Plan to

END THE HIV EPIDEMIC:

Cuyahoga County, Ohio

December, 2020

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Acknowledgements

Thank you to everyone who contributed to developing the Cuyahoga County Ending the HIV Epidemic Plan. We especially want to thank the staff at Cuyahoga County Board of Health for their leadership and the Ohio Department of Health for their guidance. This plan would not exist without the efforts of the members of the Advisory Committee, who are listed in the Appendix. The Committee shared their time, expertise and creative ideas to develop and prioritize the goals and strategies of the plan, conducted interviews, held forums, and distributed multiple surveys to engage other community stakeholders.

Additional thanks to the staff at The Center for Community Solutions for assisting with the planning, design and execution of those engagement processes.

And much gratitude goes to the many community members of Cuyahoga County and the State of Ohio—individuals at risk for and living with HIV, those in the LGBTQIA+ community, members of the faith community, youth, service providers and others—who responded to our surveys and participated in virtual community forums. Your honest feedback, expertise, stories and lived experiences helped to make sure that this plan was one that we could ALL be proud of.

We appreciate every single person for their contribution, resilience, flexibility, and innovation during the hectic and uncertain time of a global pandemic.

Introduction

In the 2019 State of the Union address, a new public health priority for the United States was announced: Ending the HIV Epidemic (EHE). Ending new HIV infections is now possible. Our longstanding HIV prevention mechanisms, such as condom use and syringe service programs, continue to be effective in reducing new transmissions. Furthermore, new prevention methods are increasingly present in communities including the U=U movement and PrEP.

- U=U: Also known as undetectable equals untransmittable, U=U is a movement to lessen the stigma associated with HIV infection and encourage barrier-free access to treatment and supports for individuals to maintain their treatment plans. HIV medical treatment has been seen to positively impact the health of individuals living with HIV as well as prevent their ability to transmit the virus to an uninfected partner.
- PrEP: Pre-exposure prophylaxis (PrEP) is an anti-HIV medication that can be taken by a person who is HIV negative to prevent them from acquiring HIV if they are exposed. Getting this medication to those who are disproportionately impacted by HIV is a goal of the national plan.
- PEP: Post-exposure prophylaxis (PEP) is an anti-HIV medication that can be taken to prevent contracting HIV when taken within 72 hours of possible exposure. While it is not a replacement for other HIV prevention practices, it is an effective measure in emergency situations.

In addition to successful prevention and treatment, new ways to intervene during an HIV outbreak are being utilized to reduce the impact when an outbreak does occur.

Fifty-seven jurisdictions with the highest occurrence of HIV transmissions were targeted for the first round of funding to plan and implement new services aimed at greatly reducing new HIV transmission. Included in these fifty-seven jurisdictions were three in Ohio: Cuyahoga, Franklin, and Hamilton counties.

Cuyahoga County has a long history of investment in HIV services, through both private and public funds preceding the Ryan White Act in 1990. The county, located in the Cleveland-Lorain-Elyria transitional grant area (TGA), is well positioned to leverage existing Ryan White and other public and private resources as well as existing infrastructure to achieve the primary goal set out in the national plan: a 75 percent reduction of new infections between 2017 and 2025 and a 90 percent reduction of new infections by 2030. The Cuyahoga County Board of Health and other committed community partners have been actively engaged in activities to reduce new transmissions through prevention efforts, to diagnose those with HIV, to link PLWH to care, to provide support for PLWH to remain in care, and to plan for potential outbreaks. This work will continue under the structure of the Cuyahoga EHE plan.

In 2019, the Cuyahoga County Board of Health (CCBH) was awarded funding from the Ohio Department of Health (ODH) to provide prevention, education, testing and treatment programs in multiple counties, including Cuyahoga. This funding was moved from the City of Cleveland to the Board of Health, adding responsibility for and oversight of these programs to the Board of Health's portfolio of HIV services. In January 2020, the Board of Health released an RFP for the HIV prevention grant to fund counseling, testing and referral service. While fully committed to funding and supporting prevention programs, the onset and continuation of the COVID-19 pandemic has slowed the normal pace of taking on this additional role. Similar to situations at health departments across the country, CCBH staff resources from all areas have been redirected toward COVID-19 related activities. Even so, CCBH continues to move forward on prevention efforts and looks forward to providing stability in HIV prevention efforts for the community.

In 2020, new federal funds were made available for EHE planning. To prepare for these new funds the CCBH held community forums in 2019 to gain input for EHE Care projects for a 2020 grant application. In early 2020, an advisory committee was created in partnership with the Cuyahoga County Board of Health and the Cleveland Department of Public Health, as both local public health departments administer HIV-specific programs. The advisory committee convened from April through December of 2020 with the ultimate goal of drafting a plan to end the HIV epidemic in Cuyahoga County. The advisory committee was tasked with evaluating the most recent surveillance data, identifying needs and gaps within current programming and gathering community feedback on what is needed within the community to reduce transmissions. Supplied with this information, the advisory committee drew upon their expertise to draft the strategies found in this plan.

Ending the HIV Epidemic cannot be achieved by one agency, rather it is a collaborative effort that will require active engagement from community-based agencies and community members. This plan welcomes involvement from the entire community during the five-year implementation. The participation of multiple health and social service agencies as well as individual advocates during the development of this plan, indicates the community is fully engaged in this process and is likely to remain committed to the goal of reducing new HIV transmissions by 75 percent over the next five years. These community agencies include but are not limited to the City of Cleveland Department of Health, Circle Health, LGBT Center, AIDS Taskforce, MetroHealth Hospital, University Hospitals, Signature Health, AIDS Funding Collaborative, Cleveland Clinic, and May Dugan Center.

