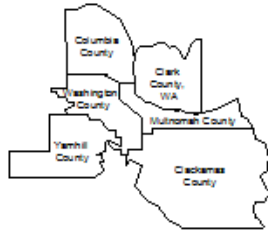




Portland Area HIV Services Planning Council

Advocacy and planning for people affected by HIV in the Portland metro area

Ryan White Program, Part A



Meeting Minutes

Meeting Date: May 7, 2024

Approved by Planning Council: June 4, 2024

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, May 7, 2024, 4:00 – 7:00 pm

Melody Event Center, Broadway Room

615 SE Alder St, Portland, OR 97214

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	Scott Moore called the meeting to order at 4:00 PM.
Welcome & Logistics	Scott Moore welcomed everyone to the meeting and reviewed meeting logistics. <ul style="list-style-type: none"> • Please say your name each time you speak • Please raise your hand • Meetings are recorded for accurate meeting minutes.
Candle Lighting Ceremony	Jamie Christianson lit the candle in honor / memory of Jeffrey, a client who died during the recent fentanyl emergency.
Announcements & Introductions	Announcements: See slides. The group reviewed the Council Participation Guidelines (see slide). Attendees introduced themselves. Announcements <ul style="list-style-type: none"> • Awareness Days <ul style="list-style-type: none"> ○ Vaccine Awareness - May 17 ○ Asian & Pacific Islander - May 19 • Julia & Kris will be distributing a membership survey – please keep an eye out
Agenda Review and Minutes Approval	The meeting minutes from the April 2 meeting were approved by unanimous consent. The agenda was reviewed by the Council, and no changes were made.
Public Testimony	None. Please invite members of your community to provide public testimony.
Co-chair & Operations Committee Elections	<i>Presenter: Julia & Kris</i> <i>See presentation slides.</i> <i>Summary of Discussion:</i> Positions available: <ul style="list-style-type: none"> • Co-Chair (currently Bri Williams) • 3 Operations Committee members (currently Tom Cherry, Greg Fowler, and Jamal Muhammad)

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	<p>Co-Chair election</p> <ul style="list-style-type: none"> • We do not currently have anyone nominated for this position • We are asking anyone who is interested in serving as co-chair to write their name in. Please ask before nominating someone else • No one was elected co-chair today, so we will repeat the co-chair election process for the next meeting. • Bri is willing to stay on for a couple of months (her term will otherwise end in August) until we find someone else. • Aubrey will re-share the position description • Reach out to Bri and Scott if you are curious about the role <p>Operations Committee elections – 3 openings</p> <ul style="list-style-type: none"> • Tom Cherry, Greg Fowler, and Jamal Muhammad are all running for reelection • Council members filled out and submitted ballots • DECISION: Tom Cherry*, Greg Fowler, and Jamal Muhammad are re-elected for another term on the Operations Committee <p><i>*Update May 14, 2024- Tom was voted in while absent, and we sadly learned after this meeting that Tom had passed away recently after a long life of service and advocacy.</i></p>
PSRA Process & Timeline	<p><i>Presenters: Aubrey Daquiz</i> <i>Summary of Discussion:</i> See slides.</p> <p>Aubrey provided a brief overview of the Priority Setting & Resource Allocation (PSRA) process – see slides.</p>
Client Experience Survey, Part 2	<p><i>Presenters: Grace Walker-Stevenson</i> <i>Summary of Discussion:</i> See slides.</p> <p>Grace reviewed the second part of the quantitative data from the client experience survey. A review of the qualitative data will be shared in the future.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Q: How is disabled being defined? A: Respondents self-selected for disability using REAL-D questions. • Suggestion: ask “Are you receiving SSI?” as a way to select for / define disability. Response: We could do both. • Q: Was there a difference in satisfaction by county? A: No • Comment: How does the number of newly diagnosed respondents compare to the number of newly diagnosed individuals in the TGA (in Ryan White and in general)? A: We had 40 (8%) newly diagnosed respondents compared to 92 (3%) newly diagnosed in the TGA. • Q: How did we encourage survey participation, to counter the trend of people who have complaints filling out the most surveys? A: We provided 6 \$50 gift cards, which were given away randomly to respondents who signed up upon completion of the survey.

