

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
October 24, 2024

MINUTES

MEMBERS PRESENT:

Angie Partap, Co-Chair
Susan Baldrige
Jody Brinson
Carmen Feliciano
Maria Mezzatesta
Joseph Pirone
Hope Sender
Kerry Thomas
Crissy Witzke

MEMBERS ABSENT:

Edward Soto
John Van

GUESTS

Maureen Simone
Sabrina Rodner
Carmen Sanchez

STAFF:

Georgette Beal
JoAnn Henn
Nancy O'Keefe
Myra Alston

STAFF Absent:

Katie Ramirez

I. Welcome & Moment of Silence

In the absence of the chair, Mr. Pirone opened the meeting at 10:08 am and welcomed everyone. A moment of silence was requested to remember those whom we have lost, those who are still struggling with the virus, and those we have recently lost.

II. Approval of August 29, 2024 meeting minutes

Ms. Baldrige made a motion to accept the minutes as read. Ms. Sender seconded the motion.
6 Approved 3 Abstained 0 Opposed

III. New Co-Chairs

Congratulations were extended to Angie Partap as she begins her second two year term as co-chair and Maria Mezzatesta as she begins her first two-year terms.

IV. MNT CQI Initiative

The purpose of the MNT CQI initiative is to improve the health outcomes of Part A clients by increasing the number of clients receiving medical nutrition therapy services. There is much research to support the importance and effectiveness of medical nutrition therapy for individuals managing chronic conditions including HIV/AIDS.

The quality improvement project discussion began last year with developing an understanding of consumer knowledge regarding MNT through a short survey. The results of the survey indicated that many consumers did not know they were able to access medical nutrition therapy services

and some did not feel they needed the services. However, a significant number were interested in receiving MNT services. The next step was to ensure that MCM staff have the appropriate tools to know how to refer to MNT services. A provider meeting was held in June with MCM staff and registered dietitians and nutritionists on how best to increase knowledge of MNT services and facilitate referrals. Following this meeting, a recommendation was made by the CQM Committee to incorporate a brief assessment tool for MCM staff to determine if clients should be referred to for Medical Nutrition Therapy services. Mental health, substance use, and other social determinants of health are assessed by MCM staff, and the committee agreed that medical nutrition should be included as well.

Ms. O'Keefe shared a PowerPoint presentation on the MNT CQI initiative. The proposed assessment was reviewed for relevance, clarity, and brevity so as not to overburden MCM staff. Four questions were reviewed, with answers scored on a scale of 1 to 3; a score of under (11) would alert staff that MNT services are needed. It should be noted that MNT services require a medical referral by a health care professional such as a physician, physician's assistant or nurse practitioner.

Initial MNT Assessment-

- 1 Has there been a decline in food intake and the possible reasons why**
- 2. Has there been involuntary weight loss and the possible reasons why**
- 3. Has there been non-compliance with HIV medication(s) due to side effects?**
- 4. Other than HIV, are there other chronic conditions you are managing?**

Suggestions for this assessment included changing the timeframe from a *three-month period*, to *between visits* since it could be as long as six months between visits, with high-risk patients being seen more often. Regarding weight loss, rather than defining it by specific pounds, *10% of body weight*, would be a better indicator, since malnutrition tools are not universal. Ms. Simone stated that she does not see weight loss as an issue with her clients, but rather obesity, diabetes, hypertension, renal failure and osteoporosis. Clients are managing their HIV, but the co-morbidities are the challenge. Not everything is cured by a pill, dietary changes need to be implemented. Ms. Beal concurred, stating that the rate of co-morbidities is high and should be part of the assessment.

Non-adherence would replace *non-compliance* regarding HIV medication(s). There was some discussion regarding whether weight loss should be part of the assessment, since weight gain is more of a problem. Ms. Simone stated that weight is a tool we can manage, but it should not be the focus. It would be beneficial to review and compare assessment tools that other agencies are using. Ms. O'Keefe will meet with the RDNs to tweak the assessment tool and present a proposed draft of the assessment at the next CQM meeting

In addition, there was a discussion about creating a brochure that would explain the benefits of MNT services. This would be similar in scope to the oral health care brochure. Different samples of brochures were shared with the committee. The advantage of having a brochure is that it would be a tangible reference for clients and staff. This important information could be read while waiting during a medical visit, even if it is left behind. Not everyone wants to bring materials home, especially if they are reluctant to share their status.