Medicare and Medicaid are also important components in the HIV care and treatment landscape in Cuyahoga and across Ohio. Medicare and Medicaid cover 2 in 3 individuals living with HIV/AIDS, according to Kaiser Family Foundation. With Medicaid, the number of beneficiaries living with HIV/AIDS has grown, especially as the Affordable Care Act enabled states to extend coverage to non-disabled adults without children, including Ohio. Medicare also plays an important role, serving as a coverage source for individuals who qualify as disabled due to HIV status. Notably, coverage is often dually provided through both programs, not only because of an individual's disability status, but also due to the fact a growing number of individuals are 65 or older and are thus aging into the Medicare program. Together, the programs represent the majority of federal funding for HIV-related services with Medicaid representing nearly 30 percent of that investment.

The Centers for Disease Control and Prevention (CDC) has identified four pillars of the Ending the HIV Epidemic; prevent, diagnose, treat and respond. The following plan lists, by pillar, the strategies and action steps for

implementation over the first five years. Additionally, this plan includes a number of overarching strategies that cut across multiple pillars. This plan includes a total of 26 strategies, all with associated activities. As the advisory committee shifts from a planning focus to an implementation focus, a prioritization of strategies and activities will be necessary to guide the work of the plan.

Planning Process

The Ending the HIV Epidemic planning process launched in March 2020, just as the COVID-19 virus emerged as a global health crisis. Activities quickly shifted from occurring in person to occurring virtually and they remained virtual throughout the planning process.

The CCBH Ryan White staff members drafted an initial roster of community stakeholders to be invited to join the advisory committee. While forming the roster, a matrix was created to ensure that members represented an array of various backgrounds. Categories helped to ensure that those with professional expertise across sectors in the HIV space and those who were part of the impacted populations and had lived experience were included. Stakeholders were invited to participate, and the committee formed.

The purpose of the Advisory Committee was to guide the formation of the county-wide EHE plan. Committee members advised the CCBH and Community Solutions throughout plan development, planned stakeholder engagement, connected with stakeholder groups, lent their expertise, developed and revised strategies and adopted the final EHE plan.

Early in the process, the advisory committee received an overview of epidemiological data prepared by ODH. The epidemiological profile included the most recent demographic and surveillance data relevant to the state of HIV in Cuyahoga County, along with extensive socioeconomic and social determinants of health (SDOH) data. Community Solutions presented a situational analysis report outlining the current available funding and programs to support people living with HIV, and to address risk of HIV exposure. Both the epidemiological data and the findings of the situational analysis report provided the foundational knowledge necessary to understand the current status of HIV transmission; risk of transmission; and existing programs, services, and funding sources within the county.

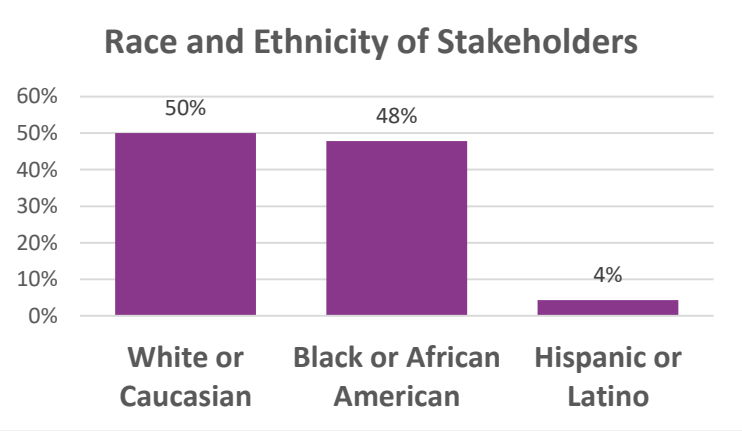
The committee planned and executed stakeholder engagement of high-risk and impacted populations. One way Cuyahoga County engaged stakeholders was through virtual focus groups and breakout sessions. Committee members developed discussion questions, with discussion guided by volunteer facilitators trained by Community Solutions. Members shared promotional materials with their networks and on social media to encourage participation. Approximately 50 participants attended the first virtual event. A follow-up survey was provided to stakeholders after events to gain additional feedback and provide contact information to receive a gift card incentive.

Throughout the planning process, stakeholders were asked to complete an anonymous survey to assess the characteristics of participants including HIV status, gender identification, sexual orientation, sexual practices and drug use. The Advisory Committee examined results at several points in the process and focused outreach efforts to engage groups of stakeholders representative of the community and the target populations.

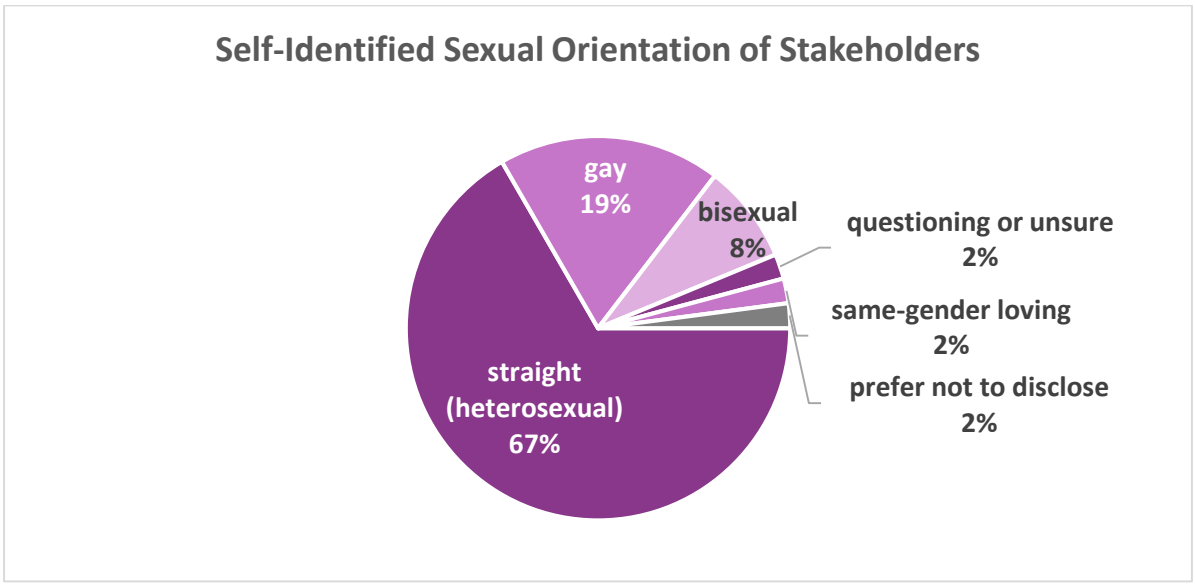
Results of the characteristic survey indicated low representation from young adults, recently diagnosed people, Latinx people living with HIV (PLWH) and transgender and nonbinary individuals. The advisory committee

