Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Deairius Houston, Chair

HIV Prevention Committee Minutes

Wednesday, September 4, 2024
4:00 pm to 5:30 pm

Start: 4:03 pm **End:** 5:29 pm **Facilitator: D. Houston**

Moment of Silence
Welcome and Introductions

Approval of Agenda: September 4, 2024
Motion: K. Dennis Seconded: J. Stevenson
Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: June 5, 2024
Motion: K. Dennis Seconded: J. Stevenson
Vote: In Favor: All Opposed: 0 Abstained: 0

Prevention Program Updates – M. Kolenz
The new HIV grant started Aug 1st, we lost one provider, Lorain County Public Health, and we have a new one, Family Planning Services of Lorain County. We also have one vacant DIS (Disease Intervention Specialist) position and are hoping to fill it soon, as we are working on interviews.

Discussing Disgust - How verbal and Physical Language, Environments, and Attitudes Perpetuate Stigma in HIV Care and Prevention – Akeem Rollins, B.S., MPH Candidate MetroHealth System
All are invited to share in the discussion on stigma that happens in professional environments and beyond, and how verbal and physical language, our environments, and our attitudes can perpetuate stigma in HIV Care and Prevention. The objective is to define stigma as a group so that we have a shared understanding and framework of what it is and what it looks like in our work. We will also go into specific examples of stigma or stigmatizing language, attitudes, or even environments, and while going through the information, conceptualize and brainstorm ways to reduce stigma in our settings of HIV Care and Prevention.

Objectives

Task Objectives

01	Define stigma and create a group framework for what stigma is and what it looks like in our work.
02	Discuss specific examples of stigma in language, attitudes, and environments of Prevention and care
03	Conceptualize and brainstorm ways to reduce stigma in settings of HIV Care and Prevention

What is Stigma?

What is Stigma?
- A mark of disgrace associated with a particular circumstance, quality, or person
- A set of negative and often unfair beliefs that a society or group of people have about something
- Shame, disgrace, dishonor, stain, taint, blot, etc.

Interactive Session 1 – QR Code for "Cloud" Input
Using the QR code in the chat: https://app.sli.do/event/fNUC3EtAE8w8oZG2tyPerL/live/polls, a cloud will be formed showing stigmatizing language. The feedback from the cloud will guide us in our discussion on your thoughts about stigma. This input can be a single word, a sentence, or a small situation on what you think or how you define stigma.

***Comment:* N. O'Neal** - The first stigma is usually self-stigma, as there was no thought of others thoughts or attitudes, until gaining acceptance of living with HIV.
***Response:* A. Rollins** – One of the ways stigma varies is that it can be your own belief. It does not have to come from an individual or a group, it can be just **internal**.

Interactive Session 2 – Stigma Categories Scenarios
For the second interactive piece, we will discuss four scenarios, based on the five categories of stigma listed above: Professional, Interpersonal, Internalized, Environmental, and Systemic.

Categories:
Professional
Interpersonal
Internalized
Environmental
Systemic

Scenario 1 - **At a meeting for professionals working in Prevention and care, a colleague from another agency says, "These people just think they can be out here doing whatever and they won't catch nothing."**
***Questions*: A. Rollins** - What is stigmatizing about this, if anything? What is this person trying to say? What is the message being received? How can this be restated, if necessary? What category (or categories) does this fall into?

C. Kishman - The division of "us" and "them", immediately detaching themselves, creating distance in not wanting to identify with "those" people, even shaming them.
N. O'Neal - Making assumptions on what people are doing, and that people want something, as we tend to judge people on what they do, or what we see them doing.
J. Patterson- Being unprofessional, saying people are doing whatever, not choosing to do right, just looking down on them.
K. Dennis – It's stigmatizing, making a judgment saying it's happening to those people out there, not to the professionals in the room. Catching a disease could happen to anybody.
A. Rollins - Judging people off decisions make, as basically anyone who works a job is selling themselves for money.
N. O'Neal - Think it's more about people engaging in unprotected sex, and should have focused the conversation on how to increase condom use and protect your body.
S. Terry – This person may be crying out for help with coaching or training on how to engage clients, but instead is stigmatizing them. This scenario looks at language, more specifically, the lack of people-first, and sex-positive language, which basically shows how stigma perpetuates through language.
S. Rivera - It could have been done better, as things are available for more sex-positive options, rather than making assumptions.
A. Rollins - To summarize, it could be **interpersonal** depending on what happened next. However, as it wasn't directed toward a specific person in the room, this would be a **professional** stigma. It appears the person is trying to say that people are having sex and are not aware that these things can happen to them. It just could have been stated better.

Scenario 2 – **You're taking a newly diagnosed client to a support group. As you enter, everyone seems friendly and welcoming to your client and puts them at ease. They even make a friend who shows them around and introduces them to some participants who are chatting around a snack table before the group starts. Feeling confident in the group, you begin to tell your client you'll pick them up after the group to debrief. As you are leaving, you overhear someone say loudly, "Well I don't got AIDS, so…" Your client looks visibly uncomfortable.**

***Questions: A. Rollins** - What is stigmatizing about this, if anything? What is the person trying to say? What is the message being received? How can this be restated, if necessary? What category (or categories) does this fall into?

