



Research & Evaluation Committee

MEETING SUMMARY

Monday, March 21, 2022, from 10:00 AM to 11:03 AM
 Video Conference via Zoom: <https://zoom.us/j/95271275360>
 Teleconference: (929) 205 6099 / Meeting ID: 952 7127 5360#

PRESENT	EXCUSED	UNEXCUSED
1. Ann Bagchi, PhD/DNP (Chair) 2. Kasny Damas 3. Sharon Postel (Non-Voting) 4. Providencia Rodriguez 5. Natalie Muhammad	6. Debbie Mohammed	7. Warren Poole 8. Corey DeStefano (Vice-Chair)

Guests: Stephanie Antoine (Newark DOH)
PC Support Staff: Unnati Guru and Juanita Vargas

1. Welcome and Moment of Silence

Dr. Bagchi called this meeting to order at 10:03AM. A moment of silence was observed for those who have passed on from HIV and COVID-19, as well as those living with both viruses.

2. Roll Call

Support Team conducted the roll call. Quorum was established later during the meeting.

3. Public Testimony

There was no public testimony at this meeting.

4. Review Action Steps

<u>Action Steps</u>	<u>Responsible Party</u>
1. Finalize needs assessment topic and methods via email.	Support Team
2. Prepare data presentations for consideration for the March 16 agenda items.	Consultant
3. Provide an outline of questions for providers for REC feedback	Consultant
4. Share outline of funding streams to PC Chairs requesting feedback	Support Team
5. Schedule TA call for Committee Chair	Support Team

The above action steps were completed, and no nominations were submitted.

5. Approval of the Meeting Summaries from February 14, 2022

The February 14th meeting summary was sent via email in advance for review.

Motion: Dr. Bagchi asked for a motion to approve the meeting summary as presented. Debbie Muhammad motioned to approve. Kasny Damas seconded the motion. The vote passed unanimously.

6. Updates from other Committees

Continuum of Care Committee (COC) – Support Staff provided the March 10th COC report

The Continuum of Care Committee (COC) last held a meeting on March 10, 2022 via Zoom. At this meeting, the committee worked on the following tasks:

- Continued working on the Situational Analysis section of the Integrated Plan. Members reviewed data provided by the consultant on priority populations to consider situational analysis, such as people of color and youth. Further breakdown of the data was requested and will be reviewed at the next meeting.
- Members began identifying priority populations based on the data and started to draft a SWOT analysis for each priority population.
- War Talley advised regarding updates on the EHE plan: no movement has been made at this time with the state for data sharing agreements between CHAMP and EMR/EHRs
- Debbie Mohammed provided a presentation: *Mortality among Persons with Diagnosed HIV, New Jersey*. The main takeaways from the presentation include:
 - The main causes of death for those who are HIV positive: deaths due to HIV are mostly due to not receiving treatment.
 - The main causes of mortality due to non-AIDS defining causes are chronic illness and cancer.
 - There is a need for increased preventative measures

The next COC meeting will be held on Thursday, April 14, at 10AM via Zoom.

Comprehensive Planning Committee (CPC) – Support Staff provided the March 11th CPC report.

The Comprehensive Planning Committee (CPC) last held a meeting on March 11, 2022 via Zoom. At this meeting, the following occurred:

- The Recipient provided a report on Retention in Care and Early Identification of Individuals with HIV/AIDS (EIIHA) Initiative Update from the Recipient.
 - The EIRC case studies showed where the base numbers were from, barriers clients faced, and which interventions were used to link clients to care and ensure treatment adherence.
- The CPC membership roster was reviewed, and the Secretary and Vice-Chair positions remain vacant.
- Members provided suggestions for new membership recruitment, both for the CPC and the Planning Council. Suggestions include:
 - Sharing vacancies with Ryan White Part A sub-recipients routinely
 - Using visual marketing such as flyers with various partners and agencies
 - Targeted outreach to RW sub-recipients who are not currently represented on the Planning Council
 - Highlight the Planning Council is a place where providers can share knowledge and know what they are missing in terms of tools, updates, and conversation
 - Provide training for consumers to help them feel knowledgeable and up to speed on information. It would also allow more accessibility for newly diagnosed consumers and for those not yet knowledgeable about Ryan White.
 - Review how consumers are being recruited: providers may only refer clients who are “good” and would provide good feedback on the provider, where as word of mouth from consumers to others would allow for more balance and fair feedback
 - Consider offering transportation, wi-fi assistance, and/or zoom training to consumers who may not have the same level of access
- The Support Team presented the CPC Membership Orientation and went over the CPC Operating Policies and Procedures, as well as the Conflict-of-Interest policy.

The next CPC meeting will be held on Friday, April 8, 2022 at 9:30am via Zoom.

Community Involvement Activities Committee (CIA) – Support Staff provided the February 23rd CIA report.

