Case Study Interactive Discussion: Cluster Detection and Response from a Health Equity Lens

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Learning Objectives

1. Understand the principles and importance of meaningful community engagement and health equity
2. Identify ways to engage with the community on cluster detection and response
3. Apply learning through an interactive case study discussion
Ice-Breaker

In the chat, please share:
• Your name
• Where you’re from
• Your role

In another chat, please share:
• What you would like to take away from today’s discussion

Emoji Check-In:
Describe how you’re feeling with an emoji!
Meaningful Community Engagement and Health Equity
The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.¹
COMMUNITY ENGAGEMENT PRINCIPLES

- Set Clear Goals
- Develop Cultural Humility
- Foster Transparency
- Provide and Promote Capacity Building
- Maintain Long Term Commitment
- Build Partnership and Trust
- Learn About Community
Are people truly hard to reach? Are we just not in their spaces? Are our services hard to access?

What are informal/formal activities that happen in the community within a given year? Who in your community could tell you more?

How can we include more community perspectives earlier in the planning/decision-making process?

Where are “informal” meeting spaces in communities and how can we utilize them to reach more community members?

Does our perception/history inhibit outreach and engagement?
What is Health Equity?

The World Health Organization states that,

“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.”
Culturally responsive practice is a concept that finds its roots in education. The materials and program design are aligned to fulfill the needs of the participants and priority populations.

Culturally responsive considerations:

- What time of day is most accessible for the priority population?
- What is the most convenient and accessible location to meet? (Before COVID-19)
- Are the materials linguistically accessible? Readable?
- Do members of the community have input in the program design? What level of input does the community have?
Application to Cluster Detection and Response
Health Equity and CDR: Common Concerns

- HIV
- Criminalization
- Immigration
- Stigma
- Data Protection
- Community Engagement
Responding to a Cluster

**Could look like…**

- Partner services interviewing individuals in the cluster network to gather information
- Providing HIV testing to individuals linked to a cluster who haven’t been tested for HIV
  - Linkage to care for new diagnoses
  - Address viral suppression and barriers
  - Offering PrEP services to individuals who may be at risk
- Increasing syringe services programs or other drug user health services
- Educating providers on cluster trends
- Sending a health alert to community/priority populations
- Increased targeted HIV testing or other prevention services in the community
- Working with neighboring jurisdictions for clusters across states lines
- Increasing PrEP outreach and navigation services to community
Community Engagement: Common Concerns

- Increased stigmatization of groups or people associated with those groups
- Concerns about consent
- Criminalization of PLWH
- Lack of robust data on effectiveness
- Increased mistrust between community members, especially in communities of color, and the medical and public health communities
- If done without community support could lead to resentment and avoidance of health department programs
Discussing CDR with Community Stakeholders

- Ensure basic knowledge on HIV surveillance works
- Explore difference between cluster detection and response and routine follow-up by the health department
- Clarify confidentiality of PLWH – names not shared with their contacts
- Use plain language and ask communities what language they prefer
- Explore language used to describe the process and train staff on language
- Hire members of the community to do the contacting with the members of the cluster(s)
- Transparency – acknowledge both potential benefits and potential harms
- Community engagement should be ongoing
It’s important that we implement new HIV prevention activities in ways that don’t compound stigma on communities or individuals who are already impacted.

- Be cognizant of using non-stigmatizing, people-first language
- Undetectable = Untransmittable (U=U) as a stigma reduction tool in outreach
- Humanizing surveillance and HIV-related data – it’s about the people behind the numbers
An HIV cluster was identified in City X through molecular sequence data, primarily affecting young gay, bisexual, and other MSM (GBM) diagnosed within the last year. There are 11 individuals linked to the cluster, with 2 diagnosed with acute HIV infection and 3 co-infected with an STI. Of the 11 total, 5 are confirmed to be in care with a suppressed viral load.

1. What is your first step?
2. What more information do you need to gather?
3. Do you think we are missing anyone else who may be in this network?
   a) If so, how could the health department find those who may be missing?
   b) How would you prioritize follow-up/outreach?
4. What additional prevention/care activities or programs should be included in the response strategy?
5. What other HD/community partners, if any, would you bring in?
6. How do you ensure your outreach/linkage activities are culturally responsive?
7. How can community and providers participate in response?
Q&A