*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

EXECUTIVE OPERATIONS COMMITTEE (EOC)
MEETING AGENDA

THURSDAY, April 27, 2023 – 5:00PM

ELECTRONIC MEETING VIA ZOOM

ELECTRONIC – ONLINE MEETING

Note: all times are approximate

5:00 pm	**1. Call To Order and Moment of Silence** **2. Welcome and Introductions/Roll Call**
5:10 pm	**3. Review and Adoption of the Meeting Agenda for April 27, 2023** **4. Review and Approval of the Meeting Minutes from March 23, 2023**
5:15 pm	**5. Ryan White HIV/AIDS Program (RWHAP) Recipient - Updates/Concerns**
5:20 pm	**6. Commission Administrative Business** • *Review and adoption of COHAH Agenda for April 27, 2023*
5:25 pm	**7. Standing Committee Updates** • *Research & Evaluation Committee (REC) {Next mtg.: Tue. May 16th @ 3pm}* • *Community Engagement & Education Committee (CEEC){Next mtg.:Thur. May 18th @ 5pm}* • *Comprehensive Planning Committee (CPC) {Next mtg.: Wed. May 24th @11am}* • *Integrated Strategies Committee (ISC) {Next mtg.: Wed. May 25th@ 1pm}*
5:30 pm	**8. Old Business** ***9.* New Business**
5:35 pm	**10. Announcements and Adjournment**

NEXT EXECUTIVE OPERATIONS COMMITTEE (EOC) MEETING:	**THURSDAY May 26, 2023** **5PM-6PM** **ELECTRONIC MEETING (ONLINE)**

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

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EXECUTIVE OPERATIONS COMMITTEE (EOC) MEETING MINUTES

THURSDAY, MARCH 23, 2023, @ 5:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT			
Cauthen, Melvin		X			
Clark, Lamont (*Gov. Co-Chair)*	X				
Hutton, Kenya	X				
Massie, Jenné	X				
Mekonnen, Betelhem	X				
Padmore, Gerald	X				
Wallis, Jane	x				
RYAN WHITE RECIPIENT STAFF	**PRESENT**	**ABSENT**			
Smith, Avemaria *(Recipient)*	X				
HAHSTA STAFF	**PRESENT**	**ABSENT**	**COMMISSION SUPPORT STAFF**	**PRESENT**	**ABSENT**
			Bailey, Patrice	X	
			Johnson, Alan	X	

HIGHLIGHTS

NOTE: This is a draft version of the March 23, 2023, Executive Operations Committee (EOC) Meeting Minutes which is subject to change. The final version will be approved on April 27, 2023.

AGENDA

ITEM	DISCUSSION
Call to Order Welcome and Introductions Roll/Call	Lamont C. called the meeting to order at 5:10 pm, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Lamont assumed the motion to adopt the March 23, 2023, Meeting Agenda. The agenda was adopted as presented.
Review and Approval of the Meeting Minutes	Lamont assumed the motion to approve the EOC February 23, 2023. The minutes were approved at presented.
Ryan White HIV/AIDS Program (RWHAP) Recipient Updates/Concerns	**Avemaria S. reported on the Recipient Report.** The new grant period began March 1st. The Enterprise Government Management System (EGMS) was temporarily taken offline in preparation to launch EGMS 2.0. There were conversion issues with the migration of information and significant glitches in the system that also resulted in an

	inability to provide a financial report this month. The office is troubleshooting, and course correcting the issues to ensure continued payment of invoices and the processing of continuations. Fortunately, service delivery has not been impacted. The Recipient will give the updates and review the slide on service delivery at the General Body meeting. The January and February Financial Reports will be presented in April.
Commission Administrative Business	**Review and adoption of the COHAH Agenda for March 23, 2023.** Patrice B. asked for a motion to adopt the COHAH General Body Meeting Agenda for March 23, 2023. Kenya H. motioned to approve the agenda. Betelhem M. seconded. The agenda was approved unanimously.
Standing Committee Updates/Concerns	**<u>Research and Evaluation Committee (REC) reported by Lamont C.</u>** Alan J. and Julie Orban gave updates on the needs assessment. Alan indicated that they had approximately 240 completed surveys with usable information. Julie O. received IRB approval for her role as principal investigator, however, approval to extend the timeframe for completing the needs assessment is pending. Julie will submit information about the students once they are onboarded via Human Resources. **<u>Community Education and Engagement Committee (CEEC) reported by Lamont.</u>** There was discussion about the PrEP Protocol Summit proposed to take place in May. Initially HRC was the preferred venue but may not be available. Therefore, other venues are being considered, including 441 4th Street, NW, DC. Alan reported that HAHSTA is working on engaging youth service providers in a summit. He will provide more information as it becomes available. **<u>Comprehensive Planning Committee (CPC) reported by Gerald P.</u>** The Recipient noted that a report was not available due to conversion issues with launching EGMS 2.0. Reports for January and February will be provided at the next meeting. The data request will be submitted to the Recipient office before the next CPC meeting. Gerald asked to forward any suggestions or additional questions to himself, Lamont, Patrice, or Mackenzie Copley to add to the request. **<u>Integrated Strategies Committee (ISC) reported by Jane W.</u>** There was a quarterly EHE update presented by Ashley Coleman and Ashlee Wimberly that detailed the EHE initiatives, specifically the Intervention Services Program (ISP). Some highlights in the overall 2022 data were Get Checked DC and the at home testing, PrEP numbers, and the Podcast. Emily Brown from Montgomery County also gave an update.