The Community Involvement Activities Committee (CIA) held a meeting on Wednesday, February 23, 2022, at 5PM via Zoom. The following occurred at the meeting:

- Aliya Roman facilitated a discussion for a Core Service Waiver. Attendees showed concern regarding how reducing the minimum 75% requirement for core services funding would affect early intervention services and consumers' access to mental health care. Roman cleared up any concerns by advising all providers have been funded, but not all of the funds are being spent, meaning the services are provided as needed with extra funding left over. For example, providers are unable to bill for Mental Health services as many clients have insurance, and the remaining funding can be used for the undocumented population in the Newark EMA.
 - Out of the ten attendees present at the CIA meeting, zero rejected the waiver.
- Attendees continued discussion around what other outreach can be done to encourage clients to join and participate in Planning Council meetings and further community engagement efforts. Suggestions included continued use of flyers, as they are most accessible for consumers.
 - The Support Team has put together a Planning Council information packet consisting of an Outreach Letter from Warren Poole, a Planning Council informational poster, and a flyer advertising the Community Forums for February and March 23, which will be sent out to Ryan White Part A subrecipients to help spread the word about the work of the Planning Council.
- The goals and objectives drafted by the CPC committee for the Integrated Plan were reviewed, and attendees provided suggestions for objectives for each of the goals.

The next CIA meeting will be held on Wednesday, March 23, 2022, at 5PM via Zoom.

7. Old Business

Discuss work of the Full 2022 Needs Assessment

- Sharon Postel presented Viral Load Suppression Data to identify priority populations and highlighted the following:
 - Total virally suppressed with no medical visit is 82.7%
 - Total not virally suppressed is 17%
 - Race/Ethnicity – highest % not virally suppressed with no medical visit are Black/African Americans @ 18%. This is consistent with EMA data
 - Gender – Males are slightly higher and transgender male to female are high (note- number of clients are low)
 - Age – virally unsuppressed are 19-24-, 25-34-, and 35–44-year-old individuals – this is consistent with EMA data.
 - Health Insurance – Highest % are the uninsured individuals and actually Ryan White Clients (not getting medical care). Next highest % are individuals on Medicaid (lowest income).
 - Income and Poverty – Individuals below 100% of poverty have the worst outcomes with rates improving as income goes up.
 - Housing – Individuals living in unstable housing have the worst VLS outcomes regardless of medical visit status.

- County data – The lowest VLS rates are in Essex County – 19.2% and Union County (12.5%).
- City data – Newark, East Orange, and Irvington have the highest rates.
- Services used data analysis to determine if there was any difference - Individuals without medical care (includes some medical services but not medical visit) are accessing non-medical case management, food/nutrition services, emergency financial assistance. They are relying more on support services but do access mental health, substance abuse, oral health, and medical therapy.

Populations to target – Sharon Postel shared:

- Age - 19 – 24 and 25 – 34-year-old individuals make up the largest numbers.
 - Individuals seen by the Division of Adolescent and Young Adults Medicine go to medical visits but do not take medications (issues of medication compliance).
- Cities/Counties - Urban populations - Newark (40% of clients), East Orange, and Irvington is where the epidemic is concentrated
- Race- African Americans

Dr. Bagchi asked if there was information for people getting medical care outside of Ryan White and Ms. Postel shared that there is no way of getting the data without doing surveys. Ms. Postel commented that the outcomes are NOT limited to a certain number of agencies and that 80% were medical providers and that it was concerning that although the clients are going for medical care they are not virally suppressed is concerning.

Next steps – Draft questions for providers serving the subpopulations with no medical visits. Ask agencies to look into who the 301 clients in the assessment are and ask; what do they know about the clients, what do they know why clients are not receiving medical visits, and why the clients are not virally suppressed. Agencies should follow up with the clients and ask what the barriers are. Will work with support staff to draft a questions and the Recipient's office to get the client IDs to the agencies. In addition, there should be a question on whether the client is taking medication.

2022 - 2026 HIV Prevention and Care Plan – Contributing Data Sets and Assessments

- **Follow up on data sharing and use discussions** - Ms. Guru gave an overview of suggested data sources available. Although most do not have county specific information the data sources will be shared with Ms. Postel for her work.
- **Review progress of the 2022 Funding Stream Analysis-**
 - Ms. Guru provided an overview of the HIV Prevention, Care, and Treatment Resource Inventory tool released by the Technical Assistance Center. She shared that although it could be a useful tool for the Resource Inventory, it would not allow for an understanding of the changes in funding over time that is included in the Funding Stream Analysis.
 - It was agreed upon to continue using the template developed by support staff for the Funding Stream Analysis because historical data is needed. The Committee suggested will begin populating the tool if it will be useful over time.
 - Ms. Guru updated the Committee on the progress to date on the Funding Stream analysis and shared sections that were completed, sections pending data, and identified where resources were not expected to be awarded.

- **Finalize the FY'2022 REC Committee Workplan** – Committee did not identify any significant changes to the Workplan

8. New Business - No new business was discussed.

9. Administrative Issues

- The Support Team announced Ms. Christine Sadler has been hired as Program Manager

10. Announcements

- The CIA Committee is hosting the March 23rd committee meetings as Community Forums from 5-7PM via Zoom and will host the 2nd community survey and the Recipient's office will discuss the Core Service Waiver

11. Next Meeting

The next REC meeting will be held on April 25, 2022, at 10AM via Zoom.

12. Adjournment

Dr. Ann Bagchi asked for a motion to adjourn the meeting. The meeting was adjourned at 11:03AM.