Seattle TGA HIV Planning Council

Monday, June 10, 2019 4:00 p.m.–6:30 p.m.
2100 Building: 2100 24th Avenue South
IF YOU NEED TO CALL IN: 206-263-8114, CONFERENCE ID: 459350#

AGENDA

Overall note: ensure consumer input throughout the meeting on each topic

I. Welcome, Meeting Rule Reminder, Introductions, and Announcements (Bill, Katie) 4:00

II. Agenda:
   ➢ Action: Review and approve

III. Minutes:
   ➢ Action: Review and approve

IV. Public Comment (Katie & Bill)

V. Recipient Report

VI. Needs Assessment, Priority Setting & Resource Allocation Committee Report (Bill & Richard) 4:15
   • Needs Assessment scaled down scope

VII. Data 101: Understanding What You See (group will take a break as needed) 4:25
   • Eliza Ramsey from the Urban Indian Health Institute will present

VIII. System of Care Committee Report (Tony, Hector, Katie) 5:50
   • Work related to the General Standards regarding grievance procedures, etc.

IX. + Caucus (Jason) 6:00
   • Report on second meeting on June 6th

X. Membership/Operations: (Alora, Eve, German) 6:10
   • Planning for creating new Bylaws, and learning key factors to include.

XI. Celebrate Departing Members 6:20

XII. Adjourn 6:30

Attachments: Minutes

Barrier-free location
Reasonable accommodation for persons with disabilities available upon advance request.
Questions? Call: 206-263-2030

Visitors: Please read the information on the back to make your visit easier!
Welcome to the Seattle TGA HIV Planning Council, we are so glad you came! Here are a few things to know about what you will see and hear this afternoon, and how you can participate!

Please have some food!
Food is available for everyone, so please don’t be shy about taking some!

Where should visitors sit?
Visitors can sit at the Visitor table. When you come through the door to the room, it will be the first table, a little bit to the right, and facing west.

Introducing yourself at the beginning of the meeting:
At the start of the meeting, everyone (Council members, staff and visitors) are all asked to introduce themselves, and state any conflicts of interest. Here is how you do it:

- State your name
- If you or any member of your immediate family work for, are on the board of directors of, or in any way represent any of the Part A funded agencies then you have a conflict of interest.
- State the name of the agency you work for
- State the name of the service categories that agency receives funding for
- Not sure if you have a conflict? No problem—state the agency, and simply ask if it receives Part A funding.

Making a comment at the meeting:
Anyone who is visiting the Council can speak up at the beginning of the meeting when the chairs call for Public Comment. This is the only time to make a comment about something on the agenda, or bring up a topic you would like the Council to discuss in the future. You can talk for up to 2 minutes (which is much longer than it seems).

What does “Unaligned Consumer” mean?
This is a term used to describe people whose only connection to Part A funded agencies is that they use their services. This term comes from the Ryan White legislation and includes both People Living with HIV (PLWH) and the parents of minor children with HIV. It excludes those PLWH who do not use Part A services, and/or those who work for funded agencies. Unaligned Consumers play a key role on the Planning Council.

What is a “TGA”?
The counties served by this Part A grant. The Seattle TGA is King, Snohomish and Island Counties.

What are those laminated 4” X 8” cards all about?
The Council uses these to help move the process along, including understanding when someone who is speaking works for, or is on the board of a funded agency. A description of the purpose of each card is on the back of it. Please take a moment to familiarize yourself with them.
Minutes ** June 10th, 2019  
4:00 – 6:30pm  
2100 Building – 2100 24th Avenue S, Seattle

**Council Members Present:** Bill Hall, Katie Hara, Susan Buskin, Richard Prasad, Michael Louder, John Rodriguez, Carlos Delgadillo, German Galindo, Teresia Otieno, Brian Lauver (phone), Scott Bertani (phone), Lydia Guy-Ortiz (phone), Eve Lake, Tyler Adamson (phone), Alora Gale-Shreck

**Council Members Absent:** German Rodriguez, Kim von Henkle, Hector Urranaga-Diaz

**Planning Council Staff Present:** Jesse Chipps, Safia Malin (minutes)

**Recipient Staff Present:** Marcee Kerr

**Visitors Present:** Tony Radovich, Vanessa Leja (DOH), Eliza Ramsey (Urban Indian Health Institute)

*Italics denote Planning Council Membership.*

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I. **Welcome, Introductions and Announcements**
- Everyone introduced themselves and stated conflicts by agency and service category.
- Carlos announced that there are many HIV conferences that happen around the state and he hopes that he and the rest of the Council members can be more involved in community events. He expressed the need for training and conference announcements.

II. **Meeting Agenda**
- ☑ The agenda was approved as written by acclamation.

III. **Meeting Minutes**
- ☑ The agenda was approved as written by acclamation.

IV. **Public Comment**
- Bill went over the meeting rules.
- There was no Public Comment.

V. **Recipient Report**
• Marcee noted that Linda is on vacation and she will be giving the Recipient report in her stead.
• The annual progress report was submitted to HRSA on May 28th.
• Almost all of the 2019 Ryan White contracts have been executed. There are a few in progress that should be finalized soon.
• The Provide data system still doesn’t have a launch date.
• Marcee noted that the interviews for Linda’s replacement, the new Ryan White Project/Program Manager will be held on June 20th. The goal is to fill the position by mid-July.
• Michael asked who signs contracts on behalf of the sub-recipients. Marcee answered that it is usually the Executive or CEO of the agency.