developed a strategy to gather information from these populations that included focus groups, surveys and one-on-one interviews. The committee collaborated with the other two Ohio jurisdictions to hold three state-wide focus groups. Stakeholders included Black and Brown people living with HIV/AIDS, transgender and non-binary individuals, and professionals working directly with people living with HIV/AIDS. In addition to the statewide events, the advisory committee created and distributed multiple surveys to reach youth, HIV providers and bar owners/staff. Committee members, particularly those who were providers of HIV services, conducted one-on-one interviews and small group discussions.

Stakeholders who participated and completed the survey ranged from young adults between the ages of 18-24 to older adults aged 65 and older, although participants tended to be older than the profile of newly diagnosed individuals in Cuyahoga County. Stakeholders were almost evenly split between Black and White, with around 4 percent identifying as Hispanic or Latinx.



Participants came from communities which are targets of the EHE plan, including those who have experienced incarceration, people who inject drugs, and sex workers. Around 40 percent are people living with HIV and two-thirds of stakeholders said they had been tested for HIV in the past. Those who identified as female made up two-thirds of stakeholders, while those identifying as male accounted for one-third. Many respondents had used Ryan White services, while over 70 percent represented professionals and funders in the HIV space, as well as service providers of other basic needs who might serve persons living with HIV.



Supplied with an understanding of the current state of HIV transmission, programs and services and with the perspective from community stakeholders on current needs and gaps, the advisory committee moved to the

strategy development phase of the planning process. The Cuyahoga advisory committee used weekly virtual work sessions over two months to review and refine strategies by pillar. Members collaborated on a "virtual sticky note" platform called Padlet to add and organize ideas into broad, overarching themes and the four pillars. A smaller sub-committee was formed to solicit community members to participate in a public vetting process through two virtual events to provide feedback on drafted strategies. A promotional video was formed and distributed to invite individuals. In the video, each participant said one word that came to mind when they thought of ending the HIV epidemic.

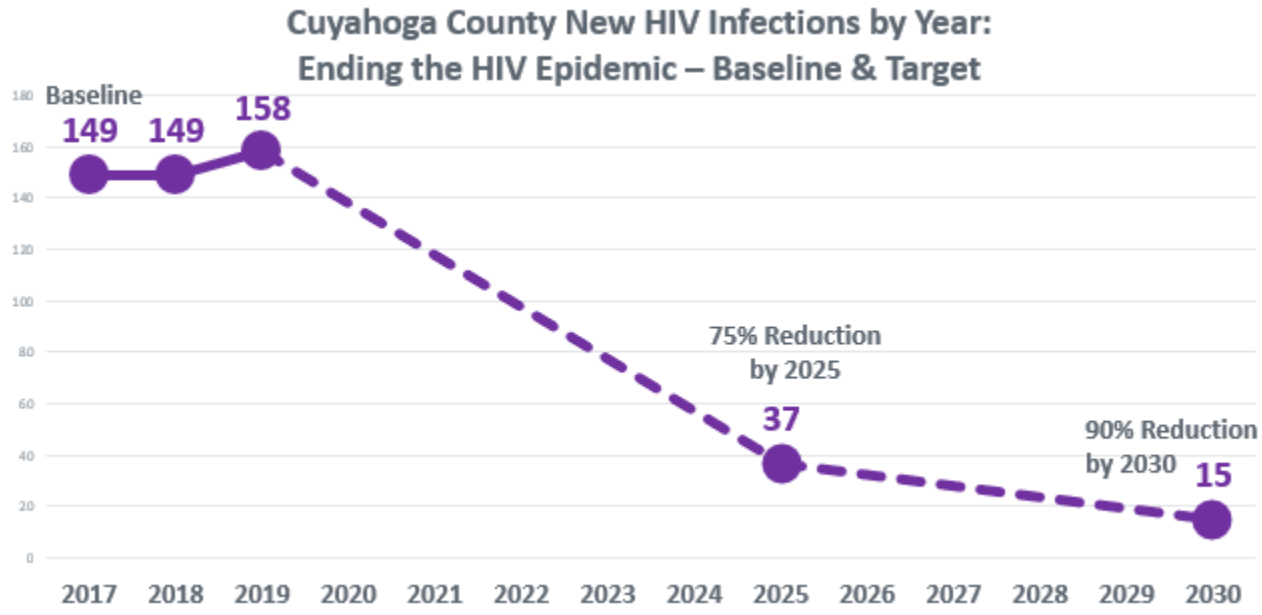
Community feedback on draft strategies was gathered by offering individuals three options to participate, including: two virtual forums, a survey with questions regarding each strategy, and a feedback form on the EHE website with slides of each strategy for individuals to offer suggestions. Over 100 attendees participated in the virtual forums, and almost 40 responded to the survey. Feedback was analyzed and used to revise plan strategies. Revised strategies were evaluated by the advisory committee for feasibility and then were further refined. The final strategies, as approved by the advisory committee and reflective of the community input, make up the plan.

Background Data

Data provides the foundation for the goal of Cuyahoga County's Ending the HIV Epidemic Plan: to reduce new HIV infections by 90 percent over the next 10 years. The Ohio Department of Health (ODH) has produced an epidemiological profile for Cuyahoga County, which can be found in the appendix.

