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, August 7, 2024
12:00 pm to 1:30 pm

Start: 12:10pm **End:** 1:34 pm **Facilitator: N. O'Neal**

Welcome and Introductions – Dr. George Yendewa, CWRU/University Hospitals Clinical Trials Unit

Moment of Silence

***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: August 7, 2024
Addendum:
Motion: F. Ross Seconded: K. Dennis
Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: June 5, 2024
Addendum:
Motion: F. Ross Seconded: K. Dennis
Vote: In Favor: 8 Opposed: 0 Abstained: 1- L. Lovett

Old/New Business

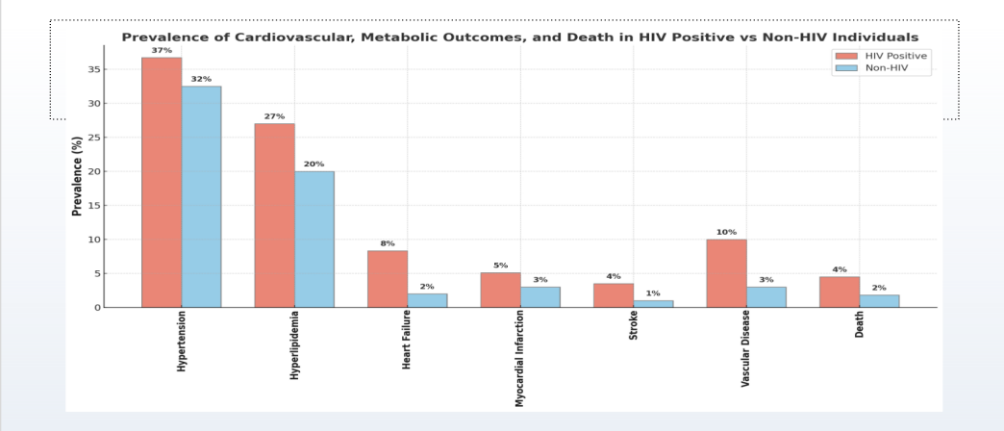
Cardiac Research Update - Dr. George Yendewa, CWRU/University Hospitals AIDS Clinical Trials Unit

We will first talk about the basics of cardiovascular disease, next talk about the clinical trial, and then in the wake of the results being announced, discuss what this all actually means for HIV CARE. Last, we will look at a few future directions, as this trial has brought a lot of understanding to the forefront about cardiovascular disease, and then take any questions.

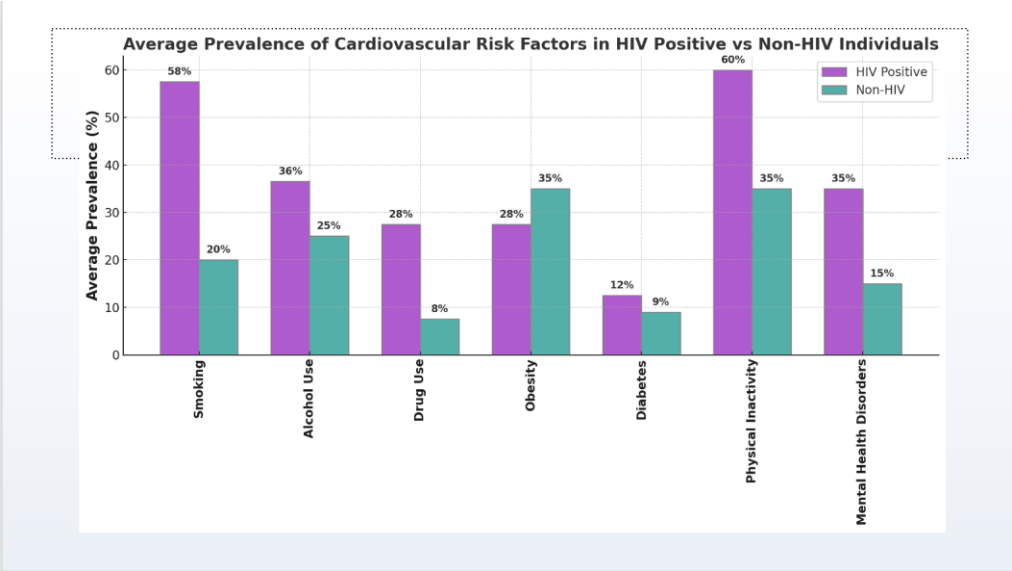
The Basics of CVD (Cardiovascular Disease) in HIV

This first slide reveals the scope of cardiovascular disease when it comes to people with HIV, through data obtained from various studies over the years. In comparing the brown bars representing HIV positive individuals, versus the light blue bars, for those without HIV. in almost every instance, people with HIV are more impacted than those without HIV.

