



CONSUMERS COMMITTEE

Wednesday, February 15, 2012, 1-3:00PM

NYCDOHMH, Gotham Center, 42-09 28th Street, Room 20-38, Long Island City, NY

Planning Council Members Present: Victor Benadava (Co-Chair), Gregory Cruz (Co-Chair), Randall Bruce, Felicia Carroll, Rev. Keith Holder, Munying Hunt

Planning Council Members Absent:, Victor Alvarez, Gerald DeYounge, John Eddie, Steve Hemraj, Deborah Marcano, Hilda Mateo, Pastor Jerome Payne

Community Members Present: Billy Fields, Yves Gebhardt, Delores Henley, Glen Phillip

DOHMH: Rafael Molina, Jan Park, Nina Rothschild, DrPH, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- December 21, 2011 Draft Meeting Minutes;
- Food & Nutrition Service Needs among Persons Living with HIV/AIDS, Angela Aidala & Maiko Yomogida, CHAIN Study, February 15, 2012, Columbia University Mailman School of Public Health;
- CHAIN Fact Sheet, Brief Report 2011-5, October 2011, HIV/AIDS, Food & Nutrition Service Needs;
- Fighting the HIV/AIDS Epidemic and Supporting People Living with HIV/AIDS, The Federal Budget, Fiscal Year 2013;
- AIDS United 2012 Public Policy and Advocacy Priorities, AIDS United
- AIDS United Press Release: President's Budget Restores Community Control on Federal Funding for Syringe Exchange;
- The AIDS Institute Press Release: President Obama's Budget Maintains Strong Commitment to Domestic HIV/AIDS Programs;
- NAPWA Press Release: NAPWA salute Administration's domestic HIV spending plans, calls for restoration of PEPFAR cuts;
- ADAP Watch, January 27, 2012, NASTAD;
- AIDS Budget and Appropriations Coalition (ABAC) FY 12 Appropriations for Federal HIV/AIDS Programs;
- Positive Voice, February 13, 2012, Series 2, Vol 2, Issue 23, National Association of People with AIDS;
- Transgender Health, HRSA CARE Action, December 2011;
- Test & Treat: A New Paradigm for Slowing the Spread of HIV, HRSA CARE Action, January 2012;
- HIV Epidemiology & Field Services Semi Annual Report, Jan 1, 2010- December 31, 2010, Vol 6, No 2,
- NYC Department of Health & Mental Hygiene; and
- February 2012 Meeting Calendar, NY HIV Planning Council.

INTRODUCTIONS:

Gregory Cruz & Victor Benadava, Committee Co-Chairs opened the meeting, members introduced themselves and Randall Bruce reviewed the Rules of Respectful Engagement. Darryl Wong reviewed the agenda and meeting materials. A motion was made and passed to approve the minutes of the December 2011 meeting as presented.

PUBLIC COMMENT:

There was no public comment.

PLANNING COUNCIL UPDATES:

Jan Park reviewed the Planning Council meeting calendar and reminded Committee members of the availability of LTI trainings. There was a brief discussion regarding the overall Planning Council training initiative, which includes the orientation, online training and member retreat. It was noted that attendance for the small group trainings has been low, which may point to the need to re-consider the scope of the LTI training initiative. Mr. Benedava and Mr. Fields advocated for the continuation of the training series, irrespective of training attendance and noted that there are conflicts in scheduling of other NYCDOHMH events which have prevented members from attending the LTI trainings. Mr. Wong suggested that perhaps the "Understanding Community Planning" can be the initial training open to a larger audience which would feed members to the remaining two trainings, "Understanding Data" and "Priority Setting & Resource Allocation". Dr. Aidala suggesting creating a hybrid between the online training and the small group training.

Other meetings during the month of February include 1) the Tri-County Steering Committee which has voted to de-fund the EIS programs because of low numbers of seropositive individuals being tested, 2) the Core/Non-Core Waiver Workgroup, which has recently convened to examine the Ryan White Part A portfolio and the impact of external factors related to Medicaid expansion, health homes, mandatory insurance and other factors, 3) the Rules and Membership Committee which has developed language concerning a code of conduct, which articulates expectations and sanctions for members and meeting participants and will be presented as an amendment to the Bylaws, 4) the PSRA Committee which will address the Ranking Tool for services and the need for modification(s), 5) the Integration of Care Committee, which will examine housing services and how they are provided in NYC, 6) the Policy Committee which will looking at allowable advocacy activities and 7) the Needs Assessment Committee, which is engaged in the development of the 2012-2105 Comprehensive Needs Assessment.

Mr. Wong informed the Committee of the appointment of Ms. Sharen Duke as Chair of the Policy Committee and that an abstract on CAB functioning in NYC has been submitted for consideration at the XIX International AIDS Conference, to be convened this July in Washington, D.C.

PRESENTATION: FOOD & NUTRITION SERVICE NEEDS AMONG PERSONS LIVING WITH HIV/AIDS

Angela Aidala of the CHAIN (Community Health Advisory & Information Network) Project at the Mailman School of Public Health at Columbia University began her presentation with a brief description of the project. Since 1994, CHAIN has been a primary evaluation resource for the NYC HIV Planning Council and provider communities. Through a public-academic partnership, CHAIN applies rigorous survey methodology to assemble a wealth of information about the lives of persons living with HIV/AIDS. Additional support from MAC AIDS Fund has allowed the project to focus on food and nutrition issues for PLWHAs in NYC. CHAIN is policy-driven research and exemplifies a subspecies of translation research – knowledge dissemination and utilization. CHAIN applies rigorous methods of survey research informed by sociological and psychological theory to program evaluation and policy formulation.

