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Service Gaps Among
Special Populations of
HIV+ Adults in
New York City

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C.H.A.I.N. REPORT

Table 1. Measuring Needs & Service Gaps – Definitions

Service	NEED	SERVICE GAP
HEALTH		
Comprehensive medical care	Positive HIV serostatus	Primary HIV medical provider does not provide ALL of the following: (1) Routine check-ups, well visits, vaccinations, (2) Source of health advice, (3) 24-hour access for medical emergencies
Patient/Provider communication	Positive HIV serostatus	Patient doesn't know t-cell or viral load, OR says current doctor "could do a better job explaining my treatment options to me"
Treatment adherence	On antiretroviral medications	Among non-adherent, not receiving treatment adherence services
Antiretroviral therapy	T-cell less than 200	Not on antiretroviral combination therapy
CASE MANAGEMENT		
CM: Comprehensive care model	(1) Current drug user OR (2) very low mental health score OR (3) recent episode of unstable housing OR (4) experienced a barrier to medical or social service because didn't know where to go, couldn't get child care, couldn't get transportation, or couldn't afford care or (5) says there's not enough money in the household for rent, utilities, food, or clothing	Among those with a need, no CM developed a care plan, assisted in getting or referring client to social services, or helped fill out forms for benefits or entitlements in past 6 months
CM: Counseling model	(1) Scored very low on mental health score OR (2) current drug user OR (3) practiced unsafe sex in past 6 months	Among those with a need, no CM counseled client regarding personal life, drug or alcohol problems, practicing safer sex, or periodically checked up on client in past 6 months
HOUSING		
Financial Housing Services	(1) Fairly often or very often not enough \$\$\$ for rent, OR (2) reported that s/he needed help with eviction, paying rent, or maintaining rental subsidy	No housing service received, OR client not living in specialized AIDS housing
Permanent Housing Services	(1) At least one episode of unstable housing or doubled-up in past 6 months, OR (2) reported that s/he needed help related to homelessness, critical need to move, physical access issues, poor housing quality, or dangerous neighborhood	No housing service received, OR client not living in specialized AIDS housing

Service	NEED	SERVICE GAP
MENTAL HEALTH		
Professional Mental Health	Scored very low on a mental health score (Mental component summary (MCS) \leq 37.0)	Respondent did not report receipt of professional MH service (psychiatrist, psychologist, therapist, therapeutic social worker) in prior 6 months
Supportive Mental Health	Scored above 37.0 on mental health score AND (1) reported a need for help with emotional or psychological problems OR (2) felt counseling regarding sexuality and sexual issues was considerably or extremely important OR (3) strongly disagreed that “most of the time I am in firm control of my feelings and behavior”	Respondent did not report receipt of supportive MH service (support groups, clergy, case managers, peer workers) in prior 6 months
ALCOHOL OR DRUGS (AOD)		
AOD	(1) Current drug or heavy alcohol user OR (2) client said that treatment or further treatment is “considerably” or “extremely” important	No reported therapeutic or self-help AOD treatment in prior 6 months
TRANSPORTATION		
Transportation Services	(1) Delayed or didn’t get med or soc svce because couldn’t get transportation, OR (2) reported that s/he needed help or assistance with transportation in prior 6 months	No reported transportation service in prior 6 months
SPECIAL POPULATIONS		
Injection & non-injection drug use	All self-reported current drug users (excluding marijuana, but including alcohol abuse)	
Women of child-bearing age	Women between the ages of 20 - 54 years old. Note that there are no respondents under the age of 20 in the CHAIN cohort, by definition.	
Mentally ill	Respondents who scored below 37.0 on the standardized Mental Component Summary Score of the Medical Outcomes Study Short Form-12 (version 2)	
MSM of Color	Male respondents who indicated they had ever engaged in homosexual activity, and who were non-white	
Homeless and Unstably Housed	Respondents who reported that in the past 6 months they experienced even one episode of homelessness or unstable housing (such as being doubled-up in a non-permanent setting)	
Over 50	Respondents equal to or over 50 years of age	

Table 2. Service Needs & Service Gaps – For Special Populations of New York City (CHAIN Round 2 data)