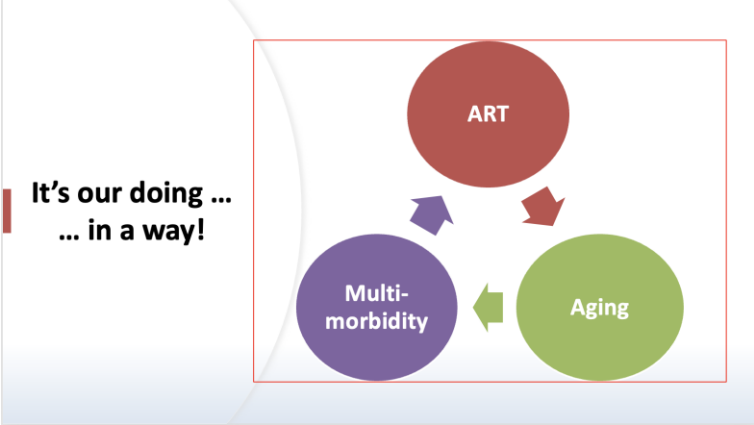
Prevalence of Cardiovascular, Metabolic Outcomes, and Death in HIV Positive vs. Non-HIV Individuals



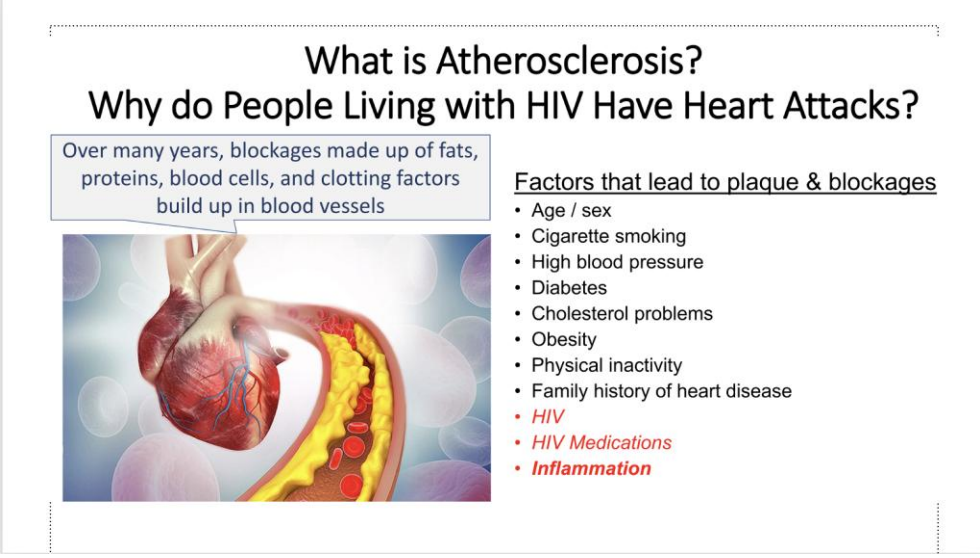
As seen on the slide below, when it comes to the major risk factors such as smoking, alcohol use, drug use, obesity, diabetes, lack of physical exercise and stress or mental health disorders, all have been well documented to play a role in cardiovascular disease. We can also see in the comparison of folks with HIV in the purple bar to folks in the green bar, without the IV, that HIV is not just affected by the process of aging, but because HIV itself has a virus, it causes a number of very negative effects on the system, one largely through the creation of a lot of inflammation. While inflammation is something still not fully understood, we do know that there is a definite link between HIV or other general chronic infections and inflammation, and that, it can be managed or kept in control with the antiretroviral treatments that we have.