VI. NAPSRA Report

• Bill reported that the NAPSRA committee has narrowed their target population for the Needs Assessment down to Native Americans / Alaskan Natives. He stated that because the committee is short on time it would be an injustice to focus on all the populations at once, so the group decided to prioritize populations one at a time.
• Carlos asked how long it would be before the committee moves on to the next population. Bill answered that they would focus on the current target population until December.
• Carlos asked which group would be focused on next. It was answered that NAPSRA committee would choose at a later time.
• It was noted that the target populations are Native Americans / Alaskan Natives, Recent Immigrants, Women, and Snohomish County.
• Richard noted that the NAPSRA will come together and draft a more concise plan. He assured the group that with the 3 year plan in place, populations to focus on will always be on the discussion table.
• Michael asked what the NAPSRA committee will be looking for while looking at Native American populations. Richard answered that they still in the beginning stages and will have more to report on at the next meeting. Bill added that why Native Americans aren’t in care is a potential focus.
• Teresia stressed the importance of having the Planning Council stay informed and remain a part of the Needs Assessment process. Bill agreed.

< Tyler arrived via phone: 4:28pm >

VII. Data 101: Understanding What You See

• Bill invited Eliza Ramsey from the Urban Indian Health Institute to do a presentation to educate consumers, and providers alike on how to read data.
• Eliza began her presentation by acknowledging that we are on Native land. She introduced herself and gave a brief description of what the Urban Indian Health Institute is.
• Eliza's presentation went into detail on indigenous data sovereignty, key concepts while reading data, and data sources.
• Eliza handed out post it notes and urged the group to write down the questions they have about data.
• Carlos asked what a person living with HIV should do if they have a problem with a specific agency. Eliza answered that the consumer should work with agencies to find a resolution. She noted the importance of receiving qualitative data to determine the barrier, and bridge any gaps.
• John asked “what is data?” Eliza answered with the key concepts of data and how it is collected.

< Alora arrived 4:38pm>
• Eliza discussed data being equitable and the different technologies used to collect data.
• Richard asked Eliza how she feels about analyzing data on Native American / Alaskan Natives. She answered that because it is such a small population there are gaps.
• The group discussed racial bias in regards to data, and data collection. Michael asked how surveys are put together to be racially aware. Eliza answered that at the Urban Indian Health Institute there is a group who tests and validates questions before they are used in research. She mentioned that there are instances where there is a cultural disconnect between the researchers and the target population; using questions that have already been tested helps bridge that gap.
• Eliza’s presentation went on to include decolonizing data; which is reclaiming the indigenous value of data collection, analysis, and research.
• Eliza also went over the difference between quantitative data and qualitative data.
• The group discussed the difficulties of collecting data on small populations. Richard noted that just because a population is small that does not mean the impact of the data collection is not powerful. He used the North Seattle cluster as an example of how sometimes data from a small population can make a huge impact.
• Eliza presented different data sheet models.
• German commented that people in outlying counties don’t have time to go to the clinic. He noted the importance of having accessible care. Jesse reiterated that questions like “At what days/times would you need this service?” could be included in Needs Assessment. They also noted that the Council can direct the Recipient can go out and find agencies that have services accessible at that time.
• The group discussed cleaning data; which is the process of organizing the data so that it can be used. Vanessa used DOH as an example and noted that sometimes data can take a while to be cleaned out.
• Eliza’s presentation went on to include ratios, proportions, rates, trends, age-adjustment, sample sizes, care cascades, and data sources and definitions.
• Eliza opened the floor up for questions.
• John asked how he would find specific data. Jesse answered that Susan Buskin has access to epidemiology data, and the Council has access to other types of data.
• Katie stated that she is looking forward to working with this group because she feels like a lot of the time data and numbers dehumanize people and these discussions are bringing back humanity into it.
• Carlos stated that there have been instances where he was filling out paperwork and there was no racial option that he identified with, and because of this he was automatically classified as white. He noted that the disparities in applications regarding race and ethnicity need to be addressed.
• Dennis noted that census data complicates data collection in other areas. He also noted that the ways that people self-identify is very different in different countries and cultures.

VIII. SOC Committee Report

• Tony updated the group that at the last meeting the committee had a great conversation surrounding grievances and complaints. He noted that the committee has been discussing ways that those terms could be defined better, and taking a deeper look at the mechanisms of sub-recipients.
• He stated that the committee thought it was alarming that there was only one grievance filed this past year.
• Katie noted that updating the standards includes having lengthy conversations, and that the grievance measure was extremely important in terms of looking at equity. She stated that clients might not be educated on the grievance policy or not feel entitled to utilize it, so instead they are walking away from care.
• The SOC committee is on Standard 4.1 of the General Standards.

IX.  + Caucus Report

• John, the new co-chair of the caucus gave the report. He noted that there was Technical Assistance at the last meeting.
• The group discussed the mission statement and name of the caucus, after a lengthy conversation they voted on a mission statement and settled on the name “+ (Positive) Caucus”
• Michael noted that the word “consumer” is off putting. The group felt the word was disempowering which is what led to the name change.
• Teresia asked if it was possible to stop using the word “consumer” in the meetings, if it was possible to come up with a term that conveyed the same meaning. Jesse answered that in order to describe all of the things that the term encompassed would be a mouthful, specifically that people in that category are people who use services paid for by Ryan White Part A, and they and their immediate family are not employees of or on the board of a Part A funded provider
• The group decided that anyone who is HIV positive can join the caucus regardless of alignment status.
• John noted that his co-chair might step down and in that case Teresia has showed interest in stepping up to take over that role.

X.  Membership Committee Report

• Eve stated that the committee met with TA provider Emily Gantz McKay and talked about bylaws and the MOU.

XI.  Celebrate Departing Members

• This agenda item was pushed to the next meeting because these members weren’t present.

XII. Adjourn 6:17

Next Meeting: July 8th, 2019 4:00pm - 6:30pm, 2100 24th Ave S, Seattle WA