



Planning Council Meeting
Thursday, November 14, 2024
89 South St., Boston, MA 02111 and Zoom
4:00 PM – 6:00 PM

Summary of Attendance

Members Present

Alison Kirchgasser
Alyssa Collaro
Amanda Hart
Bryan Thomas
Carlton Martin
Catherine Weerts
Curtis Santos
Karen White
Kim Wilson
Liz Koelnich
Margaret Lombe
Zeke Russell
Gerry James
Hemi Park
Joey Carlesimo
Darren Sack
Damon Gaines
Daniel Amato
Melissa Hector
Regina Grier
Rick Boyd
Romini Smith
Serena Rajabiun
Shirley Royster
Stephen Batchelder
Steven Spinale

Members Excused

Rudy Wise
Barry Callis
Christopher McNally
Shambi Mwandembo
Henry Cabrera
Shara Lowe

Members Absent

Justin Alves
Blaise Conway

Larry Day
Luis Rosa

Staff

Clare Killian
Vivian Dang
Melanie Lopez
Zan Whittied
Glenda Morrabal
Roxy Dai
Rebecca Ritterman
Rachel Phillips
Tzuria Falkenberg

Guests

SPOKE Art Representatives
Heather Trites – MDPH
Michael Swaney

Topic A: Welcome, Moment of Silence & Group Agreements

The Chair of the Planning Council, Margaret Lombe, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements.

The Chair calls on PCS to take attendance as reflected above.

The Chair reviews the agenda and objectives for the meeting:

The Council will hear updates from the agency representatives and reports from each Committee meeting over the last month. There will be updates from the Consumer Committee on the Someone You Know and Love Anti-Stigma Campaign and then a workshop for World AIDS Day led by SPOKE Art which will be involved in their Dec. 1 Art Installation. The CQM team will present on the demographics of people in our EMA who use non-medical case management, oral health, or food bank/home-delivered meals paid for by Part A. Finally, PCS will review the in-person December Planning Council meeting and activities.

Topic B: October 10, 2024, Meeting Minutes Review & Vote

Motion to approve the minutes after proposed change.

Motion to Approve: Bryan Thomas

Second: Stephen Batchelder

Result: 11 approved on Zoom with 4 abstentions, and 9 approved in person, resulting in approving the minutes.

Topic C: Agency Updates

Melissa Hector | Mayoral Liaison

- Carney Hospital Closure: There's a working group in place that Dr. Bisola Ojikutu (Executive Director of BPHC) is overseeing and there is a website link for folks to review. Currently, the group is working on the reuse of the land.
 - o Link: <https://www.boston.gov/news/members-working-group-announced-study-impact-carney-hospital-closure>

A member asks “Why is it taking two months to come up with a contingency plan for those that are kicked out of the Carney Hospital?”

- There has been plans happening with Steward Health. In that time, when hospitals announced bankruptcy, the mayor and Dr. Ojikutu ensured that immediate acute services that are needed for oncology as well as heart disease had continued services. Those that were cancer treatments were able to get connected to Dana Farber. Chronic heart disease were able to get Brigham and Women. There have been things that are ongoing since then. More than welcome to look at the link to a local official to see who represents you to answer that question.

Another member asks and notes “You have this percentage of people from Carney Hospital with their HIV services gone, and no one to check up on them, it’s like falling through the cracks and it is not acceptable.”

- PCS says that they will work with Melissa on how the closing of the hospital is impacting clients with HIV.

Additional comment by member: “The problem is, the average person in the community has not received this message, the focus has been on taking care of those with acute needs. We need to make sure that those who were patients at Carney, something needs to be sent out to them and invite them to upcoming meetings. Those are the people that have not received anything.”

- There will be a public meeting in December, and Melissa will make sure that PCS will have the resources to share with members.
- Boston Public Health Commission is co-leading a citywide Community Health Needs Assessment with the Boston Community Health Collaborative, a multi-sector collaborative of healthcare institutions, community organizations, and public health. This is a comprehensive data collection effort to identify the strengths, challenges, and opportunities to address public health priorities and improve community health in Boston. One part of this effort is a Community Health Needs Assessment (CHNA) Survey. The survey is open until December 15th and asks residents of Boston age 14 and up about issues impacting the health and well-being of their neighborhoods and communities, access to vital resources, and opportunities to improve access to care. We appreciate your support in helping to spread the word about this effort and engaging communities you serve. More information, including flyers and promotional tools, can be found at: <https://www.boston.gov/government/cabinets/boston-public-health-commission/boston-community-health-needs-assessment-survey>

Barry Callis, represented by Heather Trites | MA Department of Public Health

- Competitive contract amendment opportunity for about \$275,000 Ending the HIV Epidemic (EHE) funding to develop novel models for HIV self-testing
 - Eligible organizations are only those that are currently funded via DPH
 - Specific attention being paid to race/ethnicity
- \$3 million reduction from the state budget and DPH is making reductions to come up with that loss, in the process of communicating state-wide with affected organizations

Yvette Perron | NH Department of Health & Human Services

- The New Hampshire CARE Program is working on open enrollment.
- We are working on a proposal for Part A funds.
- We are receiving positive feedback on our new CARE cards.
- We finished our client satisfaction survey. Here are the results:
 - Strengths
 - Given the high cost of health care and the impact of having insurance, it comes as no surprise that help with health insurance has the highest satisfaction score, at

3.92 out of 4. Case management and ADAP (each 3.90) follow close behind. It is clear that setting up every client with a case manager as their point person for the NH CARE Program is an effective approach to providing excellent customer service. Case managers form strong relationships with clients, build trust, and provide essential advice on health care access and NH CARE coverage. Satisfaction with outpatient care is also high, with 84-86% of respondents expressing no concerns with doctor's appointments, labs, or diagnostic testing. Another 8-10% left these questions blank, leaving very few who were less happy with outpatient care.

- Least Satisfactory Services

- The areas survey respondents are less satisfied with include dental care, mental health or substance use treatment, and support services such as transportation, and food pantry. NH CARE team meetings include frequent discussions of how to increase the number of contracted providers for our full-pay clients, especially including dental and mental health. The concerns clients expressed about these services were the location of the offices and waiting lists to get care. Transportation and food pantry access are provided by our contracted AIDS Service Organizations (ASOs) and are limited by the HRSA rules about funding support services. New Hampshire is largely a rural state and transportation is a well-known challenge to the health care system in general, since it is cost-prohibitive to travel an hour or more in each direction to access providers and diagnostics, especially if a client needs to use a taxi or other service. Public transportation is extremely limited. Clients who also qualify for Medicaid do have access to transportation to medical appointments through that benefit, but we sometimes hear reports of drivers failing to show up, or driving unsafely. One ASO opened a new food pantry in 2024, perhaps explaining the satisfaction with food access from last year's value of 3.51 to the current 3.69. All 4 ASOs made a concerted effort to connect food-insecure clients to community resources, through quality improvement projects, as well.

- Harvard Pilgrim is no longer covering Biktarvy, Cabenuva, and other common HIV drugs for NH, ME, and RI. They did not make the change in Mass. NASTAD thinks this is discriminating. There has been a lot of work communicating with the bureau of insurance in each state.

Alison Kirchgasser | MassHealth

- Notes to refer to updates on Basecamp, which includes links to their fall update. Encourages members of MassHealth or people that work for MassHealth to take a look at those updates. There's changes to the way members are paying their premiums. There are some changes to service areas for some of their plans, so be sure to take a look at those updates and slides.
- Verbally give an announcement that an arrangement is being made between MassHealth DTA and all major utility companies in Massachusetts so members on MassHealth and receiving benefits through the Department of Transitional Assistance will automatically receive discounts through utility bills. There is no confirmed date on when this will begin, there are still privacy and other components to be sorted out, but this is good news for members and can potentially impact some of the Ryan White spending and we may be able to allocate some funds elsewhere that might have gone to utilities in the past.

Melanie Lopez | Boston Public Health Commission

- RFP is due December 13, 2024, at 5:00 PM
- Recruiting Clients/People with Lived Experience for the RFP review panel; PCS has sent out the flyer and registration information. It is important to get hands on experience so please volunteer- lunch will be provided and a stipend will be participated for clients.
- Welcome Rachel on her new Program Coordinator position at BPHC- which means the contract

management staff is fully staffed!

Topic D: Committee Reports

The Chair introduces the Committee Chairs to talk about their most recent meetings.

