



Meeting of the  
**NEEDS ASSESSMENT COMMITTEE**  
Lee Hildebrand, DSW, Chair

May 9, 2013  
Cicatelli Associates, 505 Eighth Avenue at 35<sup>th</sup> Street  
9:00 am – 11:00 am

**Members Present:** Randall Bruce, Carrie Davis, Lee Hildebrand, DSW, Sabina Hirshfield, PhD, Natalie Humphrey, PhD, Rosemary Lopez, Frank Machlica, Antonio Munoz, Jan Carl Park, Glen Phillip, Marcy Thompson

**Members Absent:** Angela Aidala, PhD, H. Daniel Castellanos, DrPH, Terri Faulkner, Guillermo Garcia-Goldwyn, Graham Harriman, Jennifer Irwin, Tamella McCowen, Ariel Negron, Rob Shiau

**NYC DOHMH Staff Present:** Amber Casey, Stephanie Chamberlin, Julie Cohen, Rafael Molina, Nina Rothschild, DrPH, Ellen Wiewel

**Others Present:** Peggy Defay, Mallory Lowenstein

**Material Distributed:**

- Agenda
- Minutes from the April 11<sup>th</sup> Meeting
- Presentation on HIV Epidemiology in New York City
- Ryan White Service Category Scorecards for 2009-2011
- Planning Council Calendar for May 2013

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:** Committee Chair Lee Hildebrand welcomed Committee members. Meeting participants introduced themselves. Glen Phillip led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the April 11<sup>th</sup> meeting were approved for posting on the Planning Council website at [nyhiv.org](http://nyhiv.org).

**Epidemiology of HIV/AIDS in New York City:** Ellen Wiewel of the HIV Epidemiology and Field Services Program presented on the epidemiology of HIV/AIDS in New York City. We have over 30 years of surveillance for AIDS. In 1983, New York State mandated named AIDS case reporting. In 2000, New York State implemented named reporting of HIV, viral load, and CD4 count. Every medical chart of each new diagnosis is reviewed for a variety of information, including risk factors. Special consent is not required for epi staff to review charts. New York has more HIV diagnoses than any other jurisdiction, but other jurisdictions have a higher rate. The steep decline in deaths from AIDS is, of course, because of antiretroviral medication. 2011 is the most recent full year of data available.

Avoiding double-counting the number of cases when someone moves from one state to another can be challenging, but people move into and out of states at roughly comparable rates – in other words, a large number of people do not pick up and move to New York State because it has a generous ADAP program.

Although the official data from the NYC DOHMH shows that 113,310 people were diagnosed and reported in NYC and presumed to be living with HIV/AIDS at the end of 2011, the actual number may be closer to 80,000. On a map of 2011 HIV diagnosis rates, the areas of DOHMH's District Public Health Offices and Chelsea show high prevalence. Death rates are very high in South Brooklyn, Coney Island, Bay Ridge, and the Rockaways. Poverty and injection drug use are associated with mortality. Committee member Carrie Davis asked whether prevention is working, noting that we should focus on poverty as a driver of the epidemic. Death rates as presented in epi charts are based on place of residence, not on the hospital/CBO where the individual received care. Jan Carl Park noted that the Planning Council has the authority to take into account geographic need based on information such as death rates when writing a service directive, although sometimes people will not access services in their own neighborhoods. Amber Casey noted that the grantee has been including hospital closings in its weekly policy report.

A suppressed viral load is defined as <200. The Ryan White cascade is very close to the New York cascade. The number of people linked to care has increased. Part of the testing law involves linkage to HIV treatment and care. We are seeing higher CD4 counts after diagnosis because people are being diagnosed earlier in the course of their infection.

We have around 20,000 active Ryan White clients. Multiple databases make entering information in EMRs problematic for providers – they have to juggle several different software systems.

Within half a year after diagnosis with HIV infection, 34% of patients achieve viral suppression. Within twelve months after diagnosis, 51% of patients have viral suppression. Doctors are starting to put people on medications right away after diagnosis, even if they are relatively healthy. Over the last five years, MSM behavior has been the predominant risk. Young black and Hispanic MSM are at particular risk. Generally, individuals who are foreign born do better on a number of factors, but they are more likely to be diagnosed later in the course of infection. Transgender individuals are an especially vulnerable population. Co-infection with HIV and other STDs is common. Overall, AIDS diagnoses and deaths are continuing to decline.

One current strategy for reducing new cases is employing treatment as prevention: people with viral suppression are 96% less infectious. NYC and the US as a whole are encouraging testing, linkage, universal offer of treatment to infected individuals, and using surveillance to monitor whether we are achieving the goals of the National HIV/AIDS Strategy.

**Service Category Scorecards:** The service category scorecards, prepared principally for the Priority Setting and Resource Allocation (PSRA) Committee of the Ryan White Planning Council, contain a summary of the provision of Ryan White services by certain populations. Some services are accessed more by some populations than by others. NA Committee members agreed to examine the scorecards in greater depth for one or two service categories at another meeting.

**Treatment Cascade:** Stephanie Chamberlin will be able to add information about the Ryan White treatment cascade in NYC at a subsequent meeting.

**Adjournment:** The meeting was adjourned.

**Highlights:**

- Although the official data from the NYC DOHMH shows that 113,310 people were diagnosed and reported in NYC and presumed to be living with HIV/AIDS at the end of 2011, the actual number may be closer to 80,000.
- On a map of 2011 HIV diagnosis rates, the areas of DOHMH's District Public Health Offices and Chelsea show high prevalence. Death rates are very high in South Brooklyn, Coney Island, Bay Ridge, and the Rockaways. Poverty and injection drug use are associated with mortality.
- The Ryan White cascade is very close to the New York cascade. The number of people linked to care has increased. Part of the testing law involves linkage to HIV treatment and care. We are seeing higher CD4

counts after diagnosis because people are being diagnosed earlier in the course of their infection.

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- Over the last five years, MSM behavior has been the predominant risk. Young black and Hispanic MSM are at particular risk. Transgender individuals are an especially vulnerable population.
- One current strategy for reducing new cases is employing treatment as prevention: people with viral suppression are 96% less infectious. NYC and the US as a whole are encouraging testing, linkage, universal offer of treatment to infected individuals, and using surveillance to monitor whether we are achieving the goals of the National HIV/AIDS Strategy.