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3 Meeting Minutes  
4 **NEEDS ASSESSMENT COMMITTEE**  
5 Lee Hildebrand, DSW, Chair  
6

7 December 15, 2009  
8 Cicatelli, 505 Eighth Avenue, Lavender Room  
9 3:00 pm – 5:00 pm  
10

11 **Members Present:** Maria Caban (alt. for Angela Aidala, PhD), Jose Gonzalez,  
12 Lee Hildebrand, DSW, Elizabeth Howell (alt. for Freddy Molano, MD),  
13 Rebecca Kim, Barbara Kobrin, Frank Machlica, Jan Carl Park, Glen Phillip,  
14 Robert Steptoe (alt. for Rosemary Lopez), Ricardo Vanegas-Plata, DDS  
15

16 **Members Absent:** Martin Bruner, Guillermo Garcia-Goldwyn, Jennifer Irwin,  
17 Julie Lehane, PhD, Don McVinney, Kate Sapadin, PhD  
18

19 **NYC DOHMH Staff Present:** Nina Rothschild, DrPH, Jessica Wahlstrom  
20

21 **Public Health Solutions Staff Present:** Derek Coursen, Sandra Greer  
22

23 **Others Present:** Mallory Marcus  
24

25 **Material Distributed:**

- 26
- 27 • Agenda
  - 28 • List of Needs Assessment Committee Members
  - 29 • Minutes from the NA Committee Meeting on August 3<sup>rd</sup>
  - 30 • Presentation by Jessica Wahlstrom on the 2009-2012 Comprehensive
  - 31 Strategic Plan for HIV/AIDS Services
  - 32 • Presentation on Needs Assessment Committee Survey 2008-2009
  - 33 • December 2009 and January 2010 Planning Council Calendars  
34

35 **Welcome/Introductions/Review of the Meeting Packet:** Jan Carl Park,  
36 Governmental Co-Chair of the Ryan White Planning Council, and Dr. Lee  
37 Hildebrand, Chair of the Needs Assessment Committee, welcomed meeting  
38 participants. Committee members introduced themselves. Nina Rothschild  
39 reviewed the contents of the meeting packet.  
40

1 **Review of the Minutes:** The minutes from the most recent Committee  
2 meeting on August 3<sup>rd</sup> were accepted by consensus.

3  
4 **Overview of the Needs Assessment Committee and its Role in the**  
5 **Planning Council Process:** Jan Carl Park reviewed the Committee  
6 responsibilities, noting that members examine epidemiologic data, service  
7 utilization data, the CHAIN study (a longitudinal cohort study of PLWHA living  
8 in New York City and in Tri-County), the Medical Monitoring Project, and  
9 other data sources. He mentioned that he would bring a snapshot providing  
10 information about service use by age, gender, and other variables and also  
11 offering a means of assessing unmet needs. Mr. Park noted that the EMA  
12 receives approximately \$110 million in Ryan White funding for HIV/AIDS  
13 services in the EMA, but this is a small amount compared to approximately \$2  
14 billion of city, state and federal funding for HIV/AIDS services spent annually  
15 in New York City. Other funders in addition to HRSA include HOPWA, CDC,  
16 SAMHSA, New York City, and New York State.

17  
18 Mr. Park noted that Needs Assessment Committee members previously  
19 identified five priority populations, including:

- 20
- 21 • Young MSM
- 22 • Women of color and young women of color
- 23 • LGBT individuals
- 24 • Immigrant populations (documented and undocumented)
- 25 • Individuals over the age of 50
- 26

27 In the last community planning cycle, Needs Assessment Committee  
28 members focused on two of these populations – youth and transgender  
29 populations – examining what we know about them and gaps in services for  
30 them. The focus on youth populations occurred in connection with the Bureau  
31 of HIV/AIDS Prevention and Control’s plan to re-RFP outreach services to  
32 youth populations.

