

**RESEARCH & EVALUATION COMMITTEE (REC)**

**MEETING MINUTES**

**TUESDAY – MARCH 12, 2019 – 3:00PM TO 5:00PM**

**DC HEALTH-HAHSTA - 899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Wallace Corbett	X		Akua Boatema	X	
Traci Dean		X	Martha Cameron	CC	
Doug Fogal	CC		Pricilla Dhas	X	
DeMarc Hickson (Chair)	X		Greg Dwyer	CC	
David Hughes		X	Helen Flores	CC	
Jenne Massie		X			
Dennis McBride	Cc				
Lenora McClain	CC				
Betelhem Mekonnen	X				
Kaleef Morse	X				
Natella Rakhmanina	CC				
Ron Simmons	CC				
Andrew Torre	X				
<b>HAHSTA/ ADMINISTRATIVE AGENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
Leah Varga	X		Patrice Bailey	X	
			Lamont Clark	X	

**AGENDA**

<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Meeting called to order at 3:17pm by DeMarc H. followed by a moment of silence. Attendees introduced themselves.
<b>Review and Approval of the Agenda</b>	Lenora M. motioned to approve the February 19, 2019 Agenda. The motion was seconded. Motion Passed.

<p><b>Review and Approval of the Minutes</b></p>	<p>DeMarc H. noted that Ron Simmons was not listed as attending the last meeting. Andrew T. motioned to approve the February 19, 2019 Minutes with the correction. Wallace C. seconded. Motion Passed.</p>
<p><b>Election of REC Vice-Chair</b></p>	<p>Lenora M. was voted in as the committee Vice-Chair.</p>
<p><b>Consumer Survey Discussion</b></p>	<p>DeMarc noted that the committee had decided to wait until after the COHAH retreat to begin discussion on this topic in order to get a better idea of how they should approach including HIV prevention in the survey.</p> <p><i>Reviewing Possible Data Sources</i></p> <p>Leah V. noted that the committee may want to start by looking at what data is available to them, then decide what do they want to add to that. Lessons learned from 2017 was that time is a huge factor. When seeking data from people who are connected to care, the DC Cohort can be a big benefit to the committee. Martha C. noted that a previous Needs Assessment was done by training community members to go out and interview. She felt that this was a successful way to reach people that were not in care.</p> <p>DeMarc noted that groups of people that they are looking to reach for the survey are Youth, individuals who are not engaged in care, individuals who are engaged in care, and individuals who are 50 and above. Betelhem M. also mentioned the African immigrant community.</p> <p>When looking at possible available data, Leah listed: DC Cohort (Clinical information), Surveillance (epidemiological information), CareWare and Patient Satisfaction. DeMarc asked if they would be able to get information from EGMS? Kaleef noted that all utilization data ends up in CareWare at some point. Wallace noted that the DC CFAR of George Washington University may be a potential group to obtain information. He also noted that GW had a Gay Lesbian and Transgender group that has conducted some research. Leah noted that in addition to surveys, using focus groups and key informant interviews were successful ways to get more in-depth information from specific target groups. DeMarc stated that they will create a matrix and create a running document of priority populations that can be used to track what they are working with.</p> <p><i>Creating Survey Instrument</i></p> <p>The committee began discussion around what type of questions they would like to be included in the survey. They will make a running document to collect these ideas. DeMarc suggested Demographic questions which when asking about residency be sure to ask where they access services.</p> <p>Martha asked how much would someone receive for taking the survey. DeMarc noted that currently a \$30 value has been the discussion. He stated he would like to see \$40.</p> <p>Lenora asked what was given for the 2017 survey? Leah stated that the surveys were not incentivized but the focus groups were provided \$25.</p>

Priscilla D. asked how would you track incentives in order to prevent people from double dipping? Leah stated that was a discussion they had about the 2017 survey so they ended up choosing to not provide incentives for the surveys. She also noted that many people didn't expect an incentive. She then stated that a possible option would be to use Survey Monkey or Red Cap, then inform people that if they did not want an incentive then their information would be anonymous, however if someone wanted to receive an incentive then their survey would not be anonymous (it would still be confidential) because the committee would have to collect some form of identifying information from them.

Kaleef stated he will check into the DC rules about providing incentives because historically DC would require a signature. DeMarc also wanted to know the definitions of 'anonymous' and 'confidential'. Leah noted that there are also guidelines about how much is an appropriate incentive.

Priscilla asked if question number 48 (from 2017 Consumer Survey) was a complete list of services. Leah stated that it was not intended to be a complete list they were just seeking those that might increase engagement. Kaleef stated that looking at the 2017 survey was a good starting point, but he noted that survey was designed to meet the goals of what that body was looking for and that survey would most likely not be suited for what this body is tasked with. He stressed that this committee has to decide what they are really trying to find out, why they need to know this information and how it will make a difference in the system. Leah stated that there may end up being three type of surveys created and each should be approached individually. Those surveys could be on prevention, people who are in care, and people who are not in care. Kaleef suggested starting off with figuring out what the Research question would be. He noted that there are many questions you can end up asking on the survey, but in order to stay focused the committee must figure out what they want to know, why they want to know it, and how will it help make a better system.

Priscilla asked what is feasible for the committee? Should they try to do all three groups (surveys)? Leah believed all three are important, but they should make sure they focus on one at a time in order to get the best information possible. Kaleef stated that while it may not be possible this time, for future reference the committee should consider how they can create a status neutral survey that can get answers from people on both sides of the continuum. He suggested the group coming back at the next meeting with some thought provoking questions that can result in change. Lenora said she would be willing to collect questions from people if they post them on Basecamp. She also asked what would be a timeline for them to use? Kaleef suggested they can work this in phases, but should plan to have it wrapped up by December. They can use any information gathered by PSRA for presentations but still continue gathering additional information. They should not feel pressured to be finished by the summer. DeMarc offered to have a small working group that would begin drafting questions, and this group would post those questions on Basecamp. Kaleef noted that at the National HIV Prevention Conference may even inform some of the questions they create.

*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.*

<b>ANNOUNCEMENTS/OTHER DISCUSSION</b>
<b>HANDOUTS</b>
<ul style="list-style-type: none"> <li>- March 12, 2019 Meeting Agenda</li> <li>- February 19, 2019 Meeting Minutes</li> <li>- 2017 Consumer Survey</li> <li>- Rhode Island Consumer Survey</li> </ul>

<b>MEETING ADJOURNED</b>	5:05 PM
<b>NEXT MEETING</b>	April 23, 2019 @ 3:00pm DC Health-HAHSTA 899 N. Capitol St. NE; 4 <sup>th</sup> Floor Washington, DC 20002