



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW, and Mimi Pinon, NP, Co-Chairs

December 8, 2010
Public Health Solutions, 40 Worth Street
2:30 pm – 4:30 pm

Members Present: Maria Caban (alt. for Angela Aidala, PhD), Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, JoAnn Hilger (alt. for Fabienne Laraque, MD, MPH), Jennifer Irwin, Rosemary Lopez, Jan Carl Park, Glen Phillip, Mimi Pinon, NP, Kate Sapadin, PhD, Ricardo Vanegas-Plata, DDS, Ed Viera, Jr.

Members Absent: Martin Bruner, Jose Gonzalez, Sabina Hirschfield, PhD (alt. for Mary Ann Chiasson, DrPH), Rebecca Kim, Barbara Kobrin, Julie Lehane, PhD, Frank Machlica, Leslie Mack, Don McViney, Freddy Molano, MD

NYC DOHMH Staff Present: Carol Davin, Taiwana Messam, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Julie Cohen, Derek Coursen

Material Distributed:

- Agenda
- Minutes from the July 14th and November 4th Meetings
- Unmet Need Estimate from the New York EMA's Ryan White Grant Application to HRSA
- Presentation on the Unmet Need Estimate by JoAnn Hilger

Welcome/Introductions/Moment of Silence/Review of the Contents of the Meeting Packet: Dr. Lee Hildebrand welcomed meeting participants and introduced Mimi Pinon as the new Co-Chair of the Needs Assessment Committee. Members introduced themselves and observed a moment of silence. Nina Rothschild reviewed the contents of the meeting packet.

Review of the Minutes: The minutes from the July and November meetings were reviewed but not approved because a quorum was lacking. Jan Carl Park noted that this Committee lacks members and that Planning Council staff have been recruiting potential participants from the HIV Care Networks. Individuals who were previously aligned with the networks may become more interested in serving on the Committees because the networks are shutting down.

Unmet Need in the New York EMA: Dr. Hildebrand set the stage for the Committee's work, noting that DOHMH in collaboration with the Planning Council is planning a two-year needs assessment. Mr. Park noted that he had asked JoAnn Hilger, the Ryan White Grant Administrator, to present on unmet need in the EMA. Ms. Hilger coordinates the writing of the grant application for federal funding from HRSA to address these needs.

Ms. Hilger commented that the grant application has a section worth 33 points on unmet need. The unmet need estimate reflects the cost and complexity of providing care. The EMA uses HARS data (public health surveillance – the HIV/AIDS reporting system) to determine the number of individuals who are/are not receiving HIV primary medical care, and the Planning Council Committees may take this information into account when developing service models to reduce unmet need. When preparing the grant application, DOHMH looks at the populations using more services and examines the costs, taking into account the fact that providing services in the New York EMA is more costly than providing services elsewhere in the country.

Rosemary Lopez expressed surprise that Ms. Hilger's numbers showed that White PLWHA (37%) are more likely to be out of care than Blacks (34.7%) and Hispanics (33.3%). Dr. Hildebrand asked whether there is any attempt qualitatively to find out why people may be out of care. Carol Davin responded that as part of the needs assessment, we can look at why these people are out of care. Nina Rothschild noted that we can ask the CHAIN researchers and CTHP's Research and Evaluation Unit whether they have data about why people are not in care. Dr. Hildebrand also expressed interest in seeing more of a range of epidemiological data about people who are out of care. Dr. Sapadin asked how providers enter data into HARS. Providers send data to the State, the State sends it to the City, and the Field Services Unit reviews the medical charts of the patients. Ed Viera provided one explanation for why some people are not in care, noting that many people whom he is counseling have serious drug problems and don't want to be tested and find out that they are infected.

Mimi Pinon asked whether the New York EMA would have the capacity to provide services if all the PLWHAs who are not currently in care suddenly decided to enter into treatment. Jan Carl Park commented that all

jurisdictions are struggling with this question of how to provide medication and services for such substantial numbers of clients. Maria Caban stated that CHAIN is looking at unmet needs and service utilization.

Dr. Hildebrand noted that the NA Committee has taken a population-specific focus, but seeing these numbers is quite different. She asked how New York City defines unmet need and highlighted the importance of clarifying the difference between unmet need and gaps. Dr. Hildebrand asked about next steps with this data, and Mr. Park responded that HRSA is asking us about our plan to reach people and bring them into care. We have to set up programs that link people to care and ensure that they stay in care. Ms. Hilger noted that we are constantly making changes to the portfolio to ensure linkage to and retention in care. Ms. Lopez commented on the gaps issue, noting that two hospitals in Queens have closed. Nina Rothschild noted that although the total number of individuals who are not in care may remain roughly the same over a period of time, the specific groups who are the focus of our efforts do change – as the Committee discussed at its last meeting, far fewer IDUs are newly infected than in the past, and the number of cases of perinatal transmission has dropped dramatically.

Ed Viera asked about outreach, noting that he works in St. Albans, Queens, where there are big pockets of poor people who don't have access and who may find the system too cumbersome to navigate. Glen Phillip noted that if a mobile van comes to housing projects to provide services, people aren't going to go because of concerns about stigma. He also noted that people feel like they are just numbers and statistics and that some people are swapping medications. He recommended outreach, noting that people want to see more compassion and concern and feel that they are more than just a statistic. In addition, he stated that recently diagnosed individuals aren't participating in CHAIN. Ms. Caban responded that CHAIN does have data on the refresher cohort and needs to examine it. Ms. Davin underscored the importance of developing a systematic way of putting the data together.

Dr. Hildebrand commented that the Needs Assessment Committee is giving input into the DOHMH's needs assessment process. She also commented on CTHP's provider resource inventory, noting that there is a disconnect between what DOHMH is asking providers for and what providers can reasonably do. Ms. Davin stated that the needs assessment examines provider capacity and unmet need. The internal DOHMH Needs Assessment working group has not met since the last formal meeting of the NA Committee because work group members want to obtain Committee feedback into the internal process. We have had some discussion about the best ways to do outreach, and this Committee can give input, for example suggesting that DOHMH should conduct surveys and consumer focus groups. Ms. Hilger noted that the needs assessment will inform the next comprehensive plan.

Dr. Hildebrand asked about the timeline for the needs assessment. Taiwana Messam noted that the current comprehensive plan ends at the end of 2012, giving us a two-year cushion. Mr. Park suggested that we present the timeline for the needs assessment at the next meeting. Committee members discussed a variety of ways of obtaining consumer input. Ms. Lopez suggested having borough-specific meetings to obtain client insights. Ed Viera commented that we have agencies such as CitiWide Harm Reduction and New York Harm Reduction Educators, but they don't have enough funding to do outreach. Dr. Ricardo Vanegas-Plata commented that to obtain information from communities, we don't have to go out to them; rather, we can arrange for people to call us. Ms. Messam underscored the importance of being mindful of the different ways to collect information so that it is as rich and full as possible. Mr. Viera commented that in the past he felt that questions being asked to gather data were too intellectualized and that we need to show that we really care. Dr. Vanegas-Plata asked whether we can use peers to gather data. Mr. Park noted that we have a snapshot (via CHAIN and ACRIA) of the situation and are discussing here some issues that have not been addressed.

Dr. Sapadin noted that funding has dried up for vocational/educational/job placement programs, but these are very effective tools for getting people into care. Mr. Park noted that we cannot fund educational training with Ryan White dollars.

Mr. Park noted that DOHMH is putting together a list of resources. Ms. Davin promised to look at the strengths and limitations of the data we have concerning need in the community and to put together a bulleted list of what we can obtain from each source.