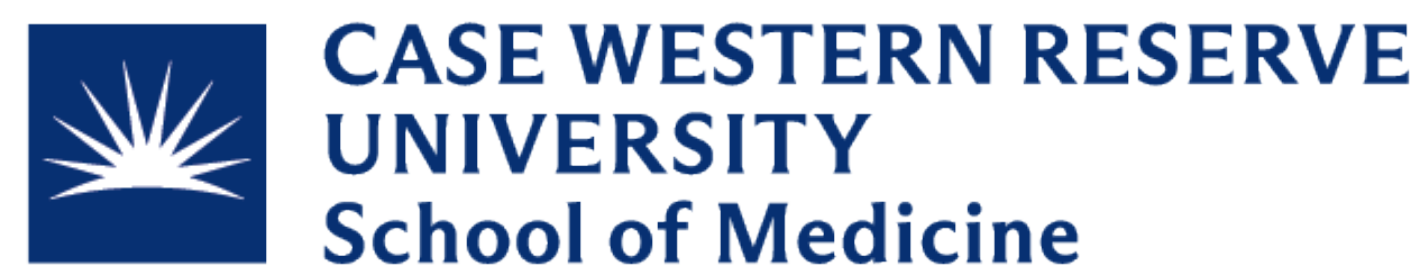


Project C.E.R.C.E.I. (Community Engaged Response to Carceral Experienced Individuals)

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Master of Public Health Program

Background

Funded by an NIH Supplement Grant, Project C.E.R.C.E.I. is a feasibility study from the Rustbelt Center for AIDS Research (CFAR), a collaboration between Case, MetroHealth, and the University of Pittsburgh. C.E.R.C.E.I.'s focus groups took place at the Northeast Ohio Coalition for the Homeless (NEOCH), located at 3631 Perkins Ave #3, Cleveland, OH, 44114. The focus groups centered around one question: *What do LGBTQ+ adults need when returning home from jail?*

Population

The study engages post-incarcerated **Sexual and Gender Minoritized Adults (SGMAs)** who are 3 years or less post-released.

Learning Objectives

1. Engage SGMAs in Cleveland with recent histories of incarceration in concept mapping to describe the concerns of their communities when returning home.
2. Modify and implement the RiVER Mobile Clinic model for post-incarcerated adults to fit the needs of Cleveland's population.
3. Pilot the modified clinical model and evaluate implementation science (feasibility, acceptability, appropriateness) and HIV care cascade outcomes of the status neutral modified model.

Activities

- Co-facilitated 2 ongoing focus groups of SGMA and service providers in group concept mapping.
- Served as project coordinator and co-investigator
 - Organized meal orders
 - Space setup
 - Transportation assistance
 - Lead 8 focus groups
 - Brainstorming
 - Sorting and rating sessions
 - Interpretation Session I: Cluster Maps
 - Interpretation Session II: Results

Deliverables

1. Shared understanding document (Q2Q) to assist with roles and responsibilities
2. ACCJH Abstract and workshop (March 17th, 2025, in Houston, TX)
3. One-pager to describe program for internal staff at MetroHealth
4. Complete IRB Modification to create focus group to design an FAQ for recently released SGMAs
5. Authorship Contribution to published academic paper, *Integrating People with Lived Experience of Carceral System Involvement into Research*

Methods and Results

Session Name	Session Goal
Session 1: Brainstorming	<ul style="list-style-type: none"> • Generate a list of responses to the focal prompt (e.g., "What are the things LGBTQ+ adults need for health and healthcare when we come home from jail?")
Session 2: Sorting and Rating	<ul style="list-style-type: none"> • Individually sort brainstormed responses into groups ("clusters") that make sense to the participant • Individually rate each response on a 5-point Likert scale using ratings questions
Session 3: Interpretation Session I	<ul style="list-style-type: none"> • Interpret selected concept map and clusters to help researchers understand the story behind the clusters • Generate cluster titles to identify post-release healthcare components
Session 4: Interpretation Session II	<ul style="list-style-type: none"> • Review data visualizations (e.g., ratings maps, Pattern matches, Go-Zones) • Discuss community priorities for post-release healthcare for SGMA

