HIV Health & Human Services
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW, Chair

January 19, 2010
Cicatelli, 505 Eighth Avenue, Oak Room
3:00 pm - 5:00 pm

Members Present: Angela Aidala, PhD, Martin Bruner, Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Jennifer Irwin, Frank Machlica, Don McVinney, Jan Carl Park, Glen Phillip, Kate Sapadin, PhD, Roberta Scheinmann (alt. for Mary Ann Chiasson, DrPH), Robert Steptoe (alt. for Rosemary Lopez), Ricardo Vanegas-Plata, DDS

Members Absent: Jose Gonzalez, Rebecca Kim, Barbara Kobrin, Julie Lehane, PhD, Freddy Molano, MD

NYC DOHMH Staff Present: Yoran T. Grant, Nina Rothschild, DrPH, Ellen Weiss Wiewel

Public Health Solutions Staff Present: Lauren Feldman Hay

Others Present: Felicia Carroll, Mallory Marcus

Material Distributed:

- Agenda
- Minutes from the December 2009 NA Committee meeting
- Epidemiology Presentation on HIV/AIDS in Foreign-Born New Yorkers
- Presentation Summaries: Transgender Populations
- Needs Assessment Committee Member Contact List
- Planning Council Calendars for February and March

Welcome/Moment of Silence/Introductions/Review of the Meeting Packet/Status of Work on Priority Populations: Committee Chair Lee Hildebrand welcomed meeting participants and asked for a moment of silence to remember the people of Haiti and people everywhere who are still struggling with HIV/AIDS. Members introduced themselves. Nina Rothschild

reviewed the contents of the meeting packet. Dr. Hildebrand reminded the group that we are assessing the HIV/AIDS-related needs of several priority populations and are starting work on immigrants today.

HIV/AIDS in Foreign Born New Yorkers: Ellen Wiewel of the HIV Epidemiology and Field Services Program of the Bureau of HIV/AIDS Prevention and Control presented on HIV/AIDS among immigrants to New York City. The presentation is available on the Planning Council website at nyhiv.org. A few points are included here:

- In 2006-7, close to 8,000 New Yorkers were newly diagnosed with HIV. Twenty-seven percent of those newly diagnosed New Yorkers were born in a foreign country.
- In 2006-7, foreign-born people overall were less likely than US-born New Yorkers to be newly diagnosed with HIV.
- New Yorkers newly diagnosed with HIV are increasingly likely to be foreign-born. Numbers of diagnoses among foreign-born increased slightly.
- Among New Yorkers newly diagnosed with HIV in 2006-7, the largest percentage (39%) was from the Caribbean. Smaller percentages were from Africa (17%), Central America (17%), and South America (15%).
- The ratio of males to females diagnosed with HIV is approximately 2:1 for foreign-born New Yorkers and approximately 3:1 for non-foreign-born New Yorkers.
- Among foreign-born and non-foreign-born New Yorkers newly diagnosed with HIV in 2006-7, 78-79% of the cases with a known risk factor were MSM. Among the foreign-born, 18% had heterosexual sex as their risk behavior, and 4% were IDU. Among non-foreign-born males, 9% were heterosexual and 12% were IDU.
- Among foreign-born female New Yorkers newly diagnosed with HIV in 2006-7, 98% were in the heterosexual risk transmission category. Among non-foreign-born New York females newly diagnosed with HIV, 88% were in the heterosexual risk transmission category and 11% were IDU.
- Concurrent HIV/AIDS was diagnosed more often among foreign-born New Yorkers from almost every region (33%) than among non-foreign-born New Yorkers (22%).
- Among individuals diagnosed with HIV in 2006-7, foreign-born New Yorkers from every region were more likely to initiate care within 3 months (78% overall) than non-foreign-born New Yorkers (72%).
- Overall, mortality was slightly lower in foreign-born than in non-foreign-born PLWHA, but mortality among New Yorkers born in the Caribbean and Europe was greater than among non-foreign-born New Yorkers.

