

# **Cuyahoga Regional HIV Prevention and Care Planning Council**

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

**Naimah O'Neal, Faith Ross – Co-Chairs**



## **Community Liaison Committee (CLC) Minutes**

**Wednesday, March 6, 2024**

**12:00 pm to 1:00 pm**

**Start:** 12:03 pm

**End:** 1:00 pm

**Facilitator:** F. Ross

### **Moment of Silence**

### **Welcome and Introductions**

*Please note: PC members who have a conflict of interest must inform the committee at the beginning of each meeting. A Conflict of Interest, as it pertains to the Ryan White Planning Council Bylaws, is defined as "an interest (actual or perceived) by a Planning Council member in an action that may result in personal, organizational, or professional gain for the member or his/her spouse, domestic partner, parent, child, or sibling."*

### **Approval of Agenda: March 6, 2024**

**Motion:** P. Scardino      **Seconded:** B. Gayheart

**Vote:** In Favor: All      **Opposed:** 0      **Abstained:** 0

### **Approval of the Minutes: February 7, 2024**

#### **Addendum:**

**Motion:** P. Scardino      **Seconded:** C. Droster

**Vote:** In Favor: 4      **Opposed:** 0      **Abstained:** 3- M. Deighan, R. Watkins, L. Lovett

### **Old/New Business**

#### **Review CLC Survey Data – L.J. Sylvia**

We started last year looking at how to formulate the next round of listening session, as there was some concern on whether it could all be pulled together in time for PSRA. However, thanks to the tremendous efforts made by everyone who participated, this survey has proven to be the best one ever for our TGA. Despite the short timeframe and uncertainty on how or if the survey would reach people, the total collected was 232 surveys, which is more than an 80% increase over last year. A few things that really seemed to work this time, was everyone's commitment and diligence in getting surveys to people in their personal networks, reaching out to case managers, handing surveys out at meetings and events, and multiple CCBH reminders sent out to case managers and other RW affiliates. In the end, the survey wrapped up with 48 coming in from Nueva Luz. Listed below are some of the final survey numbers and updates.

#### **Respondents**

- The significant highest number of responses came in from Cuyahoga County.
- There was also a 40% increase in the number that came in from Loraine County.
- There were increases everywhere, as Ashtabula had 12 responses, Lake County had eight responses, and Medina, and Geauga County had two responses each, which technically is double.

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### **What county was care/services received?**

- Most people received care in the county where they resided, but there were nine respondents who received care in a different county other than their own.

### **Age of Respondents**

- People over 60 had the greatest percentage of respondents.  
- People ages 50 to 59 were the next highest respondents, people, followed by ages 40 to 49.  
- While there was also a slight decrease in the lowest age group (20-29) category in respondents, we had a good increase in the 30 to 39 age group category.

### **Gender**

- The largest number of respondents were identified as male at 72.8%.  
- Respondents for female, 23.3%  
- Two (2) people identified as transgender.  
- One respondent identified as a two-spirit.  
- One respondent used a different term.  
- Five (5) respondents “preferred not to answer.”

### **Race**

- The largest percentage on race responded Black or African American at 50, which is almost 52%, followed by White, at almost 35%.

As there was an error in this category, we will make sure to correct this, as well as look to add a multiracial category option, as we are missing Native American.

### **Ethnicity**

This is an important question, as one of the demographics we are trying to reach is the Hispanic or Latino community.

- Thirteen percent (13%) of respondents identified as Hispanic, 20% “preferring not to answer”, and 66.7%, Non-Hispanic.

### **Takeaways- L.J. Sylvia**

One thing to consider for future conversations, is the way that we collect this information, as this may not have been the most useful for the specific data we wanted to collect. There were a lot of adjustments made, as people were able to just click an online response, or check a response from the list of questions, as of if they decided. This was reflected in the question on the number of years LWH since diagnosis, in which some entered one year, others 20 plus, and others the year of their diagnosis. As we will need to further review how we collect data, for the sake of preparing for PSRA presentations, information was added into categories so as to provide the best data possible. Now, as we prepare for PRSA in reviewing the slides presented today, are there any suggestions or changes to make this better?

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**\*Comment: M. Deighan** – The type is too small, and black against grey, not the best.

**\*Response: L.J. Sylvia** - We can add more contrast in text to color, and maybe bolder comments around the circles.

**\*Comment: B. Willis** – For the chart with the labels at the top, maybe try aligning them with the sections, as much as possible.

