



1
2
3 Meeting of the
4 **NEEDS ASSESSMENT COMMITTEE**
5 Carrie Davis, MSW, and Daniel Castellanos, DrPH
6

7 August 13, 2015
8 LGBT Community Center
9 208 West 13th Street in Room 301
10

11 **Members Present:** Fay Barrett, Randall Bruce, Amber Casey (alt. for Graham
12 Harriman), Daniel Castellanos, DrPH, Carrie Davis, Timothy Frasca, Sabina
13 Hirshfield, PhD, Jennifer Irwin, Frank Machlica, Antonio Munoz, Jan Carl Park,
14 Glen Phillip, Robert Steptoe (for Rosemary Lopez), Marcy Thompson
15

16 **Members Absent:** Angela Aidala, PhD, Maria Caban, PhD, Jeanine Costley,
17 Guillermo Garcia-Goldwyn, Anne Lyster, Mary Poupon
18

19 **NYC DOHMH Staff Present:** Kate Penrose, Nina Rothschild, DrPH
20

21 **Public Health Solutions Staff Present:** Lauren Feldman Hay
22

23 **Others Present:** Billy Fields
24

25 **Material Distributed:**

- 26
- 27 • Agenda
 - 28 • Minutes from July 9, 2015 NA Committee Meeting
- 29

30 **Welcome/Introductions/Moment of Silence/Review of the Meeting**
31 **Packet/Review of the Minutes:** The Committee Co-Chairs welcomed
32 meeting participants. Attendees introduced themselves. Carrie Davis led the
33 moment of silence. Nina Rothschild reviewed the contents of the meeting
34 packet. The minutes from the July meeting were accepted for posting on the
35 Planning Council website at nyhiv.org.
36

37 **Data Collection:** Dr. Sabina Hirshfield mentioned a new announcement about
38 collecting data sources and will discuss it with Dr. Robert Remien of Columbia
39 University. This may present an opportunity to compare NYC data with other
40 sources.

1 **Needs Assessment Committee Planned Products:** The NAC is working on
2 three projects, including data briefings; service and policy briefings; and a
3 half-day community event, as follows:
4

- 5 • Data Briefings: The goal of the briefings is data dissemination within the
6 community to HIV advocates, consumers, and the Planning Council in
7 order to fill in gaps in our knowledge. The Care and Treatment
8 Program has funding for a consultant to write summaries based on the
9 data we have. We need to identify our 1st, 2nd, and 3rd priorities. This
10 project will take several months to a year but doesn't require new data
11 collection.
12
- 13 • Service and Policy Briefings: The service and policy briefings and
14 funding recommendations are our responsibility as a committee. An
15 example would be the impact of incarceration on HIV outcomes. We'd
16 like to produce 4 or 5 of these documents. This project may involve
17 meeting with the Planning Council's Policy Committee and obtaining
18 feedback.
19
- 20 • Half-Day Community Event: The half-day community briefing in Spring
21 2016 won't involve the presentation of new data but, rather, will
22 provide an opportunity to discuss what's next. We can identify an issue
23 – for example, incarceration or treatment adherence – and focus on it.
24

25 **Data Presentation: Concerns re CHAIN:** Committee members expressed
26 concerns about CHAIN data:
27

- 28 • The CHAIN report format is similar to papers for graduate seminars and
29 may not engage the community. More useful, for example, would be a
30 2-pager about homelessness using CHAIN data but in a more
31 accessible format. The reports should be digestible by consumers.
32
- 33 • Why do the CHAIN researchers, whose work is funded by the
34 government, have a hard time making the data more accessible?
35
- 36 • The CHAIN researchers analyze data but do not provide policy
37 recommendations.
38
- 39 • CHAIN is most useful to grantee staff for writing the grant application to
40 HRSA – e.g., when applying for a waiver from the 75/25 core/non-core
41 distribution of funding.
42
- 43 • The long-term goal for CHAIN is to receive at least some funding from
44 other sources such as the New York State Department of Health AIDS
45 Institute (AI). The AI now has a seat on the TRT.

43 **Transgender (TG) Data Collection:** The following points were made about
44 TG individuals:
45

- 1 • 50% of TG women of color in New York City are HIV+.
- 2 • 1 in 77 of TG women of color in NYC tested positive in 2013.
- 3 • Awareness needs to be raised.
- 4 • Should we consider writing niche service directives?
- 5 • Young TG women of color are rarely included in our conversations.
- 6 • We need to address macro-, structural-level issues of patriarchy and
- 7 sexism.
- 8 • We are changing the way in which we collect data. E-Share asks for
- 9 the collection of sex at birth, and HRSA will (in approximately 2017)
- 10 ask us to collect data on sex with which the individual identifies.
- 11 • Paul Kobrak in the Bureau of HIV/AIDS Prevention and Control has a
- 12 study on TG women's HIV prevention needs.

13 **Other Data Collection:**

- 14 • Daniel Castellanos has spoken to Dr. Mary Irvine, Director of the
- 15 Research and Evaluation Unit, about a potential presentation on the
- 16 changes being made in data collection systems and the different
- 17 possibilities in analyzing data. He suggested that the NAC look at the
- 18 possibilities and place a request.
- 19 • Jan Park suggested placing the CHAIN Technical Review Team (TRT)
- 20 members in a circle and asking them about their plans for CHAIN.
- 21 • Committee members want to know what the low end of the age range
- 22 is for the new CHAIN cohort. Does the cohort include 18-year-olds?

23 **Hepatitis C Medication Accessibility:** The NA Committee is tasked with a

24 needs assessment for HCV medications. Several possibilities have emerged:

25

- 26 • Paying for linkage navigators/facilitators to work with RW PLWHA
- 27 on accessing meds.
- 28 • Providing financial assistance to a subset of co-infected RW clients
- 29 so that they can purchase the meds.

30 Planning Council staff is reaching out to other jurisdictions with Local

31 Pharmaceutical Assistance Programs (LPAP), intended to increase the number

32 of medications available to PLWHAs in locations with limited HIV drug

33 formularies, to see whether they offer the HCV meds through the LPAP.

34 **Next Meeting:** At the next meeting in the Fall, we may have representatives

35 speaking to the consumer, physician, and pharmaceutical company

36 perspectives on accessing HCV medication.

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

38 **Adjournment:** The meeting was adjourned.