S. Rivera - First issue is in not distinguishing between HIV and AIDS.
L. Lovett - They don't need to be there because they don't have AIDS sounds like an uneducated person, not well-read or researched in the subject.
R. Lewis – Another thing stigmatizing is the judgmental piece, thinking one person is worse than the other, and/or they're better than someone.
N. O'Neal - The most stigmatizing part, which also makes people uncomfortable is in looking first at AIDS, meaning your time is limited, rather than HIV which is the beginning. That's what scares people.
A. Rollins – What category does this fall into, professional, interpersonal, internalized, environmental, or systemic?
C. Kishman – This is internalized.
A. Rollins – Yes, this is an **internalized** and an **interpersonal** stigma. First, because the conversation is being expressed loudly enough for other people in the room to hear, and second, because that person doesn't know the status of the other people, and/or may not know any of them at all, wherein making a statement on whether or not a person has HIV, definitely reflects internal and interpersonal stigma.

Scenario 3 **- At a clinic, you are with someone for their care appointment after a long time not receiving treatment. It took a lot of work to convince this person to come back into care. There are five people ahead of them. Two are Black men, one is a Latin transwoman, and the other two are older White women. One of the Black men and the Latin woman knows your client and they pleasantly chat briefly. The first three clients are called, the two Black men and one of the older White women. Your client points out that the two Black men went through a different door that the White woman. The Latin woman is called and goes through the same door as the Black men. Your clients gets up to leave and you follow them to the hallway. They tell you all the HIV patients are going through on the left door and if they go through that door, everyone in the clinic will know they have HIV.**
***Questions*: A. Rollins** - What is stigmatizing about this, if anything? What is happening in the scenario? What is the message being received? How can this be changed, if necessary? What category (or categories) does this fall into?

T. Patterson – They are having two separate interests.
J. Patterson - It seemed they were reading a lot into it, but it was not more than they thought.
L. Lovett - They may have read too much into this, as when you're in a clinic passing time, you tend to read the room anyway.
N. O'Neal – That may be the reason some come to smaller places or clinics, in which no one is aware of why you are being seen.
S. Rivera - It could also be stigmatizing in the way of how we have "priority" populations, and giving the imagery of being treated differently in something simple as just going through a certain door.
C. Kishman - This seems like environmental stigma, in that the environment created conditions for that stigma to be upheld.
A. Rollins – This is absolutely **environmental**, and oftentimes with environmental stigma, this is something that we are often not conscious of or aware that we are doing. Also, there was much assumption, which can easily happen in a clinic, even if unintentional.

Scenario 4 – **You are a social worker at an HIV clinic. Your client who was born with HIV and has been in treatment since they were an infant, is asking to have a doctor's appointment with their partner to disclose their status with you present and is feeling very anxious. You consult the clinic psychologist, of whom your client is a patient, to assist with their anxiety and they tell you that you both have a "duty to warn" and must tell the**

partner now. You inform your client about the conversations with the psychologist and they say, "This isn't fair. I didn't even do anything to deserve HIV and now this."
***Questions: A. Rollins** – On the topic of 'Duty to Warn', what is stigmatizing about this, if anything, and is anyone else familiar with duty to warn and do you agree with this narrative and/or have different perception?

N. O'Neal - Social workers or psychologists don't have a duty to warn anyone on HIV clients.
A. Rollins – It is stigmatizing in the message of not deserving of something, or the assumption of being better than someone.
J. Patterson - It's the division, and a type of hierarchy in that they didn't deserve this.
S. Terry – Having some knowledge of duty to warn, although not in relation to HIV but more so with gun violence or with things that pose clear and immediate danger. Also, we should never disclose anyone's status, to anyone.
S. Rivera - The assumption that they somehow knew there was intimacy involved was also stigmatizing.
A. Rollins – Yes, clear and immediate danger is what we are talking about with duty to warn, as this would especially not apply to a person who has been in treatment since they were born, nor an HIV positive person or to HIV, in general. You were all correct. This was just bad advice. As for the categories, this would fall into **professional** and **interpersonal**, in that there is an idea in which people's actions lead them to deserve certain consequences, although no one ever deserves to be sick with any illness.

Target Population – A. Rollins
The term "target" population, is negative way of identifying people, in which they are prioritized, or singled out as products or things that are different, less than, and/or in need of something, as opposed to being prioritized because they are disproportionately affected by things beyond their control. This stigmatizing language unfortunately also occurs inside and outside of HIV Care and Prevention, as this a shaming issue in that persons are characterized only by risk, and it isolates persons from everyday life.

N. O. Neal - That's the reason we will never get a handle because of the silos of populations we began with from the start of the disease, rather than looking HIV as a whole.
J. Patterson - Yet we make it sound like these are risks that you should be ashamed to take.

Body Language – Face, Position, Proximity, Reaction – A Rollins
Your face, your position, your proximity, and your reaction all matters, especially as we often since we talk about very sensitive things. As your body will always give you away before your words will, it is best to check your face, your body position, as well as your proximity when speaking to people. This is also important to remember when working with your clients, as your discomfort can oftentimes become your client's discomfort, particularly the case with our younger clients who receive many mixed messages about things happening around them.

