

# **Cuyahoga Regional HIV / AIDS Health Services Planning Council**

*Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties*

**Jason McMinn, Robert Watkins – Co Chairs**



## **Quality Improvement Committee Minutes**

**Wednesday, May 19, 2021**

**3:00 pm to 4:00 pm**

**Start:** 3:02 pm

**End:** 4:05 pm

**Co-chair: J. McMinn**

### **Moment of Silence**

#### **Welcome and Introductions**

A special welcome was extended to new guest, Peter S., from Ashtabula County. He is interested in joining the planning council and providing information about Ryan White health-care services in the Ashtabula County area.

#### **Approval of Agenda: May 19, 2021**

##### **Addendum:**

Motion: N. O'Neal

Seconded: C. Barnett

Vote: In Favor: All

Opposed: 0

Abstained: 0

#### **Approval of the Minutes: April 21, 2021**

##### **Addendum:**

Motion: C. Barnett

Seconded: N. O'Neal

Vote: In Favor:

Opposed: 0

Abstained: 1- L. Yarbrough-Franklin

### **New Business**

#### **Ohio Needs Assessment Presentation - M. Krelko**

##### ***Plan Overview: Evaluate, Implement, Develop, Prioritize, Engage, Build, Community***

Kate Shumate, Nicole Pichardo and Charles Abernathy from the State of Ohio and Michelle Krelko, an Epidemiologist with the state, is working to develop the next phase of the Statewide Needs Assessment. The initial phase of the needs assessment was gathering information utilizing focus groups and surveys. The Needs Assessment report is extensive and over 300 pages. The IRB has given its approval, final edits are being done and soon the portion of the report for each region will be sent out. We are starting a new process for the next phase by looking at what works, uncovering the gaps, and figuring out what to do going forward. The next report will have actionable tasks for what is needed and what to do and a presentation of the findings will be provided with the report. The report will provide input for the 5-year Integrated Plan.

*\*Question:* J. McMinn- Did it just dawn on everyone that a summary of the report was needed?

*\*Response:* M. Krelko: It did. We're thinking of providing a one-page fact sheet with highlights and looking at other venues to get the message out. We're also aware past methods have not been so user-friendly.

*\*Question:* V. Panakkal – For a better way to present the report, maybe someone at ODH (Ohio Department of Health) could go through the initial report and then put it into a power point format, so it's more easily digestible.

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*\*Response:* M. Krelko – That’s possible, we’ll look into doing that, it a matter of who among the staff will have the time. For the next phase, we will make sure the presentation is built into the contract requirements.

*\*Comment:* S. Harris – When we were given a presentation of the highlights from the draft report, it included data gathered from both HIV positive and high-risk negative populations, which benefited the Planning Council and the HIV Prevention committee. If the next phase could present findings from both those perspectives, that would help.

*\*Question:* M. Krelko - Would it be specific to anyone or to other populations?

*\*Response:* S. Harris – There’s not a lot of transgender data, so if that could be picked up it would be helpful.

*\*Question:* C. Abernathy – What about the mentally ill and homeless population?

*\*Response:* M. Krelko – We don’t currently collect that data on the mentally ill, but we will look into that. We do, however, gather information on the housing population.

*\*Question:* C. Barnett – What about drug abuse data?

*\*Response:* M. Krelko – No, we do not collect that data.

*\*Comment:* K. Shumate – Our little project started out finding new ways to get better needs assessment data and it’s been delightful hearing things in our areas that are common with other areas. One thing that has been brought to our attention is that informing interviews should discuss things as goals for the needs assessment.

*\*Comment:* C. Abernathy – What about the barrier requiring an employer to be willing to receive a third-party check for dental premium reimbursements. That can limit a person from taking advantage of the RW dental program.

*\*Response:* M. Krelko – That is a barrier and we can look at that.

*\*Comment:* S. Harris – If would be helpful if the next phase could ask what Ryan White Health care services people think they need. The Planning Council uses this information to prioritized HIV-related services during its annual priority setting & resource allocation process.