Membership & Nominations Committee (MNC)

Kim Wilson & Stephen Batchelder

- 11/4/24
- Voted to approve 1 new member to the Council (welcome to Milaun!)
- Reviewed and edited the Recruitment & Open Nominations Standard Operating Procedure

Services, Priorities, and Evaluations Committee (SPEC)

Daniel Amato & Carlton Martin

- 11/7/24
- Elected Carlton Martin as Vice Chair
- Reviewed Core Funded Service Categories and had a guest presentation from RW Dental
- Roxy Dai presented a Service Standards Deep Dive
- Reviewed Core Funded Service Standards

Allocation of Resources Committee (ARC)

Liz Koelnich & the Vice Chair has not been elected yet

- 10/17/24
- Reviewed the committee's charge and work plan
- Reviewed recommendations from last year's NRAC
- Identified committee conflicts of interest

Needs Assessment Committee (NAC)

Amanda Hart & Regina Grier

- 10/24/24
- Reviewed potential data collection methods and divided up tasks for the November meeting
 - o In-depth interviews with PLWH who are out of care
 - o Focus group discussions with PLWH who are Part A clients
 - o Surveys to Part A providers
 - o Committee members are reviewing these drafts before the next meeting (4 people reviewing each method)
- Worked on the definition of 'out of care' and will finalize that at our next meeting

Consumer Committee

Rick Boyd & Chris McNally

- The Consumer Committee occurred at 2 pm earlier today. The next item is the Consumer Committee/Anti-Stigma Campaign Updates.

Topic E: Anti-Stigma Campaign Updates

The Consumer Committee Chair reviews the Consumer Committee meeting and anti-stigma campaign.

The Consumer Committee is currently accepting art submissions from youth answering the question: "What does HIV stigma look like to you?". This has been shared across the Someone You Know and Love social media, PCS personal LinkedIn and social media pages, various youth organizations such as BAGLY, SPOKE Art, Seacoast Outright, Boston GLASS, and a few local student organizations. The flyer and submission link are included in the newsletter and members are encouraged to share this widely.

- The submission link is here: <https://www.surveymonkey.com/r/SYKLartsubmission2024>

The Chair then reminds the members that the December Consumer Committee meeting will be an education session focused on Youth and HIV. Representatives from BAGLY (Boston Alliance of Gay and Lesbian Youth) and Seacoast Outright (NH LGBTQIA+ youth organization) will be attending to present their work and participate in a panel discussion about youth and perceptions of or prevalence of HIV. The Chair encourages everyone to attend.

The Chair shares that today's meeting focused entirely on the plans for developing an anti-stigma campaign toolkit. This toolkit will have several phases and ultimately end up living on our Someone You Know and Love website and in print as a major resource about experiences of stigma. There will also be merchandise and print materials such as pamphlets or brochures. The goal is to launch some of this toolkit at our inaugural Someone You Know and Love Gala with a target to continue this work throughout the next fiscal year! The Chair mentions that PCS will be making a mock brochure to include what members discussed during the meeting as part of the Anti-Stigma Campaign Toolkit.

The Consumer Committee also announces the planning and preparation of an inaugural Someone You Know and Love Gala. This will be an evening event with catering, film screening and panel discussion, networking, special guests, and tabling opportunities. Everyone will receive formal invites once this is finalized, but it will be towards the end of February 2025.

Consumer Committee Chair shares that members decided that there will be EHE funding that will go towards translating services for the Someone You Know and Love film, with at least five different languages.

Topic F: SPOKE Art Workshop

PCS welcomes the SPOKE Art team to present on their World AIDS Day workshop inviting members to contribute their voices by writing a story, message, or personal reflection on a 25-foot-long red ribbon. This will become part of an art installation during the 33rd Annual World AIDS Day Vigil on December 1st.

SPOKE Art's goal is to end HIV Stigma by collecting stories from people living with HIV/AIDS.

There will be a 24 hour vigil aimed to raise awareness and ending the stigma surrounding HIV.

A member asks "If they are tabling there, what time should they come to set up?"

- If you are tabling, you can set up in the morning between 9am – 12am.

Topic G: Part A Services Demographics Report – Non-Medical Case Management (NMCM), Oral Health, and Food Bank/Home Delivered Meals

The Program Coordinators with Clinical Quality Management review the demographics of clients that utilize NMCM, Oral Health, and Food Bank/Home Delivered Meals. They follow with a list of the agenda on what will be covered.

These demographics reports aim to provide the Planning Council with demographic data about funded service categories so that they may make data-informed decisions about Ryan White Part A services, offer feedback to the CQM team, and share their insights as co-producers of knowledge.

The purpose of this is to provide the Boston EMA Ryan White Planning Council the demographic data about planned service categories so that clients may: make data-informed decisions about Ryan White

Part A and MAI services, offer feedback to the CQM team, and share insights as co-producers of knowledge.

They clarify that this report is from FY24 up until October 31st and excludes dental clients. Each slide will have the demographic in review (Gender, Race/Ethnicity, or relevant demographic to service category).

NMCM:

N = 744 clients

- Gender
 - o 66.7% Male, 30.6% Female, 2.70% Transgender
- Age
 - o Majority 45-64, then 20-44 with 34.50% and 15.20% 65+
- Race
 - o Important Findings Compared to all Services:
 - A higher percentage of White clients receive NMCM (45% vs. 51.3%)
 - A higher percentage of NMCM clients are White and Hispanic/Latinx.
 - A lower percentage of Black clients receive NMCM (38% vs. 30.9%)

Oral Health:

N = 1922 clients

- Gender
 - o 68% Male, 31.20% Female, .80% Transgender
- Race
 - o 45.90% identify as White, 37.90% Black or African American, 1.70% Asian, 0.60% Indigenous or Native Hawaiian, 1.80% more than one race selected, unknown/unreported at 12.20%
- Important findings with race:
 - o The race distribution of OH clients reflects the EMA overall.
 - o Hispanic and/or Latino clients are slightly overrepresented. (36.4% of clients overall vs. 39.2% of OH clients)
 - o White Hispanic men make up 29% of Oral Health clients.
 - o Regarding transgender clients, 4 identified as White, 7 identified as Black, and 5 did not report their race.
- Analysis findings with Primary Languages
 - o So far in FY 24, 50.5% of oral health clients reported speaking a primary language other than English.
 - o In FY 23, the Ryan White Dental Program did a QI Project to improve language access to OH services.
 - o Compared to FY 23, there is a 3-4% increase in Haitian Creole and Spanish speakers using OH services in FY 24.

Question: Why do we suspect there are so few numbers of Transgender clients?

Think it has to do with how we are collecting that data in E2Boston because it is not great, it is not best practices, and that is about to change in the next couple of months.

Fact: Oral Health is currently the most used serviced within the EMA

Food Bank/Home-Delivered Meals:

N = 263 Clients

- Gender
 - 79.10% male, 20.90% female, no transgender people were served in this category.
 - Compared to all services, men are over-represented among FBHDM clients (65.4% vs 79.1%)
 - Compared to all services, clients aged 45 – 64 are over-represented in FBHDM (48.7% vs 64.6%)
- Important findings with race
 - 78% of the Black or African American clients identified as male
 - 65% of clients who didn't report a race identified as Hispanic or Latino male
- Important findings with income
 - Compared to all services, FBHDM clients have lower incomes.
 - Equal to or below FPL (52% vs 58.2%)
 - 101 – 200% FPL (23.5% vs 30%)

CQM asks members “How can we better assess/identify needs for women and transgender individuals for this service?”

Members respond with:

- Every time you represent, it seems like it is more white men receiving services than anyone else, is there any question to can present this data from to know why this is the case.
 - It is true that majority of our clients are men, and that is because the majority of those living with HIV in the United States are men. A little half of our clients are white, and that is in comparison to overall racial demographic of the ten counties of the EMA.
 - It is important to highlight that these people, even though it says white, it is just the label, not the cultural identify of those people as well
- Also thinking about the paperwork when it is completed, because it is coming from different medical facilities. Wondering if these are filled out wrong. There is only so much that can be done. Wondering if there is cross information.
 - That is a good assessment. In terms of medical case management, that service funds more women and Black people than non medical case management (not included in the slide). Will be assessing how we view this paperwork and share this paperwork for better and more accurate results.
- How do we advertise these services? As well where are we advertising these services?
 - The Ryan White Services is marketed and advertised on the BPHC website, as well as shared to current funded partners with a list of community agencies and what services they are funded for, very transparent on what is available.
- To identify women and transgender clients--are there specific community organizations that work with women with HIV (MAC?) women support groups?
 - Yes
 - A member also lists out different hospitals that do have women support groups.
- Are the Food Bank and service organizations linked with the DTA and WIC?
 - A member noted that at DTA, they have flyers on boards and tables where clients go to about services such as food banks, as well as pamphlets for people to pick up about food services and food options.
 - Because WIC And DTA are serving people regardless of their HIV status, they are not necessarily going to have info about specific HIV services. It is challenging because WIC and DTA will not have info about people's HIV status.
 - Comment from a member from Victory Programs: I know that at the BLC and other HIV specific agencies that he works for, there is real effort to connect

people to those resources, but it is a struggle, but we do try to make sure people know what they have access to, such as food security options.

