

Boston EMA Ryan White HIV/AIDS Services Planning Council

Needs Assessment Committee

2025-2026 Year-End Report

July 2026



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I. COMMITTEE OVERVIEW

Committee Charge

The Needs Assessment Committee shall execute the development and implementation of a needs assessment to identify needs of people living with HIV both receiving care and those out of care to determine:

1. What medical and support services PLWH need to enter or return to care, stay in care, and reach and maintain HIV viral suppression
2. To what extent those needs are being met by the current system of care
3. What kinds of services are most needed and work best for different groups of PLWH – and what disparities in access and services remain for affected subpopulations and historically underserved communities.

This process must be objective, and ethnically, culturally, and linguistically sensitive. This process may be conducted in collaboration with the recipient. The needs assessment must be representative of the entire EMA.

Committee Membership

Members

Jeff Warach | Chair

Joey Carlesimo | Vice Chair

KC D’Onfro

Regina Grier

Serena Rajabian

Curtis Santos

Shambi Mwandembo

Carla Norris

Amanda Hart

Planning Council Staff (PCS)

Clare Killian | Senior Program Manager

Ewaldine Shakira Fedna | Senior Program Coordinator III

Julia Kirsch | Program Coordinator II

Ryan White Services Team Liaison

Alexandria Whittied | Senior Program Coordinator,
Clinical Quality Management

II. WORK OF THE COMMITTEE

The Needs Assessment Committee (NAC) met virtually for the 2025-2026 Council year, with meetings held monthly from 4:00-6:00 PM. Meetings were led by the NAC Chair or Vice Chair and the PCS liaison.

HRSA requires the Planning Council to conduct a needs assessment to determine the needs of people with HIV, service barriers and gaps along the HIV care continuum, and current resources (RWHAP and other public/private) available to meet those needs. It is a HRSA recommendation to conduct a needs assessment every three years.

This year marked Year 2 of the NAC's three-year work plan, moving the committee from the planning/pre-assessment phase into active data collection. Building on the framework established in 2024-2025, NAC members conducted focus group discussions with people living with HIV, planned and prepared materials for in-depth interviews, and collected and followed up on provider surveys. The

committee also introduced a co-creation methodology to guide its data collection approach, coordinated with the Massachusetts Department of Public Health (MDPH) to align the needs assessment with the Integrated Plan, and connected its emerging findings to the Allocation of Resources Committee (ARC) and the Integrated Care Plan (ICP) draft objectives.

Project Descriptions:

Below includes descriptions of the projects completed in year 2:

- NAC conducted five focus group discussions with people living with HIV in care at five different Part A-funded agencies in the Boston EMA. These sessions gathered qualitative data on service needs, barriers, and gaps in care, forming a core component of the committee's data collection for the needs assessment.
- NAC discussed and planned materials and logistics for conducting in-depth interviews with PLWH, refining the target population and interview approach in coordination with MDPH's parallel data collection efforts as part of the ICP.
- NAC collected provider surveys and sent targeted follow-up reminders to increase response rates, then reviewed the collected data to identify trends informing the needs assessment.
- NAC introduced a co-creation methodology to guide its overall approach to data collection, emphasizing collaborative, participatory input from people with lived experience.
- NAC collaborated with MDPH on the ICP, aligning NAC's scope and refining its research goals based on MDPH's data collection plan and recommendations.
- NAC coordinated with community partners to plan listening sessions, including outreach to recovery and substance use services organizations within the EMA.
- NAC members participated in training on qualitative data analysis best practices, using the focus group data as a working example.
- Epidemiological and Performance Data Review: NAC reviewed Part A epidemiological data and Ryan White Services performance measure data to contextualize its needs assessment findings.
- NAC connected its findings to the ARC allocations process and to the ICP's draft objectives, supporting the Planning Council's broader resource allocation and planning work.
- NAC received an update from the New Hampshire Department of Health and Human Services (NH DHHS) on their own needs assessment process, providing a comparative perspective from a neighboring Part B program.

Committee Meeting Timeline and Summary

These agenda items will not be listed below to reduce redundancy: Each meeting begins with the NAC Chair calling the meeting to order, leading the committee in a moment of silence, and then reviewing and voting on the meeting minutes from the previous NAC meeting. Each meeting will end with relevant announcements and NAC Chair calling for a motion to adjourn the meeting.

