

The Evaluation Report

2007

Harlem United Community AIDS Center

Volume 1, Issue 1
April 2008

W

hen we began this remarkable journey of providing evaluation services at the agency 5 years ago, we never could have dreamed of a year like 2007. Our recent strategic alliance with the Foundation for Research on Sexually Transmitted Diseases (FROST'D), the announcement of our new Federally Qualified Health Center for the Homeless (FQHC-H) status, and a wave of new Medical and Health Research Association (MHRA)-funded, performance-based contracts created an unprecedented demand for evaluation services in 2007. In response, evaluators at the agency helped program staff to initiate an impressive array of new quality improvement and outcome monitoring projects this year, all while maintaining existing research and evaluation activities. Below are highlights from each of Harlem United's service divisions for 2007 from our annual Robin Hood Report.

Prevention Division: 2007 Highlights

Rapid Growth and Integration

- In 2007, the Prevention Division nearly doubled its annual budget, adding eight new contracts, and expanding our continuum of field-based prevention activities, including mobile syringe exchange as a result of our strategic alliance with FROST'D.
- The FROST'D alliance also brought us the Black Men's Initiative (BMI). BMI provides a continuum of outreach, HIV prevention education and testing, risk reduction counseling and peer-based services to African American men who have sex with men, conducted on the Internet, in the office, and in the field.
- We established the "Blocks Project," an innovative HIV-testing program and research project that saturates small, geographically-bound, high HIV prevalence zones with HIV prevention messages, community awareness activities, and on-site HIV testing services. Unlike traditional risk-based approaches, Blocks is based on the premise that in some high prevalence neighborhoods, HIV is more about where you live than who you are.
- With CDC funding, we also implemented two formal research projects designed to examine the efficacy of various HIV testing recruitment strategies for two populations: African American women and men who have sex with men.

Did You Know?

- In 2007, we performed over 3,500 HIV tests, a 68% increase over 2006 and a 120% increase over 2005.
- We also achieved a 4.2% seropositivity rate compared with 1.1% nationally.
- We increased our connection to care rate to 71%, surpassing the NYC DOH overall rate for Harlem of 51%.

Healthcare Division: 2007 Highlights

Providing Highly-Effective Integrated Care

Harlem United's two Adult Day Health Care (ADHC) programs provide comprehensive healthcare and social services to individuals whose AIDS diagnosis is complicated by substance use, homelessness, and/or mental illness.

- Of ADHC members with advanced AIDS, (CD4 100 or less), 69% had an improved CD4 at most recent follow-up, while ADHC members with seriously compromised immune systems, (CD4 101-200), 90% had an improved CD4 at most recent follow-up.

Meeting Clients Where They Are At

Harlem United's Directly Observed Therapy (DOT) program provides close monitoring of HIV+ clients' adherence to Antiretroviral Therapy (ARVT) and non-ARVT medication.

- Of DOT clients with detectable viral loads at baseline, 50% became undetectable at follow-up, and 67% of DOT members who were most critically ill at baseline (CD4 less than 100), improved their CD4 at follow up.

Mobile Mental Health (MMH) Services

The MMH program provides high quality, culturally competent mental health services to ensure that members maintain access to care.

- Costly emergency room visits for MMH clients dropped from 46% to 22%, and individuals with hospitalizations for medical reasons decreased from 33% to 9%.

Dental Care

- We performed over 5,100 procedures in 2007, a 47% increase over 2006, and treated 31% more clients.

Supportive Housing Division: 2007 Highlights

Providing Critically Needed Services

- Through our recent strategic alliance with FROST'D, we are now able to provide clients with the full range of housing services. Homeless individuals can now receive everything from emergency shelter, 12-18 month transitional housing, permanent supportive housing and supportive housing that offers the lease to the client upon completion of the 12-month program.

Implementing Our Integrated Model:

- In 2007, most housing clients (70%) were dually enrolled in housing and one other Harlem United program.
- Forty percent were enrolled in our primary medical care and 43% were enrolled in our dental services. More than a third (36%) were enrolled in one of our ADHC programs. Fourteen percent were enrolled in our Food and Nutrition program, and 13% were enrolled in our Mobile Mental Health program and in our Harm Reduction/Recovery Readiness program.

Facilitating Routine Medical Care

- Clients in our housing division visit their primary care physician (PCP) an average of 7.17 times per year, and 80% had a visit at least once every four months. Using HRSA's once-a-year standard for PCP visits would bring our clients' PCP visitation rate to 99%.

Improving Self-Sufficiency

- Since placement in Harlem United housing, 8% of our clients have obtained full-time work, 11% have obtained part-time or stipend work, 10% have earned a GED, and 5% have earned a college degree.

Congratulations to all our Divisions for making 2007 a successful and most memorable year!!!