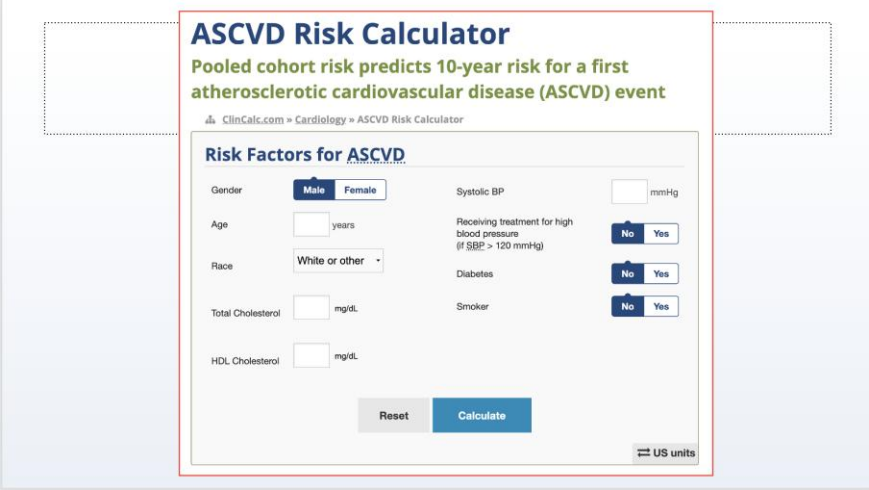
But Why So Much CD in HIV? – It's Our Doing… In A Way!



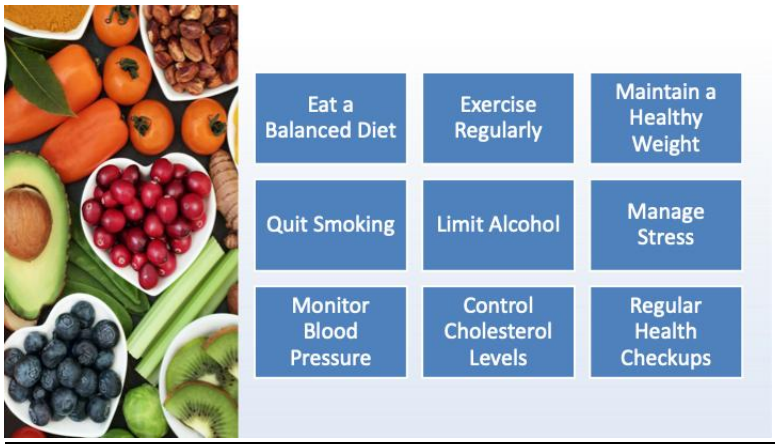
What is Atherosclerosis? – Why Do People Living with HIV Have Heart Attacks?
Atherosclerosis is the clogging of blood vessels, and it can affect any vessel, as vessels are the instruments that carry your blood supply.



Who is at Risk?
The Atherosclerotic Cardiovascular Risk Calculator (ASCVD) gives a number, measured from a pooled cohort of individuals in predicting first event risk factors, and can quantify where you are on the spectrum, or give a clue where you rank on the spectrum.



How Do We Prevent Cardiovascular Disease in HIV?



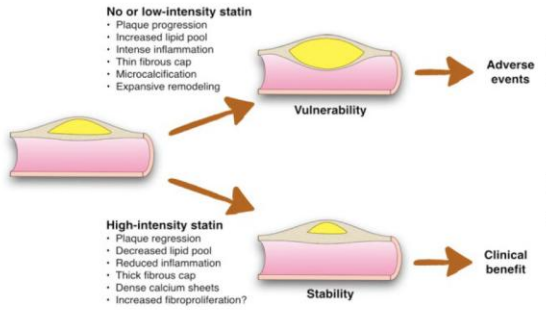
Statins Can Help

Statins can help keep plaque from rupturing and causing clots, or attacks to the heart. They act to reduce the risk of forming plaque and preventing heart attacks. They also reduce inflammation, which is the number one enemy of everything in the body. Additionally, we know statins prevent heart attacks and heart disease in the general population, but what we don't know is whether statins prevent heart attacks and heart disease in people living with HIV.

