



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

June 13, 2013  
Cicatelli Associates  
505 Eighth Avenue at 35<sup>th</sup> Street  
9:00 am – 11:00 am

**Members Present:** Angela Aidala, PhD, Randall Bruce, Carrie Davis, Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Jennifer Irwin, Rosemary Lopez, Antonio Munoz, Jan Carl Park, Glen Phillip

**Members Absent:** H. Daniel Castellanos, DrPH, Terri Faulkner, Graham Harriman, Sabina Hirshfield, PhD, Natalie Humphrey, PhD, Frank Machlica, Tamella McCowen, Ariel Negron, Rob Shiau, Marcy Thompson

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

**Public Health Solutions Staff Present:** Tania Farmiga

**Others Present:** Ron Joyner, Mallory Lowenstein

**Material Distributed:**

- Agenda
- Minutes from the May 9<sup>th</sup> Meeting of the Needs Assessment Committee
- NY EMA FY2013 Ryan White Part A Award Budget Cut Situation Brief
- List of Possible CHAIN Report Topics
- Presentation on HIV Care Cascades for NYC Overall and Ryan White Clients: A First Look
- Planning Council Calendar for June 2013

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:** Committee Chair Lee Hildebrand welcomed meeting participants. Committee members introduced themselves. Antonio

Munoz led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the May 9<sup>th</sup> NA Committee meeting were accepted for posting on the Planning Council website.

**Reduction in the New York EMA's Award from HRSA:** Jan Carl Park informed NA Committee members that the NY EMA has received a reduction of 14.75%, or close to \$18 million. Five percent of this loss is from sequestration. The bulk of the loss is because HRSA misinterpreted the legislation when the Ryan White CARE Act was last reauthorized in 2009. In 2010, the NY EMA received a large increase in its award, but that was a mathematical error. The Priority Setting and Resource Allocation (PSRA) Committee of the Planning Council considered recommending across the board cuts but decided instead on proportional cuts to service categories based on their priority ranking score. This is the largest cut ever seen in the NY EMA. Clients will have to wait longer for services. The grantee is looking at its 10% of the award and seeing where it can reduce expenses.

**Possible CHAIN Report Topics:** The Tri-County region of the EMA is fearful that its portion of the CHAIN longitudinal study will be cut and will make an appeal to the grantee. Dr. Angela Aidala, co-Principal Investigator of the CHAIN Project, noted that if we don't reach hard-to-reach clients through projects such as CHAIN, we won't have a sense of what their needs are. She stated that in the old days, HRSA sometimes funded CHAIN separately and wondered whether that might be possible for the Tri-County portion of CHAIN today. She also commented that the topics that are currently proposed for CHAIN reports rely on data that has already been collected.

Amber Casey of Care and Treatment stated that CHAIN most likely will have a reduction in its budget. Mr. Park stated that he would prefer to cut back on the number of reports and maintain the Tri-County cohort. Dr. Aidala mentioned the possibility of slowing down on data collection and keeping fewer interviewers on staff. She reminded the group that data linked to methodologically sound research is helpful with the annual application for funding to HRSA. In addition, providers need and use the information. Close examination of the CHAIN cohort enables us to understand more about why some people drop out of care for a period of time and to understand more about topics such as safer sex exhaustion. Some interviewees don't talk with anyone aside from the CHAIN researchers about these issues.

Dr. Aidala also noted that CHAIN research has reached a wide audience – the work on housing has come to the attention of the federal government. Stephanie Chamberlin commented that surveillance and programmatic data from e-Share and AIRS complement but do not overlap with the CHAIN data. E-Share tells us about the services that were provided and about outcomes. If

clients drop out of services, CHAIN finds them and helps to understand why they left care.

Looking at a list of possible CHAIN topics, Mr. Park asked which topics are least researched. Dr. Aidala responded that CHAIN hasn't examined HIV in the over 50 population in many years. Questions would include finding out more about who the people more than 50 years old are, their history, and their unmet needs. The world of senior citizens is not ready for people with these issues. Although hepatitis C has been proposed as a possible topic, the CHAIN researchers have never examined this and do not have strong data. Another possible topic is models of housing (what works best and for whom). CHAIN has not recently done a report looking at the different services offered by housing providers, including on-site medical care.

Another possible topic involves looking at ancillary services' impact on clinical and health functioning outcomes as a follow-up/companion report to Dr. Aidala's 2012-commissioned report examining ancillary services' impact on connection to medical care. Ms. Chamberlin noted, however, that ancillary services may not be completely responsible for increased attendance at medical appointments; sometimes people who are sicker go to the doctor more often. NA Committee members tabled the conversation on possible topics for CHAIN reports until the next meeting in July.

**HIV Care Cascades for NY Overall and for Ryan White:** The treatment cascade shows the continuum of care with the goal of viral suppression. Many other jurisdictions are also using the cascade, as are other countries. This is a way of thinking about the HIV treatment system as a whole but doesn't tell the story of engagement in supportive services. The Ryan White cascade is a subset of the New York City cascade and uses the same methodology as the cascade created from surveillance data. In data from New York City as a whole, the largest drop is from ever linked to HIV care to engaged in HIV care in 2011. In the chart presenting the Ryan White 2011 care cascade, the first three bars are high. A total of 12,153 clients were enrolled in Ryan White in 2011, of whom 12,063 clients were ever linked to HIV care. The largest drop is from ever on ART to having a suppressed viral load.

Looking at the NYC care cascade by sex, females are doing a little better than males. Looking at the NYC care cascade by race/ethnicity, Blacks were least likely to be suppressed, and whites were least likely to have been engaged in care in 2011. The likelihood of engagement in care also decreases for older ages. Jan Park noted that the fly in the ointment here is human nature – for example, PLWHAs taking drug holidays. Over 6,000 Ryan White clients were in care coordination at some point. The cascades in today's presentation are just for 2011.

Ms. Wiewel noted the increase in timely initiation of care among people diagnosed within the last five years. Going forward, what do we see as a need or a gap? We can definitely see the similarity of cascades across groups. Laura Hollod noted that we have started doing these cascades with HOPWA housing data, too.

**Public Comment:** No members of the public commented.

**Adjournment:** The meeting was adjourned.

**Items for Follow Up:** Committee members agreed to:

- Return to the list of possible CHAIN topics at the next meeting
- Discuss any remaining questions from the presentation on the treatment cascade
- Examine Nina Rothschild's proposed outline for the formal needs assessment that will be submitted to HRSA.