

## **Report on the Virtual Workshop**

### ***Ending the HIV Epidemic and Ryan White Part A: How Can a Strengthened Partnership between the CAEAR Coalition and NACCHO Help Jurisdictions? August 10, 2020***

The National Association of County and City Health Officials (NACCHO) and the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition are forming a strategic partnership to facilitate stronger collaboration between Ryan White Part A grantees and city and county health officials. The reasons for the two organizations to work more closely together include:

- need to foster a closer engagement between community and government public health.
- need to integrate the public health response to address HIV, STI, opioid use; viral hepatitis; and health inequity.
- End the HIV Epidemic (EHE) programming is occurring at the local level and there is a need for expanded technical assistance, advocacy, and the sharing of best practices to meet the initiative's goals.
- much of the EHE resources and emergency COVID-19 healthcare resources flow through state public health departments and management of these resources will require closer engagement and collaboration between states, local governments, and the community.
- changing political and public health environment, including COVID-19.

To understand how best to structure the strategic partnership, the two organizations hosted a virtual workshop entitled *Ending the HIV Epidemic and Ryan White Part A: How Can a Strengthened Partnership between the CAEAR Coalition and NACCHO Help Jurisdictions?* on August 10, 2020. The event brought together Ryan White Part A grantees and representatives of local health department HIV programs to discuss program successes and challenges, including the short- and long-term impact of COVID-19 on HIV community planning and service delivery; needs for technical assistance and advocacy; and recommendations on how NACCHO and the CAEAR Coalition can work most effectively together to meet the needs of Part A communities going forward.

The virtual workshop began with brief overviews of the two organizations followed by facilitated, small group discussions focused on four topic areas:

- Update on Ryan White Part A and EHE Programming
- COVID-19's Impact on Client Services and Programs
- COVID-19's Effect on Community Engagement
- Ideas on Ways a NACCHO-CAEAR Strategic Partnership Could be Helpful

The groups reconvened to report their findings and discuss next steps. A synopsis of the group discussions is below. The list of questions can be found in Appendix A. The list of attendees and facilitators can be found in Appendix B.

## **Key Discussion Points**

### **Topic 1: Update on Ryan White Part A and EHE Programming**

- Federal HIV/AIDS programs and funding streams are siloed. It would be helpful if these programs were better integrated and/or flexibility was allowed.
- Data reporting requirements are challenging and a major concern for jurisdictions.
- There are outdated provisions in the Ryan White Program that undermine success, including caps on administrative costs, a burdensome annual application process, and sub-grantee site visit requirements.
- It is difficult to engage hard-to-reach populations to ensure their voices are heard, especially the transgender community and younger people. Need guidance and/or sharing of best practices to address this issue.
- Several participants noted they did not receive the EHE funding they anticipated. They are trying to determine how to manage projects and activities with less funds.
- Several noted that they are behind in EHE tasks because the focus has shifted to coordinating client services during a global pandemic.
- Many expressed that the lines of communication with HRSA are open, and they are working well with their project officers.

### **Topic 2: COVID-19's Impact on Client Services and Programs**

- At first, jurisdictions were overwhelmed in managing programs and client services, but they have adjusted and found innovative solutions.
- Staff redeployed to COVID-19 or furloughed is a challenge.
- Some medical provider staff have been deployed for COVID-19, which impacted services to the community.
- Staff exhaustion is a concern, including Zoom fatigue.
- Many did not have remote working plans in place, so jurisdictions had to adjust quickly.
- Remote working created issues, such as delays in contract processing and staff trying to manage childcare while working.
- Many moved quickly to provide telehealth. Services, such as dentistry, mental health, medical case management, substance abuse outpatient care, and lab work, are unique challenges.
- Staff had to be innovative in addressing consent and eligibility requirements and ways to engage new patients in a virtual environment.
- Some have seen that telehealth helps with retention in care; others note the drawbacks to not having in-person medical care and/or support services.
- Implementing telehealth required developing new, standardized telehealth policies and procedures across Part A providers.

### **Topic 3: COVID-19's Effect on Community Engagement**

- There were significant challenges to community engagement at the beginning of the pandemic, but many of those issues have been addressed.
- Virtual meetings through platforms like Zoom have advantages, such as increased participation.
- There are disadvantages, however, that need to be addressed. Specifically, the technological divide both in terms of equipment and internet access. One jurisdiction (southern New Jersey) coordinated efforts among departments and agencies to use CARES Act funds to purchase

laptops and mobile phones. They are currently exploring the use of the app, PositiveLinks, to strengthen communications and capture missing consumers.

