Fostering Equity in HIV Planning

August 4, 2021
1:00-2:00 PM ET

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

JSI

Q&A Feature

If you have questions during the call, please use the Q&A feature. To do so:

Click on “Q&A” located along the bottom of your screen

About the IHAP TAC

SUPPORTS

Ryan White HIV/AIDS Program Parts A & B recipients and planning bodies

CONDUCTS

national and targeted training and technical assistance activities

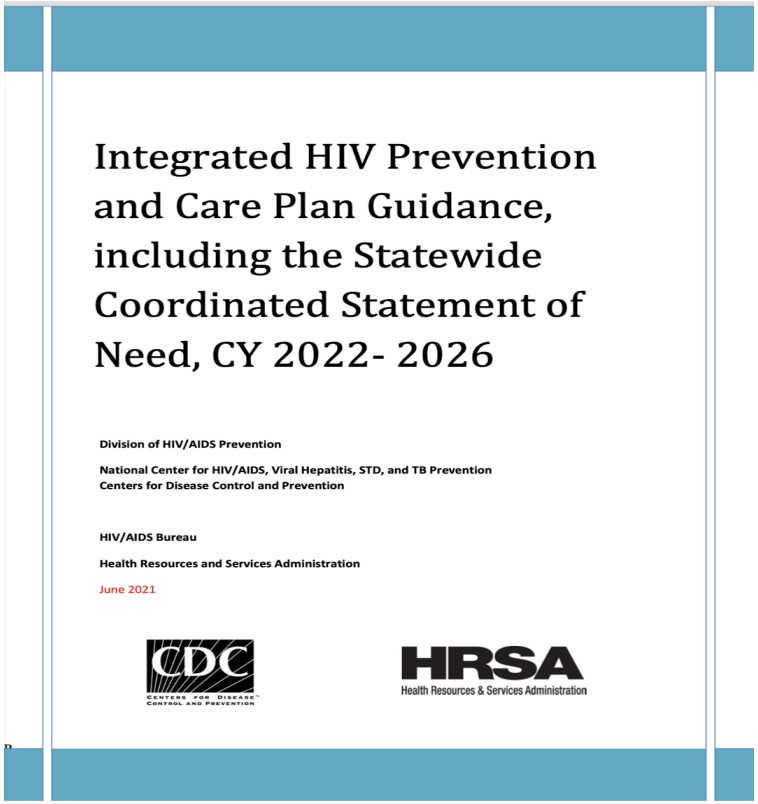
FOCUSES

on integrated planning including implementation and monitoring of Integrated HIV Prevention and Care Plans

Now released!

- June 30th release of the *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026*

- Second 5 year planning guidance developed by CDC and HRSA.



HRSA/CDC Expectations

- Continue to use existing Integrated Plans and other jurisdictional plans (EHE Plans, Fast Track Cities) as jurisdictional roadmap until new plans due in December 2022
- For EHE funded jurisdictions, HRSA/CDC encourage jurisdictions to use appendices and checklists used on new guidance for instructions on how to leverage existing EHE documents to satisfy Integrated Plan submission requirements

Got questions?

- We are compiling a FAQ document on the updated guidance. If you have questions on the updated guidance, please submit them to us.

We are here to help!

- The IHAP TAC is available to provide training and technical assistance on integrated planning and the development of the Integrated HIV Prevention and Care Plans.
- We will be launching some new technical assistance opportunities and training materials soon to help you develop your Integrated Plan.

Stay tuned!

Webinar Objectives

Following the webinar, participants will be able to:

1. Discuss ways in which power imbalances can manifest in HIV planning bodies
2. Understand how other planning bodies have sought to address implicit bias and promote equity
3. Identify strategies that can be applied to their own planning bodies to foster equity and mitigate power imbalances based on race, education, age, and socioeconomic status

HealthHIV Introductions

Marissa Tonelli
Director of Health Systems Capacity Building

Eve Kelly
Senior CBA Project Coordinator

Grace Hazlett
Capacity Building Fellow

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Today's Agenda

- Characterize power imbalances in HIV planning bodies and their impact on effectiveness
- Review key findings related to equity from HealthHIV's 2021 planning body assessment
- Discuss equity/inequity-related challenges experienced by two unique HIV planning bodies and strategies they have implemented to address these inequities
- Q&A and wrap-up

