



Meeting Minutes  
**NEEDS ASSESSMENT COMMITTEE**  
Ivy Gamble-Cobb & Ann-Gel Palermo, Co-Chairs

Thursday, March 10, 2006  
9:30–11:30 AM  
Palladia  
2006 Madison Ave

**Members Present:** Ivy Gamble-Cobb (Co-Chair), Ann-Gel Palermo (Co-Chair), E. Behar and M. Botsko (for John Chin), Guillermo Garcia-Goldwyn, Myron Gold, Janet Goldberg, Jennifer Irwin, Frank Machlica, Howard Marcus, Mindy Nass, Carline Numa, Victor Rodack

**Members Not Present:** Eli Camhi, Christine Campbell, Peter Catapano, Mary Ann Chiasson, Orbit Clanton, JoAnn Hilger, Cynthia Knox, Julie Lehane, Rosemary Lopez, Teresita Rodriguez, Judy Sackoff, Howard Schwartz, Melissa Shurkin, Gregg Weinberg, Daniel Weglein, Victoria Williams

**DOHMH Staff:** Robert Shiau, Jan Carl Park, Clarissa Silva, Rafael Molina, Stephen Bailous, Darryl Wong

**I. Welcome/Introductions/Review of December 2, 2005 Minutes**

Committee Co-Chairs I. Gamble-Cobb and A. Palermo made introductions and reviewed the contents of the meeting packet. Minutes from the February 2, 2006 meeting were reviewed and accepted without corrections.

**II. Data on Special Populations for the 2005-2006 Planning Cycle**

Chin J, Behar E, Botsko M, & Finkelstein R. (2006). *Analysis of "Special Populations" for the Needs Assessment Committee of the New York HIV Planning Council*. NY, NY: New York Academy of Medicine.

Elana Behar and Michael Botsko presented New York Academy of Medicine's (NYAM) Congressional Minority AIDS Initiative (MAI) Special Populations Findings. The Access-to-Care and Maintenance-in-Care programs in the NYAM outcome evaluation are located in 23 agencies that receive funding through MAI. The programs aim to eliminate barriers to care and to provide access to or strengthen a weak connection to medical care. Because the programs target specific populations with specific needs, the clients in the evaluation are not necessarily representative of persons living with HIV in the New York EMA.

The following are the special population categories NYAM were able to construct with their data:

- Any Drug User – Participants who had ever used heroin, cocaine or amphetamines regardless of their current substance use status.
- Injection Drug User – Participants who had or were currently injecting any drugs at the time of the baseline interview.
- Homeless/Unstably Housed – Participants who were living in a shelter or emergency housing, living in a single room occupancy hotel, or stated that they were homeless at the time of the baseline interview.

- Immigrants – Participants who were not born in the United States (regardless of the age they first took residence in the US).
- Over 50 – MAI program consumers who were aged 50 years or older at the time of the baseline interview.
- Parents with Children – Male or female participants who were living with one or more of their biological children at the baseline interview regardless of their housing setting.
- Women of Childbearing Age – Female participants between the ages of 18 and 40 at the time of the baseline interview.
- MSM of Color – Male participants who indicated that they were ‘People who had sex with members of the same sex’ and who did not describe their race/ethnicity as ‘White’ at the time of the baseline interview.
- Mental Health Problems – Participants who indicated that they had mental health difficulties all or most of the time, as measured by eight indicators in the ACTG QOL 601-602 Health Survey (at or below an average score of 20 on the eight items).

Tables were presented indicating the number of persons within each special population who have the condition being assessed. For example, in Table 2.1, looking at the 2005-2004 cohort, 155 persons who have mental health problems also had used substances at some time in their lives.

C. Numa presented data on Women of Childbearing Age which included data from the following sources:

Beard, H. (2005). *Getting Real: Black Women Taking Charge in the Fight Against AIDS*. Retrieved February 2, 2006, from Black AIDS Institute. Website:  
[http://www.blackaids.org/image\\_uploads/article\\_170/05%20women.pdf](http://www.blackaids.org/image_uploads/article_170/05%20women.pdf)

This report outlines statistics that show just how uniquely Black the female epidemic in the United States is today. Among the report's specific findings are:

- Black women accounted for 68 percent of new HIV infections between 2001 and 2004;
- Those infections are overwhelmingly happening through unprotected heterosexual sex – 78 percent of Black female infections between 2001 and 2004 were through sex with men;
- Among young women aged 13 to 24, African Americans accounted for 68 percent of all infections through 2001.
- Among 13 to 19 year old girls, the Black share of infections through 2001 climbs to 78 percent.
- The impact of negative – or nonexistent – relationships with Black males during formative years. In particular, the impact of sexual abuse, which studies show increases the likelihood of a woman later engaging in behavior that will put her at risk for HIV by seven fold.
- How relationship dynamics discourage Black women from standing up to protect their sexual health by insisting on the use of condoms and having consistent, open dialogue about trust and sexuality.
- How poor access to health care and poor literacy surrounding STDs in general facilitates HIV's spread among Black women.