ODH has designated 2017 as the baseline year for Cuyahoga's EHE plan. In 2017 there were 149 reported new diagnoses of HIV infection[1]. Using this baseline, the EHE target is no more than 37 new infections in 2025 and 15 new infections in 2030 in Cuyahoga County.

[1] New diagnoses includes persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 Months (HIV & later AIDS), and a concurrent diagnosis of HIV and AIDS (AIDS) who were residents of Ohio at initial time of diagnosis. New diagnoses of HIV infection represent all persons confidentially tested and reported with a diagnosis of HIV infection not previously reported to ODH.

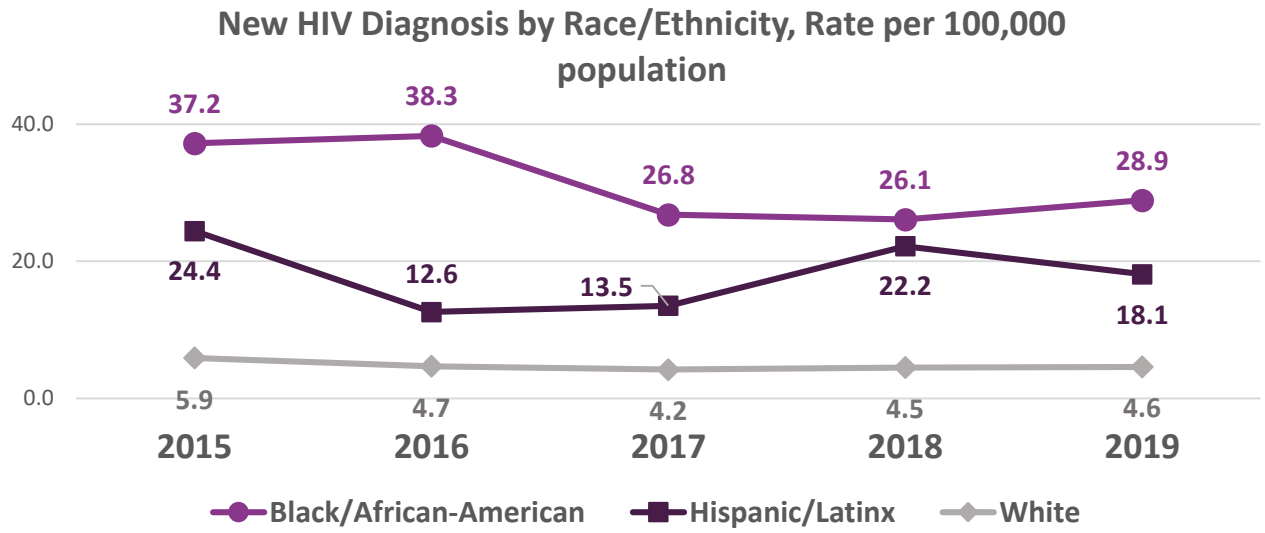


The latest available data on new HIV infections is from 2019. In 2019, there were 158 reported new diagnoses of HIV in Cuyahoga County for a rate of 12.8 per 100,000 population. As shown in the chart above, the number of new HIV infections has increased since the baseline year.

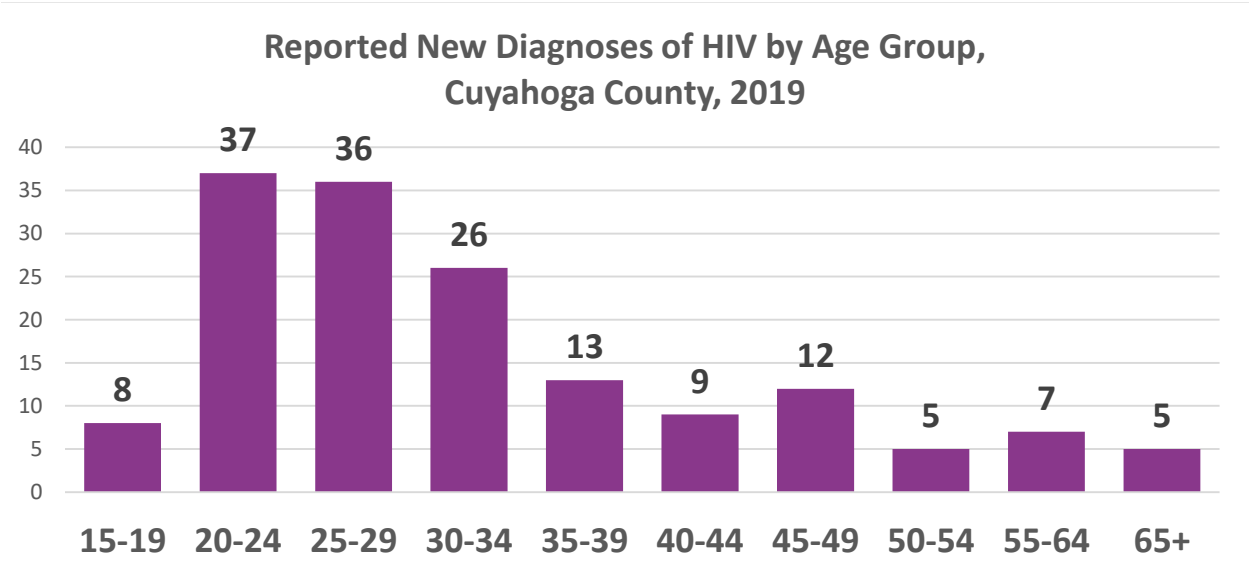
Demographics of individuals with newly-identified HIV infection were used to select priority populations for the EHE plan in Cuyahoga County. These include men who have sex with men (MSM), MSM from minority groups, and youth ages 13 to 24.

