

Research & Evaluation Committee

MEETING SUMMARY

Monday, October 19, 2020 at 10:00AM

Video-Conference via Zoom: <https://zoom.us/j/97965443375>
 Teleconference: (929) 205 6099 / Meeting ID: 979 6544 3375#

PRESENT	EXCUSED	UNEXCUSED
1. Ann Bagchi, Ph.D. (Chair)	10. Natalie Muhammad	
2. Summer Brown (Secretary)	11. Karen Ehiri (Non-Voting)	
3. Kasny Damas	12. Patricia Moore	
4. Corey DeStefano (Vice-Chair)		
5. Travis Love		
6. Debbie Mohammed		
7. Warren Poole		
8. Sharon Postel (Consultant Non-Voting)		
9. Providencia Rodriguez		

Guests: N/A

PC Support Staff: Tania Guaman

1. Welcome and Moment of Silence

Dr. Bagchi called this meeting to order at 10:05 AM. A moment of silence was observed for all those living with, those who are affected by, and those who have passed from HIV/AIDS, as well as for those affected by COVID-19.

2. Roll Call

Brown conducted the roll call. Quorum was established during the meeting.

3. Public Testimony

There was no public testimony at this meeting.

4. Review Action Steps

Action Steps	Responsible Party
1. Review Telehealth agency survey, key informant interview, client survey and focus group guide	REC Committee Members

The Committee reviewed the telehealth agency survey, no feedback was provided.

5. Approval of the Meeting Summaries from August 17 and September 21, 2020

The August meeting summary was not approved last month due to a lack of quorum.

The August and September meeting summaries were sent electronically in advance. Dr. Bagchi asked for a motion to approve the August and September meeting summaries as presented. Brown motioned to accept. Love seconded. No oppositions or abstentions.

6. Updates from other Committees

- **COC** – Support Staff provided the COC report for the October 8 meeting.
 - Morales was appointed as Acting Chair of the COC
 - The committee approved the Psychosocial Support Service Standard and the Medical Nutrition Therapy Service Standard. These standards will be introduced to the PC in October.
 - A member recommended to have a presentation to hear about the challenges and experiences of agencies/staff who provide Medical Nutrition Therapy services.
 - The HIPCA and Other Professional Services standards will be reviewed and reformatted at the next meeting.

The next COC meeting will be held on November 12, 2020 via Zoom.

- **CPC** – Support Staff provided the CPC report for the October 9 meeting.
 - The Committee received a quality management presentation based on 2020 fiscal year data. Three goals were reviewed: linkage of 90% of newly diagnosed to care, the decrease gap in medical visits to 10%, and increase in VLS to 87%. The presentation will be posted on the NEMA website.
 - Due to COVID-19, the EIRCs did not complete the recommended tasks from the Integrated Plan. The committee postponed the EIRC's presentation until the data becomes available.
 - The CPC began the in-depth review of the Integrated Health Plan and will continue the work at the next meeting.

The next CPC meeting will be held on November 13, 2020 via Zoom.

- **CIA/CC** – Support Staff provided the CIA report for the September 24 meeting
 - The Committee had conversations with consumers about the 2021 Full Needs Assessment. Unfortunately, there were only 5 people in attendance. Because consumer engagement has been a challenge, the executive committee will discuss this issue and prepare a report to the HRSA Project Officer as requested.

The next CIA meeting will be held on Wednesday, October 28, 2020 at 5PM via Zoom.

7. Old Business

- **Review the EIRC Survey Tool for client case studies** - Support Staff brought CPC feedback with the recommendation to add questions about the impact of COVID-19 to the EIRC tool. Under the Integrated Health Plan, the REC is charged with developing a Case Study Tool for the EIRCs to address viral load suppression, linkage to care in 30 days, retention in care, and prescription of ARV. The Medical Case Managers (MCM) will run exception reports on the clients who are not virally suppressed, were not prescribed ARV, and have gaps in medical care to identify and perform case studies on those clients using this tool. The EIRCs will then report the findings to the Planning Council, evaluate the findings and develop a workplan to address these barriers. This work needed to start in March but, due COVID-19, the EIRCs did not hold meetings and are now resuming their work. Since this case study tool examines the barriers to care, the recipient asked to add questions regarding COVID-19 and barriers to

determine whether any clients have experienced barriers to care due to COVID-19. This tool will encompass information from the client on why they are not virally suppressed, were not linked to care within 30 days, missed appointments, and/or were not prescribed ARV to give the recipient an idea if the system needs to be changed or if these are isolated incidences.

Dr. Bagchi will make suggestions on questions related to COVID-19. Support Staff will then send the revised tool to the committee for feedback. Postel also recommended to send to Dr. Bagchi the reviewed version of the Integrated Health Plan.