Figure 1— Focus Groups Methods and Outcomes

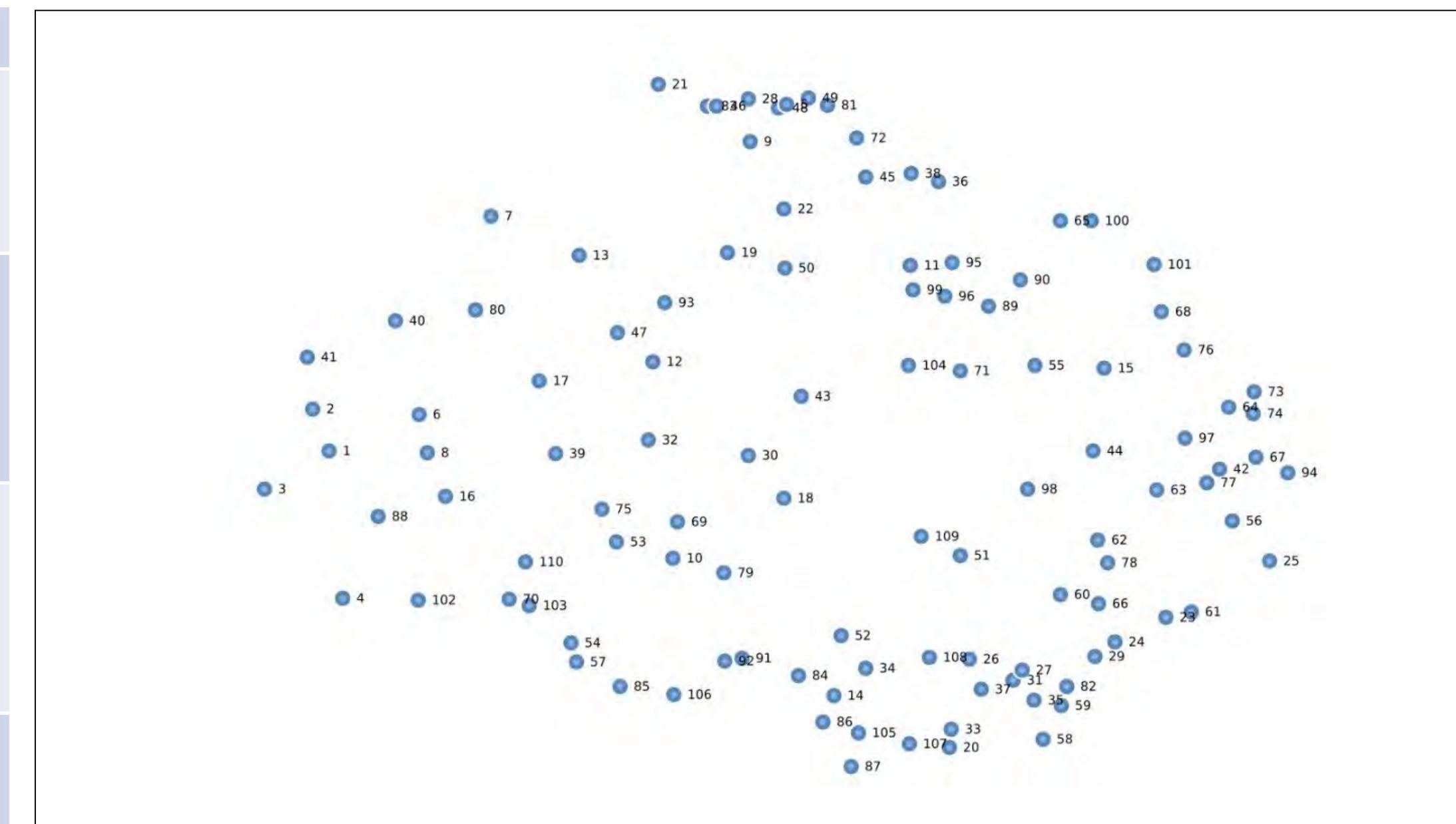


Figure 2— Initial Points Map: 108 points from Session 1

