

**PRINCE GEORGE'S COUNTY**  
**LGBTQIA+ Workgroup**

**June 28, 2024**

- Members Present:

Krystal Oriadha, Council Member District 7, Chair  
Courtney Mariette, Deputy Director, OCR, Co-Chair  
Dr. Diane Young, Department of Health  
Antonio Driver, LGBTQIA+ Liaison, CEX  
Elana Belon-Butler, Director, Department of Family Services  
Khouiri Lassiter, Advocate for Youth  
Lauren Wethers-Coggins, Director, Department of Social Services  
Renee Battle-Brooks, Office of Human Rights  
Jermaine Wyatt, Director of Community Health

- Member Absent:

Jason Jude, Us Helping Us

- Staff Present

Sandra Eubanks, HHSPS Committee Director  
Rhonda Riddick, HHSPS Committee Aide  
Tiffany Hannon, Chief of Staff to Council Member  
Tech Support

- Welcome, Introduction, & Opening Remarks

Council Member Oriadha called the first regular scheduled meeting of the LGBTQIA+ Workgroup to order at 11:02 AM on Wednesday, June 28, 2024.

Council Member Oriadha introduced herself and requested that the members introduce themselves, sharing background information relevant to their roles in the workgroup. She indicated that she represents District 7 on the Prince George's County Council and serves as this workgroup's Council representative.

- Review Enabling Legislation (CR-77-2024)

Council Member Oriadha reviewed the legislation, stating that the workgroup will study current services and develop recommendations to expand services for the LGBTQIA+ community. These recommendations will cover areas such as medical care, social services, mental health services, economic opportunities, violence prevention, employment and housing discrimination,

access to affordable housing, bathrooms, schools, and other public accommodations, and discrimination within the criminal justice system.

Additionally, Council Member Oriadha provided an overview of the workgroup's composition, indicating that the members represent the County Council, Office of the County Executive, Office of Community Relations, Department of Family and Social Services, Department of Health, Office of Human Rights, and two representatives from community-based non-profit providing services to LGBTQIA+ communities.

- Presentation: The Department of Health, Dr. Diane Young, Associate Director, Family Health Services Division

Dr. Young provided a presentation entitled HIV/AIDS in Prince George's County. Dr. Young shared the vision and mission statement, explaining what HIV/AIDS is and addressing common misconceptions. She shared statistics on HIV exposure, HIV, and STI rates in the county and identified who is most impacted. She compared this data with neighboring jurisdictions and discussed prevention methods. Dr. Young explained how the Health Department is addressing HIV/AIDS, the services they provide, and their collaborations. She also outlined their goal to end the HIV epidemic and reduce stigma and highlighted their media campaign, "Cancel HIV."

#### Discussion:

Council Member Oriadha opened the floor for questions from the members following the presentation.

Council Member Oriadha inquired if we can precisely determine the duration individuals are living with HIV without being aware of their status. Are we merely estimating based on when they develop more severe symptoms and subsequently get tested?

Dr. Young indicated that when people have more severe symptoms and get tested, it is challenging to determine how long they might have been living with HIV. If they present with an AIDS-defining illness, it indicates that they've had the virus for a considerable time. However, there's no exact formula to determine the duration of their infection. When individuals become symptomatic, they've likely had HIV for at least six months to a year. Therefore, defining the exact period of infection is quite difficult.

Council Member Oriadha asked if there has been a high number of people presenting with other illnesses that indicate late-stage HIV or if that percentage has remained stable.

Dr. Young further explained that approximately 7 to 8% of people come in with late-stage HIV, presenting with other AIDS-defining illnesses. These individuals have been sick for some time, prompting them to get tested for HIV. The percentage has remained stable.

Council Member Oriadha asked whether the campaign has increased the number of people getting tested, irrespective of whether they receive a diagnosis.

Dr Young indicated that there have been moderate increases in testing, especially following ads. This drives the continued funding of community partners, as not everyone prefers going to the Health Department. The goal is to ensure people seek testing where they feel most comfortable.

Antonio Driver, LGBTQIA+ Liaison from the Office of the County Executive, inquired about the level of accessibility of the County's PRep Services.

Dr. Young stated that the Health Department is not funded specifically for PRep services. They started offering PRep one day a week and then expanded to two days a week. Beginning in July, the goal for fiscal year 2025 is to offer it five days a week, provided there is enough staff. We also promote that our community partners offer PRep services.

Council Member Oriadha asked how often the client has to come in for PRep services.

Dr. Young indicated that the five-day availability is mainly for the initial assessment and periodic reassessments. Once they are on PRep, they don't need to visit daily. Initially, they come in for a few appointments, and then we see them every 90 days for retesting and to issue another prescription for PRep.

Council Member Oriadha asked if the need for more funding for PRep was a State or national trend.

Dr. Young indicated that PRep isn't funded on the federal level, and while the state initially provided some funding when we began, that support has since diminished. This funding challenge is widespread across local health departments nationwide.

Continuing this line of questioning, Council Member Oriadha asked about the cost barriers associated with accessing PRep when partnering with organizations with resources.

Dr. Young indicated that all their services are accessible regardless of a person's ability to pay, and many of our partners operate on the same principle. We offer a sliding fee scale based on income to ensure affordability. Sometimes, we connect patients and clients with programs primarily offering PRep. They have financial assistance programs for those who qualify, and we facilitate access to these resources. Our partners follow a similar approach.