Power Imbalances Defined

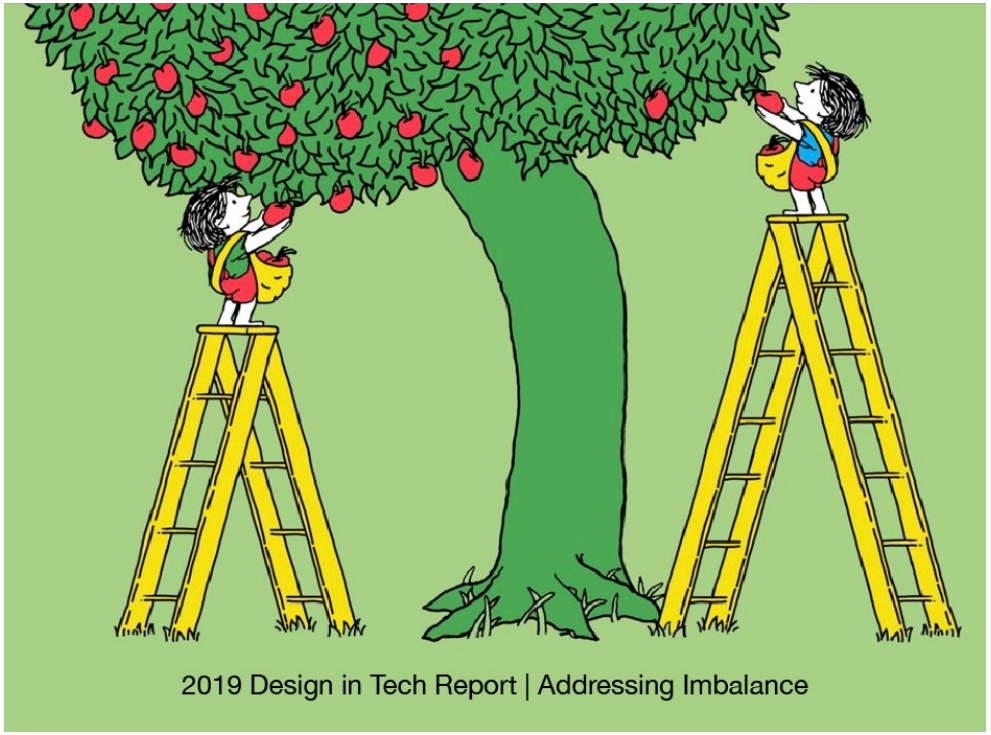
Disproportionate influence of some members over others due to race, gender identity, sexual orientation, education, age, geographic location, socioeconomic status, etc.

Inaccessibility & technicality of policies, procedures, terms, and planning structures create barriers to understanding and foster elitism.

Equity Defined

Equality means each individual or group of people is given the same resources or opportunities.

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



*Sources: "*Equity vs. Equality: What's the Difference?" *MPH@GW, the George Washington University online Master of Public Health program* https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/
Ruth, Tony. "Addressing Imbalance" 2019 Design in Tech Report.
https://designintech.report/2019/03/11/%F0%9F%93%B1design-in-tech-report-2019-section-6-addressing-imbalance/

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Polling Question

How significantly do power imbalances impact your ability to conduct effective HIV planning?

1. Very strongly impact
2. Strongly impact
3. Slightly impact
4. No impact at all
5. I don't know

Policy, Data, and Landscape Impact Planning Equity

Ending the HIV Epidemic

Need for HIV planning to end the epidemic

Changing demographics of HIV epidemic

All-virtual planning due to COVID-19 pandemic

Integration of HIV prevention and care bodies

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Integrated Planning & Power Imbalances

- Language – ability of HIV planning body members to communicate effectively when accustomed to different terminology/acronyms
- Funding – planning body may be driven by HRSA Part A policies (legislation)
- Time and Responsibilities – some bodies did not increase meeting time/occurrences as responsibilities expanded
- **Engagement impacts effectiveness of HIV planning**

HealthHIV Assessment Pointed to Planning Bodies Impacted by Inequity

- Inaccessibility and technicality of policies, procedures, terms, and planning content create barriers to understanding and contribute to power imbalances
- Domination of speaking time by a small group of members (typically those with more experience)
- Reports of condescending behavior, misogyny, racism, and strained relationships among members as a result
- Failure to meaningfully engage consumers
- Avoidance of direct, continuous conversations about race and racism

What power imbalances or inequity in planning are you experiencing?

