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

March 24, 2010
Cicatelli, 505 Eighth Avenue, Lavender Room
3:00-5:00 pm

Members Present: Angela Aidala, PhD, Martin Bruner, Guillermo Garcia-Goldwyn, Jose Gonzalez, Lee Hildebrand, DSW, Jennifer Irwin, Rebecca Kim, Rosemary Lopez, Frank Machlica, Don McVinney, Freddy Molano, MD, Jan Carl Park, Glen Phillip, Kate Sapadin, PhD

Members Absent: Sabina Hirshfield, PhD (alt. for Mary Ann Chiasson, DrPH), Barbara Kobrin, Julie Lehane, PhD, Ricardo Vanegas-Plata, DDS

NYC DOHMH Staff Present: Daniel Fernando, PhD, Marilyn John, Rafael Molina, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Derek Coursen

Others Present: Randall Bruce, John Chin, PhD, Manuel Ducret, Felix Jimenez, Miguel Munoz-Laboy, DrPH

Material Distributed:

- Agenda
- Minutes from the NA Committee Meetings on February 24th and March 3rd
- Presentation on Migration, Bisexuality and HIV by Miguel Munoz-Laboy, DrPH
- Presentation on Looking for a Place to Call Home: A Needs Assessment of Asians and Pacific Islanders Living with HIV/AIDS in the New York Metropolitan Area by John Chin, PhD
- Selections from Looking for a Place to Call Home by John Chin, Linda Weiss, Ezer Kang, et al.
- Presentation on Immigrants in the CHAIN NYC and Tri-County Cohorts: Service Needs and Utilization by Angela Aidala, PhD

Welcome/Moment of Silence/Introductions: Dr. Lee Hildebrand welcomed meeting participants. Members observed a moment of silence. Participants introduced themselves. Jan Carl Park spoke about the connection between the Needs Assessment Committee's current work and the work of the Care, Treatment, and Housing Program in the Bureau of HIV/AIDS Prevention and Control, noting that the current focus is on assessing the needs of two special populations – users of alcohol and other drugs and immigrants -- and examining programs supporting access to and maintenance in care for these groups. The Needs Assessment Committee will develop recommendations for dealing with these populations and will forward the recommendations to the Integration of Care Committee which will develop a model of care and forward it to the Care, Treatment, and Housing Program (CTHP). The CTHP, in turn, will take the model of care and develop it into an RFP.

Review of the Meeting Packet/Review of the Minutes: Nina Rothschild reviewed the contents of the meeting packet. The minutes from the meeting on February 24th were approved by all present with no votes in opposition and one abstention. The minutes from the meeting on March 3rd were approved by all present with no objections and three abstentions.

Miguel Munoz-Laboy, DrPH: Migration, Bisexuality and HIV: Dr. Munoz noted that migration is complex and can take multiple forms, including circular, seasonal, undocumented, political, and sexual. Likewise, bisexuality can take multiple forms. In a study of bisexually active Latino men between 1998 and 2001, he noted a variety of patterns of sexual activity. Some men engage mostly in behavior with one or the other sex but occasionally swing the other way, while some divide their sexual activity 50/50, some engage in same-sex behavior in jails, some engage in sex in order to obtain drugs, and so on. Migrant men may have to renegotiate their sexuality: some experience a crisis of masculinity when they come to a new country and may overcompensate with certain behaviors such as excessive intake of alcohol, leading to risky behavior. Unfortunately, men tend not to go to the doctor and may not be symptomatic but may still have an STD or HIV infection. Some men experience and express HIV optimism, believing that HIV is a chronic illness and that they are okay, while some express HIV fatalism, stating that becoming infected is inevitable. Bisexual Latino men who have sex with women are significantly more likely to have unprotected sex with men. In general, loneliness is strongly related to risky behavior, including unprotected anal or vaginal intercourse.

Migrants suffering from loneliness can address their problems in a number of ways. Some may find solace in the Roman Catholic church, while others may frequent dance bars just to talk to women because men in this culture don't really talk so each other. Unfortunately, sex workers may become their

friends. People who are lonely tend to have fewer partners and may not use condoms because of fear of rejection.