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	<ul style="list-style-type: none"> • Q: How was “accessed SUD services” defined? A: This exact phrase was used, to be defined by the respondents. • Q: Why do you not collect zip codes? A: Zip codes are considered identifying information, and this survey is anonymous. • Q: How does this compare to results in other TGAs and other states? A: This is not a standardized survey, but it actually written by HGAP staff, so we cannot compare “one-to-one” to other TGAs. However, we can ask other TGAs and states if they have client experience survey results to share. • Q: Could you pull the data for Clackamas and Washington Counties? A: Yes
<p>Annual Report – Epi & Outcomes</p>	<p><i>Presenters: Grace Walker-Stevenson</i> <i>Summary of Discussion:</i> See slides.</p> <p>Grace Walker-Stevenson reviewed the annual report, including overall epidemiology for the entire TGA and outcomes for Ryan White Clients – see slides.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Q: Why has the annual lab rate for all PLWH in the Portland TGA gone down so much in the last few years? A: We have asked OHA and are awaiting a response. However, annual lab rates are not used as much anymore. Viral load rates are more commonly used. • Suggestion: Split out Oregon and Washington state numbers on these “all PLWH, Portland TGA” numbers, and compare how they address clients not in care. • Q: How do our viral suppression numbers compare to other TGAs? A: I don’t have numbers from other TGAs, but the red line on the chart is the goal, and we are above that goal. • Q: What is the threshold for being considered virally suppressed? A: Typically it’s under 200. • Q: Does MH Treatment include MH Peers? A: Yes • Q: Why is ages 65+ not listed in the demographic snapshot? A: That demographic snapshot was created from my newly diagnosed slide and we had no 65+ newly diagnosed people this year. We did have 8% (257) 65+ people in the annual file. • Comment: Please break down the 64% of newly diagnosed clients who joined the RW Care System who were BIPOC into different racial/ethnic identities. • Break down newly diagnosed into all different ethnicities, insurance, etc.? (See next page)

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<ul style="list-style-type: none"> • Comment: AETC has some good data on transgender seroconversion showing disproportionately high rates among transgender women. • Q: What is rarest race analysis? A: When we sort the data for people who report multiple races, we record these individuals as the rarest race to better capture their experiences of racism and help make these groups more visible. • Q: Do we have numbers of newly diagnosed among immigrant groups? A: No, we do not collect that data. Historically Multnomah County has refused to collect that data due to concerns about being forced to provide immigration status data to other agencies. • Comment: We have seen very large increases in new diagnoses among various immigrant groups • Comment: It is very important to track not just white people data but immigrants data as well • Book suggestion: Undesirable Immigrants • Suggestion: Ask where individuals are from without asking about their immigration status • Comment: The number of unstably housed clients seems low. This is likely a data accuracy issue. • Q: For clients by insurance status, why is Medicaid increasing significantly, while Medicare is reducing significantly? Wouldn't this be the opposite? A: This may be due to increased eligibility for Medicaid (Cover Oregon). Also, many people have both Medicaid and Medicare, and it looks like this is only recording one of them. This is pulled by the status listed in CAREWare, which may list only one. • Comment: Anecdotally, people who are older (65+) are falling out of care 																																								

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Services, Priorities, Guidance	<p><i>Presenters: Scott Moore, Bri Williams</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>TABLED to the next meeting due to lack of time.</p>
Awareness Days	<p><i>Presenters: Scott Moore, Bri Williams</i></p> <p><i>Summary of Discussion:</i></p> <p>See slides.</p> <p>Due to lack of time, information on the Vaccine and Asian & Pacific Islander awareness days was shared after the meeting officially ended.</p>
Evaluation and Closing	<p><i>Presenter: Bri Williams</i></p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p> <p>Next meeting: June 4, 2024</p>
Adjourned	7:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Jamie Christianson, she/they	X		Robert Middleton, all pronouns		E
Claire Contreras, she/ella		L	Scott Moore, he/him	X	
Steven Davies	X		Jamal Muhammad, he/him	X	
Carlos Dory, him/his	X		Fabian Primera		A
Michelle Foley, they/them		E	Diane Quiring, she/her	X	
Greg Fowler, he/him	X		Tessa Robinson, she/her	X	
Jeffrey Gander, he/him	X		Jake Schmieder, he/him	X	
Kris Harvey, he/him	X		Taylor Silvey, she/her	X	
Shaun Irelan, he/him	X		Nick Tipton, he/him	X	
Zachary Jones		A	Bee Velazquez	X	
Julia Lager-Mesulam, she/her	X		Meghan Von Tersch	X	
Robb Lawrence, he/him	X		Shane Wilson, he/him	R	
Heather Leffler, she/her	X		Joanna Whitmore, she/her		E
Sean Mahoney, he/him		E	Abrianna Williams, she/her (Co-Chair)	X	
PC Support Staff			Guests		
Sandra Acosta Casillas	X		ASL Interpreters – Gina & Katie	XX	
Jonathan Basilio	X		Daniel Kor	X	
Aubrey Daquiz, she/her	X		Shimere Harrington	X	
Jenny Hampton, she/her (Recorder)	X		Dennis Torres, Gilead	R	
Sara McCall, she/her			Dale Sattergren, AETC	R	
Derek Smith, he/him	X		Sue Walburg-Smith, Merck	R	
Grace Walker-Stevenson, they/them	X				

* R = Attended Remotely (for an in person meeting); A = Unexcused Absence; E = Excused Absence; L = On Leave