“How do you believe housing status and oral health care are intertwined?”

- A member notes: Dental care is the last thing people think about when in a situation of finding stable housing. People don't know where to go to get Dental Care.
 - That is correct and that is why we brought up the information on why having permanent housing will affect your oral health care services.

CQM reminds Council members that there is a handout on Basecamp with data comparing all Boston EMA Part A client demographics with state, regional, and national data.

Topic H: Review of Funding Streams Expo

PCS introduces the review of Funding Streams Expo, noting that it will be fully in person on December 12th at the Non-Profit Center. There will not be a Zoom for this meeting.

PCS explains what a funding stream is, which typically indicate the various, different funding amounts available for a grant program.

The Funding Streams Expo will be the December 12th Planning Council meeting. Representatives from all different funding stream organizations that fund HIV/AIDS core medical and support services will be joining us as we facilitate an activity to learn more about each stream and how Ryan White Part A fits into the picture.

PCS notes that the responsibility as a member will be to contribute to the client scenario, and all members have to do is show up and participate. She also shares that members can submit a client scenario by sharing that in the meeting evaluation or by email. Instructions: Tell us a story of an imaginary client or make a real client story anonymous:

- Where do they live? How old are they? How long have they had HIV? What do they do for work? What do they do for fun? What is their community or family like?
- We will be using client scenarios for our Funding Streams Expo to illustrate different ways that HIV services are funded.
- If you'd like to submit an anonymous client scenario, please type it in Question 6 on the meeting evaluation or submit to pcs@bphc.org.

PCS explains that during the Funding Streams Expo, scenarios will be read out and members will have 90 seconds to talk amongst their team.

There is an example that follows this:

“Cecile is a single mother with two children, ages 6 and 10. She rents an apartment in Cambridge and works full-time at a local daycare. She has been HIV positive for 8 years. Cecile has recently been very concerned, as her rent has increased, and she is having a difficult time affording food and other essential items for her children.”

- After this question is asked, PCS will ask, “who could pay for services for Cecile?” and members will have 90 seconds to think of their answer. The first person with their hand up will be called on.
- The team that raises their hand first gets to answer the question. Note: anyone could have answered the question, the answer does not have to be based on your team (i.e. if HOPWA is the answer and your team is Ryan White Part A).

- Following that answer, PCS will ask “Are there any other funding streams that could pay for services for Cecile?” and teams will have a chance to answer this question.

A member notes that it is a good idea to ask for different scenarios from members. This illustrates not A – B path to solve the problem, people can pitch in to see what solutions may be available based on different types of funding.

Another member notes that their only fear is if you can only answer for your own service category, to make sure that there is something Part F can answer to.

- PCS mentions that you will hear about each funding stream and that anyone can answer, not just if your funding stream applies to the scenario.

Topic I: Announcements, Evaluations and Adjourn

World AIDS Day is Dec. 1!

- 12/1 - SPOKE Art Vigil from 12 – Midnight at the Boston Cyclorama
- 12/2 - Victory Programs Boston Living Center “Still Shining at 35” 4 – 7:00 PM
- 12/3 - New Bedford Community Health Center from 4 – 6:30 PM

Council Announcements

- Youth & HIV Education Session at the Consumer Committee on 12/12, 2 – 3:30 PM!
- Mandatory In-Person Planning Council meeting on 12/12, 4 – 6 PM – NO ZOOM OPTION, COMMUNICATE WITH PCS ABOUT YOUR ATTENDANCE
- We won an award at Fenway Health!

Motion to Adjourn

Motion: Kim Wilson

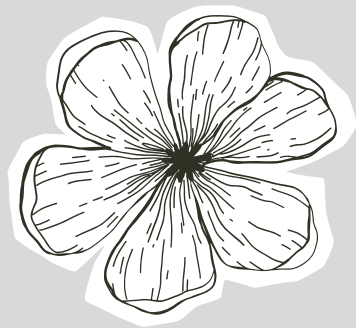
Second: Bryan Thomas

The meeting was adjourned at 5:58 pm.

Boston EMA Ryan White Planning Council

November 14, 2024 | 4 – 6 PM

Margaret Lombe, Chair | Henry Cabrera, Chair-Elect





Moment of Silence

At this moment, let's take a moment of silence
in remembrance of those who came before us, those
who are present, and those who will come after us.



Boston EMA Ryan White Planning Council Group Agreements

Respect the mission, Respect the space, Respect each other and Respect people living with HIV

- **I will use “I” statements rather than “you” statements.**
- **I will share my thoughts with care, be aware of my own possible biases and remember that there’s a difference between intention and impact. As Council members sharing a common goal, we will assume good intentions of each other.**
- **I will listen to understand, not to respond. I will be reflective rather than reactive.**
- **I will provide space so everyone in the group can participate.**
- **I will remember my role as a participant and raise my hand to talk, say the facilitator’s name out loud, or put my thoughts in the chat (if on Zoom). The facilitators are responsible for calling on us and monitoring the conversations.**
- **I will maintain confidentiality of all Council members’ stories and situations.**
- **I will respect and empower other participants’ identities – including consumer status, race, gender, sexuality, class, religion, ethnicity, physical or mental abilities.**
- **If I am called in on unintentional harmful comments/behavior, I will listen and learn from the experience.**

The background is light gray with several torn paper-like shapes in blue, red, olive green, and tan. A yellow flower with black outlines is in the top right corner.

Attendance


State “here” or “present” when you hear your name called.

We will call for members and BPHC staff then call for guests!



Agenda & Objectives

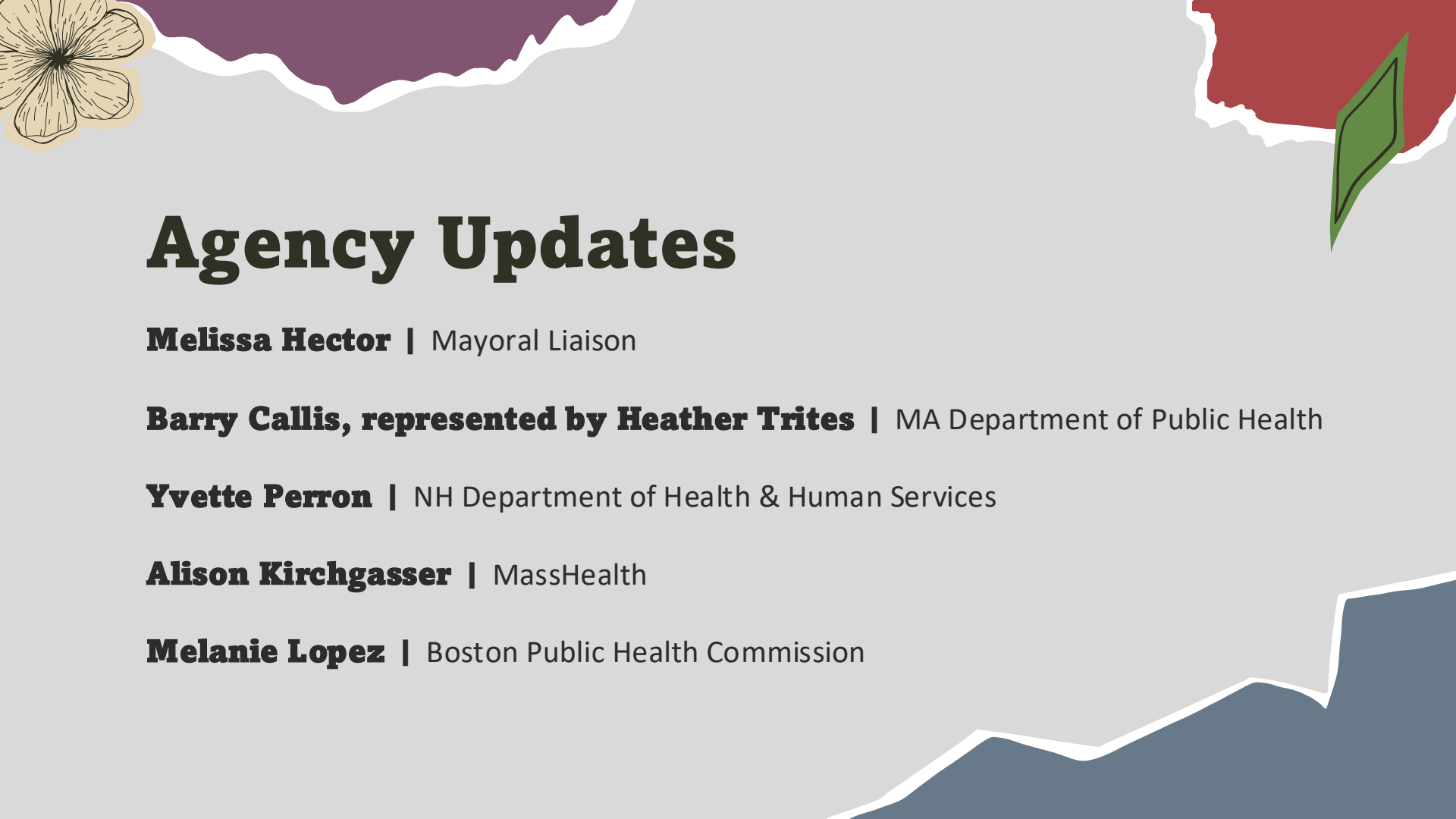
Agenda Item	Objective
Agency Updates & Committee Reports	Hear updates from our Agency Representatives and reports from each Committee meeting over the last month
Anti-Stigma Campaign Update	Hear updates from the Consumer Committee on the Someone You Know and Love – Anti-Stigma Campaign!
SPOKE Art World AIDS Day Workshop/Information	Participate in a workshop for World AIDS Day led by SPOKE Art that will be involved in their Dec. 1 Art Installation
CQM Part A Services Demographics Report – NMCM, Oral Health, Food Bank/Home-Delivered Meals	Learn about the demographics of people in our EMA who use NMCM, Oral Health, or Food Bank/Home-Delivered Meal services paid for by Part A
Review of Funding Streams Expo Event (Dec. Council Meeting)	Learn about the IN-PERSON December Planning Council Meeting and preview the activities



