

## Cuyahoga EHE Committee Meeting 11.2.20

### Attendance

Vino Panakkal	Taneisha Fair	Melissa Federman
Cliff Barnett	Emily Campbell	Emily Muttillio
Jeannie Citerman-Kraeger	Julie Patterson	Barbara Gripshover
Gloria Agosto Davis	Adriana Whelan	Melissa Rodrigo
Racherl Austermiller	Laurie Rickert	
Melissa Kolenz	LaRaun Clayton	

### Agenda

- I. **Check-In: Shared “One Word” video**
  
- II. **Diagnose Padlet Activity**
  - a. Equitable Access to HIV testing
    - i. DIS does not lead community testing events, that is what CTR are hired for
      1. Add something about what DIS does and clarify their role in testing with partners
    - ii. Can change wording of activity to: “Deploy community testers for community events and opportunities”
    - iii. Add language like “substance use disorders/substance use treatment/alcohol and drug treatment centers” in 3<sup>rd</sup> bullet on routine testing
    - iv. Consider whether including that those 13 and over can receive testing w/o parental consent; add information on teen clinics
    - v. Consider adding something about street based outreach
  - b. Partnerships
    - i. Think about moving bullet on pharmacy to access to testing
    - ii. Make strategy a bit broader and change language to show creating partnerships across entire HIV community
  - c. Community Health Workers
    - i. Term may not be well understood by those in planning council or who don’t come from public health
      1. Consider a hybrid name (i.e. peer navigator)
      2. Community Health Workers are more of a certified position, so may need to reflect that in the language
      3. Could put “peer navigator” in parentheses with it
    - ii. Combine this strategy with peer navigation slide at the end

- d. Professional Development
  - i. Some professionals need CEU, can add this as a bullet
  - ii. Add implicit bias to the list

### III. Treat Padlet Activity

- a. Viral Suppression
  - i. Mention the client working with provider in development of a plan or assessing what they have, and not only focusing on an adherence to it
    - 1. Support adherence to medical treatment
  - ii. Consider incorporating CHWs in this one also? They could be utilized to create a personal plan with clients
- b. Linkages to Care
  - i. Add emergency rooms to first bullet
  - ii. Mention L2C staff
  - iii. Add something about ODAP, formulary
- c. Support Networks for PLWH
  - i. Don't want to show bias with one agency, should remove name of one app
  - ii. Mention more things regarding social supports and social determinants of health
  - iii. Maybe split peer supports and support networks into two
- d. Public Education & Awareness
  - i. Highlight stigma reduction
    - 1. Public doesn't know that you can live a long full life with HIV
  - ii. Making sure we make a point to use the right language when discussing HIV
    - 1. People first language (could include as an activity)
- e. Professional Development
  - i. Have quality assurance as part of program (look at all providers, not just Part A providers)
    - 1. "Expand and integrate Ryan White provider programs in general"
    - 2. Look at including prevention as well?
    - 3. Can place in Diagnose Professional Development as well
  - ii. Don't limit 3<sup>rd</sup> bullet to just AETC, and reword establish because they have been doing this for awhile (use "strengthen" or "enhance")
- f. Integrated Care Approach
  - i. Reflect that client has access to being assessed if they want to
  - ii. Acuity of care in case management to help case managers have smaller caseload
  - iii. Support care coordination model