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Joint Meeting Minutes
NEEDS ASSESSMENT AND
INTEGRATION OF CARE COMMITTEES
Jennifer Irwin and Ivy Gamble-Cobb, Chairs

July 15, 2008
40 Worth Street, Conference Room 1601
10:00 am-12:00 PM

Members Present (NA): Lenore Hildebrand, DSW, Jennifer Irwin, Rebecca Kim, Juana Leandry-Torres, Frank Machlica, Claire Sidoli (alt. for Rosemary Lopez)

Members Absent (NA): Angela Aidala, PhD, Rosa Bramble Weed, Mary Ann Chiasson, DrPH, Alison Chi, Soraya Elcock, Julie Lehane, PhD, Luis Freddy Molano, MD, Jan Carl Park, Glen Philip, Aracelis Quinones, Dena Quinones, Troiyle Sanon, PhD, Luis Scaccabarozzi, Howard Schwartz, JD, Sayida Self, PhD, Ricardo Vanegas-Plata, DDS

Members Present (IOC): Rev. Brent Backofen, Ivy Gamble-Cobb, Deborah Greene, Gonzalo Mercado

Members Absent (IOC): Caridad Aguirre-Pellicer, Joan Canada, Rosalie Canosa, Soraya Elcock, Maria Gbur, MD, Elaine Greeley, Roberta Greengold, Terry Hamilton, Vincent Jarvis, MD, Peter Laqueur, Fabienne Laraque, MD, MPH, Julie Lehane, PhD, Theresa Mack, MD, MPH, Jun Matsuyoshi, Carline Numa, Walter Okoroanyanwu, MD, MPH, Jan Carl Park, Anthony Richardson, Ed Viera, Jr., Jan Zimmerman

DOHMH Staff Present: Nina Rothschild, DrPH, Anthony Santella, DrPH, Jessica Wahlstrom, Darryl Wong

Others Present: Billy Fields, Guillermo Garcia-Goldwyn

Materials Distributed: Agenda; minutes from the Needs Assessment Committee meeting (NAC) on June 11, 2008; minutes from the Integration of Care (IOC) Committee meeting on May 28, 2008; assessment form for Chapter 2 of the NY EMA Comprehensive Strategic Plan for HIV/AIDS Services 2005-8; Chapter 2 of the Strategic Plan for 2005-8; evaluation form.

1
2 **Welcome/Introductions:** Jennifer Irwin welcomed all participants and noted
3 that members of two Committees were invited to the joint session because
4 both groups were asked to respond to the survey about Chapter 2 and discuss
5 the comprehensive plan. Members introduced themselves.

6
7 **Review of the Contents of the Meeting Packet:** Dr. Rothschild reviewed the
8 contents of the meeting packet.

9
10 **New York EMA Comprehensive Strategic Plan -- Discussion of Responses**
11 **to Survey:** Ms. Irwin opened the discussion of the comprehensive strategic
12 plan and noted that DOHMH would update the document. Chapter 2 of the
13 plan lays out the roles and responsibilities of the NAC. Members agreed to
14 discuss Chapter 2 piece-by-piece and obtain information for the next strategic
15 plan.

16
17 Dr. Santella stated that the plan contains 5 chapters. Most of the material on
18 the current system of care will be taken from the Ryan White grant application
19 to HRSA. Mike Isbell, the consultant who writes the grant application to HRSA,
20 will write the plan. Dr. Santella explained that participants could talk about
21 their vision for system changes and where the DOHMH needs to go in
22 treatment and care initiatives. Both NAC and IOC will be involved with
23 identifying needs and objectives. NAC will focus on evaluation of our
24 progress to date, and IOC will focus on changes to the system. Input will also
25 be solicited from the Executive Committee, the Consumers Committee, and
26 the PWA Advisory Group. The goal is to finish the document by mid-
27 December. DOHMH has already started to develop drafts and timelines.
28 Today's focus will be on goals, activities, and objectives.

29
30 Jessica Wahlstrom on Dr. Santella's staff developed a form for Committee
31 members to complete as they assess Chapter 2 of the old version of the plan
32 and she will synthesize Committee members' responses. Using the
33 assessment form as a base, committee members and DOHMH staff discussed
34 Chapter 2, noting that the material seems very generic: the language is
35 bureaucratic and generalized and not tailored to New York; in fact, the text
36 isn't very relevant to HIV/AIDS and could be used to describe another
37 disease/problem altogether, such as mental health issues.