Service	Total				Injection & Non-Injection Drug Users				Women of Childbearing Age			
	NEED		SERVICE GAP		NEED		SERVICE GAP		NEED		SERVICE GAP	
<i>[Note: see Table 1 for definitions of service]</i>	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy
HEALTH	(N=548)				(N=149)				(N=197)			
Comprehensive medical care	548	100%	175	32%	149	100%	56	38%	197	100%	68	35%
Patient/Provider communication	548	100%	181	33%	149	100%	57	38%	197	100%	64	32%
Treatment adherence	409	75%	68	17%	102	68%	23	23%	143	73%	29	20%
Antiretroviral therapy	115	21%	34	30%	35	23%	12	34%	37	19%	12	32%
CASE MANAGEMENT												
CM: Social work model	395	72%	184	47%	149	100%	65	44%	154	78%	74	48%
CM: Counseling model	279	51%	116	42%	149	100%	63	42%	107	54%	48	45%
HOUSING												
Financial Housing Services	126	23%	47	37%	47	32%	15	32%	49	25%	19	39%
Permanent Housing Services	115	21%	46	40%	37	25%	17	46%	46	23%	17	37%
MENTAL HEALTH												
Professional Mental Health	177	32%	98	55%	65	44%	39	60%	76	39%	42	55%
Supportive Mental Health	79	14%	37	47%	20	13%	10	50%	23	12%	9	39%
ALCOHOL OR DRUGS												
AOD	406	74%	278	69%	149	100%	85	57%	143	73%	100	70%
TRANSPORTATION												
Transportation Services	90	16%	69	78%	39	26%	32	84%	45	23%	37	82%

Table 3. Service Needs & Service Gaps – For Special Populations of New York City (CHAIN Round 2 data)

Service	Total				Mentally Ill				MSM of Color			
	NEED		SERVICE GAP		NEED		SERVICE GAP		NEED		SERVICE GAP	
	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy
<i>[Note: see Table 1 for definitions of service]</i>												
HEALTH	(N=548)				(N=177)				(N=134)			
Comprehensive medical care	548	100%	175	32%	177	100%	63	36%	134	100%	44	33%
Patient/Provider communication	548	100%	181	33%	177	100%	66	37%	134	100%	52	39%
Treatment adherence	409	75%	68	17%	125	71%	23	18%	99	74%	11	11%
Antiretroviral therapy	115	21%	34	30%	45	25%	18	40%	29	22%	8	28%
CASE MANAGEMENT												
CM: Social work model	395	72%	184	47%	177	100%	84	47%	89	66%	41	46%
CM: Counseling model	279	51%	116	42%	177	100%	74	42%	70	52%	26	37%
HOUSING												
Financial Housing Services	126	23%	47	37%	47	27%	19	40%	27	20%	8	30%
Permanent Housing Services	115	21%	46	40%	46	26%	20	43%	34	25%	11	32%
MENTAL HEALTH												
Professional Mental Health	177	32%	98	55%	177	100%	98	55%	43	32%	22	51%
Supportive Mental Health	79	14%	37	47%	na	na	na	na	28	21%	16	57%
ALCOHOL OR DRUGS												
AOD	406	74%	278	69%	141	80%	99	70%	102	76%	75	74%
TRANSPORTATION												
Transportation Services	90	16%	69	78%	44	25%	38	86%	15	11%	11	73%

Table 4. Service Needs & Service Gaps – For Special Populations of New York City (CHAIN Round 2 data)

Service	Total				Homeless and Unstably Housed				Over Age 50			
	NEED		SERVICE GAP		NEED		SERVICE GAP		NEED		SERVICE GAP	
	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy	Number with Need	% with Need	Number with Service Gap among Needy	% with Service Gap among Needy
<i>[Note: see Table 1 for definitions of service]</i>												
HEALTH	(N=548)				(N=84)				(N=185)			
Comprehensive medical care	548	100%	175	32%	84	100%	28	33%	185	100%	53	29%
Patient/Provider communication	548	100%	181	33%	84	100%	29	35%	185	100%	56	30%
Treatment adherence	409	75%	68	17%	58	69%	9	16%	142	77%	19	13%
Antiretroviral therapy	115	21%	34	30%	23	27%	6	26%	34	18%	11	32%
CASE MANAGEMENT												
CM: Social work model	395	72%	184	47%	84	100%	38	45%	120	65%	66	55%
CM: Counseling model	279	51%	116	42%	54	64%	20	37%	72	39%	33	46%
HOUSING												
Financial Housing Services	126	23%	47	37%	32	38%	9	28%	32	17%	15	47%
Permanent Housing Services	115	21%	46	40%	51	61%	33	65%	33	18%	17	52%
MENTAL HEALTH												
Professional Mental Health	177	32%	98	55%	28	33%	18	64%	45	24%	25	56%
Supportive Mental Health	79	14%	37	47%	14	17%	6	43%	27	15%	12	44%
ALCOHOL OR DRUGS												
AOD	406	74%	278	69%	67	80%	46	69%	119	64%	78	66%
TRANSPORTATION												
Transportation Services	90	16%	69	78%	15	18%	14	93%	19	10%	12	63%