Courtney Mariette, Office of Community Relations, asked if neighboring jurisdictions fund PRep services.

Dr. Young indicated that the neighboring jurisdictions do not receive funding for PRep.

Ms. Wethers-Coggins, Department of Social Services, wanted to know about the Department of Health's existing cultural humility and general cultural competency training for working with the LGBTQIA+ population. What does that training look like for staff providers, medical professionals, and even front desk staff handling intake?

Dr. Young stated that they have partnered with Johns Hopkins to offer a series of workshops and training sessions for our staff. Continuous training is essential, and we are committed to maintaining this ongoing effort.

Council Member Oriadha asked about the Suitland zip code having the highest rate of new HIV clients in January.

Dr. Young stated that in January, they hosted a Status Neutral Summit. During the summit, we highlighted that Suitland had the highest rates of new HIV infections, chlamydia, gonorrhea, and syphilis. However, within six months, the situation shifted, with Oxon Hill now leading in HIV cases.

Mr. Driver inquired about the steps taken in the targeted zip code area when there is a spike in HIV infections.

Dr. Young indicated that they utilize geofencing in collaboration with our partner, WUSA9. When we observe an increase in cases within targeted zip codes, WUSA9 conducts social media campaigns on our behalf to specifically reach those areas.

Ms. Coggins asked about the specific age group of the population that tested positive for HIV.

Dr. Young indicated that for HIV, the age group with the highest rates of infection is 18 to 35.

Following the discussion about the specific age group testing positive for HIV, Ms. Renee Battle-Brooks, Office of Human Rights, asked about the previous age group and what factors contributed to the change.

Dr. Young stated that before the 18 to 35 year-old age group, we saw an average age of around 24 to 25. They have engaged an external agency to research through focus groups and individual interviews. This effort aims to gain deeper insights into why this shift occurs and what actionable steps we can take to address it.

Council Member Oriadha asked about an HIV testing partnership with the school system and what this partnership would entail.

Dr. Young stated that when we had School-Based Wellness Centers, students could access free testing and reproductive health services. Currently, these centers are no longer available, but PGCPs, in collaboration with us, is actively seeking a provider to reintroduce these services to the community. We collaborate closely with school sexual health educators to ensure they have updated information to share with students.

Ms. Euniesha Davis, Director of the Office of Community Relations, sought clarity on how all the entities, particularly the workgroup members, collaborate and where the gaps lie. She noted that in addition to the "Cancel HIV" campaign and this workgroup, the County Executive's Office is also involved. She asked how we work together and what the Health Department's plan is to integrate the "Cancel HIV" campaign efforts in this context.

Dr. Diane Young indicated that we seek a strong partnership in this effort. This workgroup fills a significant gap and enhances our community advisory board. She would provide information on the advisory board, which meets quarterly. She further stated that other entities meet more frequently and are currently active. We encourage more participation from county-level agencies to bring diverse perspectives.

Ms. Davis inquired about “Cancel HIV” aligning with “In This Space,” the current initiative. She asked whether a place could be created for the younger community to engage with the Health Department and your “Cancel HIV” campaign and whether the Health Department could establish a hub or a similar space for young people.

Dr. Young stated that’s something they could undoubtedly arrange.

Council Member Oriadha ended the Q&A by stating that the real hope is to connect all these efforts. Amazing things are happening across different agencies and groups in this workgroup, with synergy from the new liaison and our Council’s work. The challenge is unifying our efforts, moving in the same direction, and amplifying everyone’s work.

- Election of Co-Chair of the Workgroup

Council Member Oriadha expressed her preference for the co-chair model and asked if any members would be interested in co-chairing with her. Courtney E. Mariette agreed to co-chair the meeting with Council Member Oriadha. The role of the co-chair is to help keep the workgroup on track with scheduling, finalizing recommendations, and ensuring logistics and all details are in place for our workgroup.

- Selection and Composition of Sub-Groups

The members suggested the following topics for subgroups:

Cross Agencies Coordination

Mental Health/Support Groups/Allyship outreach

Public Education

Domestic Violence

Public Safety

Transgender Nonbinary gender-affirming care

Ms. Davis suggested that youth voices should be involved periodically at the meetings.

- Identify Next Steps

Council Member Oriadha indicated that the members will receive an email with the suggested work group topics, noting that some will be consolidated due to the small size of the working group. The subgroups are responsible for meeting independently of the entire group.

Council Member Oriadha also asked for ideas for future presentations. Some suggestions included “In this Space”—Needs Assessment and Sasha Bruce Youthwork. This nonprofit organization provides housing primarily for youth ages 16 and 24. This program is currently available in the County.

Antonio Driver, LGBTQIA+ Liaison from the County Executive Office, agreed to present at the next meeting on the “In this Space” Needs Assessment.

- Future Meeting Dates

The LGBTQIA+ Workgroup will meet on the third Friday at 2:00 PM. The meetings will continue to be held virtually. The next LGBTQIA+ workgroup meeting is scheduled for Friday, July 17, 2024, at 2:00 PM. The commitment involves monthly meetings, with some group meetings in between. We will continue this for 12 months and then present a report with recommendations on resources, funding, and policy procedures to the Council and the County Executive.

- Adjournment

Council Member Oriadha adjourned the meeting at approximately 2:00 PM.