Review & Approve Minutes

October 10, 2024 - Meeting Minutes

- State your name to make a 1st or 2nd Motion to approve minutes
- Show of hands for approval/opposed/abstain in the room
- Poll on Zoom for those who are online



Agency Updates

Melissa Hector | Mayoral Liaison

Barry Callis, represented by Heather Trites | MA Department of Public Health

Yvette Perron | NH Department of Health & Human Services

Alison Kirchgasser | MassHealth

Melanie Lopez | Boston Public Health Commission

Committee Reports

MNC

- 11/4/24
- Voted to approve 1 new member to the Council
- Reviewed and edited the Recruitment & Open Nominations SOP

SPEC

- 11/7/24
- Elected Carlton as Vice Chair!
- Reviewed Core Funded Service Categories and had a guest presentation from RW Dental
- Service Standards Deep Dive with RWSD
- Reviewed Core Funded Service Standards

ARC

- 10/17/24
- Reviewed the committee's charge and work plan
- Reviewed recommendations from last year's NRAC
- Identified committee conflicts of interest

NAC

- 10/24/24
- Reviewed potential data collection methods and divided up tasks for the November meeting
- Worked on the definition of 'out of care'

Consumer

- 11/14/24 – Anti-Stigma Campaign Updates on the next slide!

Anti-Stigma Campaign Updates

Focusing on youth...

- SYKL Instagram Youth Art Submissions
- BAGLY (MA) and Seacoast Outright (NH) to join us in the December Consumer meeting to talk about Youth, LGBTQIA+ health and HIV!

Anti-Stigma Campaign Toolkits

- Worked on these toolkits during today's Consumer meeting
- Plan to announce this project at the Gala with a target completion date by the end of next fiscal year

Someone You Know & Love Gala

- End of February 2025
- Everyone will receive formal invitations!





33rd Annual World AIDS Day Vigil

How we are going to participate:

- Art workshop (Today!)
- Tabling and film screening on December 1st starting at 1 pm at the Boston Center for the Arts

Let's welcome the SPOKE Art team!

Be a Part of Our Day Without Art/World AIDS Day Installation: Write Your Story to End HIV Stigma!



Day Without Art/world AIDS Day December 1, 2024

Join us for our 24-hour vigil and powerful artistic initiative aimed at raising awareness and ending the stigma surrounding HIV. We invite you to contribute your voice by writing a story, message, or personal reflection on a 25-foot-long red ribbon. Your words will become part of a beautiful installation that symbolizes hope, solidarity, and compassion.

DEMOGRAPHICS REPORT: NON-MEDICAL CASE MANAGEMENT, ORAL HEALTH, AND FOOD SERVICES

Clinical Quality Management Team

Alexandria Whitted – Performance Measurement

Tzuria Falkenberg – Quality Improvement



AGENDA

Purpose of Demographics Report

Presentation Overview

E2Boston Report Metrics

Non-Medical Case Management Demographics

Oral Health Care Demographics

Food Bank and Home-Delivered Meals Demographics

Questions



PURPOSE

To provide you (the Boston EMA Ryan White Planning Council) with demographic data about planned service categories so that you may:

- make data-informed decisions about Ryan White Part A and MAI services,
- offer feedback to the CQM team, and
- share your insights as co-producers of knowledge.



**BOSTON
PUBLIC
HEALTH
COMMISSION**



OVERVIEW

The next couple of slides will have the following:

- Demographics in review:
 - Gender
 - Race/Ethnicity
 - Relevant demographics to that service category
 - For example, Exposure Category, Housing Status, Insurance, etc.

We will also provide additional context for the data per demographic!

E2BOSTON REPORT METRICS

☐ View All Clients ☐ Filter Clients By Outcomes ☒ Filter Clients By Services

* Specify Provider(s): 45 selected ▼


Service Date Range: * From Date: 03/01/2024  * To Date: 10/31/2024  Today or Select: - Please Select - ▼

Specify Service Category(s): Non-Medical Case Management ▼

* Specify Funding Type: ☐ All ☐ Part A Only ☐ MAI Only ☒ Part A + MAI ☐ EHE Only

* Eligible ☒ All Services ☐ Only Eligible Services ☐ Only Non-Eligible Services

* Dental Client Pool: RWCA Clients , Non Dental ▼

* Newly Diagnosed: ☒ All Clients ☐ Newly Diagnosed Clients 

* County: 19 selected ▼

Zip:

TeleHealth Status: - Please Select - ▼

Run Report

Data in this report was run from the Visual Analytics (Demographics) Report for FY 2024 March 1, 2024 through October 31, 2024.

SERVICE CATEGORY: NON-MEDICAL CASE MANAGEMENT

Additional demographics we will cover:

- Age
- Insurance status

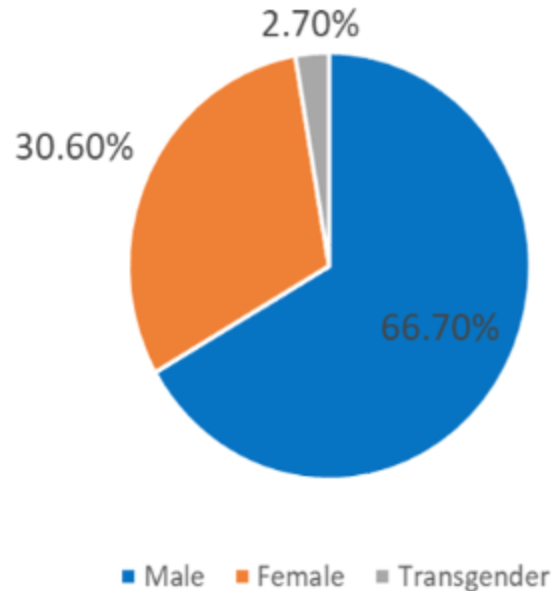
Data in this report was run from the
Visual Analytics (Demographics) Report for FY
2024 March 1, 2024 through October 31, 2024.



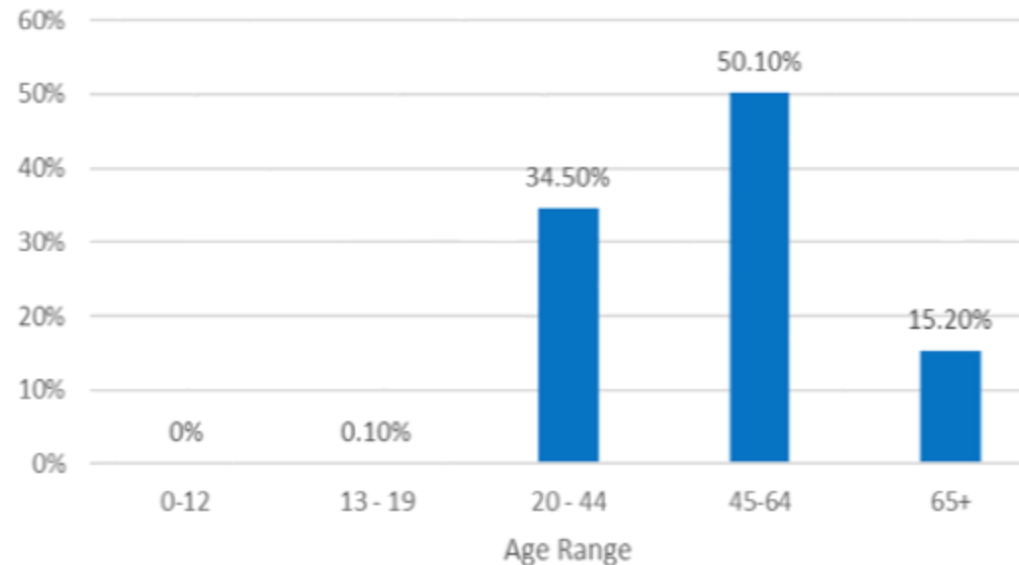


NMCM: FY24 CLIENTS' GENDER & AGE (N = 744)