Eighty-six percent of new diagnoses were among males with male-to-male sexual contact as the transmission category for 65 percent of males. Among females, heterosexual contact was the transmission category for most (64 percent) of the new infections.

The chart below shows the racial disparities among new HIV infections in Cuyahoga County. The rate of new diagnoses among people who are Black or African American was more than six times higher than that of white individuals, and Black residents made up more than two-thirds of new HIV infections in Cuyahoga County.



As shown in the chart below, 36 percent of new diagnoses were among persons between the ages of 20 and 34.



The vast majority (80 percent) of teens and adults diagnosed with HIV in Cuyahoga County in 2018 were linked to care within 30 days of diagnosis. At the end of 2017, of persons living with diagnosed HIV in Cuyahoga County, two-thirds (66 percent) were in receipt of care, 37 percent were retained in care, and 57 percent were virally suppressed, an improvement over the previous year.

As of the end of 2018, 5,057 people were living with diagnosed HIV infection in Cuyahoga County. Similar to the demographic of new diagnoses, 79 percent of people living with AIDS (PLWA) are males. However, the overall population of PLWH in Cuyahoga County is older than those who are newly diagnosed, with people between the ages of 50 and 64 making up the highest number of persons living with diagnosed HIV in Cuyahoga County.

Social determinants of health are particularly concerning in Cuyahoga County. According to the latest data available from the U.S. Census Bureau, Cleveland had the highest poverty rate of any large city in the country at 30.8 percent. Overall, more than 16 percent of Cuyahoga County's population lived in poverty, a share that is expected to rise as a result of the COVID-19 pandemic. A greater share of Cuyahoga county's population does not have a high school diploma or equivalency, and the unemployment rate is perpetually higher here than in the rest of the state. Nearly one-quarter (24 percent) of Cuyahoga County's population relies on Medicaid for health coverage alone or in combination and 19 percent has Medicaid coverage (alone or in combination). Housing quality and affordability is an acute concern in many parts of the county, with more than 46 percent of renters and 22 percent of homeowners living in unaffordable housing where they pay more than 30 percent of their income in housing costs.

Factors for Success

Ending the HIV Epidemic and reducing new HIV infections by 90 percent in the next decade will require collaboration and resources that stretch far beyond the traditional public health system. While some activities fall within the purview of CCBH, Ryan White Part A, and the HIV prevention and care providers, many others are built on actions by outside entities. The advisory committee recognizes that progress on certain strategies will not be possible unless certain factors for success are in place. These include the following:

- **Improving the Policy Environment** – Several strategies require changes in current law or regulations at the state or federal level in order to be implemented. The ability of certain groups to actively engage in advocacy is limited, often as a result of funding restrictions. Coordinated advocacy efforts by groups across the state of Ohio will be needed. Two specific policy issues that impact areas of this plan are laws related to the criminalization of HIV and the lack of health education standards in K-12 education.

- **Identifying Financial Resources** - While new federal dollars to support EHE activities is expected for Cuyahoga County and the Ryan White Part A, program administrators have stated their intention to align with EHE strategies when possible. Other agencies within Cuyahoga County including Federally Qualified Health Centers and the Center for Aids Research that received EHE funding should align activities with the Cuyahoga EHE plan. However, existing funding will be insufficient to implement all the strategies identified in this plan. Leveraging resources and identifying alignment between the Cuyahoga EHE plan and programs such as Housing Opportunities for Persons with AIDS (HOPWA) and Community Development Block Grant (CDBG) funded programs will aid in launching and sustaining implementation activities. However, financial resources could be an impediment to feasibility for some strategies.

- **Deepening or Developing Partnerships** - Having the right partners in place can propel implementation. However, some strategies in this plan are heavily reliant on action by entities that are outside the traditional HIV prevention and services system. For example, previous efforts to implement comprehensive sex education programs in K-12 schools have been met with limited success in Cuyahoga County. Recognizing the importance of partnerships and identifying required collaborators will be an important step during implementation planning.

- **Insurance Company Privacy Policies –** Individuals have the right to access testing and treatment for HIV while maintaining privacy. This privacy should be maintained regardless of who holds the individual's insurance policy.

Insurance companies will need to develop clear policies that ensure a young person covered by their parent's insurance or someone covered by a spouse or other family member will have their privacy protected.

- **Examining Relevant Data** –In order to evaluate progress on strategies, certain data points will need to be shared with members of the advisory committee for analysis. However, some entities may not be allowed to share data per their agency policies. Further discussions regarding data sharing agreements, HIPAA, and "public health use" may be needed.

- **Long-Term View of the Goal** – If the strategies in the diagnosis pillar are successful, it means that more undiagnosed people living with HIV in Cuyahoga County will be identified. Therefore, we anticipate that the reported number of new infections will get worse before it begins to drop.

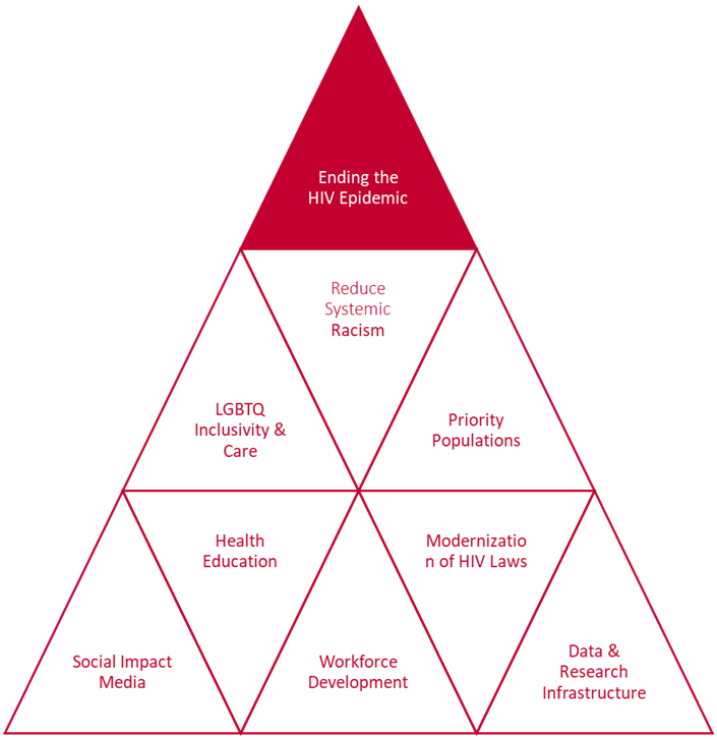
- **Maintaining Flexibility –** This plan was developed in the midst of the global COVID-19 pandemic, which has upended normal methods of service provision. We anticipate long-term impacts of the pandemic and resulting economic fallout on the social determinants of health. It is imperative that this plan is treated as a living document. Going forward, it should be adjusted and adapted as community circumstances change or new information comes to light.