	There was a brief discussion about the Health Equity Position Paper final draft. The full report is over thirty pages. The Executive Summary, which is easier to digest, will be sent out. Jane plans to walk everyone through it and discuss how the COHAH can continue to work on the positions. HAHSTA is issuing a survey around the Child Care Standard and planning for a May 10th event to determine how people would use the service standard.
Old Business	Lamont reported that several applications for COHAH membership have been received. Patrice is coordinating zoom interviews for each applicant and may reach out for your participation on the interview panel. The interviews should be completed by mid-April and should not take more than thirty minutes each.
New Business	Lamont reported on the OWL technology that was purchased to facilitate hybrid meetings and asked how to proceed. The consensus was to take a poll at the General Body meeting.
Announcements	None announced.

HANDOUTS
• March 23, 2023, Executive Operations Committee Agenda • February 23, 2023, Executive Operations Committee Meeting Minutes • March 23, 2023, Planning Commission (COHAH) General Body Meeting Agenda

MEETING ADJOURNED	**5:40 PM**	**NEXT MEETING**	**THURSDAY, MAY 25, 2023 5:00pm to 6:00pm ZOOM CONFERENCE AND VIDEO CALL**

*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING AGENDA

THURSDAY, APRIL 27, 2023 – 6:00PM TO 8:00PM

ZOOM CONFERENCE AND VIDEO CALL

Note: all times are approximate

6:05 pm	**1. Call To Order and Moment of Silence**
6:10 pm	**2. Review and Adoption of the Meeting Agenda for April 27, 2023** **3. Review and Approval of the Meeting Minutes for March 23, 2023**
6:15 pm	**4. Ryan White HIV/AIDS Program (RWHAP) Recipient Report/ Updates**
6:25 pm	**5.** Advancing HIV Health Equity by Addressing Social Determinants of Health in the DC EMA – Mekhi Washington – The George Washington University Milken Institute School of Public Health
6:45 pm	**6. Standing Committee Updates** • *Research & Evaluation Committee (REC)* *{Next mtg.: Tue. May 16th @ 3pm}* • *Community Engagement & Education Committee (CEEC)* *{Next mtg.: Thur. May 18th @ 5pm}* • *Comprehensive Planning Committee (CPC)* *{Next mtg.: Wed. May 24th @ 11am}* • *Integrated Strategies Committee (ISC)* *{Next mtg.: Wed. May 24th @ 1pm}*
7:05 pm	**7. Other Business** • *2023 Intra-Jurisdictional EHE/FTC Alignment Workshop* • *Virginia Updates* • *Maryland Updates*
7:30 pm	**8. Announcements/Adjournment**
NEXT PLANNING COMMISSION (COHAH) MEETING:	**THURSDAY MAY 25, 2023** **6PM-8PM** **ZOOM**

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Date: April 26, 2023

To: Comprehensive Planning Committee (CPC)

From: Ryan White HIV/AIDS Program (RWHAP) Recipient Staff

Re: Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)
Year 32 - Reporting Period: January 1-31, 2023 and February 1-28, 2023

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 32 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **For GY 32 the recipient received the full award in the amount $33,345,898.00.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction and identifies the reported expenditure as a proportion of expected-to-date. The COHAH has requested an explanation of those service categories with a 30% variance from the target percentage.

FISCAL STATUS

For Part A and Part A MAI in **January 2023**, of the twenty-eight **(28)** providers, twenty-six (**26**) subrecipients submitted payment requests that were processed, and two (**2**) providers have not submitted their January invoices.

