Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
June 22, 2023
Virtual Zoom Meeting

MINUTES

MEMBERS PRESENT:	**MEMBERS ABSENT:**	**GUESTS**
Angie Partap, Co-Chair	Carmen Feliciano	
Darlene Rosch, Esq., Co-Chair	Johnny Mora	
Susan Baldridge	Joseph Pirone	
Ana Huezo	Patricia Ross	
Jacqueline Ponce-Rivera	Erik Rios	
Hope Sender	Traci Shelton	
Kerry Thomas	Claire Simon	
June Tappan	Edward Soto	
Crissy Witzke		

STAFF:	**STAFF Absent:**
Georgette Beal	
Nancy O'Keefe	
JoAnn Henn	
Katie Ramirez	
Myra Alston	

I. Welcome & Introduction

At 10:10am, Ms. Rosch. welcomed everyone. After the introductions were made there was a moment of silence to remember those who have paved the way before us.

II. Approval of April 27, 2023

The April minutes were tabled and will be reviewed at the August CQM meeting.

III. Stratification Dat+a

HRSA requested that we stratify our data to identify any disparities in care, outcomes, and satisfaction. Viral load suppression data was stratified according to age, gender, and race/ethnicity, using the most current data we have (January 1, 2022-December 31, 2022). While this is not a perfect picture because it doesn't show every single client served in RW Part A, it is a good representation of the region.

By Age: The lowest viral load suppression was for the 20-24 age group at 81%. The question was raised as to why. This age group has some of the highest representation among the Newly Diagnosed, which doesn't necessarily mean non-adherent. It takes time to become virally suppressed. Other explanations are those who were perinatally infected are now at an age when parents are not so involved in their treatment adherence and they don't want to be defined by their diagnosis. It was also suggested that Youth often have a sense of immortality.

Slightly higher at 89%, is the 30-39 age group. Being newly diagnosed and some of the previously written explanations may apply. Those that were perinatally infected are *aging up.* In addition, stigma is still an issue for many. There is a dislike of the term *consumer.* A lack of support was also suggested as a reason for the low percentage. The committee suggested stratifying data by newly diagnosed was suggested. MS. Rosch noted that those in the younger age groups lack the grass roots political activism of the 80s and early 90s.There is not a sense of urgency, and no one appears to be picking up the baton.

The challenge of engaging these age groups was discussed. Northwell has attempted to schedule focus and support groups without success. It is difficult to reach this age group as they are not interested in support groups with Long Term Survivors who may share the same diagnoses but not the same lived experience. There are not interested in attending two-hour meetings. They have different priorities, almost their own language. The AIDS Institute is also trying to get the younger population more involved, using social media and technology.

Ms. O'Keefe made an interesting observation. It is s almost as if there are different epidemics; one with Long Term Survivors who remember a time before medications and who were politically active with a sense of urgency as compared with those who are younger, living in a post-medication world, who haven't had he same experiences, and prefer not to be defined by their diagnoses.

The age group of 13-19 was reported at 100% virally suppressed, but it should be noted that there is a very small number in this age group, which can skew the data. The second percentage was the 60+ age group at 96%. It is a very large group. If this group could be divided into 60-69, 70-79, 80+ it could provide more detailed data.

By gender: The State and UWLI collect data differently based on gender. The State provides data based on gender assigned at birth while the N-S EMA provides data based on how clients identify their gender. N-S EMA data stratifies Male at 93%; Female at 94%; Transgender FtM at 100%; and Transgender MtF at 75%. The number of transgender individuals are small but it mirrors other data state and national data. The question was raised as to what is preventing then from getting virally suppressed and is this a true disparity.

By Race/Ethnicity:
The lowest viral suppression rates were for Black/African American at 91%. The rates for other race/ethnicities were as follows: Asian (92%), Hispanic and White (94%). American Indian/Alaska Native and Pacific Islander had a 100% viral suppression rate. It should be noted that a relatively small number of individuals fall into these categories. This data matches that of the state and CAREWare,

Ms. Rosch noted that the data presented is a microcosm of what Nassau-Suffolk Law Services sees in the Black/African American communities it serves. Ms. Beal suggested a look at the ethnicity of the Transgender clients might also identify a correlation with the surveillance data. Social determinants of health (such as adequate housing) can also affect disparities.