Goals, Strategies, Planned Activities

Ending the HIV Epidemic in Cuyahoga County by reducing transmissions by 75 percent over the next five years and 90 percent over the next ten years is within reach. The community has a strong history of working collaboratively on programs and services to introduce and implement prevention efforts, increase access to diagnosis through testing, and develop linkage to care and peer navigation programs to boost treatment adherence. In order to make progress on the current goals, the advisory committee has identified eight overarching strategies that touch all areas of work related to HIV. Additionally, strategies have been developed in each of the four pillars; prevent, diagnose, treat, respond.

Overarching Strategies

The eight strategies identified as vital to reaching the goals of ending the HIV epidemic in Cuyahoga County address both systems and individuals. While some may be fully realized within the five years of the plan, others are expected to be a continual process over many years that require collaboration with multiple sectors and planning processes. In some instances, they rely on larger cultural changes that appear to be underway. The values of the advisory committee and community stakeholder who engaged in the process are reflected in these overarching strategies, particularly in ending systemic racism and boosting LGBTQ inclusivity and care.



Reduce Systemic Racism	LGBTQ Inclusivity & Care	Priority Populations	Social Impact Media	Health Education	HIV Professionals Workforce Development	Modernization of HIV Laws	Data & Research Infrastructure
Overarching Strategies to End the HIV Epidemic							
Continue to provide access and reduce barriers for Black and Latinx communities in all aspects of HIV prevention, treatment, diagnosis and outbreak response.	Institute an integrated comprehensive approach to transgender health care and human rights to reduce stigma, discrimination, HIV and other poor health outcomes.	Center the communities most impacted by the epidemic in leadership, decision-making and implementation when crafting policies and solutions in any and all efforts to end the epidemic.	Use various tools including traditional and social media, billboards, faith-based outlets, community publications, dating apps to push information regarding HIV to the public. Messaging will be guided by those whom it is targeting.	Continue education efforts to the general public, prioritizing school-age youth, PLWH to increase awareness and knowledge of HIV, sexual health and U=U.	Scale up workforce development opportunities for providers, social workers and community health workers.	Engage and support advocacy efforts to change policies that result in the modernization of HIV laws. Advocacy will target all levels of elected officials and community leaders; city, county and state.	Enter into data use agreements across various organizations to ensure consistent access to data including but not limited to HIV testing data, PrEP & PEP prescriptions, ART prescriptions, Electronic Medical Records (EMR), Incarcerated HIV rates. Continually update the EHE plan to include existing and ongoing HIV research.

Overarching Strategy

Ending the HIV Epidemic

Reduce Systemic Racism

Institutionalized racism impacts the health disparities and social determinants of health that contribute to the HIV/ AIDS epidemic including but not limited to: access to care, trust in healthcare systems, inequitable diagnoses, inequitable prevention (e.g.. PrEP Rx.), inequitable viral load suppression, lack of gender affirming and LGBTQ inclusive care, incarceration, educational/vocational opportunities, housing, food insecurity, transportation, employment opportunities, substance abuse and mental health.

Goal

Reduce HIV health disparities associated with race over time

Strategy

Continue to provide access and reduce barriers for Black and Latinx communities in all aspects of HIV prevention, treatment, diagnosis and outbreak response.

Action Items

A. PrEP/PEP availability in geographies with high percentage of Black and Latinx residents; create a clearinghouse resource.
B. Analyze & monitor testing data where available to monitor populations that are being tested for HIV.
C. Analyze & monitor viral load suppression data amongst RW-A providers by race & ethnicity.
D. Work with local hospital systems, pharmacies and/or pharmaceutical entities to obtain data related to PrEP prescriptions by race & ethnicity.
E. Ensure Black & Latinx communities are involved in local HIV research.

Overarching Strategy

Ending the HIV Epidemic

LGBTQ Inclusivity & Care

Institutionalized LGBTQ discrimination and stigma impacts the health disparities and social determinants of health that contribute to the HIV/ AIDS Epidemic including but not limited to: access to care, inequitable diagnoses, inequitable prevention (e.g. PrEP Rx.), inequitable viral load suppression, lack of gender affirming and LGBTQ inclusive care, incarceration, educational/vocational opportunities, housing, food insecurity, transportation, employment opportunities, substance abuse and mental health.

Goal

Reduce HIV health disparities associated with sexual orientation, gender identity and gender expression

Strategy

Institute an integrated comprehensive approach to transgender health care and human rights to reduce stigma, discrimination, HIV and other poor health outcomes.

Action Items

A. Continue to provide condoms to LGBTQ Inclusive programs and services.
B. Continue to advocate for LGBTQ specific housing assistance and shelters.
C. Enhance availability of gender affirming care for transgender people alongside HIV care.
D. Monitor and analyze testing and viral suppression data among MSM population.

Overarching Strategy

Ending the HIV Epidemic

Priority Populations

Surveillance data and qualitative data provided by community partners indicate a number of specific populations should be considered a priority when developing strategies to ending the HIV epidemic due to the high transmission rates within the populations.