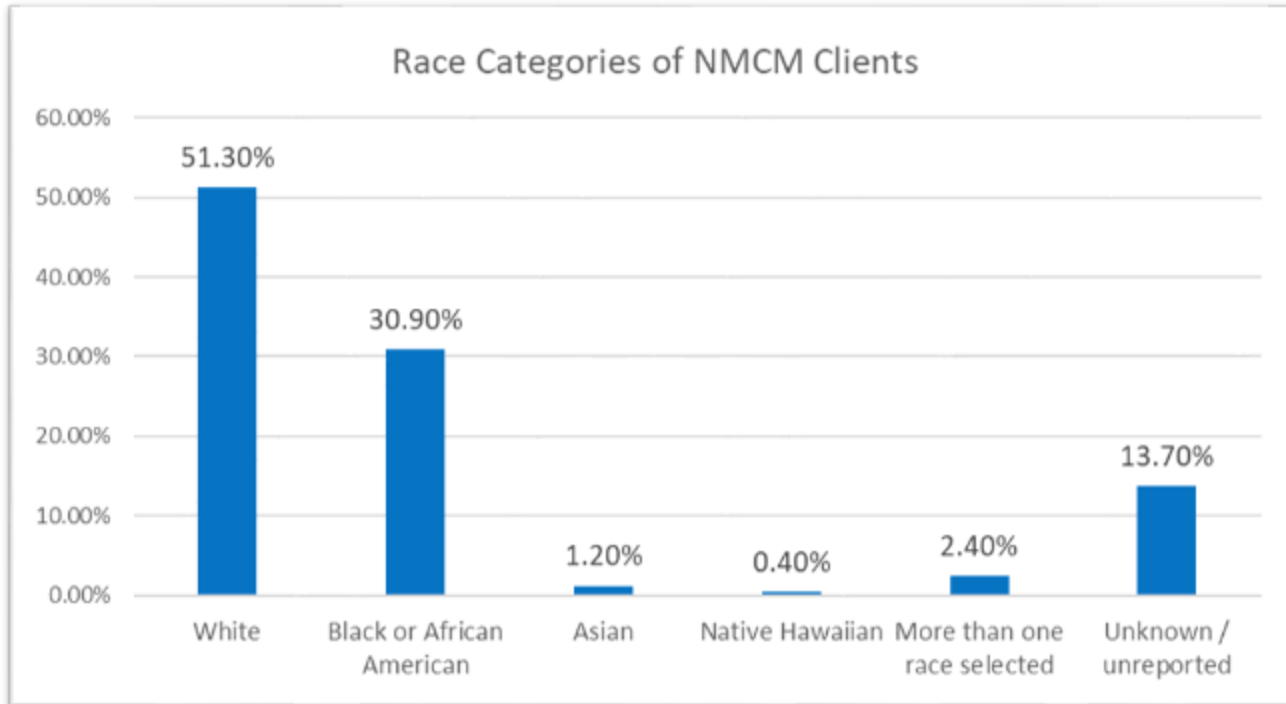
Gender of NMCM Clients



Age of NMCM Clients



NMCM: FY 24 CLIENTS' RACE (N=744)

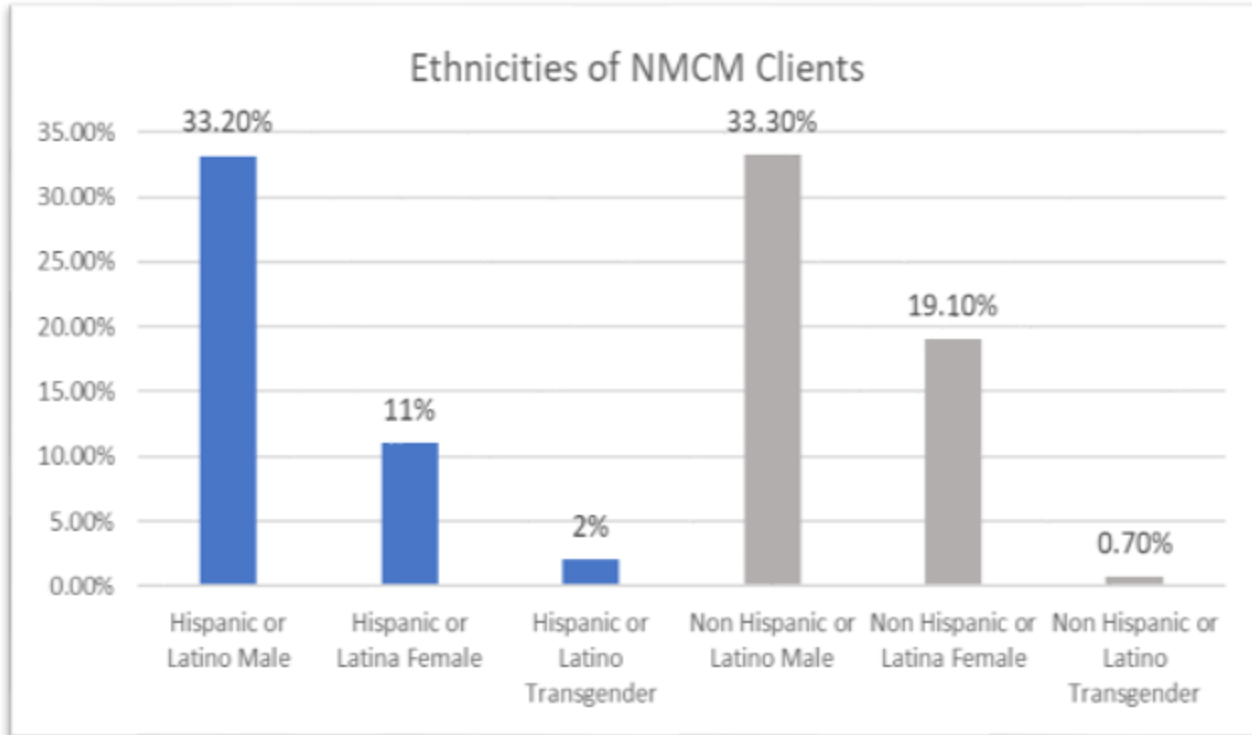


Important Findings Compared to all Services:

- A higher percentage of White clients receive NMCM (45% vs. 51.3%)
 - A higher percentage of NMCM clients are White and Hispanic/Latinx.
- A lower percentage of Black clients receive NMCM (38% vs. 30.9%)



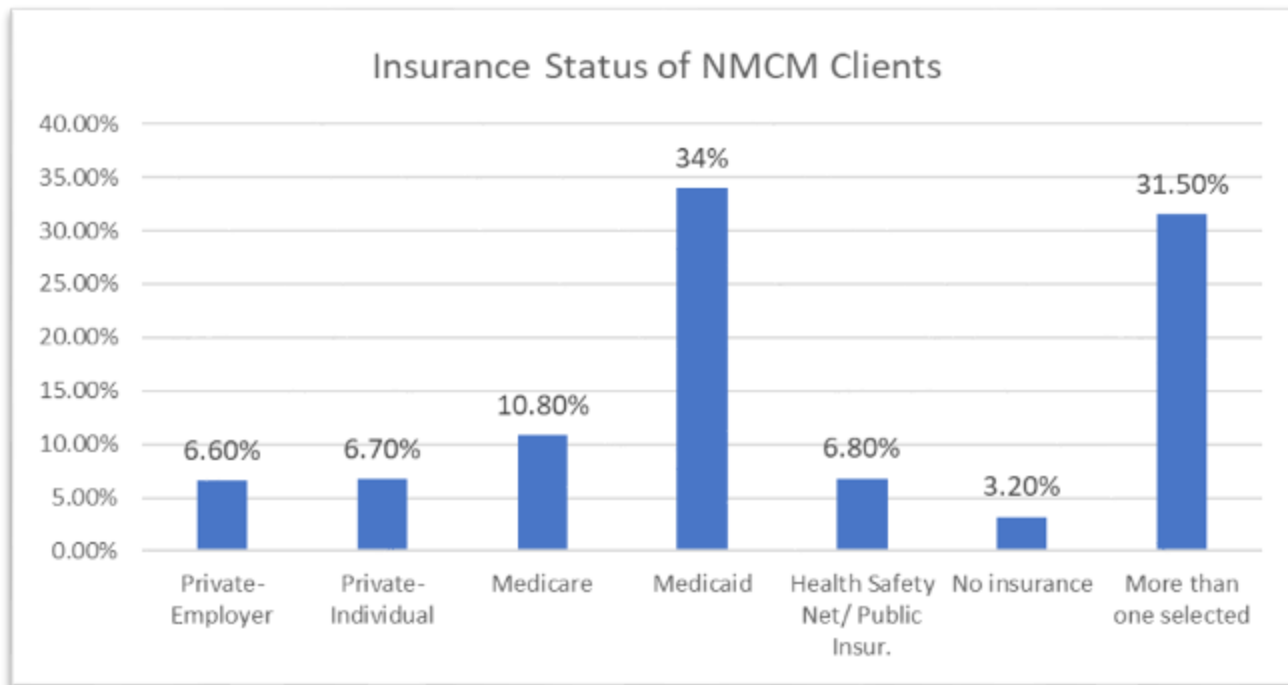
NMCM: FY 24 CLIENTS' ETHNICITY (N=744)