Literacy and language could be barriers to a brochure. Alternatives were suggested, such as a simple flyer with a QR code since most people have phones and the information could easily be stored, plus unnecessary paper could be saved in the process. Creating a video in Spanish and English would help with literacy and language barriers. These videos could be linked to a QR code as well as shown in waiting rooms and, medical centers. More discussion will continue at future meetings.

V. New HIV Diagnoses- Hispanics

UWLI staff has a monthly meeting with our HRSA Project officer. At one of these meetings, he spoke about the rising rates of HIV infections among the Latino population and shared some of the slides from that presentation. There are disparities in HIV infections. Despite significant progress, national overall infections are down 19% (2010-2022); new HIV infections are up 12% among Latinos for the same period. The increases have been ongoing.

The slide for the current state of the U.S. Latino HIV population shows that:

- In 2022, Latinos accounted for 1 in 3 of all estimated new HIV Infections in the U.S as compared to 1 in 4 in 2010.
- Latino MSM accounted for more estimated new HIV infections than MSM of any other racial or ethnic group,
- The number of annual new HIV diagnoses among transgender Latina women increased by 94%.

There is also inequitable HIV prevention and treatment progress among Latinos. In 2021, the number of people on PrEP per new HIV diagnosis was (26) white as compared to (6) Latino, this, despite the increased percentages of new HIV diagnoses among Latinos. In each year between 2017 and 2022, Latinos living with HIV (compared to people living with HIV overall, were more likely to:

- Be unaware of their status, 16% vs, 13% respectively
- Not receive any HIV care , 38% vs. 34%
- Not achieve Viral suppression, 46% vs. 43%

A bar graph showed the percentages of people newly diagnosed by ethnicity. The highest percentage (74%) was for Hispanics, followed by (46%) for Black Non-Hispanic, and (44%) for White Non-Hispanic. Trending CAREWare data (2022-2024) showed that VLS among Hispanics was slowly but steadily decreasing as compared to the national average.

There are four critical Latino-specific challenges and opportunities to address these challenges:

1. Latino Invisibility;

Increasing Latino leadership in public health, HIV care administration, and health policy, which can be accomplished through recruitment and greater representation on the Planning Council and its committees to be reflective of the epidemic. Institutionalize the collection and reporting of Latino patients' ethnicity, race, language, sexual orientation, and gender identity data in all health and governmental institution.

2. Latino Prevention & Treatment Inequities:

Establishing measurable goals to eliminate Latino HIV prevention and treatment inequities; expand comprehensive HIV care models and integrate clinical, behavioral, and social care; redefine the workforce- there is a need for new roles and better representation of the Latino community and better cultural/linguistic preparedness and eliminate implicit and explicit biases, stigma and discrimination of Latinos in HIV prevention and treatment services.

3. Latino-specific local HIV Service Implementation:

Implementing Latino-specific and contextually tailored response plans within each of the EHE priority jurisdictions, allowing flexibility in local implementation and resource allocation while ensuring accountability to Latino community needs and engaging multisectoral local partners to address HIV in Latino communities, including private sector, universities, local media, community-based organizations, health care, public health, and local government are examples of addressing this challenge.

4. Context and Structural Drivers of Latino HIV Inequities

Scaling-up of policies/programming to eliminate root causes of Latino health inequities, such as systemic/structural racism, anti-immigrant sentiment, LGBTQ+ discrimination, substance use stigma, and medical mistrust, and mobilizing collective societal and political will, commitment, and accountability to end HIV among Latinos are two opportunities to amplify the response to inequities.

This presentation will be made available for reference and review.

VI. Stigma-Language

Due to time constraints, this agenda item will be tabled

VI. Announcements/Adjournment

Save the date:

- NUMC is having its World AIDS Day event on the afternoon of December 5th. A flyer with more details will be included in the weekly mailing
- Suffolk County recognition of World AIDS Day will be December 2nd at 3pm at the Dennison Building. The building will be lit up in red to acknowledge the day
- The Planning Council's World AIDS Day event is on Friday evening, December 13 (6pm-10pm) at Captain Bill's in Bay Shore. Registration will begin in November.
- The CIC holiday party will be Friday, December 6th. Time to be determined, depending on when lunch will be delivered.

Membership sub-committee

Two Planning Council applications were reviewed. The Reflexiveness Table was shared. The committee decided to ballot the two Council candidates at the November Planning Council meeting,