



Meeting Minutes
Needs Assessment Committee
Ivy Gamble-Cobb & Ann-Gel Palermo, Co-Chairs

Wednesday, July 11, 2007
3:30-5:00 PM
GMHC, 119 West 24th Street, Room 230

Members Present: Ann-Gel Palermo (Co-Chair), Angela Aidala, Orbit Clanton, Guillermo Garcia-Goldwyn, Myron Gold, Janet Goldberg, Jennifer Irwin, Frank Machlica, Howard B. Marcus, Carline Numa, Jan Carl Park, Sayida Self, Luis Scaccabarozzi, Howard Schwartz

Members Absent: Ivy Gamble-Cobb, Christine Campbell, Peter Catapano, Alison Chi, John Chin, Julie Lehane, Rosemary Lopez, Victor Rodack, Teresita Rodriguez

DOHMH Staff Present: David Klotz, Nina Rothschild, Rafael Molina, Daniel Weglein, MD

MHRA Staff Present: Roberta Scheinmann

Others Present: Marcus Cooke, Yves Gebhardt, James Livigni, Jacqueline Whitehead

Materials Distributed:

- July 11, 2007 Agenda
- June 7, 2007 Minutes
- Needs Assessment Questions for Researchers
- Handout Accompanying Presentation by Barbara Bennet on Prevalence and Policy Implications of Interpersonal Violence Among HIV+ Adults in the New York EMA

I. Welcome/Introductions

The meeting opened with a round of introductions.

II. Review of the Meeting Packet

Dr. Rothschild reviewed the contents of the meeting packet.

III. Review of Minutes from June 7, 2007 NA Committee Meeting

Myron Gold drew Committee members' attention to some information about the needs of PLWHA over 50 years old on page 2. The Mayor's budget includes \$640,000 from the City for HIV prevention and education messages for seniors and \$360,000 from the Governor. Outreach workers from four organizations will go into every senior citizens' center and talk about testing, treatment, and care. James Livigni provided an update on the material in the June 7th minutes concerning his case manager, noting that he has been told that his case is closed.



IV. Needs Assessment Committee Questions for Researchers: Ms. Palermo noted that the NA Committee in May reviewed its charge as outlined in the Planning Council Bylaws. NA is the locus for vetting CHAIN and other research data before that data is presented to the Planning Council as a whole. Ms. Palermo generated a list of generic questions, to which Dr. Rothschild made two additions.

- Question #4 asks whether there are related statewide issues. One Committee members asked whether the group should examine the implications of the data for care, stigma, and support groups in rural areas. Mr. Park responded that the examination of rural areas is not really our mission but, rather, is part of New York State’s mission.
- Mr. Garcia-Goldwyn asked about the process for taking the information obtained from these presentations and informing providers. Mr. Clanton posed a related question, focusing on #1, which asks how the researchers define unmet need. What do we do when we discover emerging populations? How do we operationalize what we are learning? What is the process for taking the data and translating it into action?
- Mr. Gold focused on the importance of talking about quality of care for PLWHA when we discuss unmet need, noting that ineffective case management constitutes unmet need and asking whether the NA Committee will have a presentation on case management. Dr. Weglein responded that a CHAIN study on the topic already exists and that we are discussing an update. NA Committee members will hear more after the summer.
- Dr. Aidala commented on the relevance of research findings, stating that a CHAIN presentation should be followed by a response from the provider community. For example, if CHAIN presents on mental health issues confronting PLWHAs, that presentation should be followed by a response from mental health care providers.
- Mr. Livigni drew the group’s attention to Rockaway and Bed-Study and stated that the center where the movie featuring Queen Latifah was set has been de-funded. He encouraged NA Committee members to go out and see what’s happening to obtain a better picture of unmet need. People are lost. If you are from Staten Island and go to the HIV Law Project, you are given a referral.
- Ms. Palermo noted that NA’s charge is to ask questions about topics such as access, transportation, and quality of care.
 - Ms. Whitehead, who is the Co-Chair of the PLWHA Advisory Group on Staten Island, noted that the island has only two HIV/AIDS agencies. She has served on every subcommittee of the HIV care network but obtained no assistance. She asked why she is in this situation and called Committee members’ attention to the PLWHAs who aren’t able to get out and around and advocate on their own behalf.
- Dr. Aidala commented that CHAIN is designed to include PLWHAs from the whole EMA. Perhaps a CHAIN study should examine one or more issues by geographic area and focus on, for example, the farther reaches of Staten Island.
- Ms. Palermo offered to re-write and reorganize the proposed research questions. The revised questions will be circulated to members of the NA Committee, who can provide additional feedback.