The purpose of this study was to examine evidence regarding 1) food insecurity and the need for food and nutrition services among persons living with HIV/AIDS, 2) use of food and nutrition services among PLWHAs, 3) medical care outcomes associated with food insecurity and 4) health outcomes associated with food insecurity and to discuss the implications of the findings – food and nutrition services are essential to promote treatment effectiveness and maintain health among PLWHA.

The most recent interviews with CHAIN participants were conducted in 2008-2010 (n=1096). Study participants answered questions about food and nutrition experiences, need for services, use of services as indicated by multiple indicators, including standardized questions measuring food insecurity, experiences with accessing food assistance, nutritional counseling and use of food or meal services taken as evidence of need for these services. Forty-two (42) percent of respondents indicate that they had experienced food insecurity and one third (33%) have ever seen a nutritionist, although nutritional

supplements are not reimbursed through Ryan White. Mr. Fields inquired as to participants' knowledge of healthy food preparation as an alternative to more costly, and less nutritious, prepared meals.

CHAIN participants who use congregate meals and food pantry services are more likely than those who do not use these services to have low incomes below \$10,000/yr (~ 80%). Meal program users are more likely than others to have incomes below the federal poverty line (71% of meal program users and 59% of non-users) and to be homeless/unstably housed or report housing needs (42% compared to 29%). Pantry bag users are a little better off but still are more likely than non-users to report not enough money for rent or utilities at least sometimes (40% compared to 31%). The collective portrait is similar to studies of general users of meal programs and food pantries - used primarily by low income persons who rely on these services at least part of the time to address basic food and nutrition needs, indicating that the need for food and nutrition services is almost universal.

Study participants did not have enough money in the household for food once in a while to very often in the last six months, describe their food situation as sometimes or often not enough to eat, went for a whole day without anything to eat in the last 30 days or receive food stamps, do not have unlimited access to a kitchen, used a food assistance program including prepared meals delivered to the home, meals received in a group setting, or received food voucher or food from a food pantry in the past six months. Using this composite measure, about half of respondents are classified as needing food and nutrition services because they are receiving services and half because they are experiencing food insecurity but no services. There was a slight reduction of those who experience food insecurity and not receiving any services. This increase would suggest that service utilization has increased from earlier interview periods.

With respect to predictors of food insecurity, it is noted that insecurity is not eliminated by accessing food and nutrition services, as programs seldom provide all meals. Clients report barriers to the full benefit of available assistance including lack of facilities to store or cook food. ~40% of service recipients continue to experience some degree of food insecurity, which is most strongly associated with need for transportation and housing assistance, suggesting many PLWHA experience multiple forms of hardship and an inability to meet basic subsistence needs.

Other research has shown that this insecurity is associated with poor connections to care and poor outcomes, i.e., missing 2 or more scheduled medical appointments in the past 6 months or having one or more ER visits in the past six months, having low mental health scores, demonstrating poor physical health functioning, having CD4 counts below 200/mm³ and viral loads greater than 10,000 copies.

The data presented demonstrate the odds of having an undetectable viral load or good physical functioning among PLWHA who are food insecure compared to PLWHA who are not food insecure controlling for other factors known to be associated with health outcomes: Receipt of appropriate HIV medical care and HAART medications, receipt of case management services, mental health and drug abuse co-morbidities, age, gender, race/ethnicity, poverty level income, risk exposure group, area of residence, and need for housing and/or transportation services.

In fact, the food insecure are significantly less likely to have an undetectable viral load, or good physical health functioning, controlling for a range of demographic and economic variables, mental health and substance abuse co-morbidities, competing needs for housing and/or transportation services, receipt of case management services, and receipt of medical care that meets clinical practice standards including being on a HAART antiretroviral medication regimen.

In summary, the study data demonstrate that:

- Food insecurity and continued unmet need for food and nutrition services is **widespread among PLWHA**;
- Food insecurity/ unmet need for food and nutrition services is **associated with poor engagement with HIV medical care and poor health outcomes**; and
- Food and nutrition services are **essential to promote treatment effectiveness and maintain health among PLWHA**

FEDERAL/STATE/CITY HIV/AIDS POLICY UPDATES:

Jan Park reported the latest Mayor's budget did not present any cuts to HASA, while there were some cuts to HIV prevention programs. There is much discussion regarding new HASA policies (brokers' fees, substance abuse screening); Felicia Carroll presented testimony about this issue at the City Council hearing on Housing, which was well-attended; Mr. Gebhardt reported that there appear to be challenges in coordination of activities between City agencies serving PLWHAs in NYC. It was also reported that federal Part A programs will likely be flat-funded and that HOPWA funding formulas will be adjusted to reflect the local housing market and poverty rates.

BOROUGH UPDATES ON HIV NETWORKING ACTIVITIES:

The inclusion of contact information for the informal Borough-based networks generated a robust discussion as to the efficacy of individual networks. It was agreed that the Consumers Committee can act as an unofficial conduit of information through placement of flyers at meetings but cannot actively distribute such information or vet the reliability of a particular event, network, group and/or meeting.

PUBLIC COMMENT/ANNOUNCEMENTS

Ms. Carroll announced that there will be a demonstration at HASA offices at 180 Water St. protesting the latest policies, as described above.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 3:00PM.