



Meeting Minutes

NEEDS ASSESSMENT COMMITTEE

Jennifer Irwin and Juana Leandry-Torres, Co-Chairs

Tuesday, December 16, 2008

Cicatelli, 505 Eighth Avenue, Oak Room

3:00-5:00 pm

Members Present: Felicia Carroll, Jennifer Irwin, Rebecca Kim, Juana Leandry-Torres, Luis Freddy Molano, MD, Jan Carl Park, Glen Philip, Troiyle Sanon, PhD, Kate Sapadin, PhD, Roberta Scheinmann (alt. for Mary Ann Chiasson), Ricardo Vanegas-Plata, DDS

Members Absent: Angela Aidala, PhD, Soraya Elcock, Kecia Gaither, MD, MPH, Guillermo Garcia-Goldwyn, Lenore Hildebrand, DSW, Julie Lehane, PhD, Rosemary Lopez, Frank Machlica, Donald McVinney, Dena Quinones, Robert Steptoe

DOHMH Staff Present: Mary Irvine, DrPH, David Klotz, Nina Rothschild, DrPH, Anthony Santella, DrPH

Public Health Solutions Staff Present: Lauren Feldman Hay

Others Present: Brent Backofen, Billy Fields, Elizabeth Howell, Peter Messeri, PhD

Material Distributed:

- Agenda
- Minutes from the meeting of the Needs Assessment Committee on November 18, 2008
- Comprehensive Strategic Plan for HIV/AIDS Services 2009-2012
- Presentation by Peter Messeri, PhD on Prevalence of Chronic Disease & Co-Morbid Conditions in the CHAIN Cohort
- CHAIN 101 presentation
- Two-page background document on CHAIN

- Ryan White CARE Act Title I (Part A) Manual chapter on Needs Assessment

Welcome/Introductions: Jennifer Irwin and Juana Leandry-Torres welcomed the participants. Committee members introduced themselves.

Review of the Meeting Packet: Nina Rothschild reviewed the contents of the meeting packet.

Moment of Silence: Glen Philip asked for a moment of silence in tribute to those who have died from AIDS and to those who are still fighting. Committee members agreed that a moment of silence would be included in all meetings going forward.

Comprehensive Plan: Goals, Objectives, and Action Steps: Anthony Santella stated that the full Planning Council would review and vote on the comprehensive plan on Thursday, December 18th. The next-to-last draft of the report is being shared with NA Committee members because they provided input on the vision and goals and objectives. The plan has four parts:

- The current system of care
- The ideal system of care
- Goals, objectives, and action steps
- Monitoring and evaluation

The plan will be reintroduced to Planning Council and Committee members in the spring when the actual work starts.

Dr. Santella noted that this plan is just for Ryan White services and that the Prevention Program of the Bureau of HIV/AIDS Prevention and Control has its own comprehensive plan. Jan Carl Park stated that the Consumers Committee, the Needs Assessment Committee, the Integration of Care Committee, the Tri-County Steering Committee, an internal work group of DOHMH staff members, as well as other individuals have all been working on the plan since July. The version distributed today is the summation of all that work.

Rebecca Kim commented that this version doesn't completely capture all of the Needs Assessment Committee's conversations, but Dr. Santella noted that the first section of the plan does capture the NA Committee's discussion of priority populations. Ricardo Vanegas-Plata stated that the version of the plan distributed at today's meeting is completely different from the previous version he had seen. He expressed disappointment that some remarks are not reflected in the document. Nina Rothschild noted that the Committees operate by consensus when providing input, and a member might make a

comment that does not wind up in the final version because that remark does not reflect the sentiment of the majority – but all contributions are taken seriously and considered valuable.

Mary Irvine commented that the various groups and individuals providing input worked from a guidance distributed by HRSA in response to the HATMA legislation and crafted a document in order to meet guidelines and specifications developed by the Ryan White Program’s funder. Mr. Park noted that any comments by Committee members not incorporated in the various drafts of the comprehensive plan are reflected in the minutes from Committee meetings. He also stated that the document distributed today is a broad blueprint and is quite advanced from the previous plan. It includes signposts along the way to which we will return and is a living document.

Juana Leandry-Torres asked how the years by which certain objectives should be achieved were identified. For example, Objective 2A calls for increasing the number of individuals who are diagnosed and enter primary care within three months of testing positive by 2011. Dr. Irvine responded that some data lags behind the calendar: for example, we only receive 2011 data in 2012 and have to wait a relatively long time for results. Dr. Santella noted that some of DOHMH’s programs such as medical case management will only be implemented next year, and we will need time to collect and analyze baseline data. We certainly will not see immediate results.