Analysis Notes:

- Hispanic and/or Latino people make up 46.2% of NMCM clients
- Hispanic and/or Latino men are 33.2% of NMCM clients
- Brazilians were the most identified ethnic group at 13.2% of NMCM clients. In comparison, 7% of EMA clients overall are Brazilian.
- 90% of Brazilian clients identified as male and 10% female.

NMCM: FY 24 CLIENTS' INSURANCE STATUS (N=744)



Important Findings Compared to Overall EMA Clients:

- A higher percentage of NMCM clients are privately insured (9% overall vs 13.1% for NMCM).
- A lower percentage of NMCM clients have Medicaid alone (41.2% vs 34%).

SERVICE CATEGORY: ORAL HEALTH CARE

Additional demographics we will cover:

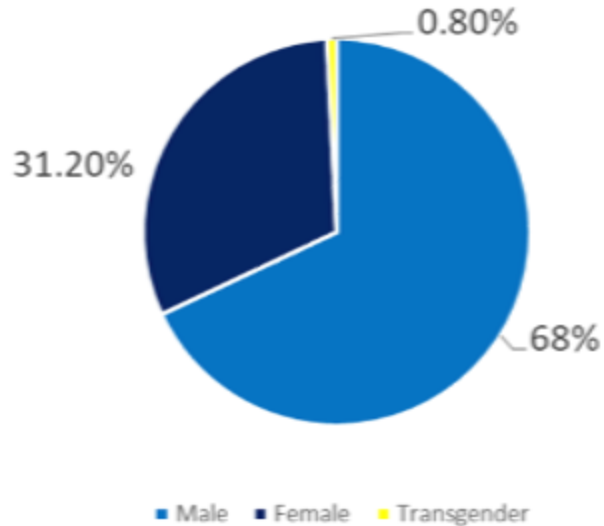
- Housing Status
- Language

Data in this report was run from the Visual Analytics (Demographics) Report for FY 2024 March 1, 2024 through October 31, 2024.

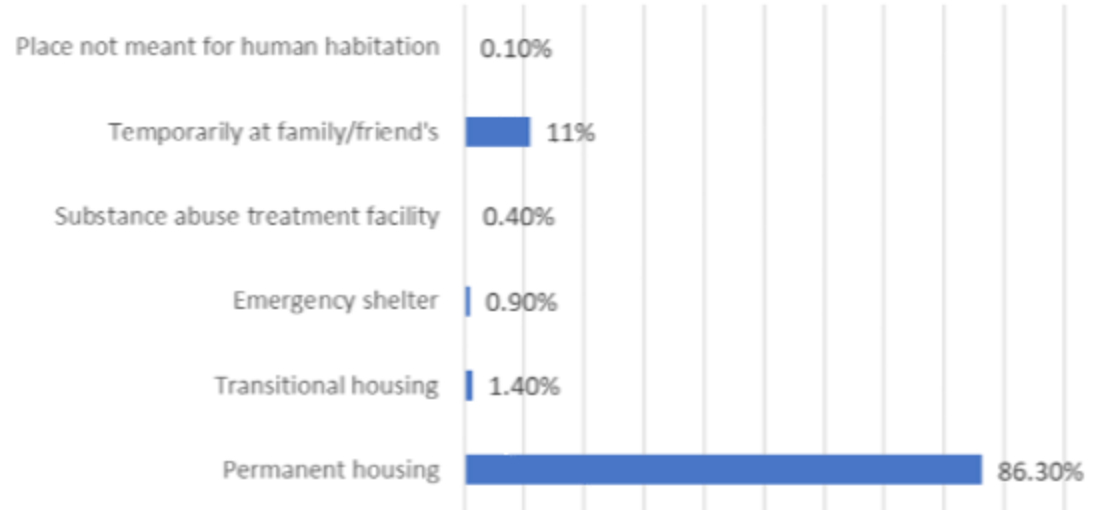


ORAL HEALTH: FY 24 CLIENTS' GENDER & HOUSING (N = 1922)

