

Cuyahoga Regional HIV / AIDS Health Services Planning Council

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

Naimah O'Neal – Co-Chair



Community Liaison Committee (CLC) Minutes

Wednesday, September 1, 2021

12:00 pm to 1:00 pm

Start: 12:03 pm

End: 1:03 pm

Facilitating Co-chair: N. O'Neal

Moment of Silence

Welcome and Introductions

Approval of Agenda: September 1, 2021

Addendum:

Motion: P. Scardino

Seconded: T. Marbury

Vote: In Favor: All

Opposed: 0 Abstained: 0

Approval of the Minutes: August 4, 2021

Motion: T. Marbury

Seconded: K. Dennis

Vote: In Favor: 7

Opposed: 0 Abstained: 1- C. Droster

New/Old Business

HRSA Site Visit (PC PLWH participation)

This will be a virtual site visit beginning Monday, September 13th through Friday, September 17, 2021. HRSA representatives are scheduled to speak with Part A recipients who agreed to participate in a ZOOM meeting on Monday, Sept 13, from 3:00-4:30 pm, so they can get feedback on the recipients' experience receiving RW services. We reached out to all PLWH on Planning Council to confirm your participation. Please be on the lookout for HRSA's upcoming ZOOM meeting link to participate. None of the Board of Health Staff, nor I will be able to participate. The link will come directly from the HRSA coordinator.

Review Oral Health Services – Mini-survey feedback

To date, a total of 59 individuals responded to the oral health survey which is a very good effort based on last survey effort. All are to be commended for their hard work and getting the survey done. The survey summary is:

1. Are you receiving dental care? All 59 respondents answered this question. 32 out of 59 respondents said yes or 54.24%; and 20 or 33.9% said no and 7 or 11.86% said occasional

***Comment:** N. O'Neal - For next survey, maybe ask are you getting services anywhere, not just RW?

2. Rate your knowledge of RW Part A dental services. All 59 respondents answered this question. **Most** responded they were **extremely or somewhat familiar.**

***Comment:** N. O'Neal – That means case managers, word of mouth, or people are keeping them informed.

3. How would you rate your RW Part A dental experience? 57 respondents answered and 2 omitted this question. The majority 38.60% were neither satisfied nor dissatisfied; and 31.58% were very

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satisfied and 22.18% satisfied, therefore, **the majority were very satisfied**, but the response of **38% neither satisfied nor dissatisfied is concerning**.

***Comment:** B. Jones – It may not affect them one way or another. If you've used dental, it either went great or not. People tend to say not a good experience, in general.

4. Do you understand how HIV affects dental hygiene? 58 respondents answered and 1 skipped this question. The good news is 56.90% or 33 responded **Yes**, they understood. However, 24.14% or 14 said no; and 18.97% or 11 said somewhat. This maybe an opportunity to provide more education.

Suggestion: Maybe we should explore presenting how HIV affects dental hygiene.

5. During your dental visits, have you been made aware of a treatment plan for care of your teeth?

There were 58 respondents that answered this question, 1 skipped this question. Good news is 55.17% answered **Yes**; and 22.41% both responded **"No"** or **"Not Sure."** This might be an opportunity to either propose a directive to provide greater guidance to dental providers through the grantee or an opportunity to better educate RW clients on how a treatment plan might be presented.

***Comment:** B. Jones – Dental plan is just your next appointment, they may tell you what they want, but not necessarily have a plan.

***Comment:** R. Watkins – Had an experience and went in for pain at an RW facility. The next appointment was the treatment plan. After a long process, it got to be about whether it was a money issue, or my tooth.

***Comment:** B. Jones – They never give the next visit in writing, it's usually orally told and never actually a written plan.

***Comment** – B. Gayheart – For two appointments: the first, RW dropped the provider midway through the process. The second had to do with an exception and a six-week wait. There was a treatment plan for second issue, but no follow up and still trying to contact them.

