

EHE Community Planning Committee  
Meeting Notes for August 31, 2020  
1:00-2:00 p.m.

Attendees: Kimberly Edwards, Adrinda Carter, Marvellus Prater, Larry Cowan, Jessie Schwiesow, Ritalinda Lee, Steve Dellinger, Jora White, Morgan Farrington, Brittany Sanders, Derrick Steverson, Ashley Tarrant, Jacky Snell, LaTeisha Elliott, Brittney Brooks, Gloria Howard, Sara Laurio, Carmarion Anderson, Shey Thorn, Chance Shaw, Tony Hawkes, Warren O'Meara Dates,

LaTeisha opened the meeting at 10:00 a.m. Brittney provided an update on the EHE Facebook page which will be live tomorrow. A committee was formed to create a logo to be used for marketing. Steve, Warren, Carmarion, and Morgan volunteered to staff the committee and work within a December 1, 2020 deadline. Once artwork is completed and approved by the EHE Planning committee, it will go to the Assurance of Compliance Committee for approval.

Ritalinda will facilitate a separate needs assessment meeting next month. The data has come from 223 community surveys, 93 client surveys, targeted focus groups, and provider interviews. This year's needs assessment will inform the situational analysis and provide a baseline for future data analysis.

This month's meeting focused on Treatment, Linkage to Care, and Housing. Discussion questions were provided on the meeting agenda that was distributed to the membership before the meeting date.

#### Factors that promote linkage to medical care

- Coming to terms with diagnosis is key. People need to deal with internal stigma before coming to terms with where to receive care.
- Being able to receive timely access to care (within one week of diagnosis). The moment they receive a preliminary positive test, the first medical appointment should be made.
- Case manager and/or one-on-one assistance with navigation and peer support
- Cultural sensitivity including sensitivity to people of trans experience.
- Newly diagnosed clients need to be educated about HIV and know what to expect in the first few months. Clients don't need to be bullied into care.
- Establish non-traditional HIV treatment sites: Urgent care, community clinics, holistic practitioners
- Provide incentives
- Assess patient's priorities and don't assume HIV treatment is a priority

#### Barriers to initiating HIV care

- Access and affordability. Traditional clinic hours.
- Mental health and substance misuse/addiction
- Misinformation
- Clients relocate and are unaware of local resources

#### Housing

- Housing First Initiative through HUD works well because it does not bar clients that use drugs.
- Need programs for high-risk individuals because some have acquired HIV infection purposely to be able to apply for housing programs.
- Need housing services to address every level and type of need. Sometimes people may need to be housed before starting HIV or substance abuse treatment.

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