

**RESEARCH & EVALUATION COMMITTEE (REC)**

**MEETING MINUTES**

**TUESDAY – MAY 14, 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	CC		Akua Boatema	X	
Traci Dean	X		Greg Dwyer	CC	
Doug Fogal	CC		Hellen Flores	CC	
DeMarc Hickson (Chair)	X				
David Hughes	CC				
Dennis McBride		X			
Lenora McClain	X				
Betelhem Mekonnen	CC				
Kaleef Morse	X				
Natella Rakhmanina	CC				
Andrew Torre	CC				
<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	
Messay Zerga	X		Lamont Clark	X	

<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Meeting called to order at 3:12 pm by DeMarc H. followed by a moment of silence. Attendees introduced themselves.
<b>Review and Approval of the Agenda</b>	Traci D. motioned to approve the May 14, 2019 Agenda. The motion was seconded. Motion Passed.
<b>Review and Approval of the Minutes</b>	Traci D. motioned to approve the April 23, 2019 Minutes. Lenora M. seconded. Motion Passed.
<b>Consumer Survey Discussion</b>	<i>Research Question Discussion</i> Lenora M. began the discussion by recapping what was discussed at the last meeting. She also noted that there had been some discussion on Basecamp as well. A few of the ideas shared on Basecamp included (but not limited to):

- Martha C. – To what extent are people living with or at risk for HIV aware of and/or have access to HIV (prevention and care) medical and non-medical services.
- Traci D. – Find out if family/friends/culture have greater influence on medical/treatment decisions vs medical community. And within that scope, trust of information in the news and Pharmaceutical companies with info about medications. Does this impact decisions to be on treatment? Where do you get your most trusted sources of medical information?
- Betelhem M. – I believe there is a gap between met and unmet needs, Why is there a gap? Who are those with the unmet needs? How can the planning body find a solution to the unmet needs? How can we reach out to those who are out of care or never been in care? Do we serve all in need of care? If not why?

Traci suggested instead of putting open ended questions on the survey, put suggestions (options/choices) that may make access to care easier on the survey to help guide the committee find potential solutions.

DeMarc asked what was the timeline for collecting the information from the survey? He believes the survey should be thought about in stages. Leah suggested that looking at it from the perspective of using the data for PSRA 2020. So, if the committee is seeking to collect new data, they should allow plenty of time for that process.

DeMarc provided the following suggestion for a research question(s): What are the individual social, cultural and structural factors associated with HIV prevention, treatment and care outcomes among persons living with, or vulnerable for, HIV in the DC EMA? What are the individual social, cultural and structural factors associated with achieving optimal outcomes?

He suggested this could be done in phases using a mixed methods approach, perhaps starting with (Stage one, Sept – Dec/Jan) a quantitative survey, then look at other things like intersectionality and stigma. Stage two (Jan – Mar/Apr) would include social mapping, asking people how they see the environment, where they go for services, how they access it, etc. Stage three focus groups/interviews asking what are the solutions? Leah suggested that there could/should be overlap of phases to allow enough time to collect and analyze the data. She also noted that finding those who are out of care can take a lot of time and should be planned for appropriately. She also noted that the DC Health IRB usually take about two weeks, which is a quick turnaround.

The committee suggested shooting for a July submission for the IRB. The committee discussed having multiple formats to collect the data. Leah noted that in the previous survey she saw that a number of people would start an online survey, but would not finish. It is much easier to start and not complete the survey in the online realm than it is when the survey is done face to face or with a person available to help/answer questions. Kaleef suggested having a

	<p>short and succinct survey. DeMarc suggested maybe using mailing surveys. He asked do we have resources to purchase mailing lists? Someone mentioned the possibility of surveys going to old addresses and people being stigmatized when sending out something that discusses HIV. DeMarc asked if it was possible to use the DC Cohort's mailing list. Leah said she could ask. Kaleef reminded them that the Cohort uses information via charts, not necessarily engaging with clients. Messay suggested if we have the resources we can hire data collectors.</p> <p>Leah noted that the broad themes she noticed from the responses in Basecamp include Barriers, Perceptions, Access, and Trust. These themes can be starting points for structuring the survey. Kaleef reminded the committee that whatever they ask, are looking for, or whatever they are trying to find out should be able to directly correlate to something that can be implemented or addressed in the Ryan White service area/delivery design. He suggested that as they narrow their view in order to create the survey, they also consider how and/or what area it can impact. Kaleef noted that an example of this would be, if for the last 4 years the Council/Commission has been talking about how hard it is to find those who are out of care, why not create a project to hire DIS staff to find people who are lost to care (from CAREWare).</p> <p>DeMarc asked is they can use Basecamp to create an area where people can make comments on each domain? Kaleef says to use the Message Board to create different messages for each domain. DeMarc said he will put the topics/domains in Basecamp this evening.</p> <p>Leah reminded the group that since the group only meets once a week, getting work done in between meetings is important if they want to meet a July 31 deadline for IRB submission. Demarc suggested getting the domains in by May 24<sup>th</sup>, then they can find example questions in order to put together a full draft survey by June 7<sup>th</sup>. The June REC meeting would be used as a working meeting to work on that draft. Kaleef suggested forming a smaller taskforce/workgroup that would meet more often to get the work completed.</p>
<b>ANNOUNCEMENTS/OTHER DISCUSSION</b>	
Greg D. stated the AEAM Provider Survey is in RedCap and should be released shortly.	
<b>HANDOUTS</b>	
<ul style="list-style-type: none"> <li>- May 14, 2019 Meeting Agenda</li> <li>- April 23, 2019 Meeting Minutes</li> </ul>	

<b>MEETING ADJOURNED</b>	4:40 PM
<b>NEXT MEETING</b>	May 14, 2019 @ 3:00pm DC Health-HAHSTA 899 N. Capitol St. NE; 4 <sup>th</sup> Floor Washington, DC 20002