NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL
UNITED WAY OF LONG ISLAND, DEER PARK, NY
May 14, 2025
10am – 12pm
MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	GUESTS
Kerry Thomas, Chair	Wendy Abt	Debra Brown
Nancy Duncan, Vice-Chair	Pam Biafora	Avis Giddiens
Susan Baldridge	Tyrone Banister	Franchesca Rosario
Arthur Brown	James Colson	Lenny Spada
Eileen Bryant	Lisa Corso	Michelle Axinn
Jody Brinson	Clara Crawford	
Carmen Feliciano	Maria Mezzatesta	
Margret Henry	Angie Partap	
Lance Marrow	Scot Petersen	
Cathy Martens	Anuolo Oyadiran	
Gregson Pigott, MD	Colin Pearsall	
Joseph Pirone	Jacqueline Ponce-Rivera	
Sofia Porres	Denise Ragsdale	
Stephen Sebor	Leah Richberg	
	June Tappan	
	John Van	

UWLI STAFF	COUNTY STAFF
Georgette Beal	Shauna Bednar
Myra Alston	Andrew Knecht, DO
JoAnn Henn	
Katie Ramirez	
Marcela Van Tassel	

I. Welcome, Moment of Silence, & Acknowledgement

Mr. Thomas, Chair, began the meeting at 10:10 am. The meeting was held in person and by Zoom. He requested a moment of silence to set our intentions, and to remember those whom we have lost and those living with health challenges.

II. Approval of January 15, 2025 meeting minutes

Ms. Martens made a motion to accept the September meeting minutes as corrected for typos. Mr. Brown seconded the motion.

14 Approved 2 Abstained 0 Oppose

III. Committee Reports

Ms. Duncan reported on the **Executive Committee** meeting that was held on Monday, May 5, 2025. The Planning Council agenda was approved, and members were updated on closeout of the FY24-25 grant. A second partial award is expected for FY25-26. We are currently under continuing resolution until September. Committee members were informed that the Project Officer requested quarterly reports on reflectiveness, linkage to care, VLS, and retention rates.

An update on Planning Council Membership was given. The EMA exceeds the 33% HRSA requirement of unaligned consumer membership. Five consumers will complete their second term at the end of September, which should not negatively affect that percentage. Efforts to improve reflectiveness and fill membership

vacancies have been successful. A candidate will be balloted at the May Council meeting, another application was received, and two additional applications are expected.

Ms. Baldridge reported on the **Consumer Involvement Committee (CIC)** that met on Friday, April 11, 2025. Members were debriefed on the MNT conference. A follow-up computer literacy training was held as requested by the members, to build upon skills learned from the previous training as well as to have any questions answered.

The March SAP meeting had to be postponed until after the March Planning Council meeting. Mr. Pirone reported on the March and May **Strategic Assessment & Planning Committee (SAP)** meetings. During the March SAP meeting, the revised 2025 Provider Survey was presented to the committee for final approval and was sent to funded providers to be completed on Survey Monkey with a deadline of April 30th. The 2025-2026 SAP Workplan was also reviewed and approved. Part of the workplan includes needs assessments. Although lack of funds makes it difficult to conduct needs assessments on a large scale, possible topics for smaller needs assessments using regional data include examining topics such as: Aging With HIV, Women's Health, and Heterosexual men living with HIV. Community forums were discussed, including scheduling, piggybacking on existing CAB meetings, and using alternative formats.

At the May SAP meeting, the committee reviewed and revised the previous year's community forum questions for updates or changes. Community forums are scheduled for May and June. The forums will be held in both counties in person and virtually, in English and Spanish. The dates and times for the PSRA meetings were given to the committees. Members were encouraged to attend the meetings in person to better facilitate the amount of data and material that is reviewed.

Ms. Feliciano reported that the **Clinical Quality Management (CQM)** met on Thursday, April 24, 2025. The agenda included an overview of the MNT CQI project and progress to date. PDSA graphs were shared with the members to show the various cycles that have been completed. An update was also provided on the Medical Nutrition Therapy (MNT) conference that was held on March 28th. The meeting ended with a brainstorming session and discussion on possible CQI projects for FY25/26. A new CQI project will be selected at the next CQM meeting. The Membership Sub-committee met briefly after the CQM meeting to review new applications, discuss reflectiveness, and the need for recruitment. A separate meeting will be scheduled to revise and update the EMA's recruitment plan with strategies and activities to improve recruitment, reflectiveness and fill vacancies. Membership demographics were shared with the Council

IV. Engagement Strategies for Working with People with HIV

This presentation was initially scheduled for the March Planning Council meeting but needed to be postponed. Ms. Brown's presentation began with the following disclosure: *This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S Department of Health and Human Services (HHS) as part of an award* TR7HA53197 *with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor the endorsement, by HRSA, HHS, or the U.S.*

A list of definitions that was shared with the Council to better understand the material to be presented.