For Part A and Part A MAI in **February 2023**, of the twenty-eight (**28**) providers, twenty-six (**26**) subrecipients submitted payment requests that were processed, and two (**2**) providers have not submitted their February invoices.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

January 2023

Part A expenditures are 65% and should be 92%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Oral Health Care (OH)
Medical Transportation (MT)

Services 30% below expected:

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Medical Case Management (MCM)
Food Bank/Home Delivered Meals (FBHDM)

Services 30% above expected:
N/A

February 2023
Part A expenditures are 83% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Oral Health Care (OH)
Medical Case Management (MCM)
Non-Medical Case Management Services (NMCM)
Outreach Services (OS)
Medical Transportation (MT)
Psychosocial Support Services (PSS)

Services 30% below expected:

Early Intervention Services (EIS)
Medical Case Management (MCM)
Food Bank/Home Delivered Meals (FBHDM)

Services 30% above expected:

N/A

PART A MAI FISCAL SUMMARY

January 2023

Part A MAI expenditures are 65% and should be 92%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

N/A

Services 30% below expected:

Outpatient/Ambulatory Health Services (OAHS)
Mental Health Services (MHS)

Services 30% above expected:

N/A

February 2023

Part A MAI expenditures are 78% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Outpatient/Ambulatory Health Services (OAHS)
Mental Health Services (MHS)

Services 30% below expected:

Outpatient/Ambulatory Health Services (OAHS)
Mental Health Services (MHS)

Services 30% above expected:

N/A

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RECIPIENT REPORT

1. **Invoicing:** There continue to be widespread challenges with processing invoices in the Electronic Grants Management System 2.0 (EGMS 2.0). These challenges include user access (sub-recipient and HAHSTA staff), user navigation, data migration issues, missing staff assignments and system glitches. As a result, a process was established to review and approve invoices outside of EGMS. January and February expenditure data are presented in this report.

2. **Expenditures:** Part A expenditures will continue to be paid and reconciled throughout the liquidation period. Expenditures are considered final when HRSA accepts the Recipients Final Expenditure Report.

3. **Part A Continuations:** Part A GY33 continuations remain a priority for Recipient staff working in EGMS 2.0. Service delivery is ongoing, despite the delays in fully executing the awards.

Overview of COHAH's Position Statements: Advancing HIV Health Equity by Addressing Social Determinants of Health in the DC EMA

Mekhi Washington

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

Documents

- A Health Equity Position Statement
- An Executive Summary
- A COHAH Action Items List

Objectives

COHAH has focused on the specific role of seven key social determinants of health driving HIV inequities:

- Employment
- Housing
- Transportation
- Food
- Medical care
- Medical mistrust & HIV stigma
- Education

Health and HIV Inequities in the DC Region

- Between 2017 and 2021, 63.9% of people newly diagnosed with HIV in DC were Black; as were 83% of people newly diagnosed in Prince George's County
- People of Hispanic/Latinx descent also made up a significant portion of the newly diagnosed in Maryland, accounting for 21.5% of new diagnoses in Montgomery County
- In Northern Virginia, Black people made up 45% of new HIV diagnoses, while people who are Hispanic/Latinx or white made up 26% and 21% of new HIV diagnoses, respectively

Employment

- Research suggests that PLWH experience unemployment at three times the national rate, due to factors including stigma, restrictive policies, and disease progression
- Unemployment is associated with lack of testing for HIV, delayed HIV diagnosis, and delayed access to active anti-retroviral therapy (ART)

COHAH Supports:

- Mandatory paid family and medical leave to improve access to medical care and recovery from illness for PLWH and those at risk of HIV infection
- Enforcement of anti-discrimination protections in the workplace, including protection from discrimination related to actual or perceived HIV status, substance use disorder, and other types of workplace discrimination that impact PLWH and those at risk of HIV infection
- The development of procedures (such as warm handoffs) and allocation of resources to ensure that social service providers are successful in enrolling clients in employment assistance services

Housing

- PLWH experience homelessness at a rate three times higher than the general population, due in part to the costs of HIV care and higher rates of unemployment
  - More than half of DC-area renters spend more than 30% of their income on housing
  - In Northern Virginia, 67% of low-income families spend more than half of their income on housing, with Black families, Hispanic families, and immigrant families most likely to be severely burdened by housing costs
- Lack of safe and stable housing can be a significant barrier to accessing HIV care and is associated with poorer access and adherence to antiretroviral therapy, incomplete viral suppression, and greater risk of HIV transmission

COHAH Supports:

- Efforts to increase the rent ceiling for Ryan White-funded direct housing assistance from 50% Fair Market Rent (FMR) to 80% FMR
- Removing federal, state, or local policy barriers to transitional and short-term housing (e.g. employment or sobriety requirements, instead implementing a “housing first” approach)
- Sharing information about tenants’ legal protections to PLWH and people at risk of HIV

