Meeting of the
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW and H. Daniel Castellanos, DrPH, Co-Chairs

January 23, 2014
Partnership for the Homeless
305 7th Avenue on the 13th Floor
9:30 am – 11:30 am

Members Present: Randall Bruce, Maria Caban, PhD, Amber Casey (alt. for Graham Harriman), H. Daniel Castellanos, DrPH, Carrie Davis, Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Sabine Hirshfield, PhD, Natalie Humphrey, PhD, Jennifer Irwin, Rosemary Lopez, Frank Machlica, Jan Carl Park, Glen Phillip, Marcy Thompson

Members Absent: Angela Aidala, PhD, Anne Lyster, Antonio Munoz

NYC DOHMH Staff Present: Rafael Molina, Kate Penrose, Nina Rothschild, DrPH, Jacqueline Rurangirwa

Public Health Solutions Staff Present: Derek Coursen, Lauren Feldman Hay

Others Present: Mallory Marcus

Material Distributed:

- Agenda
- Minutes from the January 9, 2014 NA Committee Meeting
- Draft Sections of the Formal Needs Assessment
- Notes from January 9th Work Groups
- NY Times Article: "Sex and the Single Senior"
- Planning Council Calendar for February 2014

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Committee Co-Chairs Lee Hildebrand and Daniel Castellanos welcomed meeting participants. Dr. Castellanos led the moment of silence. Nina Rothschild reviewed the contents of the meeting

packet. The minutes from the January 9th meeting were accepted for posting on the Planning Council website at nyhiv.org.

Formal Needs Assessment: Dr. Hildebrand noted that at the next meeting, Committee members would discuss a summary and an introduction and a list of acronyms for the needs assessment. At the next meeting on February 13th, we'll have the next-to-final draft. On March 13th, we'll have the final draft and vote for approval or disapproval. If the document is approved, it will go to the Executive Committee and the full Planning Council for a vote.

Gaps and Recommendations: Committee members discussed information gaps and recommendations for each of the four sections of the needs assessment: epidemiology, service needs and utilization, quality of care, and funding and policy.

Group 1: Epidemiology

Gaps:

- Although HIV diagnoses are declining, there are still over 3,000 new diagnoses per year. Why are new diagnoses not declining faster?
- We have very little information on transgender people of color. Does the data captured by NYC DOHMH reflect the full story on this group of individuals? One explanation for the information gap on transgender individuals is that DOHMH uses laboratory data in its surveillance reporting. If a transgender individual identifies as a woman, her data will be recorded as that of a woman. The CHAIN study has very few transgender participants.
- Some groups have very high mortality rates. Seeing a treatment cascade for each of these groups would be helpful. Perhaps we could identify a few key subpopulations where we might expect to see substantial differences and ask our epi colleagues to produce cascades.
- According to the draft section for Group 1, single homeless adults are 16 times as likely as other New Yorkers to be newly diagnosed with HIV. Where are these adults – in shelters, emergency rooms, SROs, etc.? If we can better identify where they are, we can better target our outreach and testing efforts. We can feel somewhat optimistic about the lifting of the 30% rent cap because of the new Mayoral administration. The Planning Council will weigh in as much as it can on this issue, while bearing in mind that we cannot address financial matters and, for example, lobby for appropriations.

Recommendations:

- Explore other sources of research about PLWHA on ResearchGate.
- CHAIN: Consider restoring funding for the Tri-County cohort and sampling more individuals in Queens.
- Look at National Health Behavioral Surveillance (NHBS) data for local information.
- Consider reducing the number of different systems used to capture data: eShare, AIRS, eCompass, etc. – entering data into these multiple systems is a waste of labor. A single system with unique identifiers is imperative. We need to ensure that the data is collected in a useful way. We can make recommendations locally regarding eShare and should make a recommendation to the federal government on requiring a single national data set. CDC and HRSA are already discussing this issue at a federal level, and the next Comprehensive Plan for HIV/AIDS Services will be a joint CDC/HRSA document.
- We also need to think more clearly about what we are doing with all that data. Are we using it to improve the lives of PLWHA? Are we sure that data is being kept confidential and is actually used for health purposes and not just as a research set for a dissertation?
- We've been on the receiving end of a lot of reports and should think more proactively about asking for reports that would help us to assess and address needs.
- The foreign-born are more at risk than the non-foreign-born for concurrent diagnosis of HIV and AIDS. We need to know more about why and how to change the situation.

