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3 Meeting of the
4 **NEEDS ASSESSMENT COMMITTEE**
5 Carrie Davis, MSW and Daniel Castellanos, DrPH
6

7 February 11, 2016
8 LGBT Community Center
9 208 West 13th Street in Room 301
10

11 **Members Present:** Angela Aidala, PhD, Fay Barrett, Randall Bruce, Pedro
12 Carneiro, Amber Casey (alt. for Graham Harriman), Daniel Castellanos, DrPH,
13 Carrie Davis, Timothy Frasca, Jennifer Irwin, Anne Lyster, Frank Machlica,
14 Antonio Munoz, John Schoepp, Marcy Thompson
15

16 **Members Absent:** Maria Caban, PhD, Jeanine Costley, Guillermo Garcia-
17 Goldwyn, Sabina Hirshfield, PhD, Rosemary Lopez, Jan Carl Park, Glen Phillip,
18 Mary Poupon
19

20 **NYC DOHMH Staff Members Present:** Nasra Aidarus, Nina Rothschild,
21 DrPH, Darryl Wong
22

23 **Public Health Solutions Staff Present:** Brittany Thorne
24

25 **Others Present:** Billy Fields, Ron Joyner, Robert Steptoe, Maiko Yomogida
26

27 **Material Distributed:**
28

- 29 • Agenda
- 30 • Needs Assessment Committee Meeting Minutes from January 14th and
31 January 26th
- 32 • Draft Agenda for Half-Day Community Briefing
- 33 • Draft Questions for Panelists
- 34 • Planning Council Calendar for February 2016
35

36 **Welcome/Introductions/Moment of Silence/Review of the Meeting**
37 **Packet/Review of the Minutes:** Carrie Davis and Daniel Castellanos
38 welcomed meeting participants. Committee members and guests introduced
39 themselves. Ms. Davis used the moment of silence to remember transgender
40 brothers and sisters. The minutes from the previous two NA Committee

1 meetings were accepted for posting on the Planning Council website at
2 nyhiv.org.

3
4 **Half-Day Community Briefing:**

5
6 NA Committee Member Suggestions: Nina Rothschild provided an update on
7 the plans for the panels. Committee members raised some questions and
8 made suggestions and agreed on the following:

- 9
10
- 11 • The number of panelists is excessive. The specialty pharmacist will be
12 asked to step off of the panel on HIV and HCV co-infection but will be
13 invited to participate in the Q&A as an audience member.
 - 14 • Only the initial 5-8 minute data presentations will be accompanied by
15 PowerPoint presentations. The rest of the morning will consist of
16 conversations among panelists and moderators and Q&A with audience
17 members with a focus on developing recommendations.
 - 18 • At least one Tri-County consumer should be present.
 - 19 • Consumers, in particular, should be asked to speak generally rather
20 than focusing on their personal situation.

21 Review of Questions for Panelists: Committee members broke into three small
22 groups, reviewed draft questions for the panelists, and agreed on revisions.
23 Next, members of the Consumers Committee will review the questions and
24 propose changes, after which the questions will be shared with moderators
25 and panelists.

26
27 Request for Volunteers: Nasra Aidarus, Randall Bruce, Anne Lyster, Antonio
28 Munoz, and John Schoepp all volunteered to help out at the community
29 briefing with tasks such as signing people in and handing microphones to
30 audience members during the Q&A.

31
32 **Data Requests:** Daniel Castellanos and Carrie Davis attended the January
33 meeting of the Consumers Committee and heard about members' interest in
34 incarceration and immigration history of Ryan White clients. Dr. Castellanos
35 will prepare and submit a data request to the Research and Evaluation Unit.
36 The Needs Assessment Co-Chairs want to collaborate with other committees
37 and hope to attend the March and April meetings of the Consumers
38 Committee. Their hope is to make information available for policy decisions.

39
40 **Public Comment:** An update on the integrated comprehensive plan will be
41 provided at each Needs Assessment Committee meeting.

42
43 **Adjournment:** The meeting was adjourned.
44
45

1 **Addendum:** The final version of the questions for the community briefing
2 incorporating suggestions from NA Committee and Consumers Committee
3 members and distributed to moderators and panelists was as follows:
4

5 HIV and HCV Co-Infection:
6

- 7 1a) What barriers are clients who are co-infected with HIV and HCV likely
8 to encounter when trying to access the new HCV medications?
9
- 10 1b) What is the rationale for requiring patients to progress to stage 3 in
11 their HCV infection before allowing them to access HCV medications,
12 when the mantra within HIV is to test and treat – i.e., to begin treatment
13 as soon as possible after diagnosis?
14
- 15 2a) Can you share some success stories of how you have been able to help
16 clients to access HCV meds?
17
- 18 2b) From these various success stories, can you isolate some specific
19 elements, including patient education, that should be incorporated in a
20 program to help clients obtain these medications?
21
- 22 2c) Do you think that such a program could be scaled up across the City?
23
- 24 2d) What challenges might we encounter in scaling up?
25
- 26 3) Have you seen any problems with the integration of HIV and HCV
27 services?
28
- 29 4a) What are the physical and psychological side effects of HCV meds
30 mixed with HIV meds? Might the combination have a negative impact
31 on a patient's ability to continue to participate in other services (e.g.,
32 nutrition programs, case management programs)?
33
- 34 4b) Do providers need to make a lot of adjustments to medication regimens
35 for patients who are being treated for both illnesses?
36
37

38 Socioeconomic Vulnerability with an Emphasis on Employment and Economic
39 Well-Being:
40

- 41 1) What are some of the biggest fears of HIV+ clients and HIV+
42 transgender clients who are thinking about going back to work or who
43 have no work experience?
44

- 1 2) What are the current vocational training resources available and what
2 are the resource gaps for such clients (HIV+ and HIV+ transgender)
3 who want to work but have been out of the workforce for a long time?
4
- 5 3) What is the financial impact of work on receipt of benefits for such
6 clients?
7
- 8 4) What are some of the gaps in protections available for such clients who
9 are currently in the workforce?
10
- 11 5) What are some routes for redress if such a client (HIV+ or HIV+
12 transgender) encounters discrimination on the job?
13
- 14 6) How can clients invoke their ADA rights and the New York Human
15 Rights Law? How can they learn how to use FMLA?
16
- 17 7) Do you think that a support group for HIV+ and HIV+ transgender
18 clients who have returned to the workforce would be helpful?
19
- 20 8) What are the socioeconomic challenges faced by transgender
21 individuals and people of color that other HIV+ individuals don't
22 necessarily experience?
23
- 24 9) What is the impact of work on quality of life?
25

26 Housing Across the EMA:

- 27
- 28 1) Describe the impact of housing on HIV. What is the impact of being
29 unstably housed on linkage to and retention in care? What is the
30 impact on viral load? What is the impact on co-morbidities?
31
- 32 2) Compare and contrast the housing situation for Ryan White clients in
33 NYC and in the Tri-County Region.
34
- 35 3) Can you give us a rough estimate of the cost of housing a Ryan White
36 client for a year in NYC vs. Tri-County?
37
- 38 4) Is there an approximate total number of unstably housed Ryan White
39 clients in Tri-County?
40
- 41 5) Can you suggest some solutions to the housing situation that close the
42 gap between unmet needs and funding?