V. Presentation on Prevalence and Policy Implications of Interpersonal Violence Among HIV+ Adults in the New York EMA

Barbara Bennet, who is the Field Director of CHAIN, made the presentation. A copy is available in the Office of the Ryan White Planning Council. Briefly, she noted that the World Health Organization defines interpersonal violence (IPV) as a physical or mental threat or abuse. CHAIN researchers use the Client



Diagnostic Questionnaire, developed for use in HIV/AIDS settings, to obtain data on IPV. Any act of violence – not just violence between partners – constitutes IPV.

Audience members asked a number of questions. For example, Mr. Garcia-Goldwyn asked whether CHAIN researchers ask about the frequency of assault. Mr. Livigni noted that violence is not just male-to-female but also female-to-male. Ms. Bennet responded that CHAIN researchers looked at data for men and women.

Ms. Bennet noted the impact of IPV on adherence to medication regimens, stating that people who suffered IPV were almost one-half as likely to take their medications as prescribed. Poor mental health is associated with being less adherent. Controlling for factors such as drug use, IPV still has an effect on medication adherence. Regardless of gender, people who have experienced violence are less adherent. Generally, patients who have experienced IPV also experience more barriers to care and less satisfaction with their medical providers. Ms. Bennet suggested that providers do a systematic diagnostic screen of all patients for IPV, given that IPV has treatment implications.

Mr. Gold inquired about the prevalence of violence among MSM versus among heterosexuals, to which Ms. Bennet responded that 23% of MSM, 23% of heterosexual women, and 19% of heterosexual men have experienced IPV. Mr. Gold also inquired whether Ms. Bennet had a conversation with the Gay and Lesbian Anti-Violence Project, to which Ms. Bennet responded that she has not presented to this particular group.

Carline Numa broached the topic of different forms of violence, noting that verbal abuse can be more insidious than physical violence. Ms. Goldberg asked whether the CHAIN project includes alcohol within a drug use history, to which Ms. Bennet responded that drug use includes heroin, crack, powdered cocaine, meth, and problem drinking. She suggested that treatment providers steer patients with a history of IPV to treatment adherence providers, who may be able to help them with a navigator through the system.

NA Committee members also asked whether there is less stigma associated with talking about violence with young people, versus with an older cohort, to which Ms. Bennet responded that younger people may be more likely to verbalize; and they asked whether people with a history of IPV seek out mental health counseling, and whether treatment for mental health problems might enhance adherence, to which Ms. Bennet responded that people who have a history of IPV aren't necessarily referred to therapy because they have to really want to go for treatment in order for the treatment to be effective.

Mr. Gold stated that agencies lack training in dealing with IPV among gay clients. Ms. Bennet acknowledged that IPV is frequently considered a women's problem, but it in fact has implications on a larger level. She noted that 22% of the CHAIN sample has experienced IPV by a non-partner, and 36% of the cohort overall reported experiencing IPV.

Ms. Palermo noted that looking at the economic consequences of interpersonal violence would be very interesting. Mr. Gebhardt broached that topic of IPV and incarceration.

The meeting was adjourned at 5:00 pm.