



**NEWARK  
EMA**

HIV HEALTH SERVICES PLANNING COUNCIL

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## **RESEARCH & EVALUATION COMMITTEE MEETING SUMMARY MONDAY, AUGUST 15, 2011 AT 10:00 A.M.**

- I. **Welcome and Moment of Silence**  
Deloris Dockery, Chair, welcomed those in attendance. A Moment of Silence was observed for those living with HIV/AIDS, and for those who have passed on.
- II. **Roll Call**  
Roll was called. Quorum, however, was not established.
- III. **Public Testimony/Announcements**  
None
- IV. **Approval of Meeting Summary of July 18, 2011**  
A motion was made to approve the July 18, 2011 summary as circulated by Mohammed and seconded by Postel. The summary was then unanimously approved without further discussion.
- V. **Updates from other Committees**

### **Continuum of Care Committee**

COC met on August 11, 2011. The Committee reviewed its work plan and approved its Self Assessment Tool, a copy of which was submitted to the Research and Evaluation Committee. The results of the members section were distributed for comment.

Drafts of the Mental Health and Substance Abuse Standards were discussed and approved, with minor changes. The Committee has one week for final comment and then both standards will be submitted to the Planning Council for review and approval.

Postel reviewed the initial results of the data being collected for the 2011 Needs Assessment. She specifically emphasized the fact that "retention in care" should be a priority in the Comprehensive plan.

Anmarie Daly described the Town Total Pharmacy discharge planning program

The next meeting of the Continuum of Care Committee will be held on September 8, 2011, at 9:30am.

### **Comprehensive Planning Committee**

CPC met on August 12, 2011, and was given an update from the Grantee, regarding FY 2011 figures from HRSA. The amount of the Fiscal 2011 Grant Award has not yet been received; this is delaying the priority setting process this year, however the preliminary draft of the 2012 ranking has been completed and the Committee has discussed the updates from the county and regional meeting. CPC will next meet on August 26, 2011, at 9:30am at the NEMA office.

### **Community Service Advisory Committee**

CSAC met on August 11, 2011, however, quorum was not established. Members discussed the Committee's 2010 Self Assessment Tool, and gave it a preliminary approval. Also discussed was the possibility of a 2012 Day of Learning, and the need for new members.

CSAC will next meet on September 8, 2011 at 2:00pm, at the NEMA office.

## **VI. Review Results of the Self Assessment Survey for REC**

The Committee reviewed the final draft of the summary of Part I of its Self Assessment, which included added information requested by members at the July 18, 2011 meeting, and an aggregated summary of Part 2. The report was approved, with minor changes.

## **VII. Old/New Business**

### **Continue Discussing 2011 Needs Assessment**

#### **Progress on obtaining Youth data from the State and CHAMP**

Postel reported she'd prepared a draft of the full Part 2 section of the Needs Assessment on Youth and sent it out for review and comment by Committee members, via email. It was stated that MSM and Youth surveillance data received were from the State, and were not broken down to reflect only the Newark EMA. It was reported that new diagnoses among Youth were primarily among members of the MSM community, with trends being in the ages 13 to 19 years group.

Postel indicated that the data for new diagnoses by race and ethnicity showed highest percentages to be African American and Hispanic/Latino, in that order. It was also stated that local newly infected data for Youth show lower figures than national figures, and that this indicates that this group is either not being reached, or its members are being safer and not being infected. However, it was stated that it is likely that this group is not being reached.

### **Review Preliminary Analysis of Survey Responses**

#### **Update on survey data responses received on Survey Monkey**

Postel also discussed the data received from focus groups and Survey Monkey, stating that upon review, most of the HIV positive individuals were MSM, ranging in age from 17 to 28, and were African American or Hispanic/Latino, living in Essex County. Most stated HIV care was easy to get, with many receiving care in their own communities.

It was stated that other services indicated as most needed were Housing, Dental, Legal Services, Financial Assistance/Food, Mental Health Counseling, Substance Abuse counseling, and Support/Case Management.

Postel indicated most respondents stated they were on HIV medications and that the largest barrier to care was fear that family members would find out their HIV positive status. This was followed by lack of health insurance, stigma, and one respondent who stated, "If I ignore it, it will go away."

It was stated that two-thirds of Youth respondents said they felt Youth were more at risk of infection, while one-third stated risk had not increased, or didn't respond to the question.

In discussing how to get Youth to partake of other services, such as Mental Health or Nutritional Therapy, the importance of avoiding labeling was raised. It was stated that efforts would likely be more successful if these services were scheduled along with a Case Management visit, and that one agency had done this with 100% success.

The Committee also discussed the importance of providing trainings on proper and courteous conduct toward clients for providers. Members also discussed the need and benefits of having additional committee members, and how to attract new members. It was suggested that the Committee extend an invitation for the public to come to meetings as visitors, and that this might raise interest levels among prospective new members, as it would give them the opportunity to learn more about the workings of the Committee, and to see where they might fit into the process.

### **Review of the 2010 Report of the Administrative Mechanism**

Dockery briefly explained the purpose of evaluating the Administrative Mechanism, emphasizing that it is an evaluation of the speed and efficiency with which funds are allocated and disbursed upon receipt from HRSA, as opposed to evaluating an individual. Dockery further explained the parts played by the Grantee and Providers surveys in the evaluation process.

It was stated that the 2011 Provider Survey will no longer be anonymous, and will be distributed on Survey Monkey. In preparation for creating the 2011 Provider Survey, the Committee reviewed the 2008 version, which was the most recent full Survey done, and compared it to the 2010 version, which was abridged. It was stated that the 2008 form would be used, and changes made to it as needed. Postel pointed out that questions 1 through 15 were the same in both 2008 and 2010 versions. Dockery then led a brief review of these questions. Punctuation and date changes were cited to reflect those indicated for 2011. Also included among the changes is the inclusion of comment boxes after questions, to allow for additional input from Providers. Planning Council staff will make the required changes, with the exception of question 38, which asks for Providers to make suggestions

regarding CHAMP, and is being drafted by Postel. Upon approval, the Provider and Grantee surveys will be distributed for response.

**VIII. Date of Next Meeting: Monday September 12, 2011, at 10:00AM**

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**IX. Adjournment**