



Meeting of the  
**NEEDS ASSESSMENT COMMITTEE**

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

February 13, 2014  
Partnership for the Homeless  
305 7<sup>th</sup> Avenue on the 13<sup>th</sup> Floor  
9:30 am – 11:30 am

**Members Present:** Angela Aidala, PhD, Randall Bruce, Maria Caban, PhD, H. Daniel Castellanos, DrPH, Carrie Davis, Lee Hildebrand, DSW, Natalie Humphrey, PhD, Rosemary Lopez, Anne Lyster, Antonio Munoz, Jan Carl Park, Glen Phillip, Marcy Thompson

**Members Absent:** Guillermo Garcia-Goldwyn, Sabina Hirshfield, PhD, Jennifer Irwin, Frank Machlica

**NYC DOHMH Staff Present:** Amber Casey, Rafael Molina, Kate Penrose, Nina Rothschild, DrPH

**Public Health Solutions Staff Present:** Lauren Feldman Hay

**Others Present:** Mallory Lowenstein

**Material Distributed:**

- Agenda
- Minutes from the January 23, 2014 Meeting
- Needs Assessment Draft
- Matrix with Objectives, Key Takeaways, Information Gaps, and Recommendations
- 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. Attendees observed a moment of silence. Nina Rothschild reviewed the contents of the meeting

packet. The minutes from the January 23<sup>rd</sup> meeting were accepted for posting on the Planning Council website at nyhiv.org.

**Formal Needs Assessment: Review of Penultimate Draft:** NA Committee members discussed the matrix presentation of the next-to-final draft and made several points:

Section 1: Describing the HIV Population:

- Key Takeaways:
  - The 5<sup>th</sup> bullet (HIV-specific morbidity and mortality are higher for people of color and among residents of high-poverty neighborhoods) can be split in two.
- Information Gaps:
  - In the 2<sup>nd</sup> bullet (Epidemiologic data on comorbidities and other factors affecting health outcomes of PLWH is limited) – we should define what we mean by outcomes. Health behaviors, poverty, employment, drug use, and access to care are all intertwined and impact on health outcomes. We need to look at the social context for health behaviors with specific outcomes.
  - We can also look at the structure of services in neighborhoods and explore how current services are addressing poverty. The health of poor people in good neighborhoods is different from the health of poor people in bad neighborhoods. We are missing specifics about NYC neighborhoods – e.g., Chelsea vs. Hunts Point.
- Recommendations:
  - The 4<sup>th</sup> bullet (Further explore the factors that mediate the relationship between poverty and HIV-related morbidity and mortality) merits further investigation. We should look at factors such as stress that mediate the relationship between poverty and health. You can take a sick person and place him in housing, but if you don't address the underlying issues leading to homelessness, he will be back on the streets again in 6 months.
  - We need to talk more about how to study these issues.

Section 2: Current Policy and Funding Landscape:

- Recommendations:

- The 3<sup>rd</sup> bullet speaks to duplication of data gathered by various systems (In accordance with the NHAS goal of streamlining the planning and targeting of resources, advocate for reduction in the number of different data systems used to capture service provision information). A considerable amount of duplication exists between data entry for Parts A, B, C, D, and F of the Ryan White CARE Act. For example, agency staff would have to enter data three times for a client who receives services from Parts A, B, and C. We should more closely examine this duplication and advocate for its reduction.

**Section 3: Service Needs and Utilization:**

- Recommendations:
  - We need a more nuanced set of best practices including lessons learned from sources such as the client satisfaction survey and focus groups.
  - Who is the audience for these recommendations? National? Local? The first audience is our funder, HRSA. The second audience is the Planning Council. We need to work with the grantee to focus on addressing these questions.

**Section 4: Accessibility and Quality of Care:**

- Recommendations:
  - The 3<sup>rd</sup> bullet (Review information pertaining to New York State's Quality of Care Program, the CHAIN study's Standards of HIV Medical Care Index, and the New York EMA's Part A Quality Management Program and consider methodology for objectively evaluating the quality of HIV services provided) lists several data sources. We should also look at data from Ryan White Parts B, C, D, and F. Lots of duplication exists between these programs.
  - We do not have a hierarchy instructing us about the order in which to bill services which are potentially billable to different Parts of the Ryan White CARE Act – e.g., do we bill Part A before Part B for a particular patient?
  - We do not want to give the impression that we are over-funded – i.e., multiple funders for the same services – and that Ryan White services should be folded into a block grant.

**Feedback on the Process and Next Steps:** The Executive Summary should examine themes across recommendations. We should also have a conversation about what we as a committee should do with the

recommendations. Dr. Angela Aidala noted that she liked the small groups and that having the small groups report back to the whole committee is also helpful. Dr. Castellanos noted that having a concrete product is validating.

**Adjournment:** The meeting was adjourned.