Central Ohio EHE Advisory Committee 11.19.2020

I. **Announcements**
    a. Trans day of remembrance is tomorrow, November 20
    b. Brandon shared materials related to World AIDS Day

II. **Strategies for EHE**
    a. Overarching/crosscutting strategies
        i.   Actively work to increase the number of racial, ethnic, gender and sexual orientation minorities health care service providers in all areas of HIV prevention and treatment in Central OH
        ii. Address stigma by conducting a broad community wide education campaign
        iii. Modernize archaic legislation that criminalizes HIV
        iv. Support (medical and social) to PLWH to assure that they can remain engaged in care and virally suppressed
        v.   Provide enhanced support to PLWH who struggle to achieve and maintain viral suppression
        vi. Improve reengagement and retention in care for PLWH
        vii. Create or link to a system of care that provides necessary mental health and SUD services

III. **Feedback**
    a. Has there been discussion around molecular surveillance as it relates to modernizing HIV laws? What's the awareness of how this surveillance relates? How can we incorporate this into education more?
        i. This hasn't really come up in Central OH.
    b. **Action Item:** Could we develop a sub-committee/working group to delve into this?
    c. Some of this comes down to how ODH and CDC collect the data
    d. This has come up in Cuyahoga County and there is community concern around privacy. Should we see if other jurisdictions would be interested in joining the conversations?
    e. What are reactions to language in slides?
        i.   CPH- has an Office of Minority Health
        ii. Other suggestions, Black and other minority populations, underrepresented, "we are talking about increasing our priority populations to be representative in the work focus," "actively work to increase diversity amongst....underrepresented groups"
        iii. Share examples from other jurisdictions that have language
    f. Viral suppression/retention in care/MH/SUD

        i.   Should it remain in cross-cutting strategies?
        ii.   Great to include, but should go under Treat
        iii.   Could these stay in both cross-cutting and in Treat?
        iv.   As long as they're here, that's what's important.

g. Revised Treat Category

h. Using Zoom poll to prioritize revised strategies.
        i.   1st poll:
            1.   Electronic files priority- medium priority
            2.   Combined 2 priorities here so that files can be more coordinate and not retraumatize patients and are easier to share.
            3.   Other priorities in first poll ranked as high priority
        ii.   2nd poll:
            1.   High- revising case management, address medical mistrust, increase availability of walk in clinics
            2.   Medium- others
            3.   Low- incentives

IV. Next Steps

a. Pulling the ranked strategies into one place and sharing that with the group

b. Are we capping the high priority ranked items at 5 per pillar?
        i.   Depends on how interconnected they are…more than 5 is manageable if they're connected

c. "Create an electronic system…" should be higher on the prioritization
        i.   There is agreement that this is important, but the feasibility is a key question.
        ii.   Program in Miami that is more integrated and includes alerts when a patient enters ED.
        iii.   Existing programs for HIV care already all use different systems. CliniSync could help, but not sure of its capacity to capture social determinants of health type services.
        iv.   "Services should wrap around clients" instead of clients wrapping around services, but this is a challenge that exceeds the ability of the committee. But we should include strategies that address that reliving trauma piece.
        v.   We could just identify this as a strategy that's going to take a longer amount of time.
        vi.   Create a separate priority that exemplifies the client experience in the system. This needs to be smoother.