Transportation

- HIV-positive individuals without reliable transportation are less likely to receive HIV-related medical and ancillary care
- Approximately 91% of people who live in Wards 7 and 8 are Black (compared to 42% citywide), and residents often face longer travel times, fewer metro stops, higher bus ridership and overcrowding, and lower bus reliability

COHAH Supports:

- Free or subsidized public transportation, as well as selected rideshare services for low-income individuals to access medical and supportive care
- Policies that facilitate telehealth, mobile clinics, and home-based HIV and STI testing
- Efforts to improve the availability and ease of use of non-emergency medical transportation

Food

- Food insecurity can lead to adverse HIV clinical outcomes, including non-adherence to ART increased risk of transmission, and incomplete viral load suppression
- DC's 2017 consumer needs assessment found that more than one in three respondents reported lacking enough money for food or other necessities at some point during the year
- During the COVID-19 pandemic, LGBTQ+ households were nearly twice as likely as non-LGBTQ+ households to experience food insecurity, and transgender people were three times as likely as cisgender people to experience food insecurity

COHAH Supports:

- Expanded access to medically tailored meals through Medicare and Medicaid
- Efforts by hospitals and health centers to screen PLWH and people at risk of HIV for food insecurity and other health-related social needs
- Efforts by hospitals and health centers to create a standardized, closed-loop referral procedure to refer clients to food access organizations

Medical Care

- In multiple studies, PLWH have reported barriers to accessing health care including insufficient insurance coverage, substance use, mental health issues, cognitive or physical impairments, and distance to HIV care providers
- Racial disparities in insurance coverage in the DC EMA largely mirror national trends. Despite high rates of overall insurance, there are stark disparities in coverage based on race, ethnicity, and income, with Hispanic/Latinx people and people earning below 138% of the federal poverty level most likely to be uninsured
- Within HIV service organizations, insufficient funding, suboptimal training, reliance on passive outreach strategies, lack of patient navigation, and difficulty collaborating between medical providers and community-based organizations (CBOs) can hinder access to care for underserved populations

COHAH Supports:

- State and local public insurance programs for uninsured individuals who are not eligible for Medicare or Medicaid, such as undocumented immigrants
- Policies and models of care that remove administrative barriers to accessing health care and decriminalize and/or destigmatize sexual health and behavioral health
- Models of care that assure cultural competence and language access among health care and social service providers for multilingual populations

Medical Mistrust & HIV Stigma

- Medical mistrust may be informed by a number of factors, including systemic racism, which may manifest as a lack of funding or attention toward the health of people of color or other groups
- HIV stigma refers to negative attitudes and beliefs about PLWH and is an important barrier to HIV care. Stigma may be internalized or experienced on interpersonal, institutional, and structural levels. Homophobia, transphobia, racism, classism, and negative views of people who inject drugs can feed into HIV stigma
- Furthermore, laws that criminalize HIV transmission contribute to HIV stigma and discrimination and are ineffective in preventing HIV transmission

COHAH Supports:

- The development of a plan, which may overlap with jurisdictions' Ending the Epidemic goals, to identify and promote evidence-based policies to reduce HIV stigma
- The creation and dissemination of a self-assessment tool for HAHSTA subgrantees to determine how they evaluate and address stigma, paired with a patient assessment to identify best practices and areas of improvement for stigma reduction and trust building
- Further research into existing cultural competence/humility practices and hiring practices in the DC EMA, how providers are held accountable, what assessments are performed, and whether these practices are effective

Education

- Research shows that greater educational attainment is associated with higher rates of HIV testing, increased rates of viral suppression, and improved adherence to ART in some individuals
- Comprehensive sex education has been shown to reduce sexual risk behaviors, such as unprotected sex and having sex with multiple partners. However, not all states require comprehensive sex education in schools
- In some studies, students of color, including Hispanic and Black students, were less likely to report having received HIV education than white students

COHAH Supports:

- Education departments holding Local Education Agencies (LEAs) and schools accountable for meeting sexual health education requirements and nationwide standards
- The Whole School, Whole Community, Whole Child (WSCC) model for education and efforts to provide sexual health education using culturally and linguistically appropriate approaches
- Research into other promising programs in the EMA that are helping to educate youth about sexual health and HIV prevention, including current CDC-funded school-based education projects

Thank You

COHAH and ISC Members; Current and former GW colleagues

Naomi Seiler, JD
Gregory Dwyer, MPH
Claire Heyison, MPH
Taylor Turner

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