➤ Thursday, October 16, 2025

- PCS reviewed the committee overview and responsibilities.
- PCS and Chair explained and walked through NAC's 3-year work plan.
 - 2025-2026 is Year 2 – “Data Collection Phase”
- NAC discussed its year-end recommendations from the prior term.
- Members reviewed summer consumer data collection progress, including IDIs and FGDs conducted, overarching themes from the summer FGDs, and next steps for continued data collection.

- PCS reviewed preliminary provider survey data collected from May through June 2025 and discussed timing for additional reminders.
- PCS facilitated the NAC Vice-Chair nominations and election.
 - Joey Carlesimo was nominated and elected as Vice-Chair

➤ **Thursday, November 25, 2025**

- PCS presented on co-creation methodology.
- NAC recapped the current IDI plan, including the existing definition of "out-of-care" and discussed whether to continue comparing the needs of Part A clients to PLWH who are out of care.
- PCS presented on MDPH's current scope and plan for the needs assessment, including MDPH's request to interview Council members and share IDI data from their work with people who use drugs.
- NAC held a discussion on refining its scope and aligning with DPH, including recommendations to shorten interviews, clarify the target audience, and consider a hybrid approach pairing DPH's IDI data with NAC-led listening sessions with recovery and substance use services organizations in the EMA.

➤ **Thursday, December 16, 2025**

- NAC reviewed needs assessment progress, including updates on IDIs, FGDs, and provider surveys.
- Barry Callis of MDPH presented an overview of the department's needs assessment plan, including MDPH's approach to data analysis and Massachusetts Integrated Prevention & Care Committee (MIPCC) meetings planned for January and February.
- Alexandria Whitted (RWS Liaison/CQM) presented Part I of the Boston EMA Part A epidemiology overview.
- PCS led a debrief of the funding streams expo activity from December's Planning Council meeting.

➤ **Thursday, January 22, 2026**

- Alexandria Whitted (RWS Liaison/CQM) presented an update on Ryan White Services performance measures.
- NAC reviewed needs assessment progress, including updates on IDIs, FGDs, and provider surveys and developed a listening session plan for IDI recruitment.
- NAC recapped the all-advisory-group meeting and MDPH data shared to date.
- Yvette Perron of NH DHHS presented updates and key takeaways from NH's current Part B needs assessment.

➤ **Thursday, February 19, 2026**

- PCS reviewed MIPCC goals and led a discussion on next steps.
- PCS and the Chair led a mid-year check-in on the three-year work plan's progress and discussed beginning the data analysis planning process.
- PCS reviewed the listening session for IDI recruitment plan and outline.
- NAC reviewed provider survey data and discussed emerging trends

➤ **Thursday, March 19, 2026**

- PCS and the Chair led a debrief of the Planning Council's priority setting process that took place in the March Planning Council meeting.

- NAC reviewed needs assessment progress, including updates on IDIs, FGDs, and provider surveys.
- NAC reviewed the Boston EMA's key activities as part of the ICP draft objectives.

➤ **Thursday, April 16, 2026**

- PCS provided a needs assessment progress update, recapping challenges with scheduling listening sessions and discussing next steps for IDI recruitment.
- PCS led a session on best practices for qualitative data analysis, using the FGDs as a working example and discussing how the data relates to the provider survey.
- NAC discussed how ARC could use the data collected so far to inform its allocations process.
- PCS and the Chair introduced the Year-End Report and began discussing recommendations.

➤ **Thursday, May 21, 2026**

- NAC reviewed needs assessment progress, including updates on IDIs, FGDs, and provider surveys.
- PCS led a Year 3 planning and NAC strategic planning discussion, reviewing the Year 3 work plan and discussing how NAC will participate in the Integrated Plan going forward.
- NAC finalized its Year-End Report and recommendations.
- Alexandria Whitted (RWS Liaison/CQM) presented on the program's Data-Identified Cohorts of the EMA for FY26.

III. RECOMMENDATIONS for 2026-2027 Council Year:

Recommendations for Needs Assessment Committee:

- Recognize that everyone brings a different perspective; stay attentive to how members interpret and frame questions differently, as each person may catch something another would miss.
- Approach the work with an open mind, acknowledge personal biases, and remain mindful that someone else's experience may look very different from your own, especially when heavy topics and personal experiences arise.
- Pay attention to who is missing from the data and what the representation looks like across the dataset.

Recommendations for the Planning Council:

- Prioritize self-care and seek out support from each other as needed to sustain the work of the committee.
- Continue creating opportunities for in-person connection, as these efforts have been valued and impactful.