ACT NOW: END AIDS

3.17.2021 Ending the Epidemic Listening Session Notes

41 representatives from the following states were present.

North Carolina
California
Florida
Pennsylvania
New Jersey
South Carolina
New York
Louisiana
Georgia
Texas
Ohio

1. **If structural barriers were removed, what would health equity look like for the individuals most impacted by HIV in your community? How would Ending the Epidemic programs be structured?**

- Removal of barriers such as income restrictions and paperwork as requirements to participate in programs would allow services to reach clients based on HIV status or perceived risk of individual
- Removal of such structural barriers would allow populations such as black/brown communities to be helped.
- Due to the pandemic, covid has become the priority for health departments. Many closed in the beginning of the pandemic and clients have not been coming back as they had originally after reopening.
- Reliance on city and state to discuss and highlight HIV data as they have with the pandemic
- It would look like every PLWH employed in or beyond the field of HIV/AIDS regardless of whether they are undetectable and ending the epidemic programming would become a part of the Department of Labor and Department of Education so that all workers and youth receive prevention and care.
- More funding would be granted to agencies serving people of color, Spanish translation would be issued at the same time as English versions, there would be an explicit committee to ensure health equity is maintained comprised by POC.
- Peer lead and run
- Need more education outside of the city borders, more education to smaller community hospitals to provide screening and sexual histories.
- A more equal response based on data and targeting areas/populations of highest concern based on data.
- We should be par, or at least equitable, to the rollout of Covid info.

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2. **As states move into the implementation phase of their EHE plans, what stands out to you as the most urgent need for jurisdictions to meet their EHE goals?**

- Reducing stigma because it keeps people from getting tested and getting care
- Access to transportation especially in more spread out communities - public transportation is not the most reliable, especially in the time of COVID.
- Listening to other general needs patients may have that impede them from going to a clinic and making an appointment.
- The need for data; information on clients
- Housing opportunities.
- More urgency from the CDC & HRSA guidance to move plans and priority setting further forward.
- Access to doctors patients feel confident and comfortable with
- Language and integration with other social movement efforts.
- Additional staffing at the county level. The same staff managing 20-2010 are often managing 20-078, Ryan White Parts A, B and others, 18-1802, and additional funding sources to support a comprehensive program. Issuing, scoring, and contracting from an RFA is an intense process, there is no boilerplate for RFA's, APRs or other documentation required.
- Including grassroots organizations and tailoring grants for new to the process and make a requirement for seasoned agencies to partner and provide assistance to new agencies.
- More testing, more willingness to discuss sensitive subjects
- Further guidance
- We need to align our efforts right now because folx are constantly thinking about their health these days. Why not include sexual health?

3. **What has successful community engagement looked like for your communities?**

- Partnering with agencies who are addressing needs beyond just HIV. Outreach with food banks, needle exchanges, etc.
- Moving social and support groups to online platforms like Zoom.
- At-Home HIV Testing for those who do not feel comfortable coming into the center.
- Expansion beyond advocacy like legislative work
- Artistry and community forums in each county
- Significant participation by the population being served with compensation for that participation. Public acknowledgment of the work contributed by participants.
- All parties included.
- providers getting out there in the community for social events and medical events. Showing the community that a clinic can be a place of no judgment and more understanding. Harm reduction approach meeting patients where they are at.
- Collaborated engagement
- A level playing field, which we do not have right now.

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4. **What resources do you imagine would improve health departments Ending the Epidemic plans?**

- Enlisting experts from around the state to learn about plans to ensure that the plan actually succeeds.
- Better leveraging of social media to get the word out and engage communities
- Collaborations with local CBOs and ASOs
- Increased flexibilities and speed with processing administrative steps within health departments
- Routine HIV Testing in all medical settings. For example, offering HIV testing when getting the covid vaccine in clinics.
- Mobile testing
- Syringe services, multilingual care, and gender-affirming care.
- Assistance getting local media to spotlight and highlight ETE and the activities leading to no new infections REGULARLY. That is Feds to Media Organizations, creating MOUs throughout the nation.
- More money
- Money for marketing so that clinics in the city can get the word out to rural areas and educate people
- A sense of urgency
- Getting some of our elected officials involved.

5. **What would help disenfranchised individuals/communities in your area gain access to HIV testing, prevention, and treatment options?**

- LGBTQ non-discrimination laws across the state.
- Service accessibility for PLWH or PWID
- Meeting transportation or technology needs
- Better language accessibility
- Meeting those in need where they are. Making HIV testing available in their area.
- Mobile testing
- Outreach in Colleges, high schools, etc.
- Transportation and employment
- More refined placement of services, community leader endorsement of services, posters and signage conveying confidentiality and that staff do not take knowledge of who attended the agency into the community. Staffing from entry-level to executive that are from the community. Meeting people where they are at, being agile to respond to stated needs even if it is not your intended service...either by responding to the stated need or assisting the person to get to the needed resource, together, not stopping until the person is fully engaged in the other service.
- Non-traditional hours and way of testing.
- Continue to fight the stigma, normalize sexual history taking and HIV testing. Continue to fight criminalizing legislation within states. educate lawmakers and state representatives so they don't make dumb legislation on things they are not educated on
- Increase PreP and routine testing
- A concentrated campaign that wouldn't cost an agency an arm and a leg.

6. **What capacity building, training, or technical assistance topics would help EHE staff at your agency or in your area achieve it's EHE/EtE goals?**

- Sharing how other groups have been able to maintain and engage the clients they had pre-pandemic
- Updated data. Especially epidemiological data on which groups are still the most at risk.
- Looking internally as an agency - what key staff brings to the table, their networks, then bringing in gatekeepers. Like the rings of a target.
- Case study presentations that demonstrate success with the goals of a jurisdictions EHE
- Training that supports leadership/skills development for members of communities that are most impacted by HIV to be promoted into senior roles within agency/health departments. Leadership should reflect communities.
- Community Asset Mapping
- Working with clients to understand what needs should be met in order for them to return/continue
- Coalition building beyond HIV/AIDS, navigating conflict, organizing 101
- Assisting transitioning to comprehensive sexual health always screening for HIV, HBV, HCV, and STIs, not individual screening for the various infectious diseases. Local summits of the managers of 20-2010, 078, 092 for better coordination. 078 seems to fund distinct Part A's while 20-2010 combined jurisdictions. This has led to less coordination, and FQHCs are often an island, that traditionally did not provide HIV services, and as HIV specialty clinics shift to FQHC services, there is a hiding of the HIV services to decrease stigma of others coming for non-HIV related services. It shoves HIV into the closet and we all know the closet is not a safe or nurturing environment.
- All
- Resources back to HIV and STI testing and specific personnel for COVID
- Right now--coping skills. We've faced burn-out before, but not at this level.

Post-question comments highlighted the importance of reducing stigma. “Giving people hope that a diagnosis is not a death sentence. Creating fun and safe spaces that help break the barrier stigma creates.”