



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Ivy Gamble-Cobb & Ann-Gel Palermo, Co-Chairs

Thursday, May 10, 2007
9:30–11:00 AM
GMHC, 119 West 24th Street, Room 405

Members Present: Ivy Gamble-Cobb (Co-Chair), Ann-Gel Palermo (Co-Chair), Eli Camhi, Jennifer Irwin, Rosemary Lopez, Frank Machlica, Carline Numa, Howard Schwartz, Sayida Self

DOHMH Staff Present: JoAnn Hilger, David Klotz, Jan Carl Park, Nina Rothschild, Clarissa Silva, Daniel Weglein, Darryl Wong

MHRA Staff Present: Alison Chi

Others Present: Peter Messeri

Materials Distributed:

- May 10, 2007 Agenda
- December 8, 2006 Minutes
- April 11, 2007 Minutes
- HIV Epidemiology Program's 2nd Semiannual Surveillance Report
- FY 2007 Ranked Reprogramming Plan
- Needs Assessment Committee's Duties Table
- Annotated Guide to Data Sources
- Messeri, P. & Hart, B. (2007). Employment and Economic Wellbeing.

I. Welcome/Introductions

The meeting opened with a round of introductions, followed by a review of the minutes from the Needs Assessment Committee's previous meeting on December 8, 2006 and its joint meeting with the Integration of Care and Consumers' Committee on April 11, 2007. A quorum of Needs Assessment Committee members was not present to approve these previous minutes, so a decision was made to circulate the minutes for approval via e-mail. Ms. Silva reviewed the content of the meeting packet including the matrix outlining the committee's duties as described in the bylaws and existing projects that address those duties.

II. Review of Epidemiology Report:

Dr. Rothschild reviewed the HIV Epidemiology Program's 2nd semiannual report covering January-December 2006. She discussed the report's highlights, including information on new diagnoses by race/ethnicity, age group, borough of residence, transmission risk, and sex, as well as maps showing HIV diagnoses per 100,000 in 2005, PWHA as a percent of population in 2005, and age-adjusted death rate per 1000 PWHA in 2005. Dr. Weglein commented on the uncertainty in the data because of the HIV Epidemiology Program's methodology. DOHMH breaks with the Centers for Disease Control on the definition of heterosexually-acquired HIV and states that this transmission category includes persons who had heterosexual sex with an HIV-positive person,

an IDU, or a person who has received blood products and, for females only, includes persons who have a history of heterosexual prostitution, multiple sex partners of the opposite sex, STD, crack/cocaine use, heterosexual sex with a bisexual male, or unspecified probable heterosexual transmission. Dr. Weglein noted that if a patient's record does not contain information on risk, a Public Health Advisor from DOHMH's Field Services Unit talks to the patient to elicit information so that DOHMH has close to a 100% response rate on risk. When the Field Services Unit does not have access to this information, staff will impute the probable transmission risk. He also noted that HIV is becoming very much a minority-centered epidemic.

III. Review of 2006-2007 Work Plan:

Ann-Gel Palermo opened the discussion of the work plan and noted that a decision was made at the last meeting of the Needs Assessment Committee that Data Day was not well-received and that the Committee should discuss alternatives. One possibility is to hold special information sessions going forward on topics relevant to the Planning Council timeline and to generate reports. These informational sessions will ensure that the overall intention of Data Day will be met, even if the format has changed. Dr. Weglein underscored the importance of making sure that the Planning Council has the tools it needs in terms of data and stated that special information sessions should be included in every Planning Council meeting. The NA Committee should participate in the presentation of the materials. Ms. Palermo underscored that the vetting process in Needs Assessment will strengthen the Committee's role and fulfill its duties as outlined in the Planning Council bylaws. The MHRA Program Summary Report and MAI evaluation data also inform the Planning Council's discussions.

Jennifer Irwin asked about the disposition of the data from last year's Data Day. Clarissa Silva responded that the special populations matrix listed eleven populations, and Data Day focused on four of them. Information provided at Data Day supplemented DOHMH's epidemiology and CHAIN data and went into DOHMH's application to HRSA for Ryan White funding.

In July of 2006, the Planning Council requested several studies from CHAIN: HIV in people over 50, Medicaid/Medicare dual eligibility, interpersonal violence, housing and entry into care, and employment and economic well-being. In May of 2007, the studies on employment and on housing and maintenance in care will be available. In June, the studies on PLWHA over 50 years and on interpersonal violence will be available. The CHAIN team will explore the feasibility of completing the Medicaid/Medicare dual eligibility study and provide an update at our next meeting.

Dr. Weglein noted that the Planning Council has resources such as DOHMH's HIV Epidemiology Program on which to draw for information but doesn't have access to information on topics such as PLWHA with severe mental illness or child care resources for women living with HIV/AIDS who need to see their physicians. The Planning Council can ask about the gaps in our knowledge, and the Needs Assessment Committee can strategize how to address those gaps.

In June, the Planning Council will review the Ryan White Part A Program Summary Report.

IV. Special Topic: Employment and Economic Well-Being

Dr. Peter Messeri presented on the CHAIN research study on employment and economic well-being. Copies of the presentation and of the study are available in the Planning Council office. Dr. Messeri noted that people with better jobs and higher incomes and people who are white are

underrepresented in the CHAIN study. The study shows that the CHAIN population is not really working. Many have drug problems and low job skills. Given their low skill level, there's a cost to going back to work. The question arises: is the quality of life better on public benefits than with a low level job? Differences between the New York City cohort and the Tri-County cohort emerge on the topic of employment. Members of the Tri-County cohort are somewhat more likely to be employed and may actually be more reflective of the employment picture for PLWHAs as a whole (i.e., not just for the CHAIN participants). Some of the PLWHAs who are employed work in HIV-related jobs such as counseling.

III. Adjournment

The meeting was adjourned.

Actions/Decisions

<input checked="" type="checkbox"/>	C. Silva to draft a Special Information Session Schedule
<input checked="" type="checkbox"/>	C. Silva to circulate the CHAIN Housing and Over 50 Reports
<input checked="" type="checkbox"/>	N. Rothschild & C. Silva to contact Over 50 CHAIN author to present at our next meeting
<input checked="" type="checkbox"/>	Next meeting: 6.7.07, 9:30-11:00 am, location TBD.