

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA

WEDNESDAY APRIL 26, 2023 – 1:00PM TO 3:00PM

ONLINE MEETING VIA ZOOM

Note: all times are approximate

1:05 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions
1:10 pm	<ol style="list-style-type: none"> 3. Review and Approve the Agenda for April 26, 2023 4. Review and Approve the Minutes from March 22, 2023
1:15 pm	<ol style="list-style-type: none"> 5. Check-In – How are YOU!?
1:30 pm	<ol style="list-style-type: none"> 6. Health Equity Position Paper & Presentation Discussion
2:00 pm	<ol style="list-style-type: none"> 7. Other Business <ul style="list-style-type: none"> - Child Care Standard Update
2:15 pm	<ol style="list-style-type: none"> 8. Future Agenda Items
2:30 pm	<ol style="list-style-type: none"> 9. Announcements & Adjournment
<u>NEXT INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING:</u>	MAY 24, 2023 1PM – 3PM ELECTRONIC MEETING VIA ZOOM



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.

INTEGRATED STRATEGIES COMMITTEE (ISC)

MEETING MINUTES

WEDNESDAY, MARCH 22, 2023 - 1:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Camara, Farima		X	Givens, Phyllis	X	
Cauthen, Melvin		X	Mitchell, NaToya		X
Clark, Lamont (Govt. Co-chair)	X				
Gomez, Ana		X			
Gutierrez, Anthony		X			
Hutton, Kenya		X			
Keita, Rama	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Ollinger, Joshua		X	Brown, Emily	X	
Pettigrew, Ken		X	Turcios, Felix	X	
Wallis, Jane	X				
			CONSULTANTS	PRESENT	ABSENT
			Seiler, Naomi	X	
			Turner, Taylor	X	
			Washington, Mekhi	X	
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Coleman, Ashley	X		Bailey, Patrice	X	
Olejeme, Christie	X		Johnson, Alan	X	
Orban, Julie	X				
HAHSTA STAFF	PRESENT	ABSENT			
Cooper, Stacey	X				
Wimberly, Ashlee	X				

NOTE: This is a draft version of the March 22, 2023, Integrated Strategies Committee (ISC) Meeting Minutes which is subject to change. The final version will be approved on April 26, 2023.

AGENDA

ITEM	DISCUSSION
Call to Order	Jane W. called the meeting to order at 1:07 pm followed by a moment of silence and introductions.
Review and Approval of the Agenda	Jane assumed the motion to adopt the meeting agenda for March 22, 2023. The agenda was adopted as is.
Review and Approval of the Minutes	Jane assumed the motion to approve the meeting minutes for the February 22, 2023, meeting. There were no corrections to the minutes. The meeting minutes were approved as presented.
Check – In	<p>Jane shared that in a recent parent engagement event with twelve parents of middle school students, none knew what PrEP was.</p> <p>Ashley C. shared an update on a Women and Girls HIV Awareness Day event that was held on March 14th. Fifty high school students attended, and the event was hosted in collaboration with Communities in Schools.</p> <p>Ashlee W. shared that she will be leaving DC Health at the end of the month. She is returning home to Georgia.</p>
EHE Updates	<p>DC EHE Updates Ashlee provided high level updates on all five of the EHE Pillars. Key initiatives are discussed below.</p> <p>Testing: From January – December of 2022: 1,903 test kits were requested from Get Checked DC. 262 Get Checked DC clients were identified as first-time testers.</p> <p>Wellness Services: The program has been running since June 2021. Ashlee shared updates on the wellness services clients were selecting at the three funded sites for this status neutral program.</p> <p>PrEP: DCHWC PrEP Cascade Data January – December of 2022: 2,475 HIV-Negative Persons 376 Already on PrEP 2,099 Eligible for PrEP 179 Linked to a PrEP Provider 176 Prescribed PrEP</p> <p>PrEP Housing: 8/8 beds occupied in the program for YMSM.</p> <p>Positive Voices Podcast: Episodes for Season 1 are available. Additional promotional events in DC, Prince George’s County, and Montgomery County</p>



are forthcoming. Ashley also provided a data update on the podcast since the launch including streams on the major podcast platforms.

EHE Informational Guide: The Guide has been approved by DC Health Communications and will be disseminated to COHAH and HAHSTA funded Community Providers.

Intervention Services: Ashley provided a deep dive into the Intervention Services program that utilizes a Community Health Worker model to engage those that are hard to reach, lost to care, and people that are not virally suppressed. The HRSA EHE program will fund a social worker and a nurse. The Part B MAI component is there to enroll eligible people into ADAP. The pilot started in DC and will also be rolled out to MD and VA. Surveillance data was used to inform partnerships and focus populations.

Montgomery County EHE Updates

Emily B. provided an update on HIV Services offered at the Dennis Ave. Health Center.

Testing: 1/3 of clients are receiving a late HIV diagnosis in Montgomery County.

PrEP: access to PrEP has been scaled up in Montgomery County.

Equity: There are growing gaps in disparities of testing and care. The social marketing campaign “Do It for You” Montgomery County is in its second year. Annual community engagement events include Pride in the Plaza and World AIDS Day Health Equity Breakfast.

Diagnose: Established a collaborative for anyone providing testing, linkage to care, and treatment in Montgomery County. Felix and the status neutral care coordinators have set a framework to revolutionize the sexual healthcare services approach. The team has set up several community-based sites for testing and outreach and pop-up health fairs.

Treat: New Linkage to Care and reporting guidelines have been established for Montgomery County. The team has also created a status-neutral referral system (secure-online form) to be used for HIV care/ PrEP services and data-to-care.

There is now a Linkage to Care DIS that is focused on HIV treatment. Montgomery County is working with MDH to continue the development of a Data-to-care protocol following the data incident in Maryland.

Montgomery County is launching a virtual HIV support group in April. Major EHE successes include onboarding PrEP navigators, shifting testing encounters and connecting them to PrEP.



	<p>Montgomery County is opening a satellite site for care and treatment and prevention services. The team is also supporting Primary Care Providers by offering training on the benefits of routine screening and PrEP.</p>
Position Papers Discussion	<p>Health Equity Position Paper Naomi S. provided updates on the Health Equity Position Paper. There is one paragraph in the housing section that needs Subject Matter Expert (SME) feedback. Naomi noted that the paper should be ready for final review with plans to do a high-level presentation in the April General Body Meeting.</p>
Service Standards Review	None noted.
Service Standards Discussion	<p>Child Care Service Standards Dr. Christie O. noted that the Ryan White Program is planning in-person community engagement with Ryan White Providers. A survey to gauge interest and client need for Child Care Services will be sent out today. The community engagement event is scheduled for May 10, 2023.</p>
Other Business	None noted.
Future Agenda Items	<p>Equity Paper Child Care Service Standards Update (if applicable)</p>
ANNOUNCEMENTS/OTHER DISCUSSION	None noted.
HANDOUTS	
<ul style="list-style-type: none"> • April 26, 2023, Integrated Strategies Committee Meeting Agenda • March 22, 2023, Integrated Strategies Committee Meeting Minutes 	

MEETING ADJOURNED	2:26 PM	NEXT MEETING	WEDNESDAY, APRIL 26, 2023 1:00pm to 3:00pm ZOOM CONFERENCE AND VIDEO CALL
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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 Heysion, MPH
Taylor Turner

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