

## Cuyahoga Advisory Committee 8.10.20

### Attendance

Melissa Kolenz	Jeannie Citerman-Kraeger	Bob Bucklew
Melissa Rodrigo	Barbara Gripshover	Emily Campbell
Melissa Federman	LaRaun Clayton	Emily Muttillio
Laurie Rickert	Heather Searfoss-Allaire	Taneisha Fair

### Agenda

- I. **Intro Activity:** “One word to describe how you feel today”
  
- II. **Timeline Overview**
  - a. *Augst:* Situational Analysis presentation; AC & local leads identify issues to address in EHE plan
  - b. *Sep:* AC & local leads identify strategies
  - c. *Oct:* AC selects strategies for EHE plan
  - d. *Nov:* CCS gives EHE plans to ODH
  - e. *Dec:* ODH submits plans to HRSA
  
- III. **3 Roles of Stakeholders**
  - a. Help us to figure out: What are the problems, what could help, will this work?
  
- IV. **Survey Matrix**
  - a. Presentation of who took survey
  - b. Who we heard from
    - i. Black & brown PLWHA: (9) participants
    - ii. Transgender/nonbinary (20+) participants
    - iii. 55-64
  - c. Who we still need to hear from:
    - i. PrEP providers
    - ii. Latinx population
    - iii. HIV workforce
    - iv. Youth
    - v. Syringe Exchange
    - vi. AC still wants to hear from young, Black MSM as they are the most underserved
    - vii. Bar owners (to get observations on those who come to bars)
  - d. Ways to engage stakeholders
    - i. Specific population focus groups
    - ii. Key informant interviews
      1. **Action Item:** Kristin E. can conduct a key informant interview
      2. **Action Item:** Emily M. can form questions for the group to use with individuals at events, etc.

- iii. Targeted surveys
- iv. Large event w/small breakout groups
- v. Youth Leadership Summit
  - 1. **Action Item:** Heather and others can distribute invite to those at a youth leadership summit to participate in interviews
- vi. Reach out to Ballroom community (gatekeepers of communities)
- vii. Incentivize youth to invite friends to join and engage their social networks
  - 1. Gift cards

## V. 4 Pillars

### a. Diagnose

#### i. What do we already know?

- 1. Not enough HIV testing is being done
- 2. A lot of new diagnoses are being found in hospitals
- 3. Target populations have not been reached in our testing
- 4. ODH testing policy is restrictive/bureaucratized; and discourages women from getting tested

#### ii. What do we still need to know?

- 1. Why don't people want to get tested/what barriers prevent getting tested? (i.e. felony law, etc.)

#### iii. What is the best way to obtain this info?

- 1. Need to be flexible in understanding what works and what doesn't
- 2. Be willing to try things and see if they work
- 3. Get this info from gatekeepers (they are often mentors to younger)
- 4. Reach out to those who are newly diagnosed to find out what we did right (i.e. how and why did they decide to get tested)
- 5. Those within the community who "look like" others we are trying to reach, could be hit or miss because they are still peers with those they serve

### b. Treat

#### i. What do we already know?

- 1. We have effective medications to accomplish the work
- 2. We have a solid network
- 3. Rapid LTC and Rapid ART works

#### ii. What do we still need to know?

- 1. Number are dropping, but missing a number of people getting into care to reach viral suppression
- 2. Do we have enough human resources to help?

#### iii. What is the best way to obtain this info?

- 1. Speaking with newly diagnosed—what worked?
- 2. Look at what work has come before and are there things that have already been implemented that need to be highlighted/repeated in plan?
- 3. Ask DIS about newly diagnosed to find out barriers, etc.

### c. Prevent

- i. What do we already know?
  1. PrEP messaging not reaching most vulnerable communities
  2. Going to be injectable (every 2 months) PrEP coming
  3. Need better funding so that SSP's can be more widespread (Circle Health can't reach everyone)
- ii. What do we still need to know?
  1. How available will injectables be?
  2. Do we have enough resources to have nurses available regularly?
  3. How comfortable are providers with giving PrEP and harm reduction messaging?
- iii. What is the best way to obtain this info?
  1. Partner with substance abuse/mental health agencies to get PrEP distributed
  2. PrEP navigators can provide info

d. Respond

- i. What do we already know?
  1. Dr. Ann Avery has a grant for molecular surveillance (data collection halted due to COVID-19 for now)
  2. Planning is difficult because plans and funding are already made and allocated
  3. The first 3 pillars require trust, and community trust is often undermined and their involvement is needed to accomplish 3 pillars
- ii. What do we still need to know?
  1. How much help do contact tracers need?
  2. What has happened in the past with Hamilton County when CDC supports to handle an outbreak?
    - a. Is there a written process? What happens?
- iii. What is the best way to obtain this info?
  1. Speak with Dr. Ann Avery
  2. Talk to Hamilton County to understand process
  3. Find written guidelines

**VI. Upcoming Dates**

- a. Aug 13<sup>th</sup> HIV Professionals Focus Group
- b. Aug 26<sup>th</sup> Presentation of Situational Analysis

**VII. Survey & Question Guides**

- a. Emily will form by the end of the week and get them out to the appropriate individuals
- b. Those who want to do key informant interviews can speak with her to prepare