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

7 July 14, 2010
8 Cicutelli, 505 Eighth Avenue, Lavender Room
9 3:00 pm - 5:00 pm
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11 **Members Present:** Martin Bruner, Guillermo Garcia-Goldwyn, Lee
12 Hildebrand, DSW, Rebecca Kim, Rosemary Lopez, Frank Machlica, Jan Carl
13 Park, Glen Phillip, Kate Sapadin, PhD
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15 **Members Absent:** Angela Aidala, PhD, Jose Gonzalez, Sabina Hirshfield, PhD,
16 Jennifer Irwin, Barbara Kobrin, Julie Lehane, PhD, Don McVinney, Freddy
17 Molano, MD, Ricardo Vanegas-Plata, DDS, Ed Viera, Jr.
18

19 **NYC DOHMH Staff Present:** Graham Harriman, Nina Rothschild, DrPH
20

21 **Public Health Solutions Staff Present:** Derek Coursen, Rozzano Trotman
22

23 **Others Present:** Shoshana Brown, Shirley Gayle, Geneva Musgrave
24

25 **Material Distributed:**
26

- 27 • Agenda
- 28 • Minutes from the June 16th Meeting
- 29 • NA Committee Recommendations for Immigrant Populations
- 30 • Planning Council Calendar for July 2010
31

32 **Welcome/Introductions/Moment of Silence:** Dr. Lee Hildebrand welcomed
33 meeting participants. Members introduced themselves and observed a
34 moment of silence.
35

36 **Review of the Meeting Packet/Review of the Minutes:** Nina Rothschild
37 reviewed the contents of the meeting packet. The minutes from the NA
38 Committee meeting on June 16th were passed with one correction – namely,
39 the addition of Glen Phillip’s name to the list of attendees.
40

1 **Caribbean Immigrant Populations in New York City:** Lee Hildebrand
2 provided some context as a way of introducing the guest speakers. She noted
3 that the NA Committee had designated several special populations, including
4 immigrants; listened to a presentation by Ellen Wiewel of the Bureau of
5 HIV/AIDS Prevention and Control's HIV Epidemiology Program on
6 immigrants; and is returning today to discussing immigrant concerns by
7 welcoming several direct service providers to the Caribbean immigrant
8 community: Shirley Gayle and Geneva Musgrave of CAMBA and Shoshana
9 Brown of the Caribbean Women's Health Association.

10
11 The guest speakers noted several barriers encountered when working with
12 Caribbean populations:

- 14 • Language barriers: clients speak French, Spanish, Creole, and various
15 dialects, and relaying information in a way that can understand can be
16 challenging. To address this situation, the organizations integrate staff
17 from the regions from which the clients originate, and they try to refer
18 patients to specific doctors who are competent in various languages.
- 19 • The New York State Department of Education presents a barrier to
20 providing sex education in schools.
- 21 • Generational differences: older Caribbean generations don't tend to
22 discuss sex, STDs, and pregnancy, and having forthright conversations
23 on these topics can be challenging.
- 24 • Religion and culture often influence clients' beliefs about types of
25 treatment.
- 26 • Some clients have low health literacy and believe in various myths
27 about diseases.
- 28 • Stigma: doctors need education about stigma so that they can
29 understand better how to connect with their patients. Establishing a
30 connection at the very first visit is important, or else the patient will
31 become lost to care. A tremendous amount of stigma surrounds
32 homosexuality in the Caribbean region, and in Haiti confidentiality is
33 often not protected, leaving patients fearful that if they tell an agency
34 staff member something, that information will be relayed to their
35 family members. The agencies respond with annual confidentiality
36 trainings and ensure that all the doctors in their networks are
37 culturally competent. In response to a comment by Committee
38 member Glen Phillip, who said that he hasn't seen cultural sensitivity
39 at any agency and who noted that straight men don't want to be tested
40 for a disease they associate with homosexuals, the providers noted
41 that staff that breach confidentiality or are culturally insensitive face
42 disciplinary actions. Some people who live near CAMBA, however,
43 still don't want to go there for services because they are afraid that
44 they will be seen by others who will learn that they are HIV-infected.
45 Committee members noted that the Harm Reduction Coalition offers

1 training on sexual identity and gender identity issues. Mental illness,
2 of course, is stigmatized, but that stigmatization occurs across a variety
3 of cultures and is neither more nor less intense with Caribbean
4 populations.
5

6 **Speakers and Committee members discussed a variety of additional issues:**
7

- 8 • Guillermo Garcia Goldwyn asked how the agencies work on treatment
9 adherence with their clients and persuade them to take real medicines,
10 not just home remedies. Strategies include having the patients come in
11 every month, rather than every three months, and encouraging patients
12 to participate in support groups that are specific to treatment
13 adherence. Videos, diagrams, and presentations are all used to
14 enhance patient knowledge on the importance of complying with
15 medical instructions.
- 16 • Brooklyn is known as the borough of churches, and some churches are
17 involved in AIDS work, but other churches don't know where to start
18 even if they want to have an AIDS ministry.
- 19 • Immigration status: people will come to the agency, but taking the next
20 step is hard: they may need housing but fear deportation.
- 21 • Women tend to be in monogamous relationships, but their partners are
22 engaging in risky behaviors, and the women need to be empowered to
23 protect themselves.
- 24 • Domestic violence is a big issue and intertwines with HIV, immigration,
25 and pregnancy.
- 26 • More advocacy regarding the female condom would be helpful for
27 members of the Caribbean community.
- 28 • Members of the community have unmet needs for child care and
29 respite care.
- 30 • Medical services are available for HIV-infected Caribbean patients, but
31 they are not necessarily being accessed.
- 32 • In response to a question from Lee Hildebrand about problems with
33 linkage to care after someone tests positive, the speakers noted that
34 follow up can be a problem because of stigma and denial. Making sure
35 to spend time with the patients and inform them of their options and
36 educate them about the need for follow up is critical. Peer educators
37 can be particularly important in this regard: they often have a way with
38 patients that providers don't necessarily have, and the work is also
39 empowering for the peers.
- 40 • Substance abuse is not a large problem in the Caribbean community,
41 although alcohol and marijuana use are high.

42
43 **Recommendations for Immigrant Populations:** Dr. Sapadin noted the
44 importance of having both medical providers and peer educators on board
45 with the recommendations. Peer educators can accompany and advocate for

1 clients. The recommendations can be tweaked or adapted for specific
2 populations.

3
4 Committee members discussed a theater troupe that provides information via
5 skits and plays, using art and humor to convey information. The skits are
6 based on true stories. One story, for example, is about a Caribbean woman
7 who came here with nothing and was ostracized. Her story helped the
8 community to initiate conversation about the needs of people in such
9 situations. Using the arts and drama to involve people in the audience in
10 discussion can be an effective tool. Social media, marketing, clothing, music,
11 and art can all be used to educate. Palm cards with visuals have already
12 proven helpful in the Mexican community.

13
14 Nina Rothschild agreed to send another draft of the recommendations to
15 Committee members. Members also agreed that they want a couple of days
16 of serious needs assessment training. Jan Carl Park mentioned the possibility
17 of doing consumer focus groups in other languages, including Creole,
18 mandarin, and Russian in order to help with the assessment of the needs of
19 various immigrant populations.

20
21 Lee Hildebrand thanked Committee members for their hard work throughout
22 the course of the year.

23
24 **Adjournment:** The meeting was adjourned.
25