

**EPINET Research/CAB meeting
April 7, 2021**

Attending: Lisa Dixon, Valerie Tryon, Jess Taylor-Zoghby, Piper Meyer-Kalos, Swati Nayar, Hong Ngo, Tiana Sepahpour, Ariel Currie, Donna Bencivengo, Katie McCormick, Khalima Bolden, Deepak Sarpal, Stephen Smith, Shaun Davis, Anita Kwashie, Karina Murro, Tamara Daley, Preethy George, Shoma Ghose, Howard Goldman, Abram Rosenblatt, Susan Azrin

Lisa gave an overview of the change in leadership; in order to be able to coordinate better with both the TA and CAB/Research groups, Tara Niendam will take over leadership of the CAB/Research group.

Update: Research review paper

Lisa described the process thus far (see slides). Team leaders report that the process has been very organized and well laid out, and most groups have met.

Lisa noted that there is a lot of work going into this process and it could likely generate more than one article.

The “family factors” team is deciding whether or not Covidence (a research paper management tool) will be helpful or not. Tara has a grad student who has familiarity with this and will connect with Iruma about this.

Edits to the PL-CAB

Tara led a discussion about potential edits to the program level data collection tool. Selected points of discussion:

- Possibly add a question, “Do you have translated materials available?”
- With regard to recruitment and outreach, are we actually reaching the population in the catchment/service area? And are we actually serving the community?
 - Do we ask what the threshold languages are in the catchment area- should we?
 - Could it just be looked up by zip and publicly available data?
 - Do sites even KNOW what languages are spoken in the catchment area? (whether they even know could be telling)
 - Find out whether it is part of their mission/vision to conduct outreach in hard-to-reach populations?
 - Ask, “For your site, list the zip codes that you serve?” But this would be problematic because there could be literally dozens and dozens of zip codes covered, some with just one participant. Instead, ask sites to provide aggregate at a particular time, like X percent come from each zip code
 - There’s bias in the pathways to care. It feels like it’s impossible to know where the person actually comes from, since so many people come from hospitals. So what we see in programs is representative of who the hospital serves. Example of a clinic that serves predominantly African American community but gets the majority of referrals from a hospital. Sometimes it’s not about outreach, there’s so many people coming from a hospital that outreach isn’t even relevant because programs are swamped by the referrals.

- Insurance and Medicaid status are another factor that is going to influence what happens and who gets seen
- Being able to address the language barriers can also address the structural racism piece
- These race categories are the ones defined by US Census data. What about breaking up White into more categories to account for Middle Eastern and other groups that fall into the “white” category?
- Staffing questions about race and gender: These are important, but a) would a team lead feel comfortable reporting on this for members of his/her team? b) would it violate HR practices for a team lead to ask these questions of staff, even anonymously?
- Consider adding...
 - Outreach questions – something to get at targeting specific groups
 - What about training, are there any activities specific to diversity, equity and inclusion
 - Something related to the programs’ awareness and resources related to gender issues, e.g., referral pipeline to gender-affirming health centers
 - Something related to support related to immigration issues

Next steps:

Group members will contemplate these issues and questions, and will review the PL-CAB among their teams. Provide feedback, suggested wording for items, etc. We’ll discuss at the next meeting, on May 5th.