Testimonies from Two HIV Planning Bodies

5280 Fast-Track Cities Taskforce - Denver, CO

Deja Moore (she/hers)

Comprehensive Human Sexuality Education Program Coordinator, Colorado Department of Public Health and Environment

Community Activation Work Group Lead

Christopher Zivalich (he/him)

Director of Public Health Interventions, Colorado Health Network

Taskforce Co-Chair

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Overview

All persons living with HIV have good health and quality of life, access to prevention is widely available, HIV transmission does not occur, and HIV-related stigma is eliminated.

100+ members, including dozens of providers

10 individuals serve on Steering Committee

Table 01: Overview of Denver Task Force

5 geographic focus areas	**1. City and County of Denver** **2. Tri County Region: Adams, Arapahoe, Douglas** **3. Jefferson County** **4. Broomfield County** **5. Non-metro Denver, Colorado**
2 Goals	Sustainable, Equitable, and Comprehensive Care and Prevention that is widely available
8 Indicators	1. Late Diagnosis 2. Linkage to Care 3. Engagement in Care 4. Viral Suppression 5. Disparities 6. PrEP & PEP 7. Comorbid Conditions 8. Communication
0 stigma	We aim to reduce the stigma that our community members living with HIV experience as well as among our community members seeking preventive services.

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(in)Equity

In the community …

- Colorado's disparities in HIV acquisition particularly high in Latinx communities. New & late stage diagnoses are higher in this population across the state.
- Lack of engaged community members in planning-bodies.
- Example: high # of Latino MSM enrolled in Rapid-Start ART, but low # participated in feedback follow-up.
- Challenges in recruiting AND retaining leadership from BIPOC communities. For instance, one planning body witnessed an exodus of Black female leadership.

In the committees …

- Strong desire to bring community to the table, but not adequately prepared to greet & seat them (meeting times, insider language, etc.).
- Lack of planning bodies devoting time & resources to recruitment
- Cyclical conversations emphasize inequity without concrete action – sometimes thwarted by regulatory processes

Strategies & Potential Solutions

- Community Activation Work Group
- Formed in 2021 in response to two-part racial equity training
- Goal is to meet community members where they are at, rather than force them to come to our table(s).
- Secondary goal is to establish resources/practices for other planning-bodies to adopt.
- Requires cross-agency $ to support engagement strategies outside typical scope of planning bodies.
- Need to pay community members to be trained in particular areas and lead the work, i.e. authentic peer engagement and recognizing the cost of emotional labor.
- Must bridge the gap between providers and patients as equitable partners in the conversation, i.e. prioritizing two types of expertise.

Los Angeles County Partners

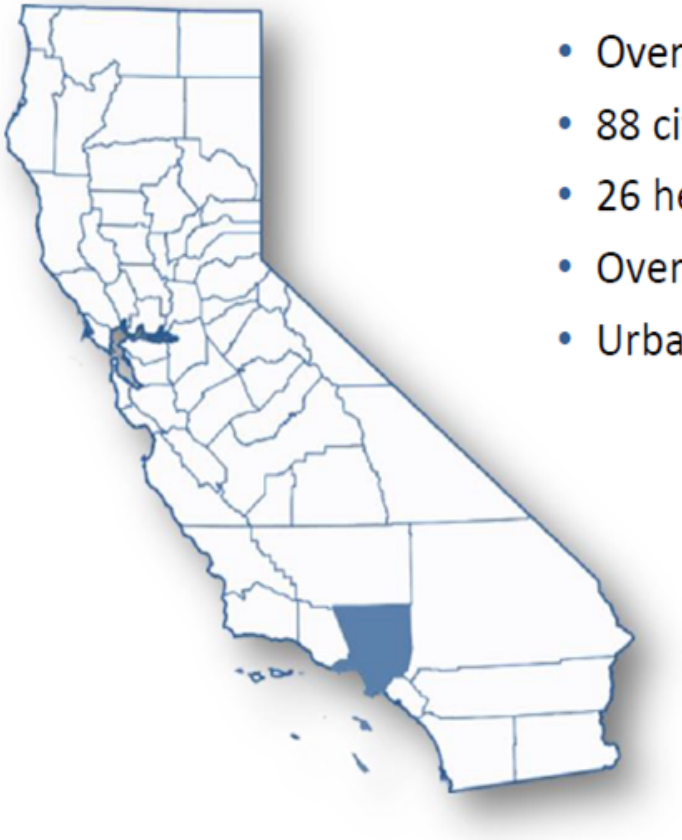
Cheryl Barrit, Executive Director, Los Angeles County Commission (COH) on HIV

