

Conference Participation

Monday, November 9

Perceptions of HIV risk among African American, heterosexual, professional women

10:30 am, Roundtable discussion

Session number: 3133.0

Session title: African-American Women and HIV

Authors: *Danielle Parks, MPH*, Health Federation of Philadelphia, Philadelphia, PA
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Abstract: In two decades, HIV/AIDS has become a serious threat to the health of the black community, with the most rapidly growing group of affected persons being non-Hispanic black women. In 2004, the Centers for Disease Control and Prevention (CDC) reported that African American Women (AAW) were 23 times more likely to be infected with HIV/AIDS than white women, and were infected at 5 times the rate of Hispanic women. Furthermore, 80% of AAW diagnosed with HIV/AIDS during this time were infected through heterosexual contact. Though HIV/AIDS research has increased among women, literature has predominately focused on low-income, impoverished, and poorly educated groups. Data related to AAW who are middle to upper class and/or who are classified as 'professionals' was non-existent when a search was conducted using the social science databases (e.g. list databases and search terms) between 1997 to 2007. This study is comprised of 500 AAW ages 18-65 randomly selected from the community specifically local businesses and professional organizations in the Philadelphia area. All participants completed a 14-question survey that included information on demographics, sexual history, and perceived HIV risk. The purpose of this research is to explore and identify information from professional, middle to upper class AAW about their perspective on HIV risk related behavior. The results obtained helped us to compare perceived HIV risk between AAW of varying educational backgrounds. In addition, this data will enable us to customize prevention efforts for this untapped population to mitigate AAW's risk of contracting and/or transmitting HIV.

Collaborative effort of HIV, domestic violence and homeless service organizations to develop integrated services as strategy for HIV risk reduction for women

2:30 pm, Poster Presentation

Session number: 3276.0

Session Title: Women and HIV: Emerging Issues

Authors: *Zupenda M. Davis, MPH, CHES*, School of Public Health, Drexel University, Philadelphia, PA
Susan B. Spencer, MSW, LCSW, Susan B. Spencer, Inc, Wyndmoor, PA

Abstract:

Issues: Women are disproportionately affected by both HIV/AIDS and domestic violence (DV). HIV/AIDS is the fifth leading cause of death among all women aged 35-44. Every year about 4.8 million women become victims of DV and women account for 75% of deaths caused by DV. A recurrent theme in the literature on women's risk for HIV is that women's attempts to negotiate condom use with male partners often result in threats of or actual violence. Despite this, research and practice on the issue of HIV prevention and DV remains mostly separate, leading to gaps in integrated services. Structural factors such as poverty may also increase women's risk for HIV and DV, with research demonstrating an association between homelessness, HIV infection and DV for women.

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Description: This program describes the findings of an initiative that assembled the DV, HIV/AIDS, and homeless service organizations in Philadelphia to increase awareness of the intersections between HIV and DV services and initiate conversations about integration of prevention services for women.

Lessons Learned: A significant challenge of the program was hesitancy from homeless service providers to participate in the delivery of integrated services due to lack of time and capacity building needed for homeless organizations to provide additional services to their clients.

Recommendations: Recommendations are to: a) educate all HIV, DV and homeless service providers about HIV and DV; b) identify resources that homeless service providers can utilize to refer their female clients who need or may benefit from HIV and DV services.

A cross-system approach to developing workforce competencies, curriculum, and champions for trauma-informed care

2:45 pm, Oral Presentation

Session number: 3311.0

Session title: Emergency Preparedness and Community Readiness

Authors: *Leslie E. Lieberman, MSW*, Health Federation of Philadelphia, Philadelphia, PA
Nick Claxton, BA, CQSW, Division of Maternal Child and Family Health, Philadelphia Department of Public Health, Philadelphia, PA
Renee Queen Jackson, MEd, Office of Early Childhood Education, School District of Philadelphia, Philadelphia, PA

Abstract: Trauma informed practice, everyone is talking about it, but what does it really mean and how can it be achieved in a large urban public service system? Multiplying Connections, a Philadelphia based initiative, is addressing these questions through a collaborative cross-system coalition focused on building capacity for trauma informed care for children 0-5. In 2006, with funding from the William Penn Foundation, the Health Federation of Philadelphia formed a Cross System Training Institute (CSTI) charged with promoting trauma informed practice in four large public systems that serve young children, the School District of Philadelphia, and the City's Departments of Human Services, Maternal Child Health and Children's Behavioral Health. Using a nominal process the CSTI has developed the first set of core professional competencies for effective trauma informed and developmentally appropriate practice. In 2009 the group developed a full-day core course introducing professionals at all levels to these competencies. Through the project's website, providers in Philadelphia will be directed to additional training and staff development opportunities which deepen their competence in specific domains in the Core Competencies. This presentation will describe the process used to develop the core competencies and foundational curriculum, as well as lessons learned from establishing and sustaining a cross-system training institute and creating local champions for trauma informed practice.

Integrating care for underserved populations: A case study of system change

3:30 pm, Oral Presentation

Session number: 3325.0

Session title: Administrative Strategies Supporting Multi-Sector Collaboration

Author: *Natalie Levkovich*, Health Federation of Philadelphia, Philadelphia, PA

Abstract: This case study will fully describe the specific steps undertaken to accomplish effective change in clinical practice and related policies to create conditions for sustainability. This case focuses on the integration of behavioral health services into primary care in multiple provider settings and includes collaboration across disciplines and among providers, the Medicaid reimbursement system and other stakeholders. Each element of the change process, including capacity building, practice redesign, and advocacy, will be described. The role of coordination and leadership will be explained as an integral part of the process and replicable lessons learned will be highlighted. The dramatic impact of this system change on access to behavioral health care, on quality of care overall and on the financial viability of the service will be detailed. Elements of the clinical model, its relevance to achieving public health goals, its evolution and expansion, and its impact on service utilization and on revenue in the community health center environment in Southeastern Pennsylvania will be presented.

Tuesday, November 10

Increasing access to behavioral health care for underserved populations: A 10 year process

12:45 pm, Oral Presentation

Session number: 4218.0

Session title: Integration of Care Across Settings

Authors: *Suzanne M. Daub, LCSW*, Department of Behavioral Health, Delaware Valley Community Health, Philadelphia, PA
Marsha L. Johnson, LCSW, Department of Behavioral Health, Delaware Valley Community Health, Philadelphia, PA

Abstract: Over the past 10 years, Delaware Valley Community Health (DVCH) has worked to improve access to behavioral health care for the 25,000 individuals treated annually at two urban Federally Qualified Community Health Centers (FQHCs). This presentation will examine the evolution of this process beginning with an initial effort to improve depression screening and referral of primary care patients; moving to the co-location of traditional behavioral health practitioners within the primary care setting; and, finally, to the current model of integration known as Behavioral Health Consultation (BHC). In this model the behavioral health provider works side by side with the primary care provider (PCP) as a consultant on behavioral health issues. This approach makes behavioral health services accessible to a far larger population and relieves the pressure on the PCP who often feels ill-prepared and has limited time to effectively treat patients with behavioral health issues. The presenters will introduce the core components of the BHC model and its implementation. We will compare our experience with the referral, co-location and BHC models, discuss the conditions that enabled the shift in practice, and provide data showing the increase in program utilization and revenue.

Wednesday, November 11

Hot topics for Health Administrators

12:30 pm, Oral Presentation

Session number: 5163

Moderator: *M. Ann Ricksecker, MPH*, Health Federation of Philadelphia