



Meeting of the
NEEDS ASSESSMENT COMMITTEE

Lee Hildebrand, DSW and H. Daniel Castellanos, DrPH, Co-Chairs

December 12, 2013
Partnership for the Homeless
305 7th Avenue in the 13th Floor Conference Room
9:30 am – 11:30 am

Members Present: Randall Bruce, Maria Caban, H. Daniel Castellanos, DrPH, Carrie Davis, Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Natalie Humphrey, PhD, Jennifer Irwin, Rosemary Lopez, Antonio Munoz, Jan Carl Park, Mary-Elizabeth Vachon

Members Absent: Angela Aidala, PhD, Carrie Davis, Terri Faulkner, Graham Harriman, Sabina Hirshfield, PhD, Anne Lyster, Frank Machlica, Tamella McCowen, Ariel Negrón, Glen Phillip, Marcy Thompson

NYC DOHMH Staff Present: Stephanie Chamberlin, Kate Penrose, Rafael Molina, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Tania Farmiga

Others Present: Mallory Lowenstein

Material Distributed:

- Agenda
- Minutes from the November 2013 Meeting of the NA Committee
- NY EMA 2012-2015 Comprehensive Strategic Plan: 2013 Annual Update – Highlights
- NY EMA 2012-2015 Comprehensive Strategic Plan Annual Update(short version)
- NY EMA 2012-2015 Comprehensive Strategic Plan Annual Update (long version)
- Handout: Needs Assessment – Guided Review Process
- Planning Council Calendar for December 2013

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. Committee members introduced themselves. Dr. Natalie Humphrey led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the Needs Assessment Committee meeting in November 2013 were accepted for posting on the Planning Council website at nyhiv.org.

Formal Needs Assessment: Daniel Castellanos called attention to the outline for the formal needs assessment, as approved by the NA Committee in July 2013. According to that outline, the two final sections (identifying questions not addressed by available data and summarizing recommendations based on the findings of the needs assessment) are to be developed by the NA Committee. The rest of the needs assessment is based on material already delivered to the NA Committee. He presented a plan to divide the NA Committee members into four groups, each focusing on a different section of the needs assessment: epidemiology, service needs and utilization, quality of care, and policy and funding. Each group will use readings relevant to its section to inform recommendations, and each group will have a note-taker and a facilitator.

Next Meeting: Nina Rothschild agreed to bring copies of the minutes summarizing the presentations on which the needs assessment is based to the next Committee meeting in January. For the next meeting, Committee members should review the material in the section to which they have been assigned and give some thought to the major issues in order to summarize lessons learned, develop a list of additional questions for which we need answers, and develop recommendations.

Two Research and Evaluation Unit staff members, Kate Penrose and Stephanie Chamberlin, have developed some questions to guide the conversations that the groups will have about the material. Drs. Hildebrand and Castellanos reminded Committee members of the importance of their own experience, knowledge and expertise: these are more current than anything presented in the data. On January 9th, Committee members will discuss lessons learned. On January 23rd, they will discuss gaps in data and recommendations.

Group Membership: Committee members divided into four groups:

Group 1: Epidemiology

Amber Casey
Daniel Castellanos, DrPH
Derek Coursen
Lee Hildebrand, DSW
Jan Carl Park

Group 2: Service Needs and Utilization

Angela Aidala, PhD
Lauren Feldman Hay
Guillermo Garcia-Goldwyn
Natalie Humphrey, PhD
Rosemary Lopez
Jennifer Irwin
Frank Machlica
Ariel Negron

Group 3: Quality of Care

Randall Bruce
Maria Caban, PhD
Anne Lyster
Glen Phillip
Jacqueline Rurangirwa (grantee staff)

Group 4: Policy and Funding

Carrie Davis
Sabina Hirshfield, PhD
Antonio Munoz
Nina Rothschild, DrPH
Mary Vachon

Comprehensive Plan for HIV/AIDS Services in the NY EMA: 2012-2015.

Stephanie Chamberlin presented data on the implementation of the Comprehensive Plan. Both a short and a longer version are included in the meeting packet.

The 2012-2015 plan was created and approved by the NA Committee, the Executive Committee, and the full Planning Council and was sent to HRSA in May 2012. REU staff share information on concrete targets, indicators, and progress each year. We recognize the progress, plateaus, and changes that occur, for example, from changes in the testing law.

New York City has approximately 115,000 PLWHA and roughly 16,000 Ryan White Part A clients. REU staff will make every effort to include data on Tri-County when available. Ryan White clients include a higher proportion of females, Blacks, and Bronx residents than in the HIV-infected population of the City as a whole.

A handout accompanying the presentation shows whether we are meeting our targets or are headed in the right direction.

- On linkage to care, we have not met our targets either within the Ryan White client population or for the City as a whole, but we are headed in the right direction.
- For viral load suppression and for immunological health, we have not met our targets for the Ryan White population but have met them for the EMA as a whole and are headed in the right direction.
- Retention is high for nonwhites, but viral load suppression is low. One possible explanation is that people who are not feeling well go to the doctor but are not taking their medications. This is a reverse disparity.
- Geographically, too, retention is higher and viral load is lower for PLWHA in DPHO areas – i.e., in the sites in the City where NYC DOHMH has district public health offices because of excess morbidity and mortality from a variety of causes.
- For the EMA as a whole, emergency department visits are trending in the wrong direction. Natalie Humphrey suggested that some clients may simply call an ambulance because they know that they'll be seen in the emergency department, potentially accounting for the high use of acute care services. Lee Hildebrand wondered whether the closing of hospitals has had an impact on acute care utilization.
- HIV testing in the EMA is increasing from the baseline but trending down. Primary care providers in the EMA are offering Medicaid-funded HIV testing, but we don't see these test results from testing funded by Ryan White.
- For retention in care, we have exceeded our target of 80%.

Jan Park asked about what the data are not telling us. The data are not telling us about people who were not linked to care in the first place or about those people who are linked but not retained in care. We need to identify who they are and why they are not retained, as well as on the gap between retention and viral load suppression.

Goal 5 of the Comprehensive Plan is to ensure that the EMA has a robust plan for the cost-effective delivery of HIV services. REU continues to move forward with an economic evaluation. A collaboration is underway with an NYU capstone team to develop a more rigorous methodology for estimating cost per client. Year 1 focuses on costing; Year 2 focuses on outcomes analyses; and Year 3 focuses on merging costs and outcomes data.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.