



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Jennifer Irwin and Juana Leandry-Torres, Co-Chairs

Friday, January 23, 2009
Cicatelli, 505 Eighth Avenue, 20th Floor (Green Room)
10:00 am - 12:00 pm

Members Present: Angela Aidala, PhD, Guillermo Garcia-Goldwyn, Lenore Hildebrand, DSW, Jennifer Irwin, Rebecca Kim, Juana Leandry-Torres, Rosemary Lopez, Frank Machlica, Donald McVinney, Freddy Molano, MD, Jan Carl Park, Glen Phillip, Troiyle Sanon, PhD

Members Absent: Soraya Elcock, Kecia Gaither, MD, Julie Lehane, PhD, Dena Quinones, Kate Sapadin, PhD, Robert Steptoe, Ricardo Vanegas-Plata, DDS

DOHMH Staff Present: Nina Rothschild, DrPH, Anthony Santella, DrPH

Public Health Solutions Staff Present: Derek Coursen, Sandra Greer (alt. for Alison Chi), Roberta Scheinmann (alt. for Mary Ann Chiasson, DrPH)

Others Present: Renato Barucco, Victor Benadava, Felicia Carroll

Material Distributed:

- Agenda
- Minutes from the Needs Assessment Committee Meeting on December 16, 2008
- Dr. Freddy Molano's Presentation on Transgender Individuals in the South Bronx
- Moderator Guide for 2008 Consumer Focus Groups

Welcome/Introductions: Committee Co-Chairs Jennifer Irwin and Juana Leandry-Torres welcomed meeting participants. Committee members introduced themselves.

Review of the Meeting Packet: Nina Rothschild reviewed the contents of the meeting packet.

Moment of Silence: Committee members observed a moment of silence in tribute to those who have died from AIDS and those who are still fighting.

Review of Minutes: The minutes from the previous meeting of the Needs Assessment Committee on December 16, 2008 were approved with no changes.

Transgender Presentation: Jennifer Irwin introduced Dr. Freddy Molano, a Planning Council member who works for Community Healthcare Network in the Bronx and is very knowledgeable about transgender issues. She noted that transgender individuals are one of the special populations identified during a previous meeting of the Needs Assessment Committee. Presentations on additional special populations will follow at subsequent NA Committee meetings. Dr. Freddy Molano and his colleague, Renato Barucco, gave a presentation entitled “Trans-Experience in the South Bronx: When Being HIV-Positive is Just One of the Problems.” A copy of the presentation is available in the Office of the Ryan White Planning Council and can be obtained by contacting Nina Rothschild at (212) 788-4284 or at nrothsch@health.nyc.gov. Several comments from the discussion are included here:

- Care for individuals born with organs for both sexes is covered by insurance. Transgender surgery is not usually covered by insurance.
- Sexual preference and gender identity are different entities.
- Nationwide, no document exists assessing the needs of the transgender (TG) community.
- No studies exist on the female-to-male TG population.
- Risks for TG individuals include injections (hormones, silicon, other drugs), commercial sex, and survival sex.
- TG individuals who are members of minority ethnic/racial groups confront a double stigma.
- This population has a lot of police involvement.
- Community Healthcare Network provides technical support and training for health services providers and for the police regarding the TG population. Staff need to be trained in how to approach these clients and make them feel comfortable.
- Community Healthcare Network is a Federally Qualified Health Center and uses non-Ryan White funds to pay for its TG program.
- Community Healthcare Network offers clients in its TG program an HIV test every three months and STI testing every six months.
- The HEAT Program is seeing a lot more TG youth than in the past.
- Many TG clients are much more interested in hormones than in HIV.
- A substantial disjunction often exists between what the client wants for him or herself and what the physician wants for the client.

- Some TG individuals don't identify as TG but, rather, as male or female.
- Many members of this population are homeless and show up for services at CBOs at 6:00 am.
- The Columbia University CHAIN study has too few TG individuals to enable the researchers to make broad statements about TG health and well-being.
- TG individuals are a very challenging population. Treatment and care involves collaboration with other community service providers.
- One of DOHMH's consumer focus groups in the spring of 2009 will include TG individuals.
- Using the data collection system known as AIRS is challenging with this population because sexual identities are fluid and include male, female, male-to-female and female-to-male.

Mr. Park reminded group members that the Planning Council identifies special populations, asks Public Health Solutions for data on a special population such as TG persons, and then brings that information to the Needs Assessment Committee and the Integration of Care Committee.

Focus Group Discussion Guide: Dr. Santella gave an overview of last year's focus groups that were coordinated by the Care, Treatment, and Housing Program (CTHP) of the Bureau of HIV/AIDS Prevention and Control. The Program hired an outside consultant to conduct five consumer focus groups: two involving males and females, one involving just males, one involving just females, and one involving youth. This year, the CTHP will conduct approximately ten focus groups. Potential sites for the focus groups in all five boroughs are being identified. Decisions about the moderators are being finalized. Two potential moderators are bilingual. Although three hours are allotted for the focus groups, the first part of the meeting will involve food. Questions and discussion will consume approximately two hours and fifteen minutes. The number of participants will be limited to 10-12 per group.

The focus group discussion guide is built from a previous consumer survey. The entire conversation will be recorded and transcribed, and a note-taker will also be present. Participants will be provided with a list of all HRSA-funded services, even if some of the services are not offered in New York. Participants will also be provided with a sheet of paper. One side of the paper will list support services, and the other side will list core services. Focus group members will be asked to assess the services in terms of their effect on health outcomes. Part of the point of the focus groups is to determine which populations are underserved and which services are unavailable. All focus groups were in English last year, but the Bureau is planning to do some this year in Spanish. The Bureau would consider offering a focus group in another language if need arises.

Dr. Lee Hildebrand inquired about the literacy level of participants, asking how DOHMH staff can ensure that participants can read and understand any materials distributed. Rosemary Lopez stated that the focus groups last year were rushed and took place only in Manhattan. Rebecca Kim asked how participants would be recruited, to which Dr. Anthony Santella responded that recruitment would take place via e-mail, phone calls, flyers, the Planning Council mailing lists, from agencies, and through the HIV Care Networks. When people RSVP, they will be asked some basic information – e.g., whether they were ever in jail/prison – in order to facilitate placement into groups.

Last year, the DOHMH IRB deemed the focus groups outside of IRB purview. The Bureau is checking to make sure that this is still true, so that information gathering can proceed and the data from the focus groups will be available in time for community planning. Juana Leandry-Torres asked whether there are eligibility criteria for participation. The groups are really targeted to individuals who are receiving services from Ryan White-funded providers.

Dr. Angela Aidala asked whether Dr. Santella and his staff have thought about using a technique such as survey monkey (i.e., reaching out via the Internet) in order to broaden and strengthen the reach. Using the Internet could facilitate an examination of subpopulations such as TG individuals, homeless persons, and youth. Dr. Santella responded that survey monkey was used last year for a return to care survey, but the response was not overwhelming.

Next Meeting: NA Committee members agreed to meet again on February 20th from 10:00-12:00. Going forward, this Committee will meet on the third Friday of each month in the morning.