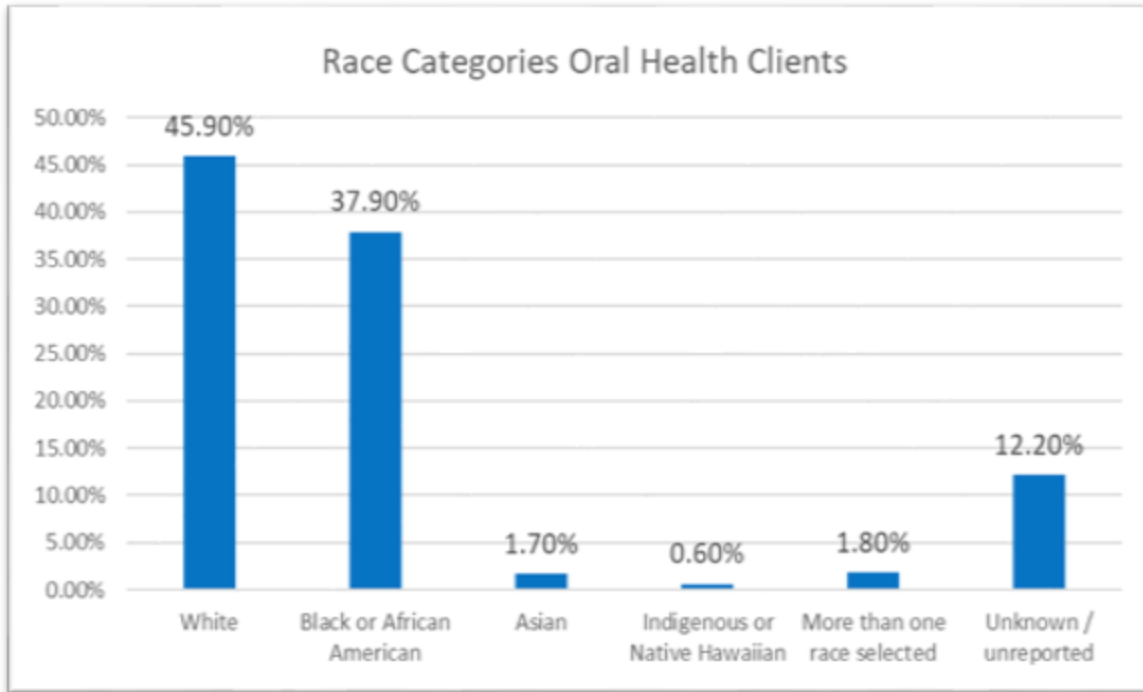
Gender of Oral Health Clients



Housing Status of Oral Health Clients



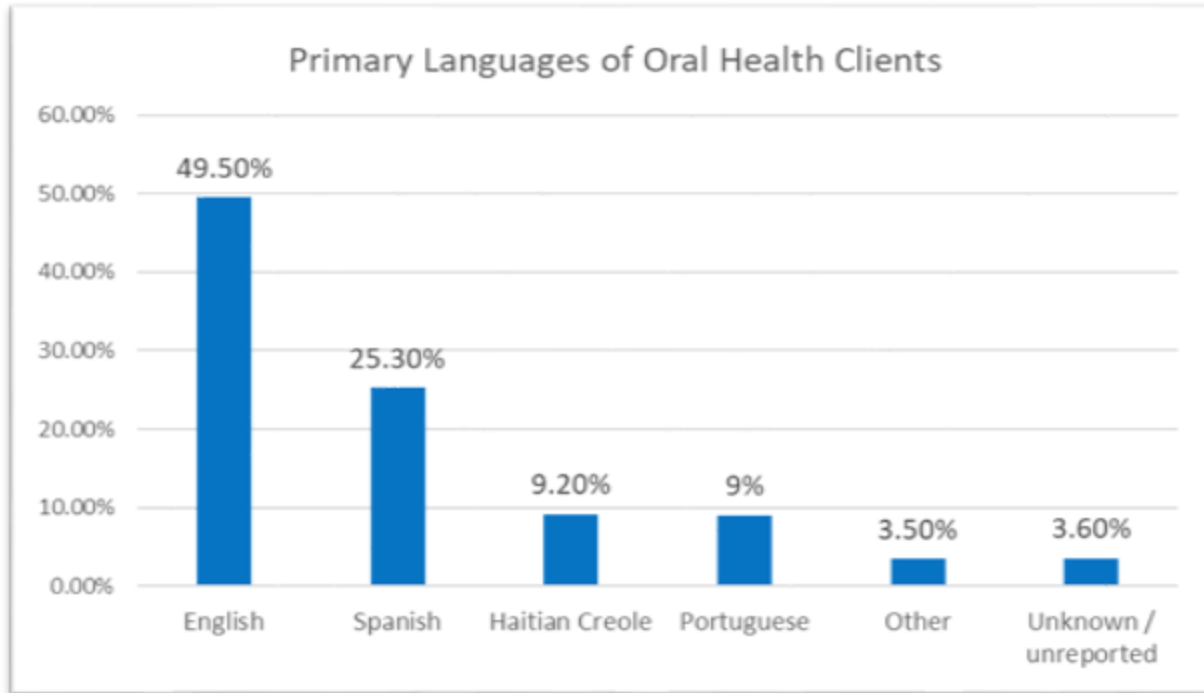
ORAL HEALTH: RACE OF FY 24 CLIENTS (N=1922)



Important Findings:

- The race distribution of OH clients reflects the EMA overall.
- Hispanic and/or Latino clients are slightly overrepresented. (36.4% of clients overall vs. 39.2% of OH clients)
 - White Hispanic men make up 29% of Oral Health clients.
- Regarding transgender clients, 4 identified as White, 7 identified as Black, and 5 did not report their race.

ORAL HEALTH: PRIMARY LANGUAGES (N = 1922)



Analysis Findings:

- So far in FY 24, 50.5% of oral health clients reported speaking a primary language other than English.
- In FY 23, the Ryan White Dental Program did a QI Project to improve language access to OH services.
- Compared to FY 23, there is a 3-4% increase in Haitian Creole and Spanish speakers using OH services in FY 24.

SERVICE CATEGORY: FOODBANK & HOME-DELIVERED MEALS (FBHDM)

Additional demographics we will cover:

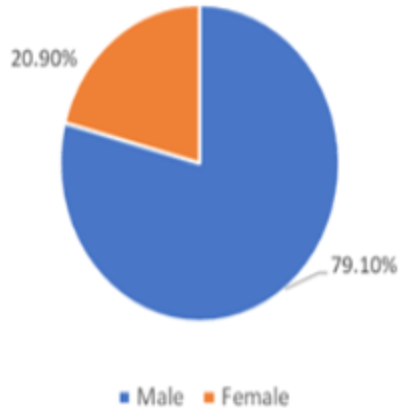
- Age
- Housing Status
- Income

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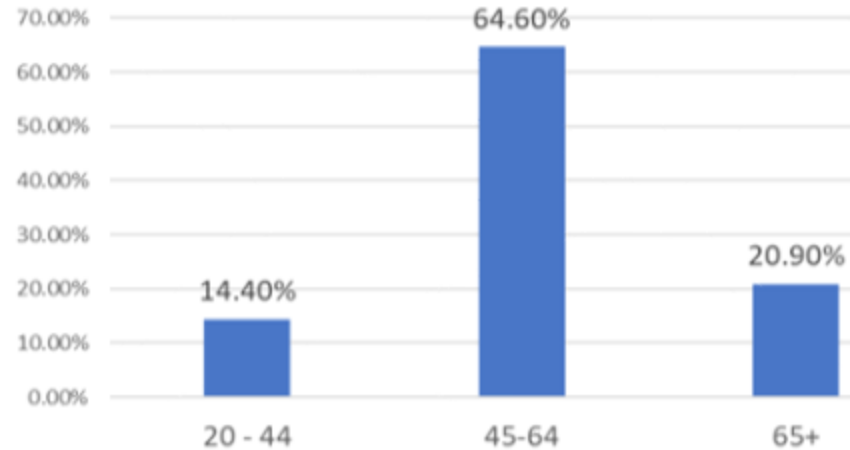


FBHDM: GENDER & AGE OF FY24 CLIENTS (N= 263)

Gender of FB-HDM Clients



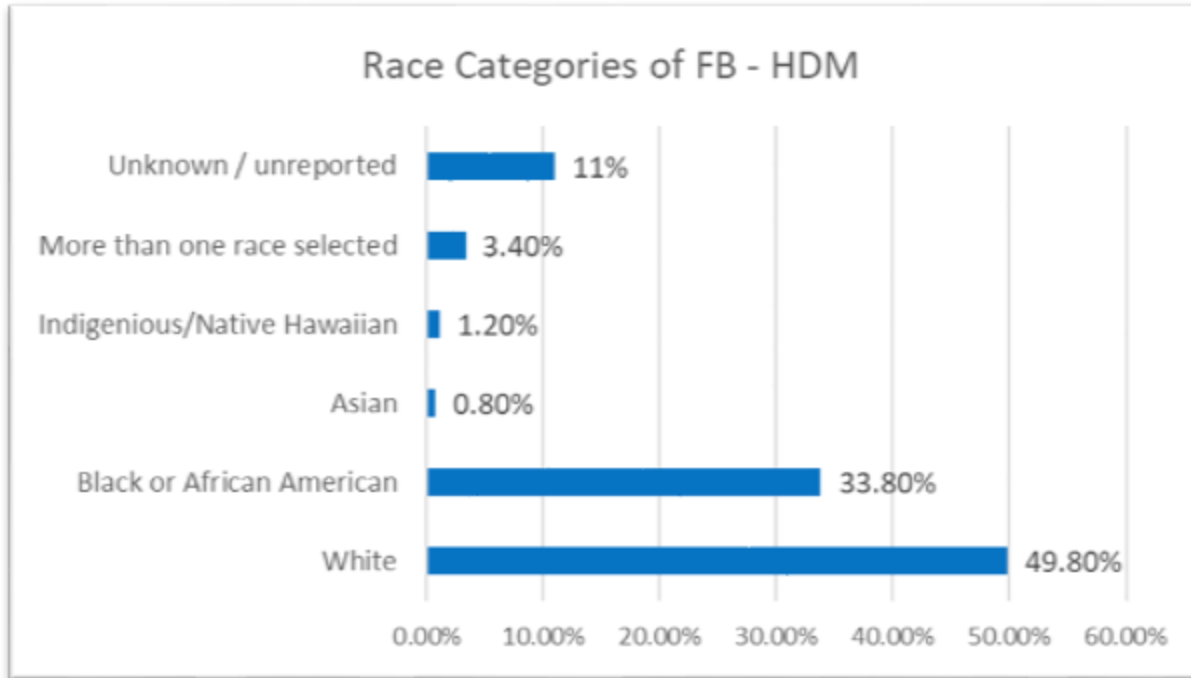
Ages of FB-HDM Clients



Important Findings:

- No transgender people were served* in this category
- Compared to all services, men are over-represented among FBHDM clients (65.4% vs 79.1%)
- Compared to all services, clients aged 45 – 64 are over-represented in FBHDM (48.7% vs 64.6%)

FBHDM: FY 24 CLIENTS BY RACE (N=263)

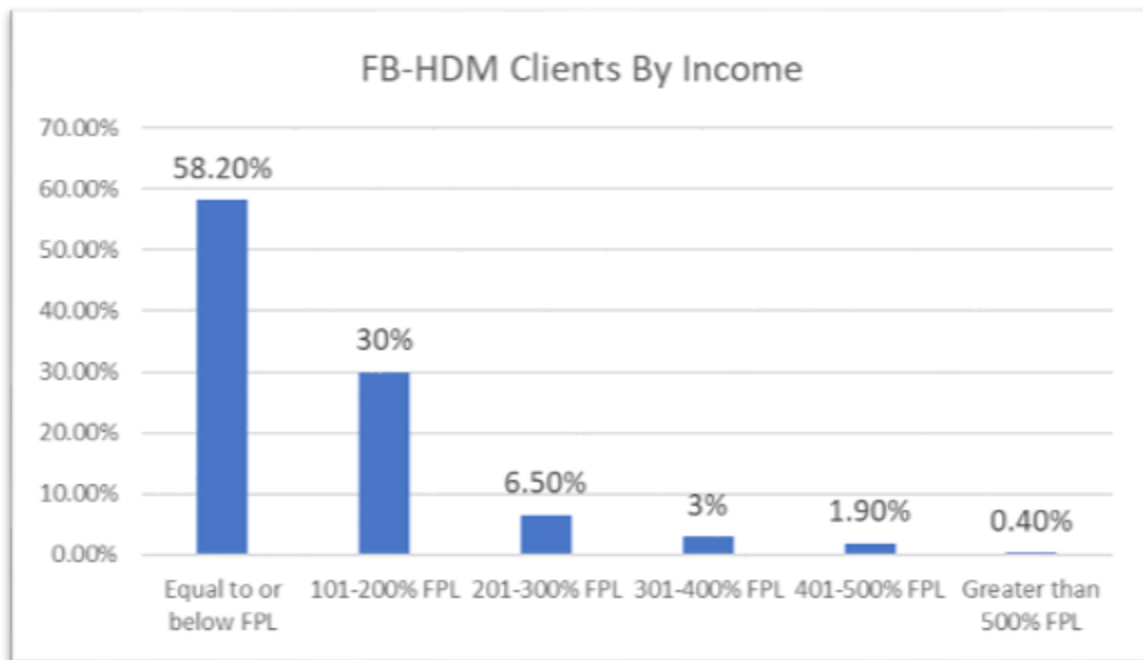


Important Findings:

