



Meeting of the  
**HIV Health and Human Services Planning Council of New York**

January 21, 2010  
3:00-5:00 PM  
LGBT Center, 208 W. 13<sup>th</sup> Street

## **MINUTES**

**Members Present:** J. C. Park (Governmental Co-chair), C. Shorter (Community Co-chair), S. Hemraj (Finance Officer), S. Adams, B. Backofen, V. Benadava, D. Bird, M. Brooks (for M. Bacon), F. Carroll, N. Cataldi, K. Clemons, G. DeYounge, M. Gilborn, A. Hardman, L. Hildebrand, DSW, M. Irizarry, K. Kaiman, J. Hilger (for F. Laraque, M.D, M.P.H.), , J. Lehane, Ph.D. (for T. Petro), M. Lesieur, F. Machlica (for L. Fraser), D. Marcano, D. Marder, M.D., G. Mercado, D. Ng, G. Philip, M. Piñón, D. Rakower, L. Urbano (for S. Cahill, Ph.D.), A. Vergara, E. Viera, Jr., D. Walters

**Members Absent:** A. Aviles, A. Cohall, M.D., J. A. Eddie, J. Edwards, I. Feldman, M. Hunt, H. Mateo, L. Freddy Molano, M.D., Pastor J. Payne, S. Wayne

**Staff Present:** *DOHMH:* D. Wong, D. Klotz, N. Rothschild, Ph.D., R. Molina, E. Wiewel, T. Wilder; *Public Health Solutions:* R. Miller; *CHAIN:* P. Messeri, Ph.D.

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### **Agenda Item #1: Welcome/Introductions/Minutes**

*Mr. Park* and *Mr. Shorter* opened the meeting, followed by introductions.

*Mr. Park* introduced the moment of silence in memory of those affected by the earthquake in Haiti, and also in memory of the partner of Council member Alexander Hardman.

*Dr. Marder* reminded the Council about HOPE survey. Teams in Staten Island and the Bronx especially need people.

*Mr. Wong* described information distributed on various Haiti relief efforts, including some for PLWHA in Haiti.

*Mr. Park* acknowledged the efforts of Housing Works to assist PLWHA in Haiti.

*Mr. Vergara* asked for clarification about the description of the MAI spending plan in the January 7, 2010 meeting minutes. The minutes of that meeting were approved with no changes.

### **Agenda Item #2: Public Comment, Part I**

*M. Rivera:* Agencies have nothing to fear from having PLWHA on their boards of directors. Saying that PLWHA should not be involved increases stigma. The Council should discuss how the resolution will be enforced.

*M. Ducret:* Provider staff needs to treat PLWHA clients with respect.

*S. Lewis:* PLWHA are encouraged to enroll in upcoming Leadership Training Institute courses.

*M. Gold:* DOHMH must also treat PLWHA with respect.

*P. Cortez:* Transgender PLWHA has special barriers in accessing housing and services.

*Mr. Viera* noted that Part A-funded agencies need to learn what the role of a client on their board of directors would be.

### **Agenda Item #3: Bylaws Amendment**

*Mr. Mercado* presented a proposal approved by the Rules and Membership Committee (RMC) to amend the Council bylaws to clarify the selection process for alternates, requiring approval of a permanent alternate by both of the Council co-chairs.

*Ms. Walters* presented a proposal recommended by the Policy Committee and approved by the RMC to expand the Policy Committee membership from 15 to 20, and to eliminate the stipulation on the percentage of Committee members who are also Council members.

*Mr. Lesieur* explained that the Policy Committee thought it was time to expand as there is more interest in their work.

A motion was made, seconded and approved unanimously to accept the amendments to the bylaws.