*\*Comment:* C. Barnett – Make sure to look at the transgender population, we need to address gap among this population

*\*Question:* M. Krelko – Anything in particular?

*\*Response:* C. Barnett – All of it, most of that information we don’t have.

*\*Comment:* V Panakkal – Attending focus groups in the first round and seeing data in second round, saw little representation overall. It’s concerning in general with the struggle to find youth and how hard it is to tap into that age group. Maybe we could have a survey geared at the 30 and underage group, or make them a higher priority.

*\*Comment:* C. Barnett – It’s hard to get them involved, we have to find ways to get them and keep them engaged.

*\*Comment:* V. Panakkal – Right, because 50% of those under 30 are the ones disconnected.

*\*Question:* K. Shumate – Is that something we should possibly have a work group to include?

*\*Response:* V. Panakkal – That might be helpful.

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*\*Comment:* Dr. Gripshover – Yes, because we don't reach them and most infections are in this age group.

*\*Question:* M. Krelko – Should youth be the number one priority?

*\*Response:* All – Yes, agreed.

*\*Comment:* C. Barnett – Maybe, also include black MSM's (male who have sex with male).

*\*Comment:* K. Shumate – We don't want to reinvent the wheel, but we can try and make sure we cover all basis.

*\*Comment:* N. O'Neal – Why not make transwomen a priority before black MSM's? Also, for the youth, you'll never get what you need until you get the gatekeepers and get their trust. Many are distrustful on who they introduce to their youth.

*\*Comment:* N. O'Neal – Maybe ask about self-stigma first, then community stigma because self-stigma drives whether people receive services, isolation, and other thing and if you can't accept your status it doesn't matter if the community does.

*\*Comment:* J. McMinn –Also, data on out of care people, as the reasons they are out of care should make them an important population. For the NIC (not in care) list that we all work on, are there ways once its complied that it could help us in our work, bringing people back in care and keeping them there?

*\*Response:* S. DiCocco – Yes, there is some data that can be provided.

*\*Comment:* M. Krelko – We will take everyone's thoughts and comments from today and build this into the integrated plan and possibly a work group. Also if you have recommendations on organizations that could be used for the needs assessment, please let us know.

*\*Comment:* K. Shumate – we'll be doing this awhile, so if you know of other groups we should reach out to, let us know and feel free to contact us at: [OhioNeedsAssessment@odh.ohio.gov](mailto:OhioNeedsAssessment@odh.ohio.gov).

Oral Health Services, next steps - Tabled

Additional Potential Directives for Discussion - Completed

### **Standing Business**

Represent the TGA in Statewide Integrated Plan - Tabled

Agree on QI Committee work activity (if any) to be reported at Planning Council meetings

The committee will report on today's needs assessment presentation.

Determine formal CAREWare Data Request (if any) Tabled

**Parking Lot Items** - None

**Next Steps** - None

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### **Announcements**

V. Panakkal – Regarding oral health, we talked to Dr. Kasaaf and he has agreed to do a presentation early in July. Kudos to this group, as it sparked that presentation which may now become an annual event. Thanks to Dr. Gripshover and Jason McMinn for the original recommendation.

### **Adjournment**

Motion: C. Barnett

Seconded: B. Gripshover

### **Attendance:**

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	<b>Jason McMinn Co-chair</b>	20	20	20	20	20					
2	<b>Robert Watkins Co-chair</b>	0	20	20	20	0					
3	Barb Gripshover	20	20	20	20	20					
4	Christy Nicholls	20	20	20	20	20					
5	Marlene Robinson-Statler	20	20	20	0	20					
6	Leshia Yarbrough-Franklin	20	0	20	0	20					
7	Billy Gayheart	20	20	20	20	20					
8	Jeannie Citerman-Kraeger	20	20	20	20	20					
	<b>Total in Attendance</b>	7	7	8	6	7					

**PC Members: K. Dennis, C. Barnett, S. DiCocco, N. O'Neal, F. Ross**

Attendees: P. Scardino, K. Shumate, M. Krelko, N. Pichardo, C. Abernathy

Staff: M. Halko, V. Panakkal, S. Harris, T. Mallory