



# EHE COMMUNITY ENGAGEMENT WORKING GROUP REPORT

CDC/HRSA ADVISORY COMMITTEE ON HIV, VIRAL HEPATITIS AND  
STD PREVENTION AND TREATMENT

NOVEMBER 5 – 6, 2020

# EHE COMMUNITY ENGAGEMENT BACKGROUND

- Community engagement and planning has been fundamental in the fight against HIV and is now more important than ever as we look towards ending the HIV Epidemic.
- The HIV Epidemic affects communities differently, so local plans tailored by and for each community will be unique to each area.
- EHE jurisdiction plans have been centered around four science-based strategies:
  - Diagnose, Treat, Prevent & Respond
- Ongoing community engagement remains a key component and was a requirement to develop and refine the EHE plans including:
  - Focus groups, community advisory boards, town hall meetings, ad hoc committees, roadshows, HIV planning bodies and use of social media, webinars and conference calls.

# EHE COMMUNITY ENGAGEMENT WORKGROUP PURPOSE

## ● Purpose

- Review and consider the effectiveness of community engagement in the development of the EHE jurisdictional plans;
- Identify and highlight innovative strategies that EHE jurisdictions have employed to successfully engage stakeholders during COVID-19;
- Identify effective innovations that can be replicated in other jurisdictions; and
- Meet w/ key stakeholders to inform recommendations.

# WORKGROUP MEMBERS

## ● **Members**

- Venton Hill-Jones
- Kneeshe Parkinson
- Laura Reeves
- Devin Hursey
- Mike Saag
- Stephen Lee
- Rose Conner
- Paul Kawata
- Jose Zuniga

## ● **CDC Staff**

- Sara Ziegler
- Paul Wiedle
- Staci Morris
- Sara Yacoub

## ● **HRSA Staff**

- Antigone Dempsey
- Theresa Jumento
- Shalonda Collins
- Carla Holmes

# WORKGROUP INFORMATION GATHERING WEBINAR

- **Planning and Design**

- Transparency after the December deadline for revised plans; future deadlines should include a clear expectation of when communities should be involved in planning
- Provide clarity on engagement and the roles of rural jurisdictions
- In the design for the next round, be specific about the documentation on how the various entities are working within the community and engaging those not previously engaged
- Information to consider for feature on the AHEAD dashboard:
  - Note the timeline of where we are within the EHE process (broken down by federal agency)
  - Feature data broken down by demographics
  - Include jurisdictional budget and expenditures
  - Utilize the dashboard to share all available information
- Visibility is important and the success of community engagement can depend on how early in the planning that input from the community is received (i.e. planning of activities vs. providing a report of planned activities)
- EHE should be the vision for the entire HIV workforce
- EHE jurisdictions should be encouraged to engage networks of PLWH
- There have been issues with getting EHE resources to community partners

# WORKGROUP INFORMATION GATHERING WEBINAR

- **Implementation**

- Create guidance to ensure EHE community resources are going towards organizations that have the leadership and expertise to implement the work.
- PLWH coalitions should be funded. Houston and other communities have had success with the model of using a community owned coalition that acts as a representation for community work moving. This type of funding should be built in and funded directly to communities.
- There should be flexibility and understanding of changing landscapes to needs.
- A way CDC and HRSA could be proactive and respond to problems identified is by creating a Federal point of contact for community members to engage if a person is not getting information from their local jurisdiction.

# WORKGROUP INFORMATION GATHERING WEBINAR

- **Evaluation**

- CDC should develop a better understanding strategies for increasing PrEP access for key populations (Black communities, cis and transgender women, etc.)
- There should be transparency about workforce and organizations who receive funds to determine if it matches with the communities that need the services. Determine if this matches with current evaluation techniques
- We should embrace participatory data collection and give communities authority over processes
- Data should be segregated culturally and have all information specific and broken down by groups

- **Technical Assistance**

- Technical assistance funds should have discussions with each jurisdiction to discuss a specific community engagement work plan

# CONSIDERATIONS FOR CHAC

**Thoughts about proposed recommendations to CDC in distributed letter?**

**Any additional considerations CHAC should provide to CDC?**

## **Next steps**

- More guidance is needed from CDC/HRSA regarding:
  - EHE Year 2 Guidance
  - EHE and CHC/HRSA Integrated Plan
- Community Engagement Letter from CHAC to CDC/HRSA