Statins

- Lower LDL Cholesterol
- Improve Heart Health
- Anti-inflammatory Effects
  - Atorvastatin (Lipitor)
  - Simvastatin (Zocor)
  - Rosuvastatin (Crestor)

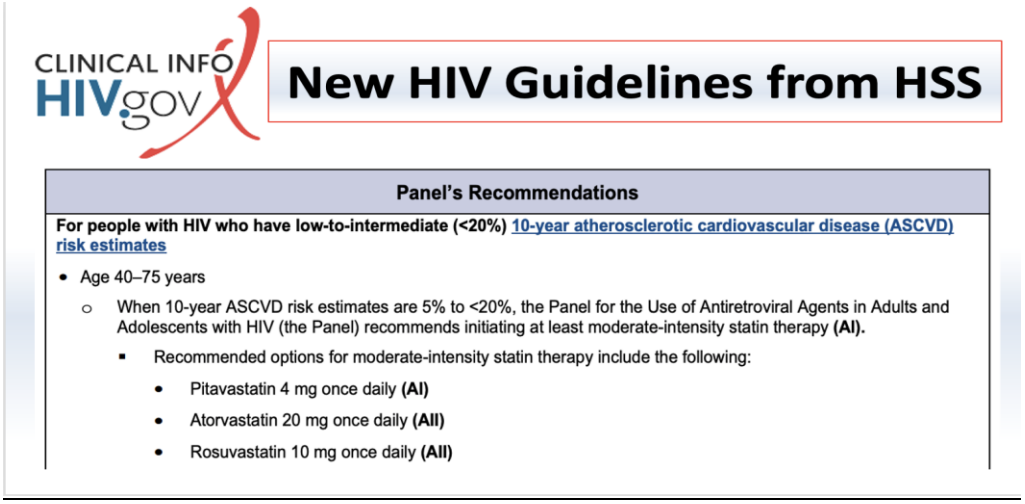
How Can Statins Help?



We know….
- Statins prevent heart attacks and heart disease in the general population

What we don't know…
- Do statins prevent heart attacks and heart disease in people living with HIV?

THE REPRIEVE TRIAL



Future Directions

The future direction raises a lot of questions, as there are still a lot of samples that have been looked at to try and see how the mechanism of all this works at the cellular level. However, the primary interest is in implementation, or more specifically, implementation research. As stated, it's one thing to know that there are some things that can work anywhere and for anyone, but at the same time there are also all sorts of barriers that can impact all kinds of people, many who we know are going to be at higher risk than others. There are also those who have both, fewer resources or much less capability to tap into these resources. The question remains, how do we bring these interventions forward, so as many people as possible can get the maximum benefit from them?

Q&A's

***Question:* N. O'Neal** - How can we encourage women in these studies, and does aging put women at risk for heart disease?

***Response:* Dr. Yendewa** - In general, there is under-participation in women in most clinical trials, and in aging we start to see more manifestations because more inflammation takes hold, and they have less estrogen when aging. We must do more to get them in the trials because they are at risk, as we are now looking at heart disease in post-menopausal women.

***Question*: L. Lovett** - How can you get involved with that clinical trial?

***Response:* Dr. Yendewa** – This clinical trial ended earlier than expected because the group saw the clear benefit and did not want to continue with a placebo, which was just a sugar pill.

***Question:* B. Willis** - Would you say that statins are generally well covered by insurance and also have affordable generics available?

***Response:* Dr. Yendewa** – We're looking into this in thinking more broadly about the implementation aspects of this clinical trial, as in general, statins are widely used. As far as coverage, there does not seem to be much of a problem, at least not with the older ones.

***Question:* T. Mahdi** – Are there interactions with statins and HIV medications? For example, difficulty with muscle pain?

***Response:* Dr. Yendewa** - That's very specific to that class of drugs, as generally when you hear a class, the idea is they're all kind of the same, but not the case with statins. While they share the same name, they're all very different drugs, in that stopping and starting from one to another can alternatively cause problems or be the solution.

***Question:* C. Droster** – How can participants in this state find out about their results or how they ranked in the trial?

***Response*: Dr. Yendewa** – Not certain on this trial, but as a general concept, when clinical trials stop, they are regarded as blind, or inaccessible, unless someone on either side makes a request to un-blind, or allow them access to the data. Additionally, there have been cases, not necessarily related to reprieve or clinical trials, in which people are un-blinded right away and have access to information, once the trial is over.

* **Response: B. Willis** – People who participated in the trial at the SICU have been notified about how to request this info. If you did not receive this info, you can contact the SICU.

***Comment:* N. O'Neal** - Maybe there can be another presentation at CLC on this to help recruit and engage women, to make them more aware.

***Response:* Dr. Yendewa** - It won't look specifically at heart disease, as the clinical is not final yet. It will first likely be done in a clinical-type meeting, then be presented at CLC.

