



Draft Meeting Minutes
Needs Assessment Committee

April 1, 2005
10:00 AM–12:00 PM
APICHA (150 Lafayette Street, 6th Floor)

Meeting Attendees: Susan Abramowitz PhD & Eli Camhi LMSW (Co-Chairs), Ryan Chavez, Alison Chi (alt. for Peter Jensen), Mary Ann Chiasson DrPH, Janet Goldberg, Susan Forlenza MD MPH, Robert Gass, Myron Gold, JoAnn Hilger, Julie Lehane, Howard B. Marcus PhD, Melissa Shurkin, Gregg Weinberg

Members Not Present: Angela Aidala, Ken Butler, Christine Campbell, Joel Hernandez, Ruth Finkelstein ScD, Ann-Gel Palermo, Elena Wiesenthal

DOHMH/MHRA Staff: Grace Moon; Robert Shiau

I. Welcome/Introductions/Review of Minutes

Eli Camhi opened the meeting and introductions were made. Robert Shiau reviewed the contents of the meeting packet and reminded members that an additional meeting was scheduled for Friday, April 15. The meeting would feature a presentation by Christine Rivera from the New York State ADAP Program.

Myron Gold was concerned that the next meeting is at the same time as GMHC's Medicare/Medicaid Forum and Ms. Rivera is presenting at both. After discussion, the committee decided to hold future meetings (including the April 15 meeting) from 9:30-11:30 AM. The committee suggested that Ms. Rivera's slides be distributed to members prior to the meeting.

Minutes of the February 24, 2005 meeting were reviewed and approved with minor changes.

II. Data Day 2: Determining Service Needs

The committee discussed the purpose and focus of the upcoming Data Day. Questions were raised about attendance at the last event as well as the relevance and impact of Data Days. The committee discussed the need for greater PC member participation and the need for greater participation from members of the key planning committees, including the Executive Committee, the Integration Of Care Committee, and the Priority Setting & Resource Allocation Committee. A suggestion was made that the NAC Co-Chairs Susan Abramowitz and Eli Camhi personally invite the other committee co-chairs and that staff should call all PC members and alternates to invite them to Data Day.

The committee looked at the "Addressing Unmet Need" pie chart developed during the previous meeting. Mary Ann Chiasson was concerned about the data underlying the pie chart, in particular, the high number of PLWHA who were not in care ("Unmet Need"). She cited the CHAIN research and stated that the data did not indicate a large population of PLWH who are not in care in NYC. A request was made for a clarification of the data in the pie chart. Staff clarified that the pie chart did not use actual epidemiological data and was created only for illustrative purposes. Susan Forlenza said that there were data estimates that could be applied to the chart.

The committee requested a reminder of HRSA’s definition of “unmet need”¹. Following a clarification on the HRSA definition of “unmet need”, the committee discussed the methodology used by New York City to develop its estimate, including:

- The data sources used in the calculation and the limitations of those data sources;
- The rationale and the limitations of the HRSA definition for “unmet need”;
- Potential planning and/or policy decisions that might result from quantifying “unmet need”.

The committee was interested in developing a more accurate “unmet need” estimate to better guide the planning process and the Planning Council’s ability to address “unmet need”. There was a suggestion that the NAC form a subcommittee to examine the “unmet need” estimate. Staff suggested that before the committee decides to create an additional subcommittee, there should be a formal presentation on the EMA’s “unmet need” framework and methodology.

The committee also discussed ideas of how to make Data Day more useful and relevant to other planning body members. Members of the committee felt that past Data Days have been very successful in educating members of the PC and its committees about all of the different data resources that are available and what types of information are available in different data sources. Some members felt that the challenge is no longer about ensuring that people know what data is available, but to help planning body members apply the data when making decisions.

The committee discussed a number of different exercises for the upcoming Data Day. Proposals included:

- Provide a detailed presentation on the “unmet need” framework and the methodology behind the “unmet need” estimate, followed by an open discussion of how the PC can address issues around increasing the number of PLWH who are in HIV-related primary health care.
- Understanding the “Addressing Unmet Need” pie chart and its implications for planning and decision making.
- Provide an opportunity for attendees to examine priority setting and resource allocation in relation to unmet need. The attendees would apply the existing data to develop zero-base resource allocations for Title I services (i.e. assume there are no Title I services, examine other funding streams and what services they provide and where those services are located, then use Title I to fill in the gaps).
- Examine other parameters for resource allocation such as improved efficiencies, changing needs, and service distributions.

The committee suggested that staff consider the suggested options and develop a proposed agenda for Data Day for review by the Co-Chairs and to have further discussion at the next meeting. The meeting was adjourned.

¹ An individual with HIV or AIDS is considered to have an unmet need for care (or to be out of care) when there is no evidence that s/he received any of the following three components of HIV primary medical care during a defined 12-month time frame: (1) viral load (VL) testing, (2) CD4 count, or (3) provision of anti-retroviral therapy (ART).