- 78% of the Black or African American clients identified as male
- 65% of clients who didn't report a race identified as Hispanic or Latino male



FBHDM: FY 24 CLIENTS BY **INCOME** (N=263)

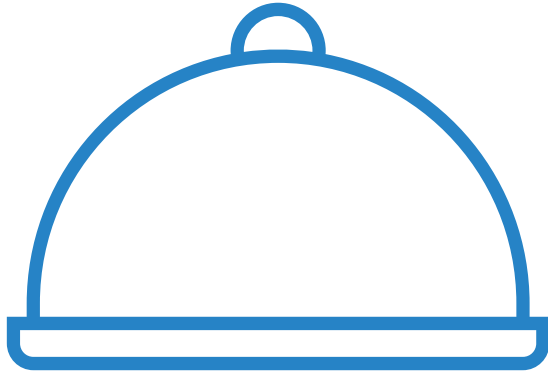


Important Findings:

- Compared to all services, FBHDM clients have lower incomes.
 - Equal to or below FPL (52% vs 58.2%)
 - 101 – 200% FPL (23.5% vs 30%)



CQM QUESTIONS FOR PLANNING COUNCIL:

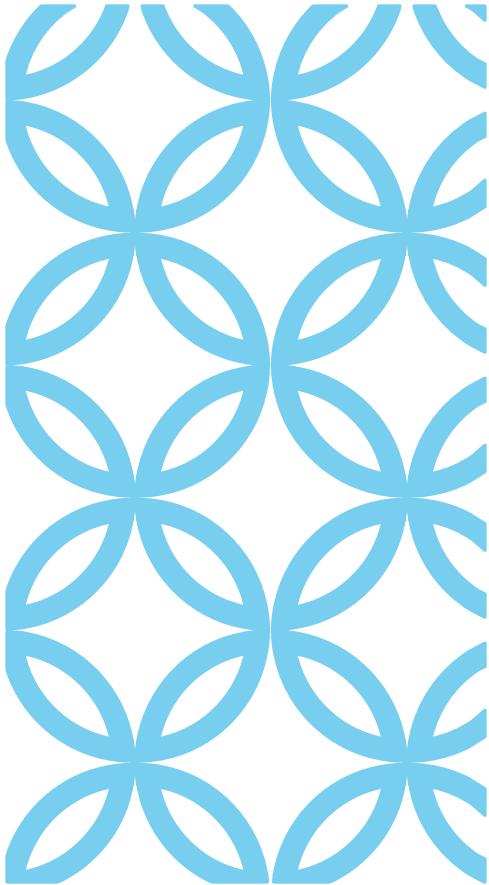


How can we better assess/identify needs for women and transgender individuals for this service?



How do you believe housing status and oral health care are intertwined?





The Ryan White Clinical Quality Management (CQM) program now offers CQM technical assistance appointments for Ryan White Part A providers and other stakeholders! Please click the link in the chat to schedule a meeting with a CQM staff member.

Email: CQM@bphc.org

THANK YOU!!!



Review of Funding Streams Expo

Planning Council on December 12th, 2024 will be fully in person at Nonprofit Center (89 South St., Boston, MA)

There will NOT be a Zoom option for this meeting!

What is a funding stream?

Funding streams typically indicate the various, different funding amounts available for a grant program.

What is the Funding Streams Expo?

The Funding Streams Expo is our December 12th Planning Council meeting. Representatives from all different funding stream organizations that fund HIV/AIDS core medical and support services will be joining us as we facilitate an activity to learn more about each stream and how Ryan White Part A fits into the picture.

What is my responsibility as a member?

Contribute a client scenario!

Show up! This meeting is IN PERSON ONLY!

December 12th, 2024, 4 – 6 PM, Nonprofit Center, 89 South St., Boston, MA



Sharing client scenarios...

You'll be able to submit a scenario in the meeting evaluation or by email.

Share a client scenario with us! Tell us a story of an imaginary client or make a real client story anonymous:

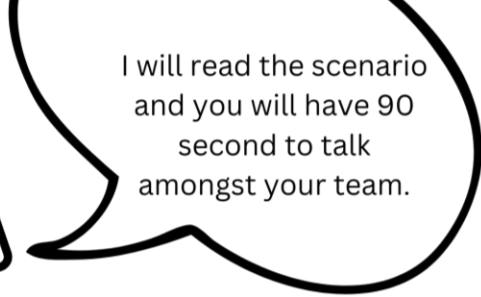
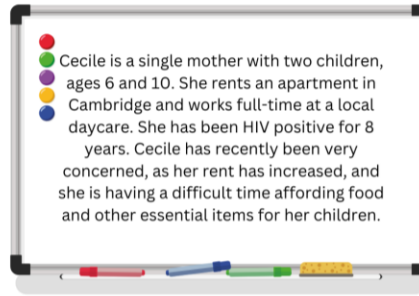
Where do they live? How old are they? How long have they had HIV? What do they do for work? What do they do for fun? What is their community or family like?

We will be using client scenarios for our Funding Streams Expo to illustrate different ways that HIV services are funded.

If you'd like to submit an anonymous client scenario, please type it in Question 6 on the meeting evaluation or submit to pcs@bphc.org.



Funding Stream Rep on each team!



Medicaid



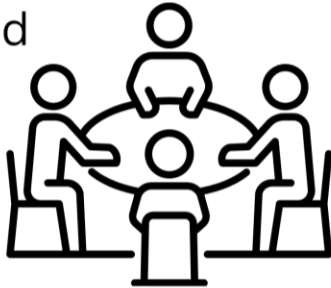
HOPWA



RW Part A



RW Part B



RW Part C

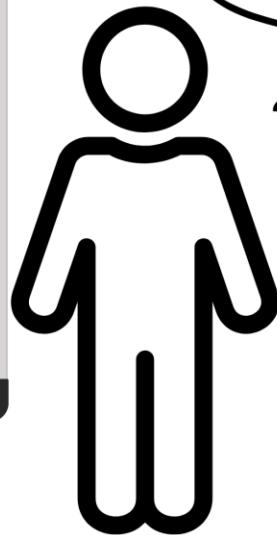


RW Part D



RW Part F

Cecile is a single mother with two children, ages 6 and 10. She rents an apartment in Cambridge and works full-time at a local daycare. She has been HIV positive for 8 years. Cecile has recently been very concerned, as her rent has increased, and she is having a difficult time affording food and other essential items for her children.



Who could pay for services for Cecile?



RW Part A



HOPWA

Cecile is a single mother with two children, ages 6 and 10. She rents an apartment in Cambridge and works full-time at a local daycare. She has been HIV positive for 8 years. Cecile has recently been very concerned, as her rent has increased, and she is having a difficult time affording food and other essential items for her children.



Since they answered first, 1 point for team HOPWA!



RW Part A



HOPWA



Cecile is a single mother with two children, ages 6 and 10. She rents an apartment in Cambridge and works full-time at a local daycare. She has been HIV positive for 8 years. Cecile has recently been very concerned, as her rent has increased, and she is having a difficult time affording food and other essential items for her children.



Are there any other funding streams that could pay for services for Cecile?



RW Part A



HOPWA

All other tables will get the chance to weigh in.

Announcements & Adjourn

World AIDS Day is Dec. 1!

- 12/1 - SPOKE Art Vigil from 12 – Midnight at the Boston Cyclorama
- 12/3 - New Bedford Community Health Center from 4 – 6:30 PM

Council Announcements

- Youth & HIV Education Session at the Consumer Committee on 12/12, 2 – 3:30 PM!
- Mandatory In-Person Planning Council meeting on 12/12, 4 – 6 PM – NO ZOOM OPTION, COMMUNICATE WITH PCS ABOUT YOUR ATTENDANCE