<u>Group 2: Service Needs and Utilization</u>

Gaps:

- We need clarification on low utilization: why are some services utilized/not utilized? Does quality play a role? Are there reports other than CHAIN that measure utilization? If utilization of mental health services is low, does that mean that people do not want to access care because of stigma? Are services actually alleviating problems when they are used?
- Food services have low utilization, but people are going hungry. Underutilization of food services may occur because people obtain different items at different places and may go from site to site gathering food.
- We need more data on the impact of funding reductions on availability and utilization of services.
- We need more data on certain groups such as the foreign born and young people. Perinatally and behaviorally infected youth are being lumped together.

Recommendations:

- Travelling to different agencies for food takes money and time. Agencies do not provide a Metrocard for picking up food from a general food pantry. We should investigate whether we can provide a one-day unlimited ride Metrocard to enable people to gather the food they need more efficiently. We could consider this issue when we look at restructuring the medical transportation service category.
- To better understand these issues, we should review the methodologies that have been used in social work planning and welfare economics.

<u>Group 3: Quality of Care</u>:

Gaps:

- We don't have good quality of care measures for the services being provided.
- What is the connection between perceived quality of care and accessing services?
- We need to know more about clients who have fallen out of care.
- The first edition of the Client Satisfaction Survey was limited to certain categories. The larger survey coming out should be helpful.
- The HIV Care Networks no longer have funding. Without this funding, we don't know who is putting the networks together.

Recommendations:

- The Statewide Coordinated Statement of Need, produced by the NYS DOH, has information from focus groups all over New York State. This is a sentinel document, and we should look at the focus group data more closely.
- Although the Planning Council-sponsored listening sessions only had a total of roughly 50 people, the findings from them are still valid and should be taken into consideration in community planning.
- We don't have our own standards of care; rather we default to New York State on standards of care. We should know more about these standards.
- We should consider allocating more funding for trainings to maintain peers in various settings – e.g., peer-delivered mental health services.

<u>Group 4: Funding and Policy</u>:

Gaps:

- We need more information on the health care needs of prison releasees.
- We need more information on the structural issues preventing people from accessing care.

Recommendations:

- The Affordable Care Act facilitates the medicalization of HIV – more PLWHAs will be able to obtain medical services. This may present an opportunity for Ryan White to focus more on social services. With the emphasis on medical care, however, we are not achieving the successes we'd like to see. To get to zero infections, the answer is not bigger hospital systems. HIV has to be more than a health care issue: it needs to be the business of other agencies, too, such as the Departments of Education, Housing, etc. Overall, we need to pay more attention to structural issues.
- We waste money with certain care arrangements, such as housing PLWHAs in SROs. We need to bring together key institutions to forge a better system.

Reflections on Process and Content of Committee Group Work: Jennifer Irwin noted that this process, in which Committee members were asked to contribute their own insights based on what they see on the ground, was refreshing and helpful. Dr. Hildebrand noted the difficulty in striking a balance: presentations are important, but they take a lot of time and don't really provide us with an opportunity to talk to one another. We have to take a more proactive stance about what we need to know and figure out how to keep the momentum going. Randall Bruce noted the importance of taking all this information and figuring out what it means and where it fits.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.

Follow Up: We need to figure out what we want to do with this information. Should we come back a year from now and report on progress made on the recommendations? Should we produce a white paper recommending additional funding for certain initiatives?