38
39 Committee members noted the need to gain input into the plan from a variety
40 of parties, including health care providers, consumers, and epi/research
41 folks, while avoiding becoming involved with too many bureaucracies.
42 Committee members noted the importance of surveys, focus groups,
43 interviews, and public meetings for gathering input for the plan's goals and
44 objectives. Dr. Hildebrand also suggested including case studies of clients to
45 gain a deeper understanding of the lives of PLWHAs. Rebecca Kim noted that

1 DOHMH conducted focus groups with PLWHAs but that the groups were small
2 and not necessarily very representative. Ms. Irwin noted the importance of
3 gathering data from adolescents.

4
5 Committee members discussed the first goal of the 2005-8 version of the plan
6 – namely, increasing the number of individuals who know their HIV status by
7 increasing testing. Frank Machlica commented on the importance of
8 including new and emerging populations in testing initiatives. Deborah
9 Greene underscored the need to include not just at-risk populations in testing
10 initiatives and to emphasize that everyone is at risk of acquiring HIV. The
11 committees noted the potential stigmatizing effects of specifying “at-risk
12 populations” in the document. Dr. Rothschild noted that some populations
13 identified as HIV-positive through ramped-up testing may require extra care:
14 individuals who are testing in jails are less likely to be linked to care and may
15 require extra effort to involve and retain them in the system. Furthermore,
16 although testing is an important component of bringing the epidemic under
17 control, it is an unfunded mandate. In advocating for testing, we also need to
18 remember to allocate resources.

19
20 Mr. Machlica noted the description in the old plan of three types of barriers to
21 receiving care for HIV infection, including structural, financial, and
22 personal/cultural, and suggested designing objectives to address each
23 barrier. Gonzalo Mercado commented on an additional barrier, namely
24 language. Ms. Irwin suggested including continuous quality improvement as
25 one of the goals of the strategic plan.

26
27 Juana Leandry-Torres noted that she would have benefited from having access
28 to Chapter 1 of the old comprehensive plan. Ms. Kim expressed interest in
29 having more of an orientation for NAC members, noting that group members
30 spent many months figuring out what their role is supposed to be.

31
32 Dr. Hildebrand noted the glibness of the old comprehensive plan: the plan
33 gives the impression that getting a patient into care ensures that everything
34 will turn out fine, when the reality is considerably more complicated. Ms.
35 Irwin noted that barriers to treatment and care are ongoing and that Chapter 2
36 lacks the human touch of experience. She asked about the goal or purpose of
37 the document: is it meant to sit on a shelf? Ms. Kim inquired whether goal-
38 setting had taken place in the past. Darryl Wong noted that the 2002 version
39 of the strategic plan is available on the Planning Council website
40 (www.nyhiv.org) and that movement going forward is visible. Ms. Irwin
41 inquired whether New York has examined comprehensive plans used by
42 other jurisdictions.

43
44 **Feedback on 2007-8 Committee Process:** Ms. Gamble-Cobb noted that her
45 Committee had a slow start but got into a groove and was able to make tough

1 decisions and help to ensure that people access care. Ms. Irwin thanked
2 Committee members for their diligence, noting that they had a rough start in
3 terms of understanding their role but were given a sense of clarity about their
4 mission and goals over time. In the second half of the planning year, more
5 use was made of Committee members' feedback. Ms. Kim, too, noted that at
6 the beginning Committee members felt that their input was discouraged and
7 that they were not welcomed as full participants in a dialogue.
8

9 Mr. Goldwyn raised the topic of attendance, noting that applicants are
10 frustrated when they are not accepted for membership on the Committee,
11 while some people who are accepted do not show up for meetings. Mr. Wong
12 noted that DOHMH will keep stricter tabs on attendance in the fall and that the
13 Rules and Membership Committee interviewed all applicants this year so that
14 members are chosen based on more than just how they appear on paper. He
15 also noted, however, that DOHMH does not enforce a minimum requirement
16 regarding attendance for Committees because it would prefer to use a carrot,
17 rather than a stick. The Planning Council can force people to come to
18 meetings, but that doesn't mean that they will necessarily contribute. While
19 DOHMH would love to host a two-day orientation, that time frame is too
20 lengthy. New members can also call returning members or Planning Council
21 staff for additional information. Dr. Hildebrand noted that the PPG distributes
22 material about goals and objectives to new members and that the Planning
23 Council might consider doing something comparable.
24

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