***Response:** S. Harris – As we look at guidance to offer Quality, maybe we should consider developing more clarity around treatment plans which is now vague.

***Comment:** P. Scardino – Wish we had more info on dental treatment in Ashtabula, was recently told to drive to Case in Cleveland. Also, wasn't aware HIV could cause tooth problems.

***Response:** N. O'Neal – Your case worker will help you, you can use private insurance and if they can't cover it all, RW can be your secondary coverage.

***Comment:** K. Dennis – For private dental, when you exhaust private money, a case worker can refer RW to complete work and you can make an appointment with the dental school to for dental work.

6. Is anything you would need to make you want to go to the dentist or make your experience with the dentist better? Of the responses, 47 replied to this question and 12 skipped it. Of interest, 29.79% wanted help locating a dentist; while 25.53% wanted more flexible hours; and 12.77% wanted transportation help to get to the dentist. However, the majority 42.55% selected **"Other"** with responses ranging from nothing to they needed **"Help with Transportation;" "Early Appointments, not waiting a few months before being seen"** and wanted **"Emergency Appointment options."**

***Suggestion:** Maybe informing people about transportation assistance is needed.

***Comment:** S. Harris – For CLC, think about these responses and how to address them as we formulate recommendations for the Quality Committee.

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7. Where do you rank dental care on your list of importance? Of the responses, 58 replied to this question, 1 skipped it. Good news is 44.83% ranked it as **“Extremely Important”** and 29.31% felt it **“Very Important”** and 20.69% felt it **“Somewhat Important”** therefore, the overwhelming majority thought it was important.

***Comment:** N. O’Neal – This feedback will help discussing with providers on what the consumers have said.

8. What are your fears/concerns about going to the dentist? Of the responses, 51 replied, 8 skipped this question. The **“other”** responses were highest at 43.14%, followed by 39.22% selecting **pain**. Most of the **“other”** respondents (17 out of the 22 that selected **“Other”** said **“None”**), however other responses also said, **“fear of discrimination;” “Stigma and lack of feeling like they were a priority, or the provider is not too concerned in making sure their treatment is important;” and “Money, they just got dental insurance.”**

***Comment:** N. O’Neal - Many don’t have a history of going to the dentist as a child.

***Comment:** S. Harris – The stigma comment was interesting, most said none.

9. Have you had a negative experience seeing a dentist? Of the responses, 58 answered this question and 1 skipped it. Good news is 63.79% or most said **No**, with only 36.21% answering **Yes**.

***Comment:** We would like to know why.

10. Are you aware of the grievance process or that you can file a grievance if you were not satisfied with your dental service? Of the responses, 56 replied, 3 skipped this question. Interestingly, 44.64% or most replied **“No”** or were **unaware**; 39.29% answered **“Yes”** they were aware. With 16.07% answering **“Somewhat.”**

***Comment:** S. Harris - Maybe this could be a next step.

***Comment:** B. Jones – At clinics, they often they refer to an ombudsman, which is different from RW grievance, and it can be a bit much. When stating problems right then, they’re referred, not knowing RW has their own grieving process, so more clarity is needed on this.

***Comment:** C. Droster – For the concern on how HIV affects dental, maybe we can be made more aware of this.

11. If you answered YES to question ten (10), have you used the grievance process to report a problem receiving dental care? Of the responses, 40 answered and 19 skipped this question; Of the respondents, 90% (36 out of 40 who responded), had not used the grievance process. Only 4 respondents or 10% said yes.

***Comment:** S. Harris - Because people weren’t aware may be why that was so low.

***Comment:** N. O’Neal – For the next agenda, we will talk about the survey, what to do, and recommend to QI our next steps. Also, maybe we can come back with answers after getting the feedback survey.

***Comment:** R. Watkins – We should clean up data, come up with more to add, and then give it to Quality to see how we can make services better.

Recommendations for Oral Health Next Steps (Discussion ONLY)

N. O’Neal – We will review the responses and come back with ideas. If we can’t present this month, we can submit next month. We will do clean ups off-line and submit everything to Sharron so we can present something at the October meeting.

