



Meeting Minutes  
**NEEDS ASSESSMENT COMMITTEE**  
Lee Hildebrand, DSW, Chair

April 25, 2012  
Federation of Protestant Welfare Agencies  
281 Park Avenue South, Conference Room A  
3:00 pm – 5:00 pm

**Members Present:** Randall Bruce, Maria Caban (alt. for Angela Aidala, PhD), Julie Cohen, Graham Harriman, Lee Hildebrand, DSW, Natalie Humphrey, PhD, Jennifer Irwin, Tamella McCowen, Ariel Negron, Marcy Thompson, Ricardo Vanegas-Plata, DDS

**Members Absent:** Terri Faulkner, Guillermo Garcia-Goldwyn, Sabina Hirshfield, PhD, Rebecca Kim, Julie Lehane, PhD, Rosemary Lopez, Frank Machlica, Freddy Molano, MD, Jan Carl Park, Glen Phillip

**NYC DOHMH Staff Present:** Stephanie Chamberlin, Marybec Griffin-Tomas, JoAnn Hilger, Mary Irvine, DrPH, David Klotz, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong

**Public Health Solutions Staff Present:** Julie Cohen, Lauren Feldman Hay

**Others Present:** Billy Fields, Mallory Marcus

**Material Distributed:**

- Agenda
- Minutes from the March 28, 2012 Meeting
- Draft Comprehensive Plan
- Planning Council Calendar for May 2012

**Welcome/Introductions/Moment of Silence/Review of the Minutes:** Dr. Lee Hildebrand welcomed meeting participants. Attendees introduced themselves and observed a moment of silence. The minutes from the March 28<sup>th</sup> meeting were accepted for posting on the Planning Council website at [nyhiv.org](http://nyhiv.org).

**Discussion of the Comp Plan:** Committee members and DOHMH staff discussed the comp plan at length:

- Dr. Ricardo Vanegas-Plata expressed interest in discussing perinatal HIV prevention (mentioned only in passing in the comp plan) at greater length. Members agreed to have this discussion at a subsequent meeting.
- Dr. Mary Irvine, Director of the Research and Evaluation Unit in the Bureau of HIV/AIDS Prevention and Control, voiced her preference to change Objective 4b under Goal 4. Goal 4 concerns the reduction of HIV/AIDS health disparities, and Objective 4b is to reduce (and then maintain below significance) socio-demographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis, by the end of 2013. Dr. Irvine would like to change the emphasis from retention in care to reduction in viral load – specifically, to reduction of disparities in viral load suppression. Dr. Natalie Humphrey noted that for clients who test positive but never enter into care, looking at viral load suppression may not be wholly accurate. Dr. Irvine responded that viral load suppression would be examined among clients with evidence of being in care. Dr. Humphrey asked whether we could have both retention in care and reduction in viral load in the objective. Dr. Irvine responded that retention in care isn't really useful for planning. Ms. Irwin asked how retention in care is defined. Retention is defined as avoiding a gap of more than 6 months in care. Dr. Vanegas-Plata asked whether we are failing if patients are not adhering to their medication.
- Graham Harriman noted that retention in care is a process measure and that viral load suppression may be more helpful for building programs. Dr. Hildebrand noted that she is inclined to keep both retention in care and reduction in viral load in the objectives, in part because so much is happening politically and culturally in health care. We don't know anything yet, for example, about the impact of health homes, and having information on viral load may help to give us a good sense of whether we are, in fact, reducing HIV/AIDS health disparities. Stephanie Chamberlin reminded the group that next year, we will look at results from 2011 and that changes in 2012 will not be reflected in the data until 2013. Committee members voted to include both reduction in socio-demographic differences in linkage to care and reduction in socio-demographic differences in viral load suppression as objectives under Goal 4.
- Committee members noted that material on disparities previously presented as a table is now presented as a graph in order to emphasize that we want everyone to achieve positive health outcomes and voted that they preferred the graphic version.
- Committee members agreed that they wanted a note inserted in the section of the comp plan focusing on the objectives of Healthy People

2020. HP 2020 consists of many objectives, including one focusing on perinatal transmission. This objective is not, however, mentioned in the current version of the comp plan because reduction of perinatal transmission is not a major feature of Part A programming. Committee members agreed that they wanted a footnote inserted concerning Objective 8.

- Table 3.1 on p. 43 is still empty but will be filled in with information on plans, activities, responsible parties, and timelines to close gaps in care. The information to be added will be based on new data from the analysis of year 3 of the previous Comprehensive Plan for HIV/AIDS Services in the NY EMA for 2009-2012.
- Julie Cohen noted that no data appears on Tri-County. Dr. Irvine responded that our surveillance data is limited to NYC. Dr. Rothschild noted that we are expecting a very small amount of epi data from Tri-county.
- Committee members agreed on the need to list some indicators of progress for Objective 5b on p. 94. Objective 5b is to create a working group comprised of City, State, and provider, and consumer representatives to take a leadership role in adapting to Medicaid redesign and health care reform and to report back to the Planning Council. Dr. Rothschild noted that language would be added about quarterly meetings of the Executive Committee to focus on the implementation of Medicaid redesign, health homes, and health care reform in NYS and that the EC would report on these conversations to the full PC, also on a quarterly basis.

**Vote:** Committee members voted unanimously to accept the comp plan and forward it to the Executive Committee.

**Adjournment:** The meeting was adjourned.