

**NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL
UNITED WAY OF LONG ISLAND, DEER PARK, NY**

March 13, 2024

10am – 12pm

Meeting ID: 862 9844 2578

Passcode: 715604

MINUTES

MEMBERS PRESENT

Kerry Thomas, Chair
Nancy Duncan, Vice-C
Wendy Abt
Susan Baldrige
Eileen Bryant
James Colson
Carmen Feliciano
Lance Marrow
Cathy Martens
Maria Mezzatesta
Victoria Osk, Esq.
Angie Partap
Colin Pearsall
Scott Petersen
Jacqueline Ponce-Rivera
Sofia Porres
Denise Ragsdale
Stephen Sebor
Claire Simon
John Van

(P)* Proxy

UWLI STAFF

Georgette Beal
Myra Alston
JoAnn Henn
Katie Ramirez

MEMBERS ABSENT

Tyrone Banister (P)*
Irina Gelman, DPM
Anuolu Oyadiran
Gregson Pigott, MD
Joseph Pirone (P)*
Edward Soto
June Tappan

GUESTS

Arthur Brown
Juanita Carter-Fuller
Deborah Woodley

COUNTY STAFF

Andrew Knecht, DO, NCDOH

I. Welcome, Moment of Silence, & Welcome

Mr. Thomas, Chair, began the meeting at 10:15 am and welcomed everyone. This Council meeting was a hybrid model, with (8) attending on Zoom. Introductions were made, then Mr. Thomas requested a moment of silence to remember all those infected and affected by HIV/AIDS.

II. Approval of January 17, 2023 Minutes

Ms. Mezzatesta made a motion to accept the meeting minutes as corrected. Ms. Martens seconded the motion.
15 Approved 5 Abstained 0 Opposed

III. Committee Reports

Ms. Duncan reported on the **Executive Committee** which met on Monday, March 4, 2024, to review and approve the agenda for the March 13th Planning Council meeting. The Executive Committee reviewed the

revised Bylaws that will be presented at the March Planning Council meeting. The technical support agency is in the process of closeout for the FY23/24 Ryan White Part A fiscal year which ended on February 29th. A small amount of funds was returned towards the end of the fiscal year to be allocated to ADAP.

Several surveys and needs assessments are in progress. The Medical Nutrition Survey closed on February 29th and the results will be tabulated and shared with the clinical Quality Management Committee as part of its CQI project focused on nutrition. Peers and agencies will assist with the administering of the Consumer Survey which will be soft-launched this week. It is important to gather as much data as possible for the PSRA process. This information is also critical for the Part A grant application which is a competitive solicitation this year. A partial award was received for FY24-25. Continuing Funding Applications (CFAs) were sent to the agencies and were due back at the end of February.

Ms. Baldrige reported on the **Consumer Involvement Committee (CIC)** which met on Friday, February 9, 2024. The committee was informed about the 2024 Consumer Survey and had an opportunity to briefly discuss the survey, its administration, and the intended use of the data. A consultant was contracted to update and revise the previous survey questions, input the data, and to work on the final report. The goal is to receive 500 completed surveys. The deadline to complete the survey is May 31, 2024.

A mini orientation was held for members that described the committee, its roles and responsibilities, ground rules for meetings, and the transportation process. The value of consumer leadership and involvement was stressed throughout the orientation. Committee members reviewed and developed goals for 2024-25. Finally, preliminary planning has begun for our 2024 World AIDS Day event. The new venue was favorably received and will be contacted to host this year's World AIDS Day event.

Ms. Ponce-Rivera reported on the **Strategic Assessment & Planning Committee (SAP)** meeting that met Wednesday, March 6, 2024. The 2023-2024 Integrated Plan (IP) Pillars and Strategies (Diagnose, Treat, Prevent and Respond) template was reviewed, with discussion about current and planned activities. Prevention providers will be asked to future meetings. An update was provided on the Consumer Survey. The data gathered is integral to the PSRA process.

Ms. Partap reported on the **Clinical Quality Management (CQM) committee** which met Thursday, February 22, 2024. There was a CQM work plan review and an update on the MNT CQI Project. Preliminary results of the MNT Survey were given. Registered nutritionists provided input and feedback. The deadline to complete the survey is the end of February.

