

Strategies for Community Engagement and Mobilization Panel: Q&A

- 1) In addition to the partnerships that you have talked about, is additional coordination needed across HIV prevention and care programs to advance your EHE efforts? Are there opportunities to further streamline processes and maximize resources?**

Dr. Sophy Wong: Yes, for those of us trying to organize and coordinate EHE efforts on the ground, we would love to see more integration and coordination across prevention and care at the county, state and federal levels. Many frontline teams now do the entire continuum of work, from prevention and testing to care and re-engagement. However, we still experience a lot of siloing of funding, grants and program management at governmental levels to be quite separate. This can result in duplication of efforts and overlapping funding in ways that get confusing. I think there's a lot of opportunity here to have a more unified, coordinated, shared strategic approach in these governmental bodies to address this. For example, organizations funded for the same EHE TA activities at the federal level, state level and county level (CDC to state vs. HRSA federal vs. HRSA county level) who don't know what each other is doing until we step on each others' toes and then spend a lot of time addressing. As another example, FQHCs funded directly by federal EHE HRSA funds for hot spot counties but no one coordinating what they are actually doing, then they may end up competing for the same clients. We'd love to see more strategic coordination and a more unified, collaborative approach at the funding/governmental levels so we have something to work with at the community level.

Karla Torres: Absolutely! We have prevention and care teams in our department and they are well coordinated/integrated. We have drilled the message of the status neutral and that everyone gets link to either HIV prevention efforts or HIV treatment. We have interdisciplinary monthly meetings discuss outreach, testing, linkage to care including RAPID START, medical and retention with the entire team including our doctors and nurses.

- 2) For those who actually have African born immigrants receiving their services, how do they specifically gather that data to know the level of engagement with these communities?**

Karla Torres: SYHealth does provide services to African refugees and immigrants in San Diego, with a particular emphasis on refugees from Somalia. We collaborate with the International Rescue Committee and with The Horn of Africa.

- 3) I'm a PrEP Case Manager for Clinicas De Salud Del Pueblo in Southern California, particularly Riverside County. We've recently just started an HIV Prevention Program in the midst of the pandemic, what is some advice that you would have for community outreach for our program starting out? Because it has been a challenge!**

Karla Torres: Feel free to contact me via email at ktorres@syhealth.org and I would be happy to connect you with our Prevention team for further discussion.

4) Cis Women programs and services?

Karla Torres: We have a case manager specialized in women services. She is responsible for providing case management services, health education, support group and quality improvement initiatives around women's health. We offer Women's Health day initiatives and include Paps, Mammograms and physical exams. This event is more of celebrating the strength and beauty of women and we provide all participants after their medical visit a special Spa gift basket. In addition, prior to COVID, we had special events every quarter that include a Boutique Day. Women would come in and select clothes, toiletries, purses, shoes (all gently used donated items). We partner with beauty schools and hair salons for Mother's Day makeover.