

Cuyahoga EHE Advisory Meeting 10.5.2020

Attendance

Melissa Rodrigo	Melissa Federman	Jean Luc Kasambayi
Cliff Barnett	Julie Patterson	Rachel Austermiller
Kristin Englund	Gloria Agosto Davis	Jason McMinn
Jeannie Citerman-Kraeger	Taneisha Fair	Vino Pannakkal
Barbara Gripshover	Emily Campbell	Heather Searfoss-Allarie
Melissa Kolenz	LaRaun Clayton	Laurie Rickert

Agenda

- I. **Working Meeting to Identify Current Issues (See Slides)**
 - a. **Use language that can be consistent in each pillar for overlapping issues**
 - b. **Rearrange the pillars to make a statement, have prevent, diagnose, treat, respond**
 - c. **Diagnose**
 - i. People not getting tested because it is not a priority
 - ii. Needing HIV to be integrated into all areas of care
 - iii. People avoiding being diagnosed because of laws that criminalize HIV
 1. Needing more education especially on U=U
 - iv. Diagnoses missed because of a need for more access to testing
 1. Need concerted effort to target resources to those with greatest need
 - v. Avoidance of diagnosis due to mistrust of medical providers & stigma of Black communities or LGBTQ
 1. Providers assume things about patients based on how they identify, leading to bad experiences
 - vi. People avoid testing b/c of fear of living with HIV
 1. This may be different based on age group
 2. Also due to shame and the kind of language used
 - vii. People get diagnosed when life circumstances lead to testing (i.e. pregnancy, bloodwork, etc.)
 1. Ideally want people to be diagnosed before they are sick, and to be prepared to receive info in a different space and time
 - viii. Immediate mental health supports are needed at time of diagnosis
 1. Per client's direction and not forced on them
 - ix. Peer support/peer led models create positive environments for testing
 - x. Need more representation of different groups in service provision
 1. Diversity in testers but not necessarily in medical institutions
 - xi. Smooth coordination between systems and organizations in whole care continuum to make less burdensome for patients
 - xii. Being able to share testing data across systems and providers

d. Treat

- i. Lack of consistent access to medication is barrier to treatment (i.e. housing, incarceration, no phone, lack of insurance)
- ii. Building trust with providers to help with treatment adherence
- iii. Social isolation can lead to neglected treatment
 - 1. May need to make available support groups virtual to make more accessible
- iv. Emotional barrier prevents newly diagnose from entering treatment
 - 1. Untreated trauma, and feeling overwhelmed w/diagnosis
- v. Transgender & nonbinary struggle to find providers who understand/accept them
- vi. Addiction results in the drug of choice being a priority over treatment for HIV
- vii. Education about HIV helps people stay healthy (pre and post diagnosis)
- viii. Linkage to care increases the likelihood that people will enter treatment
- ix. Being under 18 can bring additional challenges to accessing treatment
 - 1. Clarity on laws for providers in regards to minors
 - 2. Relevant for students on parents' insurance
- x. Rapid ART: people are missed in starting treatment right away

e. Prevent

- i. Condoms
- ii. Harm reduction
- iii. Comprehensive sex education in schools
- iv. More campaigns that bring awareness to HIV
- v. Messaging that is tailored to audience
- vi. U=U not known well enough I community
- vii. Communicate seriousness of HIV without fear tactics
- viii. Using PrEP as an effective prevention tool
 - 1. Providers not always comfortable in talking about it
- ix. PEP not well known in community and don't know how to access
- x. Normalize convos about safe & healthy sex
 - 1. Especially need to target LGBTQIA youth
- xi. CDC process not prioritizing sexual health outside of biomedical preventions
 - 1. Losing approaches that have been successful in past
 - 2. Miss intersectionality in strategies
 - 3. Only want to focus on abstinence only instead of sexual health

f. Respond

- i. Have this pillar done separately across jurisdictions to recognize lessons learned from COVID-19 and Cincinnati's experienced and bring back to the group to discuss

g. Next Week's Meeting

- i. Will look at what is or is not happening in community to begin to look at solutions