- Review results of the 2020 Assessment of Administrative Mechanism Update - The 2020 Assessment of the Administrative Mechanism was finalized. The process that the HRSA HIV/AIDS Bureau helped to facilitate in previous years worked. However, COVID-19 impacted this process due to the remote policies agencies had to implement. This process will continue in future years. Dr. Bagchi asked the REC Committee to provide feedback.
- Review results of the 2020 Epidemiological Profile - The Committee received a summary of the Epidemiological Profile report at the last meeting, and today will receive information about newly diagnosed individuals.
 - Newly diagnosed data from the state health department division of HIV/STD and TB services is from 2017 through 2019.
 - In 2019, 296 individuals residing in the EMA were newly diagnosed with HIV, which is down from 395 in 2018 and 438 in 2017. No information is available on whether testing numbers are lower than in previous years and/or account for fewer people newly diagnosed.
 - There is no historic information on transgender individuals in the HIV surveillance system, but there was information for newly diagnosed transgender individuals. The Ryan White program served 72 individuals who identified as transgender in 2019, up from 71 in 2018.
 - Newly diagnosed people with AIDS vs. HIV dropped to 19%; 72% were newly diagnosed in the five cities of Newark, East Orange, Irvington, Elizabeth, and Plainfield.

The Full Epidemiological Profile Report will be uploaded to the Newark EMA Website.

The following questions related to the Epi Profile were discussed during the meeting:

Question 1: Are there any recommendations to address these disparities within communities? Postel notes that more attention is needed in regards of testing, including testing sites, volume of testing and where testing occurs the most. Postel added that a recommendation on the Fiscal Grant was made to do an assessment of the linkage to care following testing in the EMA. Love added because of funding cuts, community health workers do both the outreach and the retention in care for people who are out of care and the linkage to care for those who are newly diagnosed.

Some agencies also have test and treat practices for individuals who had a preliminary positive result and are given treatment within 24 hours. However, this varies by agency. It is not known how many Ryan White providers are doing test and treat. Therefore, test and treat was included as a priority in the Essex County Ending the Epidemic Proposal. Mohammed offered

to ask the Issues Committee to review the data on testing this year compared to previous years.

Question 2: Will there be a requirement to include transgender individuals moving forward to assess risks in that community compared to other communities? Sites collect information on transgender individuals and add them in the MSM category. However, members of the transgender community are more marginalized, are at higher risk, don't have adequate financial and housing supports, and have traumatic experiences from medical sites or even CBOs. Postel stated that the HIV Surveillance guidance comes from the Centers for Disease Control and Prevention, so change in this area might be difficult.

- Discuss topics for the 2021 Full Needs Assessment - Support Staff sent documents from Dr. Bagchi's telehealth research study to REC members prior to the meeting. Dr. Bagchi reminded the committee that some questions may not be relevant to the Newark EMA Full Needs Assessment because the tools are from a pilot study she is conducting at Rutgers. The intention was to use the questions from these tools as a starting point for developing research questions and tools for the Needs assessment, including questions regarding telehealth experiences.

The purpose of the Needs Assessment is to identify clients' needs for the priority setting and resource allocation process, service gaps they may be experiencing, and any unmet needs they may have. After some conversations regarding telehealth, the impact of the COVID-19 pandemic on telehealth usage, and HIV medical care delivery during the pandemic, the following research question and tools for each research question and method were proposed: **What has been the impact of telehealth on access to HIV medical care during the COVID-19 pandemic?**

Clients – Assess challenges & barriers (survey to assess preference for in-person appointments; access to technology or internet devices or knowledge to have telehealth appointments; whether clients used additional assistance and if so, what kind?)

Agencies – Assess challenges and intentions for future use

Systems – for post-COVID-19 (survey to assess the plan to use telehealth moving forward; feasibility of HIV Medical Care delivery; or key informant interviews with agencies to learn about the impact of Telehealth on access to HIV medical care)

This information will be used to customize the RFP. The RFP will be sent to Dr. Bagchi for review. Support Staff asked the committee for guidance on how to divide the work on each phase of the Needs Assessment. Dr. Bagchi suggested that the development of the tools could be done during phase one until February and the data collection will start in March. Dr. Bagchi stated that the REC will finalize the tools by December and asked Support Staff to send the document with the FY2021 NA Research Questions and the tools sent previously to the committee for review. Dr. Bagchi restated that the REC will continue to work on the tools for the Needs Assessment at the next meeting.

8. New Business

No new Business.

9. Administrative Issues

Support Staff mentioned that the Executive Committee will have a consumer strategy discussion and asked everyone to help inform the community about the Planning Council and to invite consumers to attend meetings

Support Staff asked for approval of the 2020 Assessment of the Administrative Mechanism and the 2020 Epidemiological Profile. Dr. Bagchi asked for a motion to approve these documents as presented. Rodriguez motioned to accept. DeStefano seconded. No abstentions or oppositions.

10. Announcements

No Announcements.

11. Next Meeting

The next REC meeting will be held on Monday, November 16, 2020 at 10AM via Zoom.

12. Adjournment

The meeting was adjourned at 11:30 AM.