **undiagnosed** (2016)\*
  - Persons who identify as **trans females** accounted for 1.3% of the new diagnoses\*
    - 71.4% were linked to care within 1 month of diagnosis
    - 71.6% of those with a viral load were UD | HET: 84.9% | MSM: 84.4%

\*Center for HIV Surveillance, Epidemiology and Evaluation | Maryland Department of Health

\*\* City of Baltimore, Hispanic Commission

# Qualitative Data & Key Recommendations

## Community Forums

- **Younger people:**
  - Peer-designed, peer-delivered, peer-led social media messaging/marketing
  - Empowering youth through employment and leadership of public health programming around HIV/STIs.
- **Latinos/Hispanics:**
  - Increasing specialized case managers, system navigators, pharmacy technicians, and medical assistants in areas of EMA where Latinx patients are served,
  - Increasing language capability; medical and behavioral health services.
- **Persons who identify as trans:**
  - Structural competence around gender-affirming medical services,
  - Equal prioritization of gender-affirming and HIV health services,
  - Trans-specific transitional housing (different safety thresholds),
  - Incorporate a multi-center navigator program for the transgender community.
    - Hire and promote trans individuals

# What's next?

- Geriatric and aging populations
- Deeper dive on emerging populations affected by the HIV epidemic
  - *Language utilization*
  - *Gender-affirming care*
- EMA-wide assessment of service needs for people living with HIV