33  
34 Regarding immigrant populations, Mr. Park noted that Ryan White is one of  
35 the few federal programs that pay for services to the undocumented. He also  
36 mentioned that the Planning Council has paid for focus groups of consumers  
37 in Spanish and has talked about holding focus groups in other languages.

38  
39 Regarding individuals over the age of 50, Mr. Park noted that approximately  
40 35% of PLWHAs in New York City are in this age group and that many  
41 members of this population are challenged by co-morbid conditions and by  
42 long-term effects of living with HIV and taking medications for many years,  
43 while other members in this age range are newly diagnosed. Mr. Park noted  
44 that he recently attended a conference on HIV in the 50+ population and that  
45 ACRIA presented a seminal study on this growing population of PLWHA. Nina

1 Rothschild noted that Columbia University is planning an initiative on aging  
2 and could be a source of additional information on this population. Mr.  
3 Steptoe mentioned two groups dealing with issues associated with HIV and  
4 aging: The National Association of HIV Over Fifty and Copasetic Women. He  
5 also commented that doctors are often not comfortable asking older people  
6 about sex.

7  
8 Mr. Park also introduced another population: users of alcohol and other drugs,  
9 including injection drugs. He noted that the Bureau of HIV/AIDS Prevention  
10 and Control is planning to re-RFP services to this population and would like  
11 the Needs Assessment Committee to examine this population and the services  
12 provided to its members.

13  
14 Reviewing the work of the NA Committee in the past year, Mr. Park noted that  
15 three service gaps were identified:

- 16
- 17 • The closing of clinics on Staten Island
- 18 • Housing issues
- 19 • Programs for individuals leaving correctional facilities
- 20

21 He also discussed the role of the Committee in developing the HIV Planning  
22 Council's three-year Comprehensive Plan for HIV/AIDS Services, submitted to  
23 HRSA in January 2009, and the Committee's discussion of goals, objectives,  
24 and markers.

25  
26 Mr. Park noted another source of data for NA Committee members on the  
27 special populations: the consumer focus groups which provided qualitative  
28 and quantitative information to help Committee members develop  
29 recommendations and guidelines for the selected special populations. He  
30 stated that outside speakers also provided substantial information on the  
31 challenges and successes associated with offering services to the selected  
32 populations. Dr. Lee Hildebrand commented that she would like to hear  
33 about the provision of services in other areas such as LA, especially because  
34 the Committee now has a new member, Barbara Kobrin, who came to NY from  
35 LA several years ago. Rebecca Kim asked about the disposition of the  
36 recommendations made by NA Committee members concerning some of the  
37 special populations, and Mr. Park explained that the new RFP is being created  
38 and incorporates those recommendations. Nina Rothschild agreed to include  
39 in the packet for the next meeting the recommendations for those other  
40 populations. DOHMH staff will be able to explain how the NA Committee  
41 recommendations went to IOC and from there are being incorporated into the  
42 RFP.

43  
44 NA Committee members discussed the possibility of engaging in an  
45 examination of the needs of a sixth special population – users of alcohol and

1 other drugs, including injection drug user. Sandra Greer noted that many  
2 members of the populations already examined by the Committee use drugs,  
3 experience reduced judgment, and engage in risky behaviors. Ms. Greer  
4 and Dr. Hildebrand agreed that drug use is a cross-cutting issue afflicting  
5 many members of all the special populations. Rebecca Kim asked whether  
6 Committee members could meet off-line in teams to discuss the special  
7 populations, therefore possibly enabling them to address the needs of more  
8 of the populations than if the whole Committee deliberates over each  
9 population sequentially. Mr. Park responded that we could have parallel  
10 presentations within a meeting. Dr. Hildebrand encouraged members to help  
11 plan presentations if, for example, they know someone who is an expert in a  
12 particular population.

