

**Nassau-Suffolk HIV Health Services Planning Council
STRATEGIC ASSESSMENT & PLANNING COMMITTEE
UNITED WAY OF LONG ISLAND, DEER PARK, NY**

November 4, 2020

Members Present

Angie Partap Co-Chair
Lisa Benz-Scott, PhD
Arthur Brown
Eileen Bryant
William Doepper
Kevin McHugh
Vanessa Okeke
Colin Pearsall
Joseph Pirone
Jacqueline Ponce-Rivera
Felix Ruiz
June Tappan
Katelin Thomas
Cristina Witzke

Members Absent

Victoria Osk, Esq., Co-Chair
Wendy Abt
Ilvan Arroyo
James Colson
Clara Crawford
John Van

Guests

George Marzen

Staff

Georgette Beal
JoAnn Henn
Myra Alston
Katie Ramirez

I. Welcome and Introductions

Ms. Partap, Co-Chair opened the meeting at 10:15 am. After introductions, a moment of silence was requested to remember those affected and infected by HIV/AIDS as well as those suffering during this pandemic.

II. EIIHA Overview (2020 grant section).

Ms. Ramirez gave a presentation entitled *EIIHA Activities for FY2021*, beginning with framework of the Nassau-Suffolk EMA's Overall EIIHA Plan, which includes these four objectives:

- Identify those unaware of their status by promoting HIV testing in the region via partnerships with testing entities.
- Inform of positive diagnosis by way of EIS programs and collaborations with medical providers, anonymous testing and counseling sites and usage of Peers.
- Refer into care by assisting with enrollment into health care plans, PrEP programs and other areas offering treatment opportunities to cover the wide range of needs.
- Link people directly into care by EIS providers partnering with CBOs and other healthcare facilities to connect PLWH into the Part A service system.

The region identified three target populations (MSM, Black/African American, Hispanic/Latino) on which to focus the EIIHA Plan based on information gathered from different data sources.

Data sources for selection of these target populations include 2018 EPI Data, 2019 Consumer Survey Results, 2019 PSRA Process, as well as Unmet Need/Unaware numbers and out of care. Slides explaining the reason for selecting the targeted populations, specific challenges and strategies were shared with the committee. While there is overlap with the challenges faced by these populations, such as stigma, fear of disclosure, and education, there are specific challenges intrinsic to each group.

MSM- made up a total of 31% of the NYS Unmet Need Estimate for the EMA as of 12/31/18. In the N-S EMA, there were 89 new MSM cases this past year. Issues with non-disclosure, cultural mores and bisexual transmission affect this group. When controlled for age, substance use, homelessness and mental health, the needs of this population increase exponentially. All who identify as MSM do not share commonalities and have different needs and challenges that must be accounted for when developing outreach strategies.

Black/African Americans are disproportionately impacted by HIV/AIDS representing 25% HIV incidence, 24.3% AIDS prevalence & overall 24.5% HIV incidence in 2018. In 2018, African American women comprised 52.3% of new HIV cases among women. Issues with housing instability; extreme poverty; inconsistent income; food instability; lack of transportation rendering access to services difficult;; unequal access to healthcare; unequal treatment once in the health care system; and the overall increased cost of care affect this group,

Hispanic/Latino make up 31.5% of HIV prevalence, 30.1% AIDS prevalence. New HIV cases among H/L MSM is highest at 44% of total MSM cases and Latinas comprise 29.6% of the total females living with HIV. Issues include linguistic and cultural barriers, lack of translation services, problems with health literacy, immigration status, housing instability, extreme poverty, inconsistent income, jobs that interfere with access to medical care during traditional hours, and a highly uninsured population.