IV. Revised Service Standards

The Emergency Financial Assistance (EFA) Service Standards were reviewed by comparing previously approved 2022-2023 Standards with the proposed 2023-2024 Service Standards. Emergency Financial Assistance (EFA) will now include utilities. The Nassau-Suffolk EMA allows EFA funds to cover food card/vouchers and utilities only. Personal hygiene packs have been removed. Under Assessment and Reassessment in reference to client's need for continued assistance and referral to other food resources and enrollment in SNAP, the following wording was added: *and to utility assistance programs such as HEAP, Project Warmth, and REAP.* Under the Service Plan *financial assistance programs* was added to linkage for eligible benefits.

Ms. Rosch expressed concern that EFA assistance would affect DSS benefits, stating that food card receipts will not make someone ineligible for SNAP, but paying someone's utility bill may have a negative impact. Ms. Beal reminded the committee that Ryan White Part A is a payer of last resort, with the goal of filling in the gaps. Service Standards were updated, and wording changed to reflect these changes.

Ms. Baldridge made a motion to accept the revisions, which was seconded by Ms. Tappan. All in favor. The revisions were approved by the CQM Committee.

V. 2023-2024 CQM Work Plan

The draft of the 2023-2024 CQM Work Plan was presented to the committee.

Goal #1, *Maintain a Clinical Quality Management Plan for the purpose of driving and guiding the formal assessment and evaluation of the quality of services provided in the Nassau-Suffolk EMA* with the objective of annual review, evaluation, and update of CQM plan and **Goal #2,** *Ensure compliance with service standards of recipients within the Nassau-Suffolk EMA* activities and lead remain unchanged.

Goal #3 is to *Monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and best practices.* These performance measures will be reviewed to determine which the committee chooses to monitor.

Goal #4 to *Promote and foster continuous quality improvement initiatives across the EMA,* segues nicely into the Medical Nutrition Therapy (MNT) CQI initiative which will be reviewed and discussed later in the meeting.

Goal #5, *Coordinate and collaborate across Ryan White Programs (Parts A, B, C, and D)* is accomplished by attending and participating in NYLINKS and ETE meetings. There is agency representation at Planning Council and committee meetings. Updates are also provided on the progress of implementation of joint plan for integrated prevention and care efforts.
Goal deadlines were updated.

VI. MNT CQI Initiative

In the Nassau-Suffolk EMA, PLWH are aging and developing comorbidities that can affect their quality of life. It should be noted that people 50+accont for 60.4% of PLWH on Long Island. This is based on the NYS HIV/AIDS 2021 Annual Surveillance Report. As more emphasis and

resources are directed towards ***Food as Medicine*** projects through the United States, the N-S EMA seeks to ensure that clients have access to food through its medical nutrition therapy program that will improve health and quality of life. An Aging in the EMA chart showed the breakdown regarding actual numbers, percent, prevalence and area population of PLWDH (HIV and AIDS). In addition to the effects of aging, clients face increased food process, decreased benefits and greater food insecurity, The EMA identifies the MNT priority as an opportunity for improving health outcomes by counseling and educating clients about food and nutrition that addresses the medical needs of its clients. "All activities performed under this service category *must be pursuant to a medical provider's referral".* MNT CQI Initiative activities include plans to survey PLWH who are eligible for RW services to assess awareness of and interest in MNT, determine capacity and appropriate funding for MNT, start a PDSA cycle.

VII. Announcement/Adjournment

National HIV Testing Day is June 27. There is a testing event at the Family Service League (FSL) in Bay Shore. A $10 gift will be given to those who take the rapid test.

A motion to end the June 22, 2023 CQM meeting was made by Ms. Baldridge and seconded by Ms. Partap. All in favor. Meeting adjourned.

Membership sub-committee

Two second term nominations were approved for the July Council ballot.