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R. Watkins – We commend CLC for all their hard work with survey, great job guys!

Strategies to strengthen PLWH involvement in outlying Counties

***Comment:** N. O'Neal - Billy and Faith have done an excellent of working hard to get their community and PLWHA involved, in reaching out to providers in their area, and starting the conversation. Does anyone else have suggestions to go further?

***Comment:** B. Gayheart – We have to figure a way to draw people and incentives seem to be a good way. Hoping with HRSA's visit, it would be nice to increase incentives. People want something to be involved. Recently started a raffle, out-of-pocket, the more show up, the more chances to win. Maybe we can have a sit down, education session that makes feel more comfortable.

***Comment:** N. O'Neal – One problem is the Ohio Opening Meetings law (*requires in-person meetings to be counted as present to do official business*). That's a barrier. For youth programs, there's a good one at Metro, Jen McMillan-Smith is the coordinator. Also, you can work with case managers to do youth groups.

***Comment:** R. Watkins – Billy and Faith, thank you for doing a wonderful job, we knew you two would be good for PC when you were being recruited. Incentives, however, don't always work. Maybe consider more marketing, informing people of what's offered. The linkage to care checklist helps draw ideas together and the hope is to make it a standard so everyone asks the same questions.

***Response:** B. Gayheart – Agreed, it's a bad idea, but seems to be the only way. We're just trying to figure a way to actually talk to these people and get info to them.

***Comment:** B. Jones – People who have dental issues, many had these behaviors prior to contracting HIV, we can do what we can do, but realize some of these are behaviors people grew up with.

***Comment:** N. O'Neal – Thought it was an excellent checklist, maybe we can use it, present it, and maybe developing this form can be a directive for case managers to use across the board.

***Comment:** R. Watkins – Change is a great thing, it at least gives something to go off from, adding and taking away as needed. We can use it with stakeholders for them to see everything we do, as well as advocates. Once we have a standardized list, case managers can easily track clients, or at least have a foundation to start tracking.

N. O'Neal – This was an excellent meeting, we stayed on track giving accurate info and being able to address what is working and making sure we focused on other things.

Parking Lot Items

Education Sessions at support groups to education on RW services - Tabled

Capacity Building Training Ideas - Tabled

CLC consumer focused presentation at Full Planning Council - Tabled

Review & Update Consumer Mini-Outreach Survey - Tabled

Standing Business

Agree on CLC Committee work activity (if any) to be reported at the September 15, 2021 Executive & Planning Council meetings

1. Oral Health survey
2. Strategies to strengthen PLWH in outlying communities

Monitor Committee Work plan for compliance - Tabled

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Announcements

B. Jones – The Marilyn Kaminsky awards will be opening soon.

N. O'Neal – Women We Think 4 A Change upcoming webinar, on Wednesday, September 22, 2021 from 11-1:00 pm, entitled, BYOBB (bring your own brown bag) which will be a discussion on HIV criminalization issues, getting consumers engaged, and why it's important to understand laws. CEU's will also be offered.

Adjournment - Motion: R. Watkins

Seconded: P. Scardino

Attendance

	CLC Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Naimah O'Neal, Co-chair	20	20	20	20	20	20	20	20		
2	Tina Marbury	20	20	20	20	20	20	20	20		
3	Stephanice Washington	20	0	0	0	0	0	0	0		
4	Faith Ross	20	0	20	20	20	20	20	0		
5	LeAnder Lovett	20	20	20	20	20	0	0	0		
6	William Simpson	20	0	20	0	0	0	20	0		
7	Tracy Johnson	0	0	0	0	0	0	0	0		
	Total in Attendance	7	4	6	5	4	3	4	2		

PC Members: K. Dennis, C. Droster, B. Gayheart, R. Watkins, B. Jones, P. Scardino

Attendees: none

Staff: M. Halko, Z. Levar, S. Harris, T. Mallory