Specific strategies for the Nassau-Suffolk EMA to address these challenges include:

- Increase education and cultural competency of providers on issues specific to the three target populations.
- Strengthen relationships with LGBTQ organizations
- Increase awareness in local barbershops, beauty salons, churches and work assembly sites
- Expand current social media platforms to engage and encourage testing, prevention and positive sexual health messaging, including messaging that viral suppression is reduction and prevention (U=U)
- Encourage applications for no cost in home test kits to increase non-traditional testing methods within high need communities
- Creatively alter outreach methods of EIS providers to be in compliance with health and safety protocols during the pandemic

Discussion after the presentation stressed the importance of acknowledging and addressing the disparities. Providers need to be comfortable communicating with clients, educating and informing them of available resources, resulting in a strong sense of trust. Bilingual providers and peers are also essential. Provider training may be necessary as well. All of which becomes even more challenging in the time of COVID.

III. Unmet Need Framework

Ms. Beal gave an introduction to the updated framework for estimating unmet need for HIV primary medical care, which included required estimates and analyses in the form of a PowerPoint presentation. The definition of unmet need is the need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary [HIV] health care. This is a legislative requirement. Excerpted from the Ryan White Care Act (2000)- The Secretary of HHS was required to develop epidemiologic measures for establishing the number of individuals with HIV disease who are not receiving HIV-related health services. RWHAP Part A and Part B programs were required to assess the needs of people with HIV with particular attention to individuals with HIV disease who know their HIV status and are not receiving HIV-related services.

Metrics for Measuring Unmet Need for HIV primary medical care –

- No evidence of any of the following three markers of HIV primary medical care during a defined 12-month timeframe:
 - ✓ Viral Load (VL) testing
 - ✓ CD4 count, or –
 - ✓ Provision of anti-retroviral therapy (ART)
- Population size –the number of persons diagnosed and living with HIV/non-AIDS and AIDS as of a specified date, from the surveillance system
- Care patterns –the number of persons with HIV/non-AIDS and AIDS with evidence of one of the stated care markers.

Revision to the methodology of assessing Unmet Need is necessary because the treatment of HIV has changed significantly due to the effectiveness of antiretroviral treatment (ART) and the availability and quality of data used to estimate Unmet Need has improved. New requirements-beginning in FY 2022, RWHAP Part A and Part B recipients will be required to submit Unmet Need estimates as part of the application in response to the Notice of Funding Opportunity (NOFO). Required Reporting Templates will be submitted as Attachments in the application. Recipients will also need to respond to Unmet Need-related narrative questions in the NOFO and Updated Unmet Need estimates will be required to be submitted annually as part of the NOFO or Non-Competing Continuation (NCC).

Differences from the original methodology:

- HIV surveillance data uses people living with diagnosed HIV infection; does not separate HIV non-AIDS and AIDS
- 5-year recent cohort utilized for population size rather than all people with HIV
- Adds elements for late diagnoses and in care, not virally suppressed
- Utilizes most recent known address, not residence at time of diagnosis for most components
- ‘In care’ definition includes CD4 and VL tests but not antiretroviral prescriptions

Slides with examples of required reporting templates; Template A-Unmet Need and Template B-Targeted Populations were shown. The next step is implementation of the updated unmet need requirements.

Key considerations to ready RWHAP Part A and B Recipients:

- Collaboration between RWHAP Part A and Part B
- What is the current access to HIV surveillance data?
Is client-level data available or only aggregate data?
How much lead time does the HIV surveillance program need for data requests?
Are MOUs/DUAs in place?
- Are there reporting issues that need to be addressed?
- Are there any staffing challenges for the RWHAP or HIV surveillance programs?

COVID will have an impact on reporting in regards to access to care, lab reports and implementation of the updated requirements,

IV. Announcements

There will be a virtual World AIDS Day event on Friday evening, December 4, 2020 from 6pm-8pm. The theme is *30 Years of Striving and Surviving Thanks to the Ryan White Program* in recognition of 30th anniversary of the Ryan White program and World AIDS Day.

Northwell CAB is continuing to meet via conference call.

A motion was made by Mr. Doepper and seconded by Mr. Pearsall to conclude the November 4, 2020 Strategic Assessment and Planning Committee meeting.

All in favor- Motion carried.

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