

Cuyahoga EHE Advisory Meeting 11.23.20

Attendance

Emily Campbell	Laurie Rickert	Barbara Gripshover
Emily Muttillio	Gloria Agosto Davis	Jeannie Citermna-Kraeger
Taneisha fair	Julie Patterson	Jason McMinn
Vino Panakkal	Rachel Austermilller	Melissa Rodrigo
Heather Searfoss-Allaire	Melissa Federman	LaRaun Clayton
Cliff Barnett	Gulnar Feerasta	

Agenda

- I. **Strategy Review: Feasibility (“Are these activities FEASIBLE?”)**
 - a. **Equitable PrEP/PEP**
 - i. *OTC availability at local pharmacies*
 1. **Not Sure:** Consider more at the minute-clinics as you need prescriptions, and may not be able to access OTC at local pharmacies; but also have to get around lab work at minute clinics
 2. **Not Sure:** Biggest barrier for youth is being on parents’ insurance, and need to be able to access without hurdles w/insurance
 3. **No:** Because of buy-in from pharmacies
 - ii. *PrEP Navigators*
 1. **Not Sure:** Capacity may not be enough, and need those who will be able to help on a long-term basis and build rapport
 - iii. *New Wording to consider:*
 1. monitor/evaluate need for additional PrEP navigators
 2. "advocate for over the counter availability..."
 - b. **Protective Factors & Risk Reduction**
 - i. Identify and develop social behaviors...
 1. **Yes:** Prevention often stigmatizes those on PrEP or PLWHA and is very blaming, this can be helpful and feasible to stop that
 2. **Not Sure:** lacking specificity in terms of how this would be implemented
 3. Would like to hear lessons learned from past experiences
 4. Digital outreach for commercial sex work might be something to consider as it is different than it was 5 years ago
 - a. There are a lot of groups that do outreach with sex workers here in Columbus that HIV prevention has partnered with to provide additional services. Maybe looking to help support those organizations?
 5. Emphasize connecting with existing services and not repeating mistakes

c. Equitable Access to Testing

i. Work with OHIV.org..

1. Focus on putting our efforts elsewhere, as tests are very expensive; could increase funding that comes out of grants for this work
 - a. Look at maximize funding (city, ODH, FQHC's) and come together as funders to leverage resources
 - b. OHIV uses a lot of volunteers, so keep in mind their infrastructure especially in COVID
2. Look at what other states are doing
3. Increasing access to self-testing is important, OHIV can be ONE way to do that; maybe make this strategy less specific

ii. Routine HIV Testing...

1. "I don't know how people would feel about getting an HIV test as a routine test. Some people are already avoiding getting testing and having the discussion. I think it is important to make sure we have that conversation with clients on every visit that the option exists for HIV testing, but not making it routine."
 - a. But have to consider that when something becomes a norm, it is more accepted; "Many people assume that HIV testing is part of the routine testing already—and at Signature Health it is"
 - i. makes it easier to offer and agree to get a test; like getting your other labs for liver, kidney
 - b. "We're building opt-out routine HIV (and hepatitis ABC, syphilis, GC, CT, trich.) into our standard care at Signature Health and have identified new positives."
2. Plasma centers do already have to test for positive tests, it is more so the follow up they provide if someone seems to need testing for certain things and how it scares individuals
 - a. Will need to make less specific and focus on making more routine

d. Public Education & Increased Utilization Campaigns

i. Integrate messaging about testing into school...

1. Maybe "Ensure" or "Advocate for" at the beginning of this strategy?
2. Schools are still able to choose their own curriculum which can make it difficult
3. Schools are actually very interested, but need more concrete, reputable, evidence-based literature for them to use with students
 - a. "There are a number of curriculum available. We may need to tailor"
 - b. "Gloria has lots of connections for Cliff regarding evidence-based curricula from 216teens"

- c. Pull together a list of things that we would like to see ideally in curriculum, and where it is offered and where it isn't

e. Partnerships

i. Support funding...Title X...

1. "Coordination/communication between Prevention agencies to coordinate staffing, locations, timing of outreach would be really beneficial for this and other - can Prevention integration into Planning Council be of use?
Comment above is not specific to this first item"
2. **Not Sure:** Are we saying that only those providers that are Title X will be supported?
3. Change the wording to accurately reflect what we mean; keep this one open in away to support staffing

f. Community Health Workers/Peer Navigators

i. Develop funding stream...

1. **Not Sure:** There can be a lot of complications, is there existing funding/would we have to find a new one?
 - a. Keep in mind that this IS already written into EthE HRSA plan, so funding does exist
 - b. Semantics are important, and make sure that differences between community health workers/peer navigators be drawn
 - i. Could add definitions to appendix for these

g. Viral Suppression

i. Develop mobile lab draws..

1. Change to "access" and help make less specific
2. "I think this one will depend on what the guidance for care is when they are released"
3. "Innovations in service delivery to ensure access once long-acting injectable treatment becomes available..."

h. Support Networks for PLWH

i. Offer a hotline for PLWH...

1. OHIV truly is the hotline for the state and has changed to help people in the way they need
 - a. So may be better to support them and promote other things that already exist, as it is something that does not seem to fit current day
 - b. Maybe people more so need help navigating supports and being made aware of what is available

- i. Constantly have to educate new staff that come in, and you need people to do that; may need to note that in the plan
- 2. Chat lines were mentioned specifically
 - a. “maybe expand to include virtual chat lines”
- 3. Professionals on the phone were seeming to really want this for their clients for technical assistance on issues
 - a. “MOU's between agencies could resolve...questions”

II. Other Notes

- a. Curriculum exists, but much of it is not to the extent that LGBTQ youth need; may need to check over and research the resources that exist to make sure that it is at the standard we feel it should be
 - i. Could list resources in the Situational Analysis as a starting point to start to look over them and see their standard
- b. **Action Item:** Heather can reach out to colleague Michael Sharp to answer the feasibility survey for answers for Title X funding, etc.

III. Next Week

- a. Hoping to have a draft plan by next week's meeting
- b. Could ask individuals if they'd like to get together to look over the data dashboard
 - i. **Action Item:** Vino can ask Melissa R. her thoughts about looking it over