Final Thoughts
What is the Opposite of Stigma? - Belonging, Prideful, Empathy
S. Terry - We've all grown up in the situation and understand the word 'out' doesn't have anything negative attached, and can acknowledge it may not have been intentional.
N. O'Neal - We may need support in how to relinquish something, and on how we can redirect things, as long as we do it in a thoughtful way so as not to offend, because we are all human.
M. Jackson-Rollins - In coming across stigma often, it is found best to look for opportunities to really talk about it and educate people on HIV.
L.J. Sylvia - We want to all create the community environment to recognize, redirect and educate as necessary.
Akeem Rollins – Thanks and much appreciation to all for this discussion, and for participating in all the interactive sessions.

Prevention Community Highlight – Family Planning Services of Lorain County - Colleen Kishman

Since taking over in August as the second health educator outreach coordinator with Family planning, our team has resumed the subcontract responsibilities for the Ryan White HIV grant with Cuyahoga County Board of Health. Previous to that time, much of our work has been doing presentations in every middle and high school in Lorain County, as we have recently been asked to visit elementary schools, in working to reach younger folks. We also have our clinic where we do everything of reproductive care, we are Title 10 funded, in which people can be put on a sliding fee scale to receive eligible discounted services, regardless of their ability to pay, and we take all types of insurance. So, we never turn anyone away. Also, with inability to pay, people can come here age 13 without an adult or parent, and younger, with a parent or guardian.

For the work being done with the HIV grant, it is much the same with the educational piece. However, we are now expanding our scope in working with correctional facilities, as we have spent one month doing HIV testing at Lorain Medina Community Based Correctional Facility. With that, they are very interested in our work, and have spoken to us about adding more testing because we are a Title 10 clinic, and we have talked to the administration there on ways to offer testing, both HIV and other STI's, to more people, as well as providing presentations and trainings. Overall, we want people to get connected with our care services and resources available at Family Planning, so as to build relationships, make it more like a warm handoff, in which they will want to come here for their health care. Additionally, while we want to appeal to those in Lorain County with fun events, so as to meet people where they are, we also see folks outside Lorain County and provide the same support for everyone.

Agency Check-In – D. Houston

D. Houston – We are currently in the process of working with Nueva Luz and House of Transcendence on a World AIDS Day weekend. We're looking at the last weekend of November. We are also looking to do a vogue night ball in collaboration with the House of Transcendence, where we will have a food giveaway and/or do other things. We will provide further updates as we go along.

K. Dennis - Imani United Church of Christ is having a World AIDS Day event, on that Sunday, December 1st, in which people will give testimonies, there will be testing, and they will pass out test kits and other info.

J. Patterson – Would like to commend R. Lewis and WeThink4A Change in supporting the AIDS Funding Collaborative (AFC) reimbursement offer for staff to become certified HIV Providers and PrEP Navigators. While the offer is no longer available, it is still not too late to get certified, it would just be self-pay.

M. Jackson-Rollins - We think for a change is sponsoring a Men's Health event, entitled, "Men's 4 Men's for Health Workshop – Empowering Men for a Healthier Future!", set for Saturday, September 28, 2024, from 9am to 6pm, at A Place for Us, 11600 Madison Avenue, Cleveland, Ohio 44102. A flyer will be provided with registration info.

L.J. Sylvia – As our December agenda will include the USCHA conference in New Orleans, we would appreciate those attending the conference to provide everyone with updates at our next meeting.

Next Steps – D. Houston

The next HIV Prevention meeting will be: Wednesday, December 4, 2024 from 4-5:30 PM.

Announcements

Adjournment

Motion: K. Dennis Seconded: J. Patterson

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Deairius Houston, Chair

PREVENTION COMMITTEE SEPTEMBER 4, 2024 ATTENDANCE

TOTAL ATTENDANCE: 29 PREVENTION MEMBERS PRESENT: 12

	PREVENTION MEMBERS		NOTES
1	**Deairius Houston, Chair**	√	
2	**James Stevenson**	√	
3	**Danielle LeGallee**	√	
4	Tiffany Greene	√	
5	Julie Patterson	√	
6	Bryan Jones		
7	Tina Marbury		
8	Michelle Jackson-Rollins	√	
9	Jeannie Citerman-Kraeger	√	
10	Chris Osborne		
11	Cederick Taylor	√	
12	Akeem Rollins	√	
13	Rickey Lewis	√	
14	Holly Phillips		
15	Elizabeth Habat		
16	Kate Burnett-Bruckman		
17	Pam Weiland		
18	Karla Ruiz		
19	Karen Hill		
20	Joye Toombs		
21	LeAnder Lovett	√	
22	Kimberlin Dennis	√	

PC Members: B. Gayheart, N. O'Neal, S. Rivera
Attendees: T. Patterson, C. Kishman, K. Bour-Boyko, S. Young, J. Foster, J. Garcia, S. Terry, J. Asare
Staff: M. Kolenz, M. Baker, Z. Levar, A. Idov, L.J. Sylvia, T. Mallory