### **Agenda Item #4: Epidemiological Update**

*Ms. Wiewel* presented an overview of the epidemiology of HIV/AIDS in New York City. Surveillance of diagnoses and deaths comes from lab and provider reports, chart reviews, and patient interviews. Highlights of the presentation included:

- NYC has one of the highest incidences of HIV of any US city;
- Diagnoses and deaths peaked in the mid-1990s and have been declining since;
- The number of people living with HIV/AIDS continues to increase as people live longer;
- Incidence rates are highest in central Brooklyn, southern Bronx, upper Manhattan and the lower west side of Manhattan;
- Areas with high death rates match areas of high incidence rates, with the exception of the lower west side of Manhattan and parts of NW Queens and northern Staten Island and SE Brooklyn;
- The cohort of people living with AIDS is aging with over 37% now over 50 years old;
- 16% of people who test positive never initiate medical care and 8% of those who were in care do not return to care;
- The implications of the data are that, while HIV diagnoses and deaths decrease, the number of people living with HIV/AIDS who need care increases;
- Promoting timely linkage to care and support to keep people in care is critical.

A question and answer period followed, with the following issues raised:

- Electronic lab reports are done by name, but DOHMH minimizes the use of names and takes extraordinary measures to protect the confidentiality of records, as required by law;
- People who were diagnosed out of state and move to NYC are not counted as new diagnoses;
- An HIV & AIDS diagnosis within one calendar year is counted as a concurrent diagnosis. About 25% of diagnoses are concurrent, which means that they may have been infected for up to 10 years without treatment;
- The Council needs to look specifically at the implications of the aging of the epidemic;

- There is some new data on acute infections, which are predominantly among MSM;
- The DOHMH website includes more detailed demographic information.

### **Agenda Item #5: CHAIN Update**

*Dr. Messeri* presented an update on the CHAIN study, a Council-funded representative cohort of PLWHA in the EMA that provides data on a gamut of health, service and other issues. Highlights of the presentation include:

- New questions for the most recent wave of interviews include: housing quality, coordination of medical care, nutritional services, prevention for positives, case management and translation services;
- A recent CHAIN report on satisfaction with services shows high satisfaction levels with medical services and lower levels with social services (particularly housing and legal services);
- The most common reasons for dissatisfaction is poor interaction or communication between provider and client;
- Client characteristics associated with dissatisfaction are low mental health functioning and problem drug use;
- A report on the prevalence of chronic disease among the CHAIN cohort shows high lifetime prevalence of certain chronic conditions, particularly cervical abnormality and hepatitis;

A question and answer period followed, with the following issues raised:

- Both HIV and anti-retroviral treatment may make it harder for cancer or hepatitis treatment to work;
- The aging of PLWHA is also a factor in the increasing incidence of co-morbidities.

### **Agenda Item #6: Grantee Update**

*Ms. Hilger* reported that the grantee is working on the newly required supplement to the grant application. HRSA has informed EMAs that the base formula and MAI awards will arrive around March 1st, with the base supplemental to arrive in late April. Also, Care Coordination programs began on December 1, 2009, with providers receiving training and technical assistance.

*Mr. Park* reviewed the timeline around the Council's resolution to require certain Part A-funded agencies to appoint a self-identified PLWHA client to their board of directors, along with the grantee and HRSA responses.

*Mr. Lesieur* stated that, given HRSA's response, which likely meant that the EMA must resolve the issue itself, a time-limited body is needed to resolve the issue. This task force could look at other EMAs, HRSA documents, etc. and come up with a compromise between the Council and grantee.

A motion was made to create a task force composed of Planning Council members to report back within 60 days, seconded. Carried.

### **Agenda Item #7: Public Comment, Part II**

*M. Soares:* Having a PLWHA on a board of directors will improve services at an agency.

*R. Stebbin:* The Council should meet more often outside of Manhattan.

*G. Cruz:* Asians/Pacific Islanders should be identified in surveillance data.

*J. Sellman:* Public comment should take place before votes are taken.

*Mr. Lesieur* reported that, following a meeting with HRSA on the 2-year lifetime housing cap, there was some interest in moving to different policy.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on February 18, 2010.

A handwritten signature in black ink, appearing to read "Jan Carl Park". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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Jan Carl Park, MA, MPA  
Governmental Co-chair