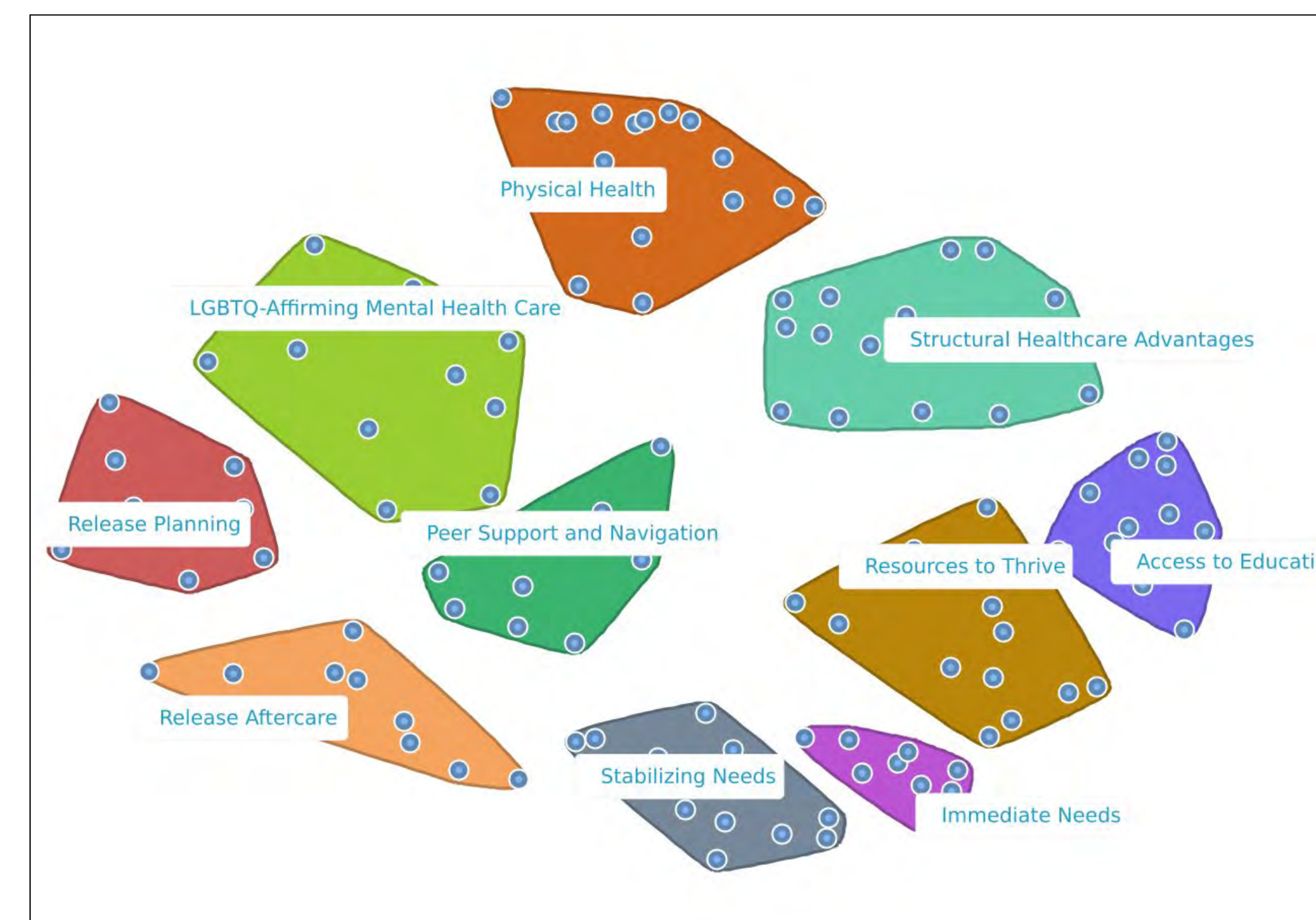


Figure 3— Final Cluster Map with names
 All 108 points grouped into themes by focus group participants and researchers