Goal

Reduce new HIV transmission and increase viral suppression rates among Black & Latino MSM, Black Trans Women, Youth & Young Adults and Commercial Sex Workers

Strategy

Center the communities most impacted by the epidemic in leadership, decision-making and implementation when crafting policies and solutions in any and all efforts to end the epidemic.

Action Items

A. Develop ways for adolescents and those on other people's insurance to access PrEP and maintain privacy.
B. Identify and expand youth drop-in centers/hours throughout the county.
C. Enhance youth friendly clinic services (special hours, days of week, environment, location).
D. Inform & guarantee minors the right to consent to HIV/STI treatment, diagnosis, prevention and prophylaxis.

E. Continue to work with providers and partners to ensure communities most impacted by the epidemic are included as part of the HIV workforce including leadership and decision-making positions.
F. Expand community based programming targeting youth/young adult MSM utilizing evidenced-based interventions (e.g. D-up; Many Men, Many Voices; Mpowerment).
G. Promote a list of places youth (under 18) can receive testing without parental permission and/or without insurance. Should include information on law allowing 13+ to access testing.
H. Continue to direct testing messaging to priority populations.
I. Expand & advertise drop-in centers for youth, MSM, caregivers, LGBTQ and other populations as needed.
J. Continue to support the expansion of apps to reach young adults living with HIV.
K. Assess need for housing options for youth living with HIV and advocate for more options as necessary.

Overarching Strategy

Social Impact Media

Ending the HIV Epidemic

Community wide public awareness of HIV reduces stigma and creates an environment where people feel safe to discuss sexual health and behaviors and other harm reduction methods proven to reduce HIV transmissions.

Goal

Use public awareness campaigns to quickly & effectively inform public on HIV issues

Strategy

Use various tools including traditional and social media, billboards, faith-based outlets, community publications, dating apps to push information regarding HIV to the public. Messaging will be guided by those whom it is targeting.

Action Items

A. Expand utilization of social media platforms and dating apps to provide information on: testing locations and/or events; public health alerts on outbreaks utilizing geo-coding.
B. Increase marketing and visibility of at-home testing options.

Overarching Strategy

Ending the HIV Epidemic

Health Education

Education on HIV transmission and treatment plays a crucial role in reducing new transmissions. In the early years of the epidemic, education efforts were more visible and more widely spread. Increasing education will likely reduce the rate of new transmissions.

Goal

Increased knowledge of HIV transmission & treatment among the general public and PLWH

Strategy

Continue education efforts to the general public, prioritizing school-age youth, PLWH to increase awareness and knowledge of HIV, sexual health and U=U.

Action Items

A. Continue to include educational materials about condom negotiation along with condoms when distributed.
B. Continue to promote online sex education opportunities.
C. Foster and promote LGBTQ inclusive sex education.
D. Continue to use local data in social impact messaging.

E. HIV Prevention campaigns to promote U=U, PrEP/PEP and other HIV related topics through social media/dating apps.
F. Promote in-school and after school programming including gay/straight alliances.
G. Identify or create mini-video lessons, apps and/or websites for educational purposes on topics including but not limited to U=U, Communication skills (i.e. tips for disclosures), refusal skills, condom negotiation & affirmative consent.
H. Expand utilization of social media platforms and dating apps to promote U=U,PrEP, stigma reduction & re-engagement into care messaging.
I. Provide school districts with tools to adopt anti-stigma campaigns into school culture.

Overarching Strategy

HIV Professionals Workforce Development

Ending the HIV Epidemic

Education on HIV transmission and treatment plays a crucial role in reducing new transmissions. Providers from all sectors who interact with PLWH benefit from continual training on scientific advancements in the field, innovative practices, implicit bias and other relevant topics that emerge.

Goal

Increase specialized knowledge for the HIV workforce

Strategy

Scale up workforce development opportunities for providers, social workers and community health workers.

Action Items

A. Expand provider training for PrEP/PEP management and referral.
B. Provide effective training and technical assistance to enhance and scale up HIV prevention services including PrEP and PEP provision in STD specialty clinics.
C. Promote training for educators to increase comfort level discussing HIV & sexual health.
D. Support training Initiative underway to increase Credentialed Candidates (e.g. Community Health Workers) able to engage priority populations to continue to build peers as a resource in paid positions in community and clinical based settings.
E. Prioritize hiring of PLWH in roles across the HIV prevention and care continuum.
F. Create a list serve of HIV professionals and ancillary professionals (clinical & non-clinical) for ongoing promotion of professional development opportunities and opportunities to network across communities and the state.

G. Continue to provide ongoing training opportunities to clinicians, HIV testers, social workers, CHWs etc. on topics related to: implicit bias, Anti-racism, referral process & procedures; notification conversations, cultural competency; de-escalation; Testing Together; human trafficking; STEPS to Care, stigmatized language and trauma informed approach. Additional interventions to consider via CDC - https://www.cdc.gov/hiv/effective-interventions/diagnose/index.html.
H. Continue to provide opportunities for continuing education units.
I. Continue to ensure adherence to OHD performance standards for DIS that follow national guidelines to include quality and effectiveness measures regarding partners disclosed.
J. Support DIS connection to national network for training and support.
K. Continued development of a certified peer workforce that can provide Medicaid-reimbursable linkage, re-engagement, treatment adherence and retention in care services.
L. Enhance and strengthen relationship with AIDS Education and Treatment Centers and other organizations to conduct programming with providers on topics related to the overarching strategies.
M. Expand and integrate Ryan White, all parts, providers clinical quality management programs.

Overarching Strategy

Modernization of HIV Laws

Ending the HIV Epidemic

Outdated criminalization laws are not based in science, undermine public health and perpetuate stigma against PLWH. These laws contribute directly to decreases in diagnoses and issues surrounding partner identification, further stigmatizes & penalizes those who are practicing safe sex and obtaining undetectable viral loads.