Committee members discussed the presentation and agreed that routine HIV testing is urgently needed for foreign-born New Yorkers, as is better linkage to care for all newly diagnosed individuals. Jan Park noted that people who work with undocumented individuals say that many of their clients are afraid of being reported to the Immigration and Naturalization Service and subsequently deported. Dr. Lee Hildebrand stated that immigrants are also often reluctant to access HIV care in hospitals because they are afraid of being reported to the INS. Jennifer Irwin added that MSM from the Caribbean are afraid of accessing care because of their legal status and because of MSM issues: MSM behavior is particularly stigmatized in their native countries. Dr. Angela Aidala, Co-Principal Investigator of the CHAIN project, noted that foreign-born participants in the study often delay entry into testing, are more likely to drop out of care, and have lower rates of receiving clinical care that meets minimum standards of practice. Dr. Ricardo Vanegas-Plata commented that Brazil has a successful HIV program but that programs in Chile and Puerto Rico have problems. Nina Rothschild reminded Committee members of one major recent HIV policy triumph: when President Obama reauthorized the Ryan White Act, he lifted the HIV travel ban which had excluded most HIV-positive individuals from entering the country.

Video: Committee members viewed a video on immigrants and HIV in New York City.

Immigrants and HIV in New York City: Dr. Paul Galatowitsch of St. Vincent's Medical Center spoke about organizational, institutional, and cultural responses to HIV. Among Eastern Europeans in the United States, the predominant cause of HIV infection is injection drug use. Russian MSM often have sex with other Russian MSM because they feel that sexual activity within their own community is less risky. Obtaining their informed consent to testing requires persistence.

Dr. Galatowitsch noted that convincing HIV-infected Haitians to obtain treatment can be challenging because some Haitians insist that they are not infected or that the disease was given to them by voodoo and cannot be addressed by medication. He underscored the importance of ensuring that health care providers clearly explain to immigrants with HIV that information about them is only being collected to determine their eligibility for public assistance and not to report them to the authorities. He also noted that language issues can create a barrier to services because immigrants may not trust someone who doesn't speak their native tongue. Committee members agreed that immigrants sometimes have disastrous experiences when they go to hospitals for help but cannot find a provider who speaks their language. In Asian populations, so much stigma surrounds HIV that doctors just don't ask asymptomatic people about risk behavior or having an HIV test. Within the Chinese community, some Chinese doctors with their name on a shingle do a

thriving business, but some of them aren't even licensed to practice medicine. Dr. Galatowitsch noted, by contrast, that members of the Dominican community are very comfortable with talking about HIV.

Dr. Galatowitsch stated that consent forms for HIV testing have been translated into 23 languages, but 73 languages are spoken in New York – meaning that many populations cannot understand the forms. Lee Hildebrand commented that not enough providers are training in dealing with populations with low literacy, and Yoran Grant commented on the need for sensitization to health literacy at the provider level. Dr. Aidala stated that the concept of health literacy includes more than just word and language issues and also refers to an individual's or a population's understanding of health and illness and comfort with the idea of seeking care. Committee members also noted that patients with HIV are often afraid of seeking care from a provider from their own country or culture because they fear disclosure.

Don McVinney recommended that consent forms be revised and standardized to state that HIV causes AIDS. Committee members noted that in many immigrant communities, providers are reluctant to discuss sexual behaviors, and sexuality itself is a volatile topic. They also noted that among migrant laborers, a lot of MSM sex occurs. Foreign-born individuals are overall less likely to have injection drug use as a risk factor for HIV infection, but IDU is responsible for a good number of infections among individuals born in Puerto Rico. Committee members also noted that the ease of travel back and forth from a country of birth to the United States facilitates the spread of disease.

Robert Steptoe underscored the importance of a) helping people to become comfortable with talking about HIV and b) talking with faith leaders, who often play a major role in immigrant communities. Helping people to develop greater comfort, however, is a challenge. One option may be to meet with groups at night, when people tend to mingle and be less segregated into their own communities and may be more amenable to talking about topics including HIV and sexuality. Glen Phillip noted also that some providers blame the patient for acquiring the virus, thereby contributing to patient reluctance to discuss their illness. Dr. Aidala noted the difficulty of bringing comprehensive sex education to the schools. Students in Catholic schools actually have higher rates of infection, probably because they have limited access to sex education.

Review of the Minutes from the December Meeting: The minutes from the previous meeting of the Needs Assessment Committee in December were tabled until February.

Next Meeting: Committee members agreed to meet again on February 10th from 3:00-5:00 and on February 24th from 3:00-5:00.