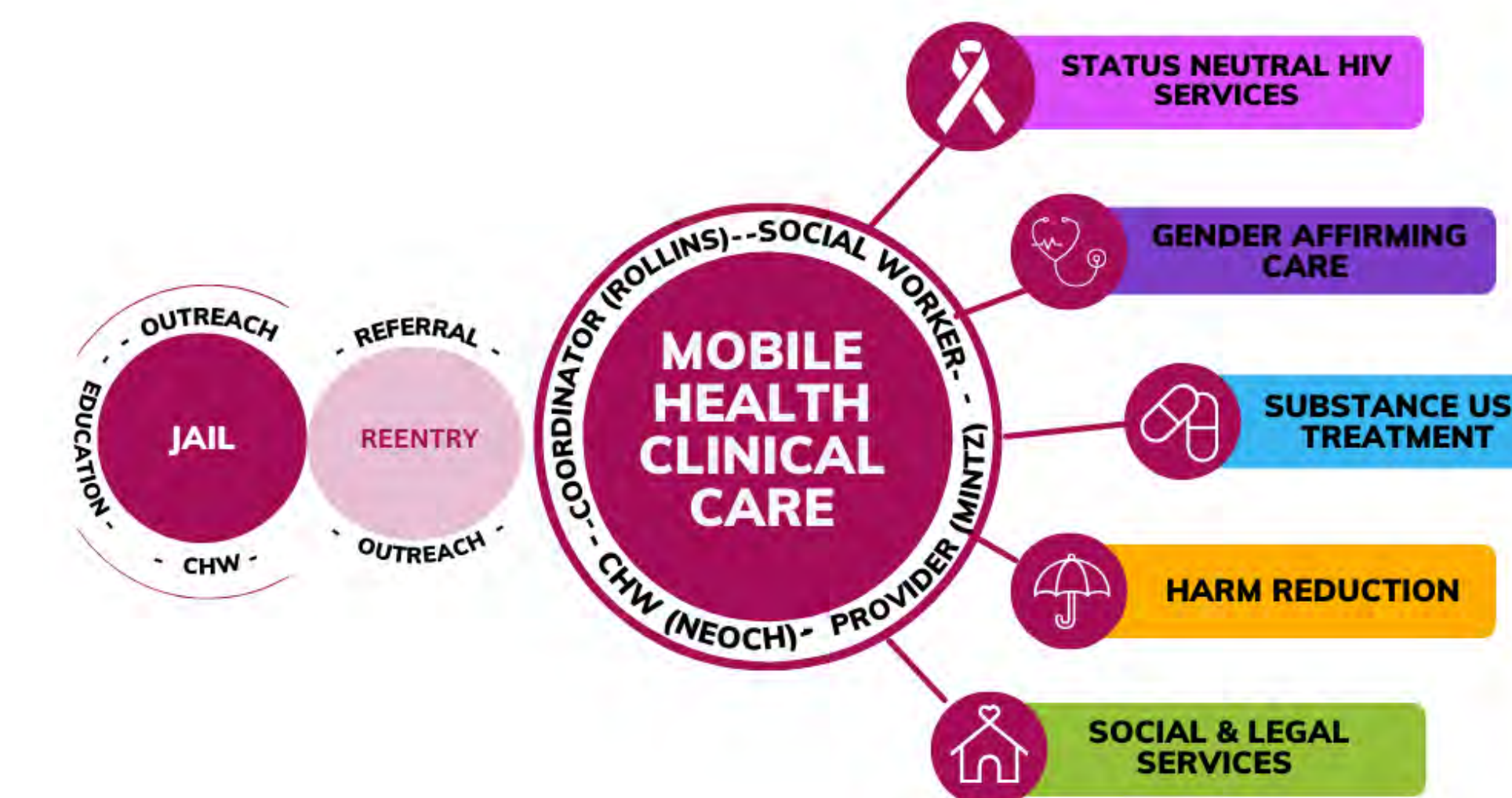
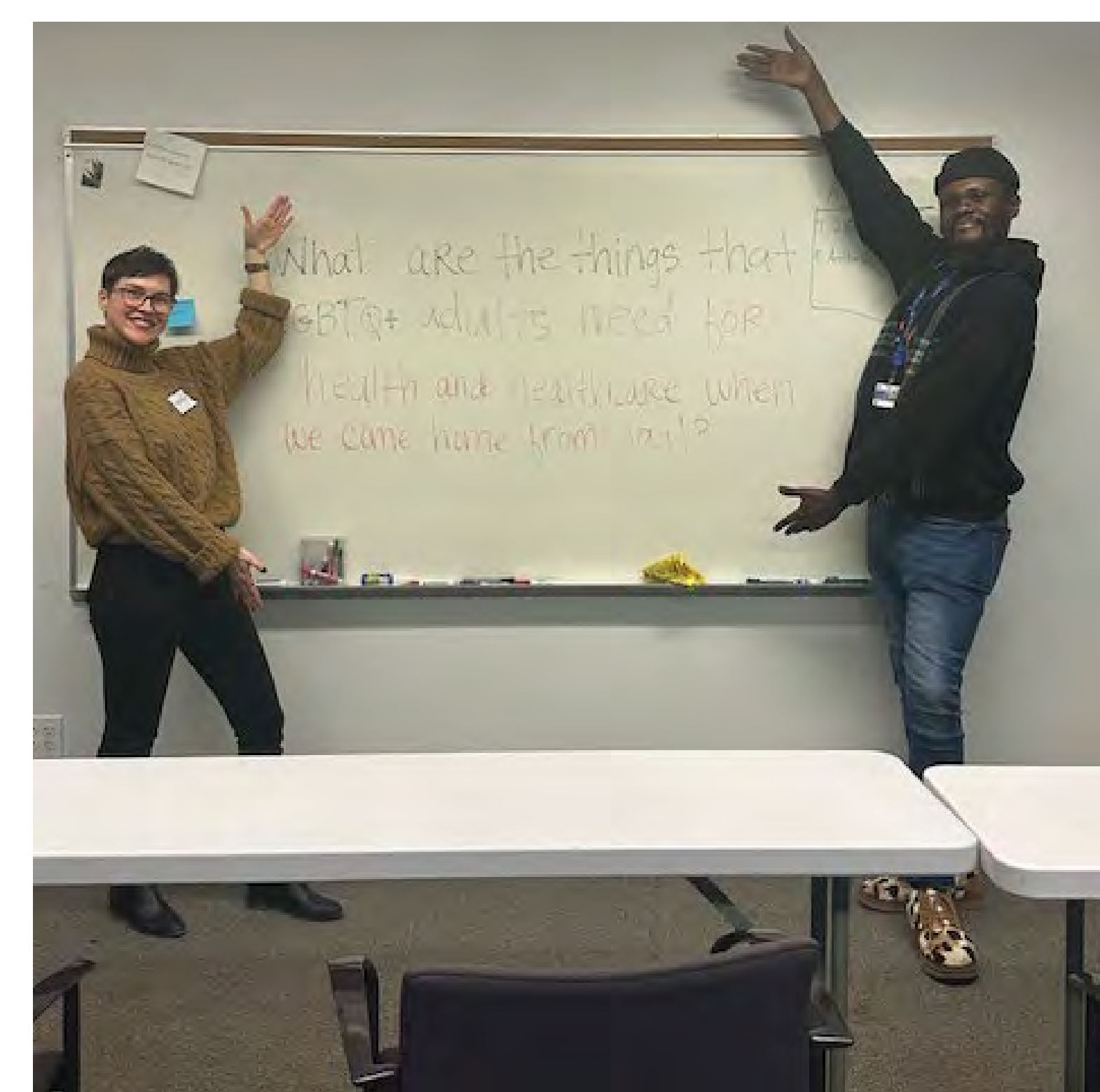