Goal

Moderinize laws related to HIV in the state of Ohio

Strategy

Engage and support advocacy efforts to change policies that result in the modernization of HIV laws. Advocacy will target all levels of elected officials and community leaders; city, county and state.

Action Items

A. Advocate for an Ohio HIV Criminalization Law amendment.
B. Continue to ensure local representation on the Ohio Health Modernization Movement Steering Committee.

Overarching Strategies

Ending the HIV Epidemic

Data & Research Infrastructure

Consistent, reliable access to HIV and other health related data sets helps decision makers effectively reach targeted populations to promote harm reduction strategies, linkage to care, treatment adherence and continuity of care among other services relevant to reducing new HIV transmission.

Goal

Use data to make informed decisions regarding HIV prevention, treatment, diagnosis and outbreak response

Strategy

Enter into data use agreements across various organizations to ensure consistent access to data including but not limited to HIV testing data, PrEP & PEP prescriptions, ART prescriptions, electronic medical records (EMR), Incarcerated HIV rates. Continually update the EHE plan to including existing and ongoing HIV research.

Action Items

A. Advocate for consistent data on PrEP/PEP consumers to monitor equity and access.
B. Continue to monitor trends in viral suppression amongst priority populations where available.
C. Continue to enhance data systems including Data to Care: Streamlined and accurate data systems to identify clients out of care.
D. Sustain HIV testing data, demographic/ surveillance data, community epi profiles, HIV care/tx in correctional facilities.

Prevent

Preventing new HIV transmissions will be essential to ending the HIV epidemic in Cuyahoga County. Five strategies have been proposed to prioritize the continuation of successful existing prevention activities expanding them as necessary, and to create new programs and opportunities for innovative and evidenced based practices to be implemented within the community.

Condom Distribution	Equitable PrEP/PEP Access	Protective Factors & Risk Reduction	Empowering Youth & Young Adults	Sex Positive Education for PLWH
Prevention Strategies to End the HIV Epidemic				
Expand, sustain and promote access to condoms.	Provide equitable access to PrEP and PEP throughout Cuyahoga County.	Expand and sustain safe, secure and equitable community spaces that encourage HIV risk reduction including support for Syringe Services Programs.	Increase opportunities for school age youth & young adult MSM to understand how behavior interacts with HIV & sexual health.	Continue to provide opportunities for PLWH to learn about and embrace their role in HIV prevention.

Prevent

Condom Distribution

Strategy

Expand, sustain and promote access to condoms.

Activities

A. Ensure that community-based organizations & local health care centers have access to condom resources to provide to clients/patients.
B. Explore home delivery options and/or promote home delivery option via OHIV.org.
C. Scale up provision of condoms to community-based centers and non-traditional settings (Local bars, LGBT Center, CRCC, domestic violence centers etc) & those doing street outreach.
D. Continue to offer and promote a variety of condom types including internal condoms, dental dams & lubricant at community distribution events.

Prevent

Equitable PrEP/PEP access

Strategy

Provide equitable access to PrEP and PEP throughout Cuyahoga County.

Activities

A. Advocate for over the counter availability at local pharmacies and minute clinics.
B. Expand rapid PrEP/PEP availability at local hospitals, clinical settings especially in localities with elevated HIV levels and/or outbreaks.
C. Strengthen pathway for those with unstable housing to have consistent access to medications.
D. Increase number of PrEP navigators in the community including through PAPI to cover PrEP related costs.

Prevent

Protective Factors & Risk Reduction

Strategy

Expand and sustain safe, secure and equitable community spaces that encourage HIV risk reduction including support for Syringe Services Programs.

Activities

A. Support and expand syringe exchange programs including mobile programs.
B. Expand preventative supportive services to include late night hours and street outreach for sex workers.
C. Identify and develop social emotional interventions beyond sexual risk behaviors.
D. Expand and promote telemedicine for PrEP and PEP care.
E. Integrate education, screening, and treatment for other STIs as a component of HIV prevention programs.
F. Support workforce development and housing programs as part of prevention case management.

Prevent

Empowering Youth & Young Adults

Strategy

Increase opportunities for school age youth & young adult MSM to understand how behavior interacts with HIV & sexual health.

Activities

A. Engage students through creative arts to produce works incorporating sexual health.
B. Connect youth to positive youth development opportunities including employment, events and mentoring programs.
C. Ensure youth voice is incorporated in HIV prevention and sexual health messaging.

Prevent

Sex Positive Education for PLWH

Strategy

Continue to provide opportunities for PLWH to learn about and embrace their role in HIV prevention.

Activities

A. Strengthen relationships with peer led support groups to increase capacity to support people coming to terms with HIV diagnosis by creating opportunities to ask questions and practice conversations as adjustments to emotions, behaviors, thoughts and relationships occur. Ensure clients are continuously educated on how to disclose to potential partners.
B. Increase distribution of PrEP/PEP educational tools for partners.
C. Promote education checklists for providers to review with new clients.
D. Promote resources including mental health agencies.
E. Enhance integration of HIV prevention into STI/STD education and treatment .

Diagnose

Diagnosing those with HIV as early as possible prevents individuals from unknowingly transmitting the virus to others. Proposed strategies in the diagnosis pillar focus on increasing access to testing for all community members by working across social service and health sectors to offer testing in a convenient and accessible way that meets people where they are. The importance of community health workers and peer navigation is reflected within the strategies and draws upon existing models that have found success in this and other communities.

Equitable Access to HIV Testing	Increased Utilization Initiatives	Partnerships	Community Health Workers/Peer Navigation
Diagnosis Strategies to End the HIV Epidemic			
Increase availability of equitable HIV testing throughout the community.	Increased utilization of primary care testing, ED testing, community testing locations, testing events and at-home options.	Strengthen existing and develop new partnerships with organizations including justice system, family planning, domestic violence centers & rape crisis centers and within HIV workforce.	Expand integration of Community