- **Belonging**-the intersection among all facets of your life
- **Cultural Understanding** -involves understanding the complexity of identities-that even in sameness there is difference-and focuses on self-reflection, encouraging ongoing curiosity rather than an endpoint of knowledge
- **Cultural identity-** the definition of groups or individuals in terms of cultural or subcultural categories (race, ethnicity, nationality, language, religion, gender)

- **Bias-**a particular tendency, trend, inclination, feeling or opinion, especially one that is preconceived or unreasoned
- **Health Disparity-**preventable factors and differences that disproportionately affect certain people and groups. They contribute to health consequences because of disease and the lack of prevention opportunities.

Social determinants of Health (SDOH) are the conditions that can negatively affect health outcomes. According to carelonbehavioralhealth.com, the annual direct cost of health inequities is 320 million. Long-standing inequities in key areas influence a wide range of health and quality of life outcomes. Social and community context includes a patient's interactions with the places they live, work, play, learn, and worship as well as their relationships with family, friends, coworkers, community members, and institutions. This includes discrimination and racism.

Healthcare access and Use – People with disabilities, people from some racial and ethnic minority groups, people from rural areas, and populations with lower incomes are more likely to face multiple barriers to accessing healthcare. Other communities in need include members of the LGBTQ+ community, those with limited English proficiency and digital literacy, immigrants, and people of advanced age. Underserved communities often lack equal access to healthcare, leading to consequences that include higher mortality rates, higher rates of disease, greater severity of illness, higher medical costs and lack of access to treatment; the very real consequences that many of our clients are experiencing.

Other key areas that impact health outcomes are Neighborhood and physical environment, which include crime, lack of access to healthy food, lack of safe and affordable housing, lack of public transportation, and limited infrastructure and resources. To effectively engage people in care it is imperative to have a cultural understanding of what is important to them. Don't make assumptions. Language is important; how a question is asked makes a difference. *How do I best serve you?* or *What can I do to best help you?* are better alternatives to *What do you want?*

What is Cultural Understanding? Cultural Understanding means admitting what we don't know about patients *and* being willing to learn from their experiences, while also being aware of our own embedded cultural beliefs. In healthcare, cultural understanding looks like self-reflexivity. (a concept that begins with the idea that your awareness of self and others can create change), assessment, appreciation of patients' expertise in the social and cultural context of their lives, and a lifelong dedication to learning. Examining one's own bias, beliefs and assumptions is critical as we continue our lifelong learning. Self-reflections mean continually being curious and open, learning from patients, who are the experts and authorities in their own lives, as well as from families and communities. It is important to ask questions that reflect genuine curiosity and show you value the patient's input, such as, *What cultural courtesies can we practice during your visit to ensure you fell respected and heard?*

In practice, cultural understanding means:
- Advocating to address disparities in healthcare
- Recognizing that patients bring valuable insight and knowledge to their medical care
- Realizing medical systems hold scientific knowledge and power, while patients hold power in personal history and preference together with the cultural context of expressing them.

Patients should be asked questions that validate their power regarding their health plan. Asking questions like, *What considerations should I keep in mind for you and your family when we are discussing your care?* not only makes patients part of their solutions; it empowers them.

There is also Institutional Accountability, which means

- Examining the relationships organizations have with the communities they serve
- Making space for evolving knowledge about a cultural community and developing trusting relationships,
- Ensuring efforts are a top priority among leaders at the organization and understanding cultural humility is an active journey,

Think about how your agency and colleagues can develop a practice of organizational introspections that will help the environment become more flexible, adaptable, coherent, energized and stable.

There are social, health, and business benefits to becoming a culturally competent health care organization. Social Benefits include increased trust, mutual respect and understanding between the patient and organization, as well as community participation and involvement in health issues. It assists patients and families are assisted in their care, promotes patient and family responsibilities for health and inclusion of all community members. Improved patient data collection, increased preventative care by patients, reduced care disparities in the patient population, and reduced number of missed medical visits are some of the health benefits. Some of the Business Benefits are different perspectives, ideas, and strategies are incorporated into the decision-making process, a decrease in barriers that slow the progress and efficiency of care services.

Everyone has a bias (even highly skilled medical professionals) and it can unwittingly lead to unequal care. Most of us don't recognize we have it, hindering or ability to see details that matter, skewing our perspectives and clouding our judgment. Examples of implicit bias in health care were shared, such as physicians less likely to build rapport with obese patients or thinking that those of lower socioeconomic status are less likely to be intelligent, responsible or comply with medical advice. These biases have been shown to affect physicians' decision-making.

Some of the debiasing techniques such as stereotype replacement, individuation (thinking of a person individually rather than as a group), perspective taking (thinking about how it would feel of someone assumed something about you based on your looks), emotional regulation (what is your face saying?), and meaningful intergroup contact to ensure that everyone in the conversation feels valued and heard help to combat bias. It is important to build partnerships, learn about patients; cultures, understand and check your biases. Clear communication is essential for engagement. The quality of communication can impact the quality of care that is provided. Failure to mitigate language barriers can result in misdiagnoses and poor condition management.

Using the teach-back method to provide culturally competent care is an effective tool. According to the Agency for Healthcare Research and Quality (AHRQ) 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect. The teach-back method can be utilized to confirm patients, and their caregivers clearly understood and retained the information provided.

- Ask patients to teach you what you just told, this is not a quiz
- If the patient cannot accurately teach back the information, reexplain.
- Teach-back can be used throughout the patient encounter to review portions of the information, rather than all of the information at the end of the encounter.

Utilizing these engagement strategies for working with people HIV will result in positive outcomes and increased benefits for all involved.

Ms. Brown was thanked for her presentation.

V. Older Adult Home Modification Program

Ms. Desilier gave a presentation on United Way's free aging-in-place home modification program. (). This program is available to eligible Long Island residents 62 or older who are homeowners and renters. Applicants must meet the income requirement of: Family of 1: $78,500; family of 2: $89,750, and family of 3: $100,950. Income is verified either from the first three pages of 2024 tax return or Social Security benefit letter.

The intake application process was explained. In addition to the completed application, a copy of identification in the form of Driver's license, Non-Driver ID or passport, together with copy of rental agreement or town tax bill is needed. After all the documents have been submitted, the applicant is contacted by a licensed occupational therapist who will ask questions, discuss problem areas in the home, fill out paperwork and schedule a home visit to perform the modifications. This input is important to ensure that the client gets what they need most. The client is a priority. The 3-visit program takes about a month and a half to complete. The program works around any doctor appointments, volunteer/ recreational actives or family obligations. There is also a follow-up appointment after the modifications have been installed.

Common modifications that are provided:

- Grab Bars for the Bathroom
- Hand-Held Shower Heads
- Interior and Exterior Railings
- Pathway/Outside/Driveway Lighting
- Changing Doorknobs to Door Levers
- Changing Knob Faucets to Lever Faucets
- Smoke/CO Alarms
- Fire Extinguishers

Unfortunately, there are some modifications that are not provided, and they include:

- Sealing Driveways
- Major Electrical Work
- Major Plumbing System Modifications
- Roofs Repairs, New Windows
- Stair Lifts

To date, the program has served 125 homes across Long Island. Funding for this program will exist until March 2028. Contact information was provided for those individuals interested in participating in the program.

VI. Other Business/ Announcements

Ms. Henn distributed the revised meeting calendar. There were changes to the PSRA meeting dates. The data session and priority setting will be two separate meetings this year.

Community forums are being scheduled. Once the dates and times are confirmed a Save the Date flyer will be sent to members as well as included in the weekly grant mailing.

Mr. Thomas announced that Thursday's Child is hosting a Ducks Baseball and BBQ event on Wednesday, June 4, 2025. This special Long-Term Survivor's event is made possible thanks to AHF Pharmacy. The Pre-game picnic starts at 5pm, RSVP is required to attend this event

VII. Adjournment

Ms. Baldridge made a motion, which was seconded by Mr. Brown, to adjourn May 14, 2025, Planning Council meeting. All in favor-Motion carried.