L.J. Sylvia – Thanks to Dr. Yendewa for presenting and helping us understand the slides, and we will work to see how we can further share this information.

Recruitment Discussion*: Planning Council Seeks to Welcome New Members Who Are People Living with HIV (PLWH). Who do you know that might be interested?*

L.J. Sylvia – In looking to get more involved in CLC, how can we do this without putting the link out there?

C. Taylor - One way may be to adapt a method, in which those interested must provide one proof of HIV diagnosis documentation. to someone from this space first, as that may be the best way to provide the link for meeting access. It also allows for a more personal touch in retention.
***Response:* N. O'Neal** – Agree, as it's not just about coming to meetings, but also being able to have them stay engaged.
***Comment:* C. Taylor** - This is something done in the navigation process at CWRU, as the students demonstrate commitment in following a set curriculum on how this could work. Maybe for this, they could have a requirement, such as a goal to attend a CLC meeting, do site visits, all which could be added to the next curriculum. This could also be done in looking at wording projects or for workshops.
***Comment/Question*: N. O'Neal** - What about at next meeting, we recruit one person to attend CLC meeting, or even a listening session, maybe have lunch as a way to encourage them?
***Response:* C. Taylor**-Great idea, may be a better approach if we make it a big deal to a friend.
***Comment:* B. Jones** - One time we talked about doing individual invitations and light snacks, as some like to feel they were selected through a special process. Also, there should be bullet points on how to navigate the system, how this can enhance advocacy, and how voices can be heard. This would help people see tangible things that can benefit them, PLWH or anyone. Also, can CLC do fundraisers, such as in-kind donations, as offering giveaways and incentives would help inform and promote HIV efforts.
***Comment:* N. O'Neal** – Again, making the point we want to create interest in CLC, not just look for people to become members.
***Comment:* L. J. Sylvia** - Great ideas, as this should help see how these meetings are more about relevancy and less about just listening sessions. As far as commitments, on a smaller scale, you can be a non-member volunteer, join a committee, and vote only in that committee, not in PC. However, a bigger commitment would be regularly attending COR and Full PC meetings.

Planning for 2024 Listening Sessions
N. O'Neal- We have confirmation for the September 25th Listening Session at Neighborhood Connections, and we will table this for further discussion until next meeting.

Standing Business
Agree on CLC Committee work activity (if any) to be reported at Executive and Full Planning Council Meetings – N. O'Neal
Updates on today's presentation and CLC recruitment ideas, will be reported at Exec and Full PC meetings.

Announcements
N. O'Neal - The Centers is sponsoring a free lunch and discussion, featuring presentations from Tony Elmore and Bryan Jones, on HIV Criminalization, Monday, August 12, 2024, from 11am-1:00 pm. The event is free, but registration is required.
C. Taylor – There are several back to school upcoming events taking place in the Miles area. Information will be shared.
B. Willis – Everyone is always invited to the monthly CAG (Community Advisory Group) group meetings at CWRU, in which they provide updates and go over current and upcoming studies. The meetings are held on the second Tuesday of the month, in the second floor conference room. Also, as of last week, Dr. Yendewa is now the new Lead Investigator for the Clinical Trials Unit.

A**djournment**
Motion: F. Ross **Seconded**: C. Taylor

Attendance

	CLC Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	**Naimah O'Neal, Co-chair**	**20**	**20**	**0**	**20**	**20**	**20**	**20**			
2	**Faith Ross, Co-chair**	**20**	**20**	**20**	**0**	**20**	**20**	**20**			
3	Stephanice Washington	**20**	**20**	**0**	**0**	**0**	**0**	**0**			
4	LeAnder Lovett	**0**	**0**	**20**	**20**	**20**	**0**	**20**			
5	Bryan Jones	**20**	**0**	**0**	**0**	**0**	**20**	**20**			
6	Mike Deighan	**20**	**0**	**20**	**20**	**0**	**20**	**20**			
	Total in Attendance	**5**	**3**	**3**	**3**	**3**	**4**	**5**			

PC Members: K. Dennis, C. Droster, B. Gayheart, T. Mahdi, C. Taylor
Attendees: Dr. George Yendewa, B. Willis, T. Moyel
Staff: A. Idov, L.J. Sylvia, T. Mallory