INTEGRATION OF CARE COMMITTEE

March 24, 2009
LGBT Center, 208 W. 13th Street
4:00-5:00pm

MINUTES

Members Present: Damian Bird (Co-chair), Maria Irizarry (Co-chair), Brent Backofen, J. Eddie, Soraya Elcock, Ivy Gamble-Cobb, E. Greeley, Deborah Greene, MPH, R. Greengold, Geraldine Joseph (for Theresa Mack, M.D.), P. Laqueur, Fabienne Laraque, MD, MPH, J. Matsuyoshi, Carline Numa, Jan Carl Park, MA, MPA, Charles Shorter, Lisa Zullig, MS, RD

Members Absent: Victor Benadava, Alwyn Cohall, M.D., M. Gbur, M. Gilborn, Terry Hamilton, V. Jarvis, MD, J. Lehane, K. Louie, W. Okoroanyanwu, E. Viera

Staff Present: *NYC DOHMH:* David Klotz, JoAnn Hilger, Anthony Santella, DrPH, Jessica Wahlstrom, E. Vasquez, John Rojas; *PH Solutions*: Bettina Carroll

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I. Welcome/Introductions/Minutes

Ms. Irizarry and Mr. Bird welcomed members, followed by a moment of silence and a review of the agenda and meeting materials. The minutes of the February 24, 2009 meeting were approved with no changes. Mr. Park reviewed the committee's roles and responsibilities and the conflicts of interest guidelines.

II. Service Category Guidance: Food & Nutrition Services

The template that IOC used to develop program guidance in 2006 was reviewed. The template outlines the goals/objectives of the service category, maps those to the goals/objectives of the EMA's Comprehensive Strategic Plan, broadly describes the service model, and outlines the special populations and geographic areas that should be targeted.

Ms. Wahlstrom presented additional data on FNS services, as requested by IOC at the last meeting. Highlights of the presentation included:

- Client-level demographic data: FNS clients generally mirror the epidemic by gender and race/ethnicity.
- Consumer-level qualitative data from the 2008 focus groups and 2004-6 CAB surveys: FNS was identified as a high ranking service but had lower client satisfaction, although the reasons for dissatisfaction were not known.

- CHAIN data: study participants reported higher dissatisfaction with FNS services, although there is no data on why this is the case.
- Aggregate FNS program data: groups receiving service (homeless, formerly incarcerated, substance abusers, disabled, MICA, etc.); places where clients are recruited/engaged (HASA/SROs, hospitals, CBOs, Rikers); engagement strategies (internal and external referrals, presentations at HASA/CBOs, word of mouth); critical client food/nutrition needs (access to nutritious foods, nutrition education including food safety and treatment adherence topics); unique features of FNS programs (culturally-specific meals, personalized care, client choice, management by registered dieticians, linkage to other HIV services); client eligibility.
- CAB evaluations of FNS programs (satisfaction, quality, etc.)

The Committee also reviewed data from the presentation given at the previous meeting, including an examination of the current service model in light of the new data presented today. Additional data from the "scorecard" will be available soon and will include expenditure data over three years.

Discussion followed, with the following points raised:

- There must be an emphasis on FNS programs improving quality of life for PLWHA.
- Programs must continue to track primary care status measures and ensure access to care.
- The menu of services that an agency provides should be up to that agency (e.g., some might offer pantry bags and congregate meals, others just home delivered meals).
- Definitions of service types should be more standardized across programs (e.g., nutritional counseling).
- All programs need some kind of nutritional screening, after which a service plan is developed that is tailored to the client.
- Should voucher programs (currently non Part A funded, but allowable by HRSA) be included as an option?
- There could be two tiers of service – one low threshold (e.g., pantry bags) to address food security, and one higher threshold (e.g., home delivered meals) that would include ancillary services.
- Other non-HIV-specific food program models (e.g., elderly) should be examined.

The Committee agreed that DOHMH staff will draft a template based on the discussion above, with service definitions, for review at the next meeting.

III. Public Comment

J. Taylor: There is a big increase in the demand for food services due to the economic crisis, and my organization has seen an increase in the number of PLWHA coming in for food assistance.

T. Troia: A low threshold model is a meal or pantry bag for someone with a hunger-related need, but it brings them in so that they can be connected to other services. Unlike a regular community-based food pantry, HIV-related food services should always be used as educational opportunities (e.g., nutritional counseling, treatment adherence) as well as for promoting access

to and maintenance in care. Also, co-morbidities need to be considered, as they require specific food-related services.

J. Belizario: The model that the committee recommends should be flexible and allow for multiple forms of service.

IV. Other Business

In addition to its regular meeting on the 4th Tuesday of each month from 3-5pm, the IOC will have two additional meetings in April and May in order to complete its work for the PSRA's priority setting process. The next meeting is on Tues., April 7th, 3-5pm at the LGBT Center, room 101.

There being no further business, the meeting was adjourned.