**\*Response: L.J. Sylvia** - Will work on that.

**\*Question: F. Ross** - What is two-spirit?

**\*Response: M. Deighan** - It's a Native American term, as Native Americans don't have an acceptance of people born into one gender, but live life in another gender. So in actuality, you are not two-spirit unless you are Native American.

**\*Question: L.J. Sylvia** - Should we keep current gender or do another gender category?

**\*Response: F. Ross** - This seems most respectful for consumers, without making them feel they have to fit into a category.

**\*Question: M. Deighan** - What about numbers for impacts on PLWH over the last 12 months?

**\*Response: L.J. Sylvia** – Will work on this to include those numbers, as housing was the most important in detail. Also, few people gave answers for this question.

**\*Question: R. Watkins** - What were the gaps to medication barriers?

**\*Responses: L.J. Sylvia** - These were mostly a few varied, individual answers.

**\*Comment: M. Deighan** – Perhaps the conclusion could be not many are experiencing gaps.

**\*Response: L.J. Sylvia** - The surveys got out mostly through case managers, so these may be skewed responses. A needs assessment would probably look more at specific gaps.

**\*Comment: B. Willis** - Many said EFA was a high need, maybe it was hard to get?

**\*Responses: M. Baker** - Not sure if difficult, maybe more if it was necessary, as this is for medication and eyeglasses only, decided a while back by the council on what EFA would cover.

**\*Comment: C. Droster** - It was for people with gaps in medication who needed it right away.

**\*Comment: B. Gayheart** - This is safety net.

**\*Comment: Z. Levar** -EFA is always tough to gauge. If RW worked the way it should, we shouldn't have to access this. For those who said med access was a problem, is the reason the EFA safety net is there. We are now looking a training with case managers so they know they have this resource available in their back pocket. The other categories are straightforward, but EFA is strictly resources for meds and eyeglasses, not money.

**\*Comment: B. Gayheart** – CLC's major component to PSRA is to be the bridge, not to fix all the issues. The entire system must be involved.

**L.J. Sylvia** – We will fix the numbers and the text, making it easier to see and read, as the entire PC has to take action on issues that need to be reviewed, in general.

### **Prepare for PSRA Presentation – L.J. Sylvia**

We now want to look at what information will need to be given for PSRA, as the CLC survey feedback on EFA (Emergency Financial Assistance) will likely be one of them. We will then send this info to all to make possible suggestions for directives and/or on other categories that may need more review.

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**F. Ross** - If anyone has further suggestions or comments, for the PSRA presentation or otherwise, please email me or LJ.

## **Standing Business**

### **Agree on CLC Committee work activity (if any) to be reported at the Executive and Full Planning Council Meetings – F. Ross**

We will report updates from today’s discussion at Full PC meeting.

## **Announcements**

**B. Gayheart** -Reminder of the upcoming, in-person MRM Orientation for new, pending, and current members, set for Wednesday, March 27, 2024 at Neighborhood Connections Ctr., 1971 E. 66<sup>th</sup> St., in Cleveland’s Midtown Corridor area.

## **Adjournment**

**Motion:** B. Gayheart **Seconded:** C. Droster

## **Attendance**

	<b>CLC Members</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June PSRA</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
1	<b>Naimah O’Neal, Co-chair</b>	<b>20</b>	<b>20</b>	<b>0</b>							
2	<b>Faith Ross, Co-chair</b>	<b>20</b>	<b>20</b>	<b>20</b>							
3	Stephanice Washington	<b>20</b>	<b>20</b>	<b>0</b>							
4	LeAnder Lovett	<b>0</b>	<b>0</b>	<b>20</b>							
5	Bryan Jones	<b>20</b>	<b>0</b>	<b>0</b>							
6	Peter Scardino	<b>20</b>	<b>20</b>	<b>20</b>							
7	Rhonda Watkins	<b>0</b>	<b>0</b>	<b>20</b>							
	<b>Total in Attendance</b>	<b>5</b>	<b>4</b>	<b>4</b>							

**PC Members:** M. Deighan, C. Droster, B. Gayheart

**Attendees:** B. Willis, J. Mazo, C. Taylor

**Staff:** M. Baker, Z. Levar, L.J. Sylvia, T. Mallory