Latino/a teens who are closer to their families tend to have better health and health behaviors; but sometimes, if they are having non-normative sex and are under scrutiny precisely because they are close to their family, they may feel compelled to produce a heterosexual partner to prevent family members from suspecting the existence of a same-sex partner. Usually, Latino bisexual youth are not closeted gays or lesbians – rather, they really are bisexual. Strategies for working with bisexual youth and adults include:

- Fostering open dialogues about sexuality
- Designing HIV prevention efforts that match the diversity of this population
- Addressing HIV/STI risk regardless of assumptions about identity
- Integrating family, religion, and work into HIV prevention messages and discussions
- Addressing reproductive health issues for bisexuals who want to form families
- Promoting cultural sensitivity in providers
- Providing bilingual workshops on family relations, parenthood, and sexual communication
- Providing support groups

John Chin, PhD: Looking for a Place to Call Home: Dr. John Chin noted that the Asian/Pacific Islander (A/PI) population is increasing rapidly and grew by 71% between 1990 and 2000. Many of these individuals are foreign-born, and they speak many different languages. The HIV prevalence in immigrant A/PI populations is low but is rapidly increasing. Dr. Chin's study included 35 qualitative in-depth individual interviews and 89 responses to a quantitative survey. The following are several findings from the study:

- 36% of Asian/Pacific Islander participants had self-reported major medical problems when they first began receiving HIV medical care, possibly because they had been seeing physicians who were not knowledgeable about HIV.
- Some of the A/PI participants sought out alternative medicine, but some did not.
- Once A/PIs are in care, they are more adherent to treatment and remain with their providers
- A/PIs confront some barriers to care, but language barriers were surprisingly low given that more than half of the API participants in the quantitative survey preferred receiving services in languages other than English and many spoke little or no English

- Some providers are disrespectful and lack cultural competence, but some case managers developed deep bonds with participants in the study
- Some A/PI individuals want a doctor who speaks their language, but that may not be their biggest concern
- For some A/PI HIV patients, Asian doctors were equated with gay insensitivity
- Only 35% of A/PI participants received care meeting preferred practice guidelines
- Obstacles to remaining in care include impersonal doctors, work schedules, and the snakeheads (people who transport illegal immigrants into the US for huge fees); some of the PLWHAs needed to work so hard to meet the demands of the snakeheads that they could not take time off to see doctors
- 87% of the study participants needed case management services, compared to 40% of CHAIN participants
- Although participants stay away from Chinese medicine, they complain abut the lack of acupuncture
- A/PI PLWHAs perceive tremendous stigma; many stop going to their churches/temples because they are afraid that someone will figure out their HIV status
- 71% of the sample had low or very low mental health scores, compared to 50% of the CHAIN participants. Generally, the A/PI participants didn't believe that mental health services would be helpful
- Participants confront limited work options and financial pressures

Angela Aidala, PhD: Immigrant Populations in the CHAIN NYC and Tri-County Cohorts: Dr. Aidala made several comments about US-born, Puerto Rico-born, and individuals born in other countries who are enrolled in the CHAIN study:

- Not many demographic differences emerge between immigrants utilizing care in New York City and in Tri-County, although Tri-County immigrants tend to be somewhat younger
- Not too many differences emerge between who is utilizing care in NYC and in Tri-County; the issue is not whether or not an individual has a doctor but, rather, the quality of the patient-provider relationship.
- Individuals born in Puerto Rico have the lowest rates of adequate utilization
- In many cases, US-born PLWHAs are not better off than foreign-born PLWHAs
- Many individuals who need case management are not receiving it
- The need for mental health services is high

- The need for drug treatment among individuals born outside the US is less than among individuals born in Puerto Rico
- Individuals in Tri-County have a greater need for transportation services – but in New York City, individuals in need of transportation services are not always able to obtain them
- Immigrants confront a number of troubling situations, including being separated from their families and facing cultural issues and stigma in their new setting

Public Comment: Attendees discussed the importance of buddies or navigators or peers to help immigrants deal with the complexities of adjusting to life in their new surroundings. Dr. Kate Sapadin commented that GMHC has ended its buddy system because the needs of clients were very complex and simply beyond the capacity of most of the buddies.

Guillermo Garcia-Goldwyn stated that he would like to see more CBOs represented at the table in the discussion on immigrants and other special populations. Committee members also noted the importance of focusing on Caribbean populations.

Next Meetings: Committee members agreed to meet again on April 7th and on April 21st. During the coming meetings, members will discuss what they have learned from the presentations on immigrants and on AOD populations and will develop recommendations for the Integration of Care Committee. Nina Rothschild agreed to summarize the discussions and write up some preliminary recommendations to guide the discussion. Martin Bruner suggested using a tool to guide the development of recommendations so that the conversation is structured.