Dawn McClendon, Assistant Director, Los Angeles County Commission on HIV

April Johnson, Sr. Human Relations Consultant, Los Angeles County Human Relations Commission

LOS ANGELES COUNTY COMMISSION ON HIV

Los Angeles County is vast and diverse.

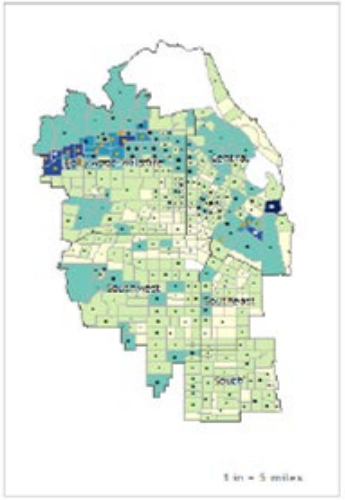


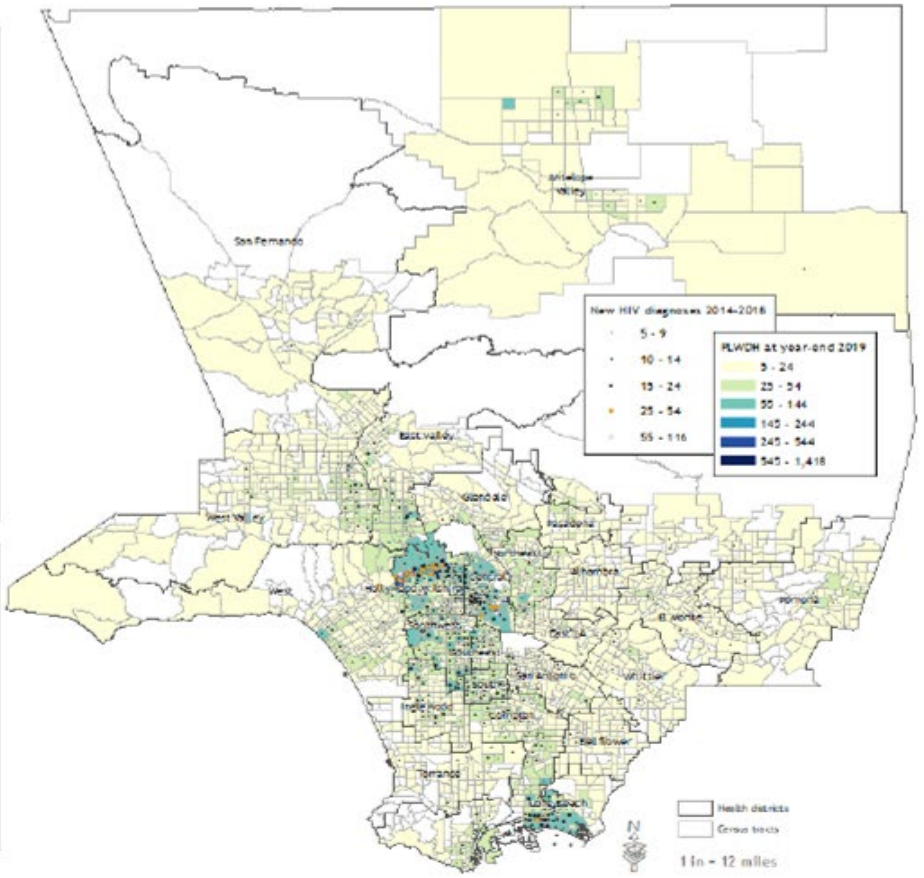
- Over 4,000 square miles
- 88 cities
- 26 health districts
- Over 100 unincorporated areas
- Urban, suburban, and rural areas

- Most populous county in the U.S. with approximately 10 million residents
- Greater population than 42 individual states
- One of the most racially/ethnically diverse county in the U.S.