Review of Recent Work of the CHAIN Technical Review Team (TRT): Dr. Irvine spoke about the role of the Scientific Committee in guiding the work of CHAIN. The TRT is comprised of members of the Scientific Committee, who have some expertise in public health research, and deals both with substantive issues confronting the CHAIN research team and with some administrative housekeeping. At the meetings, members talk about the data instruments and variables and review the CHAIN reports as they are drafted to make sure that they will be intelligible to a variety of audiences.

During the fall of 2008, TRT members focused on four reports: pathways into mental health services; consumer satisfaction with medical care and with case management and social services; pathways to systems of HIV medical care; and a chronic disease and co-morbidity analysis. Several additional reports are expected in 2009 including service needs/unmet needs and service utilization; predictors of preserved immune functioning; supportive services (such as mental health) and the likelihood of being in primary care; and the impact of the combination of housing with case management services. Scientific Committee members have been spending a lot of time on revisions to the questionnaire. The researchers are working to keep the NYC cohort current by recruiting new members. They will do list-based recruitment for a

refresher cohort that should be representative of the epidemic in both NYC and Tri-County.

Ms. Irwin commented that the Needs Assessment Committee is charged with making recommendations about topics for reports to the CHAIN researchers. If, for example, Committee members see a lack of data or a gap, they can request a report. Dr. Vanegas-Plata asked whether NA Committee members could see the amended research protocol, and Dr. Irvine commented that the protocol for refresher recruitment could certainly be shared.

Glen Philip asked about how subjects are recruited for the study. Dr. Irvine responded that researchers go to a random sample of agencies and obtain a list of all HIV-positive clients and then randomize the list. The researchers also recruit roughly 50 people who are HIV-positive but not connected to care. Felicia Carroll noted that the researchers will meet with subjects at whatever sites the subjects prefer. Ms. Irwin asked whether an effort is being made to bring youth into the new cohort, to which Dr. Irvine responded that the researchers are focusing on newly diagnosed individuals, some of whom will be young, but obtaining approval from the Institutional Review Board to include subjects under the age of 18 is difficult.

Mr. Park asked whether a process is in place to bring the research studies to the NA Committee and to the full Planning Council once they are complete. Dr. Irvine responded that Data Day last spring included a CHAIN presentation and that the four presentations which are almost complete could be brought to the Committee.

CHAIN Presentation: Chronic Disease and Co-Morbidity Analysis: Dr. Peter Messeri of the Columbia University School of Public Health joined the Needs Assessment Committee meeting to present on chronic disease and co-morbidity. He noted that AIDS today is a chronic condition, and infected individuals are living longer. We are concerned about their quality of life, the side effects of the medications and their impact on the immune system, and the impact of lifestyles potentially leading to increased vulnerability. Almost all CHAIN subjects have one or more chronic conditions, and 39% of interviewees report multiple current conditions. A copy of Dr. Messeri's presentation can be obtained from the office of the Ryan White Planning Council support staff at (212) 788-4284 and is available on the Planning Council website at www.nyhiv.org.

Dr. Messeri answered questions from the audience:

- Dr. Vanegas-Plata asked why the presentation did not include material on cancer, to which Dr. Messeri responded that the CHAIN researchers will report on cancer.

- Dr. Vanegas-Plata also inquired whether the research team had looked at the impact of different types of HAART on chronic conditions, to which Dr. Messeri responded that such an analysis would be difficult to conduct because patients move in and out of different classes of drugs.
- Dr. Vanegas-Plata asked whether the researchers are examining causes of death, to which Dr. Messeri responded that he wants to do this analysis and that report topics are decided on collaboratively; the NA Committee can ask for a report on this topic.
- Dr. Vanegas-Plata also expressed interest in the impact of chronic conditions on the utilization of mental health services.
- Dr. Sapadin asked whether the CHAIN researchers had examined the impact of pregnancy on chronic conditions, given that adherence tends to go down when a woman has more children. Dr. Messeri acknowledged that pregnancy has an impact on adherence.
- Dr. Troiyle Sanon expressed interest in learning more about the differences between the New York City and the Tri-County populations. Tri-County residents have similar numbers of chronic conditions, but accessing specialists may be more difficult.

Mr. Park noted that Dr. Messeri gave this presentation to members of the PWA Advisory Group on Saturday and that the presentation was well-received.

Review of the Minutes from the Meeting of the Needs Assessment Committee on November 18, 2008: All Committee members present voted to accept the minutes from the Committee's previous meeting with one abstention.

Planning: Mr. Park circulated a chapter from the Ryan White CARE Act Title I (Part A) Manual on Needs Assessment and noted that Committee members would plan for the structure and focus of the next six months of work.

Next Meeting: Dr. Rothschild agreed to send out a meeting wizard to determine the next meeting date.

Adjournment: The meeting was adjourned.