Figure 4— Modified RiVER Mobile Health Clinical Care Model



Picture 1 — Co-investigators Stephanie Creasy and AKeem Rollins



Picture 2 — NEOCH Community Partners, Khorianna Randall and Carey Gibbons; Co-investigators Stephanie Creasy and AKeem Rollins



Lessons Learned

1. Shared understanding between research teams is crucial. One bad session can nearly dismantle an entire study. Creating proper workflows, task management, and assigning point people mitigates this. I adapted the Q2Q framework from AmeriCorps to do so.
2. "Nothing about us, without us." Including populations to be collaborators and not "the research" is not only crucial to creating sustainable interventions, programming, and effective policy change; it is mandatory.
3. Concept mapping basics and using Group Wisdom software to visually represent and interpret qualitative data.
4. How to write and submit for an IRB review.

Public Health Implications

This model can be used by other organizations to assess community needs to build sustainable programs, policies, and interventions by directly including community in creation, not solely as paternalized beneficiaries of interventions. The data gathered here is currently being used in a pilot feasibility study for Aim 2 of Project C.E.R.C.E.I. Researchers must implement equity into research or fail to make continuing impact in multiply-marginalized communities.

Acknowledgements

I would like to acknowledge my preceptor and mentors, Drs. Laura Mintz and Ann Avery. I would also like to acknowledge Dr. Emily Dauria and Stephanie Creasy, MPH, Carey Gibbons and our community partners at NEOCH, as well as The National Institutes of Health (NIH) for funding this project with supplemental grant funding.



Picture 1 — Co-investigators Stephanie Creasy and AKeem Rollins; Principle Investigators, Dr. Emily Dauria and Dr. Laura Mintz