

The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

## **RESEARCH & EVALUATION COMMITTEE (REC)**

**MEETING MINUTES** 

## **TUESDAY – FEBRUARY 18, 2020 – 3:00PM TO 5:00PM**

DC HEALTH-HAHSTA - 899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002

| ATTENDEES/ROLL CALL                   |         |        |                          |         |        |
|---------------------------------------|---------|--------|--------------------------|---------|--------|
| COMMISSIONERS                         | PRESENT | ABSENT | GUESTS                   | PRESENT | ABSENT |
| Wallace Corbett                       |         | Х      | Greg Dwyer               | CC      |        |
| Traci Dean                            | CC      |        | Hellen Flores            | CC      |        |
| Doug Fogal                            |         | Х      | Bobbi Smith              | Х       |        |
| DeMarc Hickson (Chair)                | CC      |        |                          |         |        |
| David Hughes                          | CC      |        |                          |         |        |
| Dennis McBride                        | CC      |        |                          |         |        |
| Lenora McClain                        | Х       |        |                          |         |        |
| Betelhem Mekonnen                     | CC      |        |                          |         |        |
| Kaleef Morse                          |         | Х      |                          |         |        |
| Natella Rakhmanina                    | CC      |        |                          |         |        |
| Andrew Torre                          | Х       |        |                          |         |        |
| HAHSTA/ ADMINISTRATIVE<br>AGENT STAFF | PRESENT | ABSENT | COMMISSION SUPPORT STAFF | PRESENT | ABSENT |
| Leah Varga                            | Х       |        | Patrice Bailey           | Х       |        |
|                                       |         |        | Lamont Clark             | Х       |        |

| AGENDA  |  |  |  |  |
|---|--|--|--|--|
| This is a draft of the February 18, 2020 Research and Evaluation Committee (REC) Meeting. The final version will be approved at the March 17, 2020 meeting and made available thereafter. |  |  |  |  |
| Item  | Discussion   |  |  |  |
| Call to Order   | Meeting called to order at 3:07 pm by Lenora M. followed by a moment of silence. Attendees introduced themselves.  |  |  |  |
| Review and<br>Approval of the<br>Agenda   | Dennis M. motioned to approve the February 18, 2020 Agenda. The motion was seconded by Betelhem M. The motion passed unanimously.  |  |  |  |
| Review and<br>Approval of the<br>Minutes  | Dennis motioned to approve the January 21, 2020 Minutes. Traci seconded the motion. The motion passed unanimously.   |  |  |  |
| Needs Assessment<br>Discussion  | Leah V. provided an updated on the IRB submission. She stated that the survey was submitted on February 5, 2020 and it would be reviewed on February 22, 2020. She noted that the version she submitted has areas that were broad and there may be some questions about how things may need to |  |  |  |



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be flushed out. She checked with the Epidemiologist, Kate Drezner, on how to define "out of care" and Kate stated that there is not really a large out of care population. Kate noted that by the time DIS has reached those people they have actually gotten back in to care somewhere. As of 2019 there were 747 cases initially thought to be out of care. After a first round of investigations, of the 747 people: 8% were Deceased, 26% went out of jurisdiction, 38% were actually in care and 19% (143) were still considered to be out of care. After more investigation, of the 143 that were initially thought to be out of care, 92% had returned to care before intervention was initiated, 4% (6 people) were reengaged in care, and 4% (5 people) declined to re-engage in care. There were still 35 people that they were unable to find, and 37 cases were still pending.

Considering the amount of people the committee initially hoped to engage (200+) Leah suggested that they may still want to think about maybe trying to engage the 143 people that were initially thought to be out of care and still ask them to take the survey. She noted that a lot of the questions asked about their time out of care, so there may be potential to get some useful information from them. Leah stated that Kate suggested really reaching out to the Providers since they will know who is truly out of care. This would be a much more time intensive process. They may also consider combing through existing data (DC Cohort, RSR, Patient Satisfaction, etc.) to create somewhat of a profile. Leah also noted that there is the 1906 Project that is doing a lot of community engagement and there may be a potential to help 'fill in some gaps'.

Traci asked if they should consider reframing what the length of time is to be considered out of care? Leah thought that is possible, but she noted that sometimes someone being out of care may only be a case of a life event. Lenora noted that in some cases it is a matter of people only needing to refill prescriptions and there is no need to visit the medical facility or provider. Bobbi noted that provider definitions may differ from Surveillance definition. Leah stated that depending on how the committee decides to define it, they would give that information to DIS.

DeMarc and Traci suggested adding on to the DIS definition of out of care so that the potential reach of the survey could be greater than the 143 people. Leah noted that adding to their definition might cause them to lose the ability to use DIS as a source. DeMarc and Traci noted that they would not change the DIS definition, but would include an 'and/or' type of definition on to theirs. The would like to add a provision where a client would need to have had an actual office visit to be decided to actually be in care. Leah asked what would be an ideal situation for Providers to conduct the survey with these clients. Andrew T stated that since they are usually asking their clients (who have not had a visit in 12 months) to come into the office, that would be a good time for them to also ask them to take the survey. Leah noted that if they do go with the parallel tracks then they may need to use a special code to indicate whether the survey was conducted by DIS or if it was done by a Provider so that they are able to distinguish the data if necessary.



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Lenora asked Kaleef are they making a request to the Recipient that it is required for Providers to respond to surveys from COHAH. Kaleef stated that the question was bought up and it was determined that it could not be put into March 1, 2020 contracts because it would have to go through additional scrutiny from the DC Health Contracts Office. He said that the Project Officers are aware of what is happening and a conversation with them would be good. While it does not guarantee participation, it should increase participation.

## ANNOUNCEMENTS/OTHER DISCUSSION

Kaleef noted they should put the AEAM on their radar. He noted that it should be a lot shorter than it was last year.

Betelhem stated she will be taping another episode of the Nurse Betty Show and she will include information on the Needs Assessment.

## HANDOUTS

- February 18, 2020 Meeting Agenda
- January 21, 2020 Meeting Minutes

| MEETING<br>ADJOURNED | 4:17 PM   |
|----------------------|---|
| NEXT<br>MEETING      | March 17, 2020 @ 3:00pm<br>DC Health-HAHSTA<br>899 N. Capitol St. NE; 4 <sup>th</sup> Floor<br>Washington, DC 20002 |