The **Membership Sub-committee** will meet after the April CQM meeting to review three Planning Council applications.

IV. Revised Bylaws Vote

A draft of the 2024 Planning Council Bylaws was reviewed. The Planning Council Bylaws will be updated every two years as stated in the revised version. A comparison chart of the 2022 Bylaws with proposed 2024 changes/revisions and comments was presented to the Council. Rephrasing and grammatical corrections were made for clarity and consistency.

In summary, italicized words are those that have been added:

- The definition of terms expanded the definition of Consumer to include *individuals with lived HIV experience, including parents, partners, caregivers, and spouses.*
- Change PLWH to PWH (People with HIV/AIDS) throughout the document.
- In compliance with HRSA guidance, Health Commissioners are Ex-Officio *non-voting* members.
- Add *or designees* after County Executives.
- Legislative language added to section regarding required 33% unaligned consumer membership.

- Establish term limits for Organizational members. (5-year term appointment, not serving more than two consecutive terms. Exceptions may be granted when necessary to fulfill representation requirements or increase/maintain diversity).
- Clearly state that all committees shall be chaired by at least one member of the Planning Council.
- Add *Planning Council* to clarify that the four additional Executive Committee members are Council members; add *Approval of reallocation* to the list of Executive Committee duties.
- Finance Sub-committee members are *unaligned consumers and/or voting members of the Planning Council who are not funded by Part A*. Add *Review and approve recommendations from the SAP Committee* and *Complete a Conflict of Interest form* to the list of duties.
- One of the Clinical Quality Management Co-Chairs must be a person with HIV.
- The minimum number of Consumer Involvement Committee members increased to (9) in order to be consistent with the other committee membership.
- When procedures are not covered by these bylaws, *the Planning Council's Policies and Procedures manual will be consulted. Where neither address the situation, 'Roberts's Rules of Order' shall prevail.*

Ms. Duncan made a motion to approve the 2024 revised Planning Council Bylaws. Ms. Ragsdale seconded the motion.

All in favor- Motion carried.

The Bylaws Review sub-committee was thanked for their assistance and feedback.

V. Aging with HIV Presentations

The Member Training Needs Assessment Survey identified HIV and Aging as one of the topics most requested for a Planning Council training/presentation. Ms. Mezzatesta, Director at Sun River Health and Ms. Woodley, HAP Project Manager at Northwell Health agreed to present on the topic.

Programs are being created to address the needs, concerns, and health issues of aging consumers.

The People Aging with HIV (PAWH) Pilot. Maria Mezzatesta, Director at Sun River Health gave an overview of the program, which will be implemented at the Patchogue and Brentwood locations. Staff includes two medical providers who are completing the Geriatric Care Certification Course: The Ultimate Multidisciplinary Guide to Care for Older Patients. They are considering attending the [Harvard.edu/annual-review-geriatric-medicine](https://www.harvard.edu/annual-review-geriatric-medicine) training, March 1-5, 2024.

Additional staff includes an adherence nurse and two social workers/case managers to review medical appointments with patients, coordinate care with outside provider(s), promote treatment adherence education/support for other co-morbid conditions, and enroll patients with specialty pharmacy (if patient chooses) Quarterly appointments and referrals are scheduled. A patient navigator who is also a peer, will provide peer education and engagement activities, schedule quarterly appointments and referrals. A Geriatric consultant will be hired, and an Evaluator will conduct an environmental evaluation of the two program sites.

Components of the program include HIV and aging assessments, screenings, and monthly psycho-educational groups. Currently meeting at the Patchogue Health Center, Positive SPACE (Support, Prevention, Advocacy, Counseling & Education) group meets the third Friday of every month. It is open to all PWH regardless of enrollment. In September, there are plans to start a Spanish group at the Brentwood location. Monthly topics include such relevant topics as: managing finances, improving mental health, nutrition, managing stigma, understanding co-morbid conditions, managing inflammation, and dating and sex as you age.

Program services include MCM, Health education/risk reduction, supportive counseling, referrals, escorts to appointments, peer services, monthly educational workshops, nutrition, and geriatric consultations. Diabetes, weight management, cancer, and living with mental health issues are some of the planned support groups.