- Many jurisdictions have been creative, such as providing \$20 food vouchers for consumers to use either on GrubHub or DoorDash, which has served as an incentive to participate in meetings.
- Several jurisdictions noted the use of social media to keep the community engaged.

#### **Topic Area 4: Ideas on Ways a NACCHO-CAEAR Strategic Partnership Could be Helpful**

- Create opportunities for Ryan White Part As and local health department HIV programs to come together for facilitated discussions and to share ideas. This virtual workshop is a good example and helpful.
- Serve as a repository for best practices and develop a process to ensure the information is disseminated.
- Function as a united voice to HRSA, outlining concerns and challenges and highlighting successes. Express to HRSA how jurisdictions are administering the programs while trying to address the needs of people living with HIV during a global pandemic.
- Advocate on behalf of the jurisdictions to streamline integrated planning to encourage the creation of virtual care and services policies, which jurisdictions are currently implementing on the fly.
- One challenge is how to work effectively with planning councils that are resistant to change. A NACCHO-CAEAR strategic partnership could help identify and advocate for a more modern planning council/community engagement model.
- A NACCHO-CAEAR strategic partnership may not be able to solve the disjointed federal effort around HIV programming and funding, but perhaps it can assist in ensuring federal partners understand the difficulties.

#### **Take-Aways**

- COVID-19 created significant disruptions, including staff redeployment, quick pivots to remote working, the implementation of telehealth, and finding ways to engage the community virtually. The challenges have been numerous, and many jurisdictions have found creative solutions to those challenges, while continuing to meet Ryan White Program and EHE responsibilities.
- Data reporting requirements are a significant challenge. In addition, long-known concerns, such as the caps on administrative costs and annual application process, continue to be issues for jurisdictions. Some suggested a reauthorization of the Ryan White CARE Act would address these concerns, but a reauthorization does not guarantee resolution to these issues.
- Participants have strong relationships with their HRSA project officers, even when the project officer is new. Lines of communications are open and there is a willingness to work collaboratively.
- A NACCHO-CAEAR Coalition strategic partnership could:
  - serve as the convener of Ryan White Part A grantees and representatives of local health department HIV programs, providing opportunities and programming to share best practices and lessons learned.
  - provide a united voice to HRSA to champion successes, express concerns, and identify solutions.
  - coordinate and promote pro-active responses to emerging challenges (e.g., virtual care and services policies or modernized community engagement models).

## **Appendix A: Virtual Workshop Questions**

### **Topic Area 1: Ryan White Part A and EHE Programming**

- What successes do you want to share with other Ryan White Part A jurisdictions?
- What challenges or gaps need to be addressed to manage your Part A and EHE efforts?
  - What has worked regarding community engagement and what has been challenging?
- What do you need from HRSA-HAB to better manage your Part A and EHE programs?

### **Topic Area 2: COVID-19's Impact on Your Work**

- How are you balancing the needs of the COVID-19 response and the needs of the Ryan White Program?
  - Has your staff been redeployed to do COVID-19 work? If so, how has it impacted your ability to implement the Ryan White Program?
  - How are you able to assess your Ryan White clients' clinical needs during social distancing when access to medical practitioners and specimen draws are more difficult?
  - How are you supporting clients who are most at risk for disengaging in care? Is telemedicine for case management or mental health services effective? What more is needed?
  - Are you able to access support from health departments for your Ryan White program (e.g., accessing data?)

### **Topic Area 3: How has COVID-19 affected community engagement?**

- Now that remote processes are required for meetings, what new challenges do planners and administrators face regarding transparent information sharing, decision making, and broad community engagement? Has the remote process diminished the community's ability to participate? If so, what have you implemented to mitigate barriers to participation?
  - Has the planning council's funding priorities or implementation strategies changed based on COVID-19 impacts and restrictions?
  - Has COVID-19 created or exacerbated gaps in care or unmet needs?

### **Topic Area 4: How Can a Strategic Partnership between CAEAR and NACCHO Assist Your Work?**

- What are the best methods of communication to engage you as a Part A jurisdiction?
  - What communications have been successful/beneficial and what do you feel is now needed?
- How can the CAEAR Coalition and NACCHO better support community engagement and community planning to address the needs of people living with HIV?
- How can CAEAR Coalition and NACCHO assist you in addressing your needs and concerns as a Part A and/or EHE jurisdiction?