Key HIV metrics in Los Angeles County

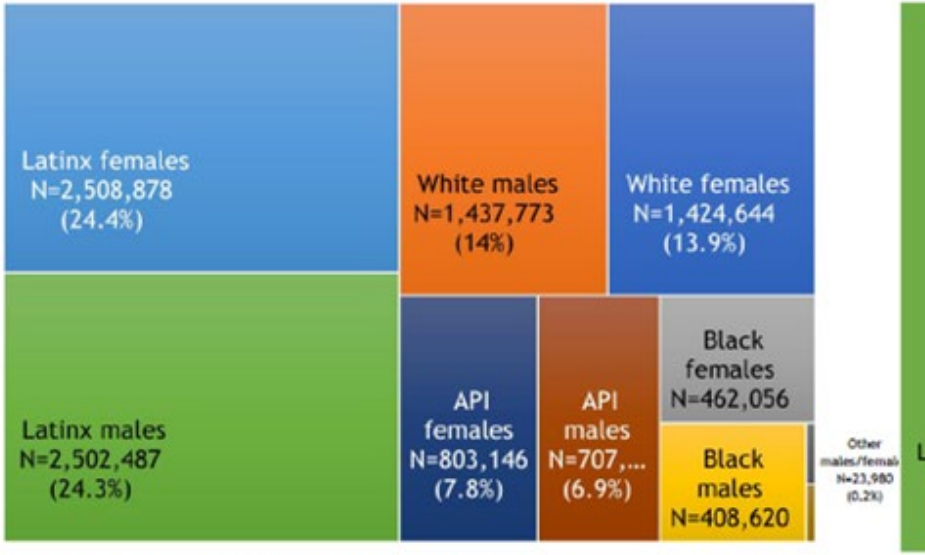
- 57,700 people living with HIV
- 1,700 new transmissions per year
- 6,400 unaware of their HIV-positive status
- Highest rates of transmission in Hollywood-Wilshire, Central and Long Beach health districts





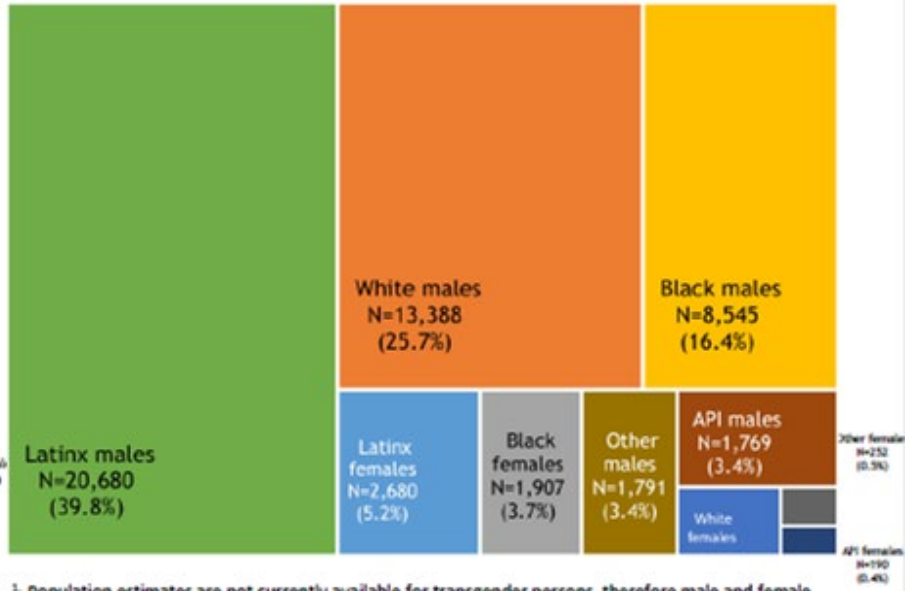
LA County Demographics vs. Demographics of People living with HIV

Sex[1] and race/ethnicity among Los Angeles County (LAC) residents in 2018 (N=10,278,834)[2]



[1] Population estimates are not currently available for transgender persons.
[2] Based on the 2018 population estimates provided by LAC Internal Services Department and contracted through Hedderson Demographic Services.