HIV and Aging Assessments- The programs will assess for the five M's: Mind; Mobility; Multimorbidity; Medications; and Matters most. A Patient Health Questionnaire, hearing and vision assessments are completed. Social workers and case managers incorporate Integrated Care for Older People (ICOPE) and Montreal Cognitive Assessment (MoCA) into their workflow. The Rockwood Clinical Frailty Scale is administered by medical providers.

The ICOPE screening tool includes memory, mobility, nutrition, vision, hearing, and mood assessments, with space for notes and comments.

The Rockwood Frailty Scale is a tool to measure the level of fitness or frailty of an older adult after a clinical assessment. Frailty is rated on a scale of 1, very fit to 9, terminally ill. The different levels of frailty are explained and measured. When scoring frailty in people with dementia, the degree of frailty corresponds to the degree of dementia: mild, moderate or severe. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same questions/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though past life events can be remembered. Individuals can do personal care with prompting. In severe dementia, individuals cannot do personal care without help.

Ms. Mezzatesta shared her contact information for those interested in PAWH enrollment, attending a Positive Space workshop, or had other questions.

Healthy Aging Program: From Surviving to Thriving-Deborah Woodley, HAP Project Manager at Northwell (CART) presented on their program. Staff includes medical director, geriatrician, social worker, pharmacist, neuropsychologist, registered dietician, peer, and associate care manager.

Ms. Woodley shared some interesting statistics:

- As of 2021, of the nearly 1.1 million PWH in the United States, more than 53% were aged 50 and up.
- Individuals aged 50 and above made up 16% of the 36,000 new diagnoses in 2021 (among those 13 years and older).
- 10% of the new diagnoses were individuals ages 55 and above.
- 1 in 6 diagnoses were individuals 50 and above.

Part of the presentation included a chart showing the percentage of deaths among persons with diagnosed HIV by the age groups of, less than 50 years of age, age 50+, and the median death age among 50+ was presented.

A chart, from the AIDS Institute's Division of Epidemiology showing the percentage of deaths among persons with diagnosed HIV by age groups was presented. Over a nine-year period (2011-2020), those less than 50 years of age, those 50+, and the median death age among 50+ were tabulated:

The percentage death age of <50 steadily declined, starting at 34% in 2011 and ending at 16% in 2020. The percentage death age of >50+ steadily increased, starting at 66% in 2011 and ending at 84% in 2020, with no dips, staying at 78% in 2016 and 2017 and increasing 2% to 80% in 2018.

The median death age among 50+, also steadily increased, starting at 58 in 2011 rising to 63 in 2020.

PWH are now living longer and healthier than in the earlier years of the epidemic. As PWH age, they face higher rates of co-morbidities, important health considerations are cardiovascular, poly or hyper pharmacy (taking five or more medications/taking more medications than is recommended), cognitive changes, and frailty.

To address these issues and other rising concerns, a number of workshops are being offered through the collaboration and coordination with other agencies and organizations and are not limited to medical topics. Workshops include: a doctor-facilitated Aging & the Brain: a Neurocognitive Workshop, a Pharmacy Workshop on OTC Meds, a NYS Poison Control Center presentation, NYS Dept of State Consumer Protection financial and digital literacy, scam alerts.

Council members were made aware of the many resources and programs available. A list of upcoming workshops was included in the presentation that could be shared with consumers and clients. Contact information was given.

Both Ms. Mezzatesta and Ms. Woodley were thanked for their relevant and information presentations

VI. Public Comment

Ms. Partap mentioned a concern about accompaniment to and from medical appointments/procedures. In the case of a colonoscopy, the patient needs assistance to not only to get to the appointment, but to get home and be situated safely as well. This is a possible issue that consumers may face as they age and have limited support to assist them in this regard. There is also the liability/insurance aspect to consider.

VII. Other Business/ Announcements

Thursday's Child support group meets 1st and 3rd Wednesday of the month,

VIII. Adjournment

Ms. Baldrige made a motion, which was seconded by Mr. Van to adjourn the March 13, 2024, Planning Council meeting. All in favor-Motion carried.