13  
14 Robert Steptoe expressed interest in lesbian populations, as well as in victims  
15 of domestic violence and immigrant populations. Elizabeth Howell noted that  
16 her organization, Community Healthcare Network, is seeing a growth in the  
17 over 50 population. Ms. Greer asked whether Committee members could  
18 consider two different groups of alcohol and other drug (AOD) users – those  
19 who are partying and those who are self-medicating. Barbara Kobrin noted  
20 that both of these drug-using populations overlap and that patients often start  
21 with psychotropic medication and graduate to street drugs. Dr. Ricardo  
22 Vanegas-Plata suggested examining the populations coming to emergency  
23 rooms with overdoses, including teens and MSM. Mr. Park noted that we have  
24 information on this topic from our epi unit. Mr. Park also commented that a  
25 challenge for the Bureau of HIV/AIDS Prevention and Control as a whole and  
26 also for this Committee is that we have a very large “no reported risk”  
27 population. The risk for these individuals could be drugs or sex, but we don’t  
28 have enough information to come to a decision.

29  
30 Jose Gonzalez asked about the process by which Committee members will  
31 make the decision on special populations. Ms. Kim noted that NA Committee  
32 members held several meetings in the past to determine the priority  
33 populations. Mr. Gonzalez noted his interest in youth: he is a first generation  
34 American and works with youth and sees the alarming rates of infection  
35 among them. Dr. Hildebrand suggested that the group come to a decision.  
36 Ms. Kim stated that she, too, is interested in immigrants. Mr. Park commented  
37 that finding a focus group facilitator in another language will be a challenge  
38 but is not impossible. Ms. Howell suggested holding a focus group to discuss  
39 the challenges associated with accessing primary care in many languages.  
40 Dr. Hildebrand noted that she was the Chair of the PPG’s immigrant work  
41 group and has suggestions for outside speakers who could come and talk to  
42 the Committee. Members voted and decided to focus on immigrant  
43 populations. Dr. Hildebrand noted that the epi unit has done a really good job  
44 in enlarging its data about immigrant populations.

45

1 **Comprehensive Plan Implementation:** Jan Carl Park introduced Jessica  
2 Wahlstrom of the Health Services Unit who was instrumental in pulling  
3 together the Comprehensive Plan for HIV/AIDS Services 2009-2012. He noted  
4 that the Bureau's commitment to the Needs Assessment Committee includes  
5 providing updates on the plan's implementation. Ms. Wahlstrom noted that  
6 the Committee helped to brainstorm about goals and objectives and reviewed  
7 drafts of the plan.

8  
9 Committee members responded to the presentation:

- 10  
11 • Commenting on one of the plan's objectives – namely, to decrease the  
12 number of individuals receiving a delayed diagnosis of HIV infection,  
13 Dr. Hildebrand noted that Brooklyn has the highest concurrency rate of  
14 the five boroughs.
- 15 • Barbara Kobrin asked whether counseling is offered with the goal of  
16 encouraging people to enter into care, to which the response is yes.
- 17 • Dr. Vanegas-Plata asked how progress on adherence will be measured,  
18 to which Ms. Wahlstrom responded that the Bureau is looking at data  
19 from adherence programs. Having two sets of data would be optimal:  
20 one from agencies with adherence programs and one from agencies  
21 without adherence programs in order to assess the impact of the  
22 programs. Mr. Park noted that we would have to respond to this  
23 question in greater depth as time goes on.
- 24 • Ms. Greer commented that some programs may do treatment  
25 adherence but not collect data on it or report it to HIV Care Services –  
26 meaning that work on adherence may be taking place, but we don't  
27 necessarily have direct access to it.

28  
29 **Selection of a Co-Chair:** The selection of a NA Co-Chair was deferred until  
30 another meeting.

31  
32 **Selection of a Permanent Meeting Date/Time:** Members agreed to a  
33 meeting wizard to select the next meeting date/time.

34  
35 **Contact List:** Committee members agreed that the Planning Council staff  
36 would draw up a contact list with e-mail addresses and distribute it to  
37 Committee members, who could then contact the staff if they wish to change  
38 the format in which they are listed.

39  
40 **Public Comment:** No members of the public commented.

41  
42 **Adjournment:** The meeting was adjourned.