Sex[1] and race/ethnicity among persons living with diagnosed HIV at year-end 2019, LAC (N=52,004)



[1] Population estimates are not currently available for transgender persons, therefore male and female categories are based on biological sex at birth.

The Latinx population represents the largest group in the County, followed by the White community. Black men and women represent 8% of the total County population.

Latinos represent 40% of people living with diagnosed HIV (PLWDH) followed by White (26%) and Black males (16%). These groups represent >80% of PLWDH in LA County.

Los Angeles County Commission on HIV (COH)

- **COH History:**
  - In the late 1990s/early 2000s, the Commission on HIV Health Services was formed under the grantee, formerly, Office of AIDS Programs and Policy (now Division of HIV and STD Programs) as the Ryan White CARES Act Part A planning body.
  - Concerns questioning the autonomy of the COH led to the establishment of the COH as a separate entity in 2002; the COH is governed by County ordinance and is under the Los Angeles County Board of Supervisors (BOS).
  - In 2013, the Commission formally became an integrated HIV prevention and care planning council

Los Angeles County Commission on HIV

Planning Council Size and Staffing:

- 51 membership seats (plus alternates)
- 5 standing Committees
- 3 Caucuses
- 1 Workgroup
- 2 Task Forces
- COH is supported by 5 full-time staff and 1 academic intern
- The COH, to include its standing committees, caucuses, task forces and workgroups meets approximately 12 times per month, totaling over 144 meetings per year

Observations on in(Equities)

- Power imbalances inherent in government structures and titles
- Differences in comfort level, relationships, and personal access to decision makers.
- Representation beyond numbers and challenging members to advocate for and act as an ally to communities outside their own
- Geographic areas that shoulder disproportionate disease burden not always represented in the PC.
- Consumers vs providers inequities
- Historical tensions, lack of trust, explicit and implicit biases, hurt feelings
- Cohesion is hard to achieve, disengagement of members and potential members, loss of time and energy

Strategies & Potential Solutions to Promote Equity

- The Human Relations Commission's strategy to foster equity within the COH is by implementing facilitated trainings during monthly Commission meetings that focuses on presenting a principle or technique followed up with teaching an application using content from "So you want to talk about Race".

- The goal is for Commissioners to feel confident to apply principles and techniques for engaging in constructively candid conversations with peers. This is being accomplished through engaging individuals in facilitating dialogue, interactive activities, and teaching six important skills to apply in their interactions with each other.

- Acquiring these six skills through workshops and training: Empathy, Self-Management, Managing Implicit Biases what it is and how it works, Inquiry, Stages of relationships and Valuing Diversity cultivates the effective practice of equitable inclusiveness and mitigates power imbalances based on race, education, age, and socioeconomic status.

- As a result of implementing theses facilitated trainings within the HIV Commission monthly meetings, it further promotes equity and provides Commissioners with solutions to respond positively to intergroup conflict, support resilience and encourage Intergroup solidarity.

Question & Answer

Please chat your questions into the Q&A box located at the bottom of your screen.

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Publicly-Available Resources

HealthHIV Webinars

- Roots of Racism in Healthcare: Creating a Climate for Culturally-Responsive Care
- Achieving Health Equity: Countering Racism and Implicit Bias in Healthcare
- Racial Justice & Meaningful Involvement of People Living with HIV

Planning CHATT Resources

- Making Room at the Table: Recruiting, Retaining, and Engaging Youth and Young Adults
- Elevating Consumer Voices
- Multicultural Competence in HIV Planning and Care: Managing Diversity in Ryan White HIV/AIDS Program Part A Planning Councils/Bodies

Questions

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Thank you!

Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA, or share your experiences or resources.

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