New York City Department of Health and Mental Hygiene. (2005). *Women at Risk: The Health of Women in New York City*. NY: Author.

This report that outlines health behaviors, health care access, and health outcomes among different economic and racial/ethnic groups of women in New York City. Among the report's specific findings are:

- Women in New York City's poorest neighborhoods have a life expectancy 5 years shorter than those who in the highest income neighborhoods. Black women have a life expectancy almost 5 years shorter than white women.
- Data suggest that women are more obese than men. An estimated 30% of black women, 26% of Hispanic women, 15% of white women, and 10% of Asian women are obese.
- Hispanic women and women with low incomes are less likely than most other women to have health care coverage.
- Black women are more than twice as likely as white women to die from pregnancy-related complications.
- Among women, 27% of years of potential life lost are due to cancer, while cancer is responsible for only 17% of the years of potential life lost among men.
- Nearly one-quarter of women age 40 and older have not received a mammogram in the past two years; fewer than half of women age 50 and over have ever had a colon cancer screening; and 1 in 5 women have not had a Pap test in the past three years. Asian women are least likely to receive colon cancer screenings and Pap tests.
- The rate of new AIDS diagnoses is 11 times higher among black women than white women and the rate of AIDS deaths is 7 times higher.

New York City Departments of Health and Mental Hygiene and Homeless Services. (2005). *The Health of Homeless Adults in New York City*. NY: Author.

The report mainly describes the health of those adults who spent at least one night in a DHS shelter during the 2001-2003 period. Among the report's specific findings are:

- The death rate among single homeless adults who used the single shelter system was 2,192 per 100,000 persons (2.19%), twice that of the NYC adult population.
- Among homeless women who used the single adult system, the largest proportion of deaths was due to HIV/AIDS, with a death rate 9 times as high as that among the NYC adult population. Among single adult men, substance abuse caused the largest proportion of deaths, with a rate 16 times higher than that among the NYC adult population.
- Heart disease and cancer were the leading causes of deaths in the homeless adult population, as in the general adult population. The death rate due to lung cancer was twice as high among homeless adults who used the shelters.
- More than 2 out of 3 hospitalizations among homeless adults were due to substance use, alcohol use and mental illness, compared to 10% among non-homeless adults.
- The prevalence of HIV/AIDS among single adults who used the shelters was twice as high as the general adult population.
- The rate of new HIV diagnoses was 16 times higher among homeless adults who used the single adult shelter system and 8 times higher among adults who used the family shelters than among adults in NYC.
- Rates of tuberculosis were 11 times higher among adults who used the single shelter system compared to the general adult population.
- Among single homeless adults, Black adults who used the shelters had the highest proportion of deaths due to HIV/AIDS.
- Among single homeless adults, Hispanic adults had the highest proportion of deaths due to substance use.

### III. Data Day

Discussions occurred around the structure and format for Special Populations Data Day. Committee members suggested gathering information from evidence-based sources as well as consumers using the following questions:

1. How large or prevalent is/are the special population(s)?
2. What service gaps/needs are identified for the special population(s)?
3. How significant are the service gaps/needs for the special population(s)?
4. What conclusions can be made about service gaps/needs of the special population(s)?

Additionally, the committee discussed structuring the day around addressing an overarching thematic question. A. Palermo suggested exploring the “truth” about special populations. Finalizing Data Day will occur at the next meeting.

### IV. Adjournment

The meeting was adjourned. Next meeting will be Thursday, April 6, 2006 from 9:30 AM to 11:30 AM at Palladia, members were asked to note the change in time and location.

#### I. Actions/Decisions

<input checked="" type="checkbox"/>	ACTG QOL 601-602 Mental Health Questions
<input checked="" type="checkbox"/>	Date for Data Day to be determined