



Meeting of the
NEEDS ASSESSMENT COMMITTEE
Carrie Davis, MSW and Daniel Castellanos, DrPH, Co-Chairs

February 12, 2015
Cicatelli Associates
505 Eighth Avenue

Members Present: Angela Aidala, PhD, Fay Barrett, Randall Bruce, Daniel Castellanos, DrPH, Carrie Davis, Timothy Frasca, Guillermo Garcia-Goldwyn, Jennifer Irwin, Anne Lyster, Antonio Munoz, Glen Phillip, Jon Reade (for Marcy Thompson)

Members Absent: Maria Caban, PhD, Jeanine Costley, Graham Harriman, Sabina Hirshfield, PhD, Rosemary Lopez, Frank Machlica, Jan Carl Park, Mary Poupon

NYC DOHMH Staff Present: Kate Penrose, Nina Rothschild, DrPH, Wilbur Yen

Public Health Solutions Staff Present: Derek Coursen

Others Present: Felicia Carroll, Billy Fields, Kiara St. James, Maiko Yomogida

Material Distributed:

- Agenda
- Minutes from the January 8, 2015 Meeting of the Needs Assessment Committee
- Follow-Up on the NA Committee Worktable of Action Steps
- NYC 2012 Chart Presenting Engagement in the HIV Care Continuum
- CHAIN Data and/or Report Request Form Completed by Federation of Protestant Welfare Agencies (FPWA) Staff Member Asking for a CHAIN Report on Women and HIV
- Planning Council Calendar for March 2015

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Carrie Davis and Daniel Castellanos

welcomed meeting participants. Committee members introduced themselves. Guillermo Garcia-Goldwyn led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the January 8, 2015 meeting of the NA Committee were accepted for posting on the Planning Council website at nyhiv.org.

Taking Action on the Recommendations of the Formal Needs

Assessment: Small Group Discussions: Dr. Castellanos noted that addressing some of the recommendations in the formal needs assessment requires more data from e-Share and from CHAIN. The point of today's meeting is to separate committee members and guests into two groups to break down four of these very broad recommendations into manageable requests. E-Share and CHAIN experts will tell us whether they have the data to address these questions.

The four recommendations are:

- Examine factors that mediate the relationship between poverty, race-ethnicity and HIV-related morbidity and mortality at the individual and neighborhood level to better ensure appropriate placement and targeting of services (*from the section of the formal needs assessment focusing on describing the HIV population in the NY EMA*)
- Explore the relationship between engagement in HIV primary care and clinical outcomes to better understand possible factors that complicate achievement of viral load suppression for those who are highly engaged in care (*from the section of the formal needs assessment focusing on service needs and utilization*)
- Explore where PLWH access services and the extent to which people seek services at multiple locations (*from the section of the formal needs assessment focusing on service needs and utilization*)
- Make increased use of programmatic information to further assess the relationship between enrollment in a particular service category and other key outcomes such as linkage to and retention in care (*from the section of the formal needs assessment focusing on service needs and utilization*)

Small Group Discussions: Major themes from the small group discussions were the following:

Describing the HIV Population in the New York EMA:

- Relationship of employment status and outcomes:

- Do changes in employment status make life easier or harder for PLWH?
- Does having a certain level of income present new barriers because PLWHA are no longer entitled to certain benefits?
- Does employment mean more social support and enhanced well-being?
- What is the relationship between education and employment/income?
- Undocumented individuals:
 - Can we identify them?
 - What would an examination of foreign-born individuals or of primary spoken language yield? If neither CHAIN nor e-Share contains this data, would other sources have it?
- Gender:
 - Women
 - Women of color
 - Women with children
 - Impact of being a caregiver on location in the care continuum
- Year of diagnosis:
 - Long-term survivors vs. newly diagnosed
 - Relationship between age and year of diagnosis

Engagement in HIV Primary Care and Clinical Outcomes:

- Impact of testing in medical versus non-medical settings on linkage to and retention in care.
- Do PLWHA seek out certain services in specific areas of the City?
- Impact of being in care with a single provider or switching from provider to provider/impact of receipt of services at a single site vs. at multiple sites.
- Impact of changes in medical providers and the destabilizing impact of changes in the treatment system (ACA implementation and health homes) on engagement and retention: a client who enrolls in a plan on the health insurance exchange in which his/her doctor does not participate, or who is suddenly unable to afford the co-pay for an office visit on a new plan, may drop out of care.
- Women with children may be socioeconomically at risk and may experience difficulty navigating the service system because of multiple competing demands on their health, energy, and finances.
- Impact of mental health/substance use issues: lack of effective mental health services may mean that serious psychological problems remain unaddressed and negatively impact retention.
- Multiple factors, including disclosure, domestic violence, and behavioral health may contribute to an unstable viral load.

- Clients tend to tell the provider what they think the provider wants to hear. Providers who do not encourage clients to fully disclose multiple issues are less helpful in resolving problems.
- Impact of mis-gendering and general impact of staff attitude: clients whose gender is incorrectly identified by agency staff and clients who perceive that agency staff members are disrespectful may fall out of care.
- Providers and clients spend too much time being badgered with data collection.
- Clients attend too many sessions and become “grouped out.”
- Lack of a sense of belonging and lack of age-appropriate services may impede engagement in care and reduction in viral load. In particular, clients confront a lack of services for older PLWHA.
- Cuts in services and staffing have created trouble. All of these challenges have an impact on agencies’ ability to keep doors open.
- Providers are not as well trained as in the past. In MSW programs today, students are no longer trained in doing groups. They are really trained primarily to pass the licensure exam.
- Rapid staff turnover and (the perception of) lack of staff commitment impact negatively on retention.
- Providers and patients don’t necessarily share the same priorities. For some PLWHA, a suppressed viral load may not be a primary goal.
- Poor health literacy may mean that a client does not fully understand the linkage between entry into and engagement in care and reduced viral load.
- Many clients delay entry into care until they become sick and go to the Emergency Department.
- Should the HIV care continuum be expanded to include PLWHA who are sporadically in care? A fairly high proportion of CHAIN participants have had one or more episodes of dropping out of care.
- Are PLWHA who delay entry into medical care or drop in and out of care more likely to be recipients (on a sporadic basis) of certain Ryan White service categories? Are people using some service categories (e.g., food) even when they are not in care?

Public Comment:

- Kiara St. James suggested breaking out the treatment cascade by ethnicity and gender. DOHMH staff noted that it already is and volunteered to send a link.
- Dr. Angela Aidala noted that a recent major report from Kaiser found that front-line staff members at some HIV care organizations are relatively uninformed about HIV/AIDS. Nina Rothschild will send a link to the report.

Adjournment: The meeting was adjourned.

Items for Follow-Up:

- Nina Rothschild will send a link to the Kaiser report referenced by Dr. Angela Aidala. According to the report, front-line staff members at some HIV care organizations are relatively uninformed about HIV/AIDS.
- The Bureau of HIV/AIDS Prevention and Control's Training and Technical Assistance Program may be invited to talk about their work in health literacy.
- DOHMH staff will send a link to versions of the treatment cascade broken down by ethnicity and gender.