Washington, DC Regional PLANNING COMMISSION on HEALTH and HIV

*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, JUNE 24, 2020 - 1:45PM (SPECIAL MTG. TIME)

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	**PRESENT**	**ABSENT**	**COMMITTEE MEMBERS**	**PRESENT**	**ABSENT**
Adkins, Sarcia	X		Givens, Phyllis	X	
Camara, Farima		X	Hein, Krista		X
Cauthen, Melvin	X		Spears-Johnson, Dedra		X
Ford, Jasmine		X	Ingram-Harvey, Roshaunda		X
Gomez, Ana		X	Mitchell, NaToya	X	
Hutton, Kenya	X		Moody, David	X	
Keita, Rama	X				
Morse, Ka'leef	X		**COMMUNITY PARTNERS/GUESTS**	**PRESENT**	**ABSENT**
Wallis, Jane	X				
Zoerkler, Jennifer	X				
RYAN WHITE RECIPIENT STAFF	**PRESENT**	**ABSENT**	**CONSULTANTS**	**PRESENT**	**ABSENT**
			Heyison, Claire	X	
			Seiler, Naomi	X	
HAHSTA STAFF	**PRESENT**	**ABSENT**	**COMMISSION SUPPORT STAFF**	**PRESENT**	**ABSENT**
Pettigrew, Ken	X		Bailey, Patrice	X	
			Clark, Lamont		X

HIGHLIGHTS

NOTE: This is a draft version of the June 24, 2020 Integrated Strategies Committee (ISC) Meeting Minutes which is subject to change. The final version will be approved on July 22, 2020.

AGENDA

ITEM	DISCUSSION
Call to Order	Ka'leef M. called the meeting to order at 1:53pm followed by a moment of silence and introductions.
Review and Approval of the Minutes	Sarcia A. moved to approve the May 27, 2020 Meeting Minutes. Jennifer Z. seconded. The motion was approved unanimously.

Check-In	Sarcia asked if there is any information about service standards being updated to speak to the COVID-19 crisis, specifically EFA. Ka'leef suggested that she address those questions to the Ryan White Program Officer. Jennifer reported that the state of Virginia would be entering phase 3 of re-opening on July 1st. However, her agency will remain closed because they share space with a research program that is in contact with COVID-19 positive people, whom they are using to conduct a COVID-19 study.
UPDATE: Ending the HIV Epidemic (EHE) Planning (19-1906)	Ken Pettigrew, Community Engagement Coordinator for the CDC funded PS19-1906 Project, led a discussion via four (4) questions about racism as it relates to service delivery. 1. <u>Is racism being experienced at your organization?</u> Responses: • Yes, in the form of a micro-aggression and white privilege. • Cultural prejudice and bias are added to the racism and sometimes stronger than racism in areas and organizations with heavy immigrant populations. • Agencies with staff that is 50% white 50% African American and Hispanic may need to ask those questions of their clients. They need to have the issue pointed out in ways that enable agencies to do better. • Micro-aggression can lead to the macro in the way a person is receiving services. There is a lot of unconscious bias. It is systemic in healthcare in general. • There is so much you cannot control because it is system wide. Even if you're having those dialogs internally, looking at your hiring practices and creating systems in your individual spheres, it doesn't give you the ability to control the racial issues in the outside areas which affect the work you do. • Racism is interwoven in the workspace and not created to have these kinds of conversations or advocate for the clients they serve. • There is inherent racism based on the power that is set up. • It may be believed that agencies that are 90% African American, including their leadership, do not experience racism. However, the fall in non-white staff may send a message to some of the patients. • There is a quiet aspect of racism that is so inherent. • Organizations that are pre-dominantly black and are serving minorities, will still find gaps in the equity of resources and services they can provide.

2. <u>If racism is quiet or not seen, then how do you address it?</u>

Responses:

- Questions about race and cultural discrimination should be added to the surveys.
- Instead of asking about racism, ask if a person "has you ever felt uncomfortable where they receive their care" and let it develop from there.

3. <u>Does it impact service delivery?</u>

Responses:

- Anecdotally we hear that it does. There are customers that have reported being treated a certain way because of their race.
- Sometimes customers will not be honest about how they are treated as a matter of survival.
- Customers have learned to navigate around a provider's bias to secure their services.

4. <u>What is the role, or should providers play a bigger role in addressing racism?</u>

Responses:

- Yes. Providers do not demonstrate emotional intelligence. They tend to have a very dismissive demeanor and are so far removed which is why cultural competency and bias trainings exists.
- On a staffing level racism is a barrier in terms of how agencies structure their staff. There is a power dynamic between staff and leadership. Non-minority, degreed leadership make decisions for populations that are being served by minority staff that is on the ground and in the trenches and they often ignore the advice or input of the staff that have hands-on knowledge.
- You cannot teach prevention, look at sexual reproductive health, getting tested, taking PrEP etc. without addressing race directly or without looking at the systematic reasons why people do not access those services already. You cannot avoid the topic of race when you talk about the barriers. The issue needs to be bought up to service standard level.

<u>Other thoughts</u>

In terms of service delivery and design, if a population doesn't have access to certain things (documents, etc.) they are required to have it in order to access services, is there any type of racial bias in that or is it a lack of awareness? There seems to be an assumption that if one person can access or is able to do something, then everyone is able to do it.

	Are the service standards discriminatory in their restrictions? Virginia's emergency assistance program was used as an example. (i.e. A customer may need assistance more than once a year. Virginia is set up to have a monetary cap for a 12-month period. A customer can receive the assistance only once). This could be another area of discrimination and racism in not providing the care that people need. Ka'leef responded that the service standards are minimal requirements intended to be inclusive by making the requirements broad. Providers can establish caps and stricter rules than the broad range described in the service standards albeit problematic.
UPDATE: New Federal CARES Act Funding for the Ryan White Program	CARES Act funds have been distributed to providers. However, there are other funding issues that have prevented providers from receiving their money. There will be a conversation in November or December as we look at doing priority setting and allocating resources for the next grant year. COVID-19 will have a big impact on how that is going to look. Some decisions will be made in December or January about how COVID-19 has affected service delivery systems in order to plan for the Ryan White grant year that begins in March.
Other Business	There is a concern that agencies that provide HIV testing, but are closed, are either not advertising that they are closed or are not available when they advertise that they are open. This has caused issues for many. There are also concerns from customers that agencies are requiring "no paper" are presenting a barrier to service as some customers are receiving prescriptions and other documents via paper and don't have another option. Providers are encouraged to review their policies and structures around service provision.

ANNOUNCEMENTS/OTHER DISCUSSION

None

HANDOUTS

- June 24, 2020 Integrated Strategies Committee Meeting Agenda
- May 27, 2020 Integrated Strategies Committee Meeting Minutes

MEETING ADJOURNED	**2:47 PM**	**NEXT MEETING**	**WEDNESDAY, JULY 22, 2020 1:00pm to 3:00pm ZOOM CONFERENCE AND VIDEO CALL**
I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:			***Signature of:*** ***Date:***
Date the Minutes were approved by the Integrated Strategies Committee (ISC):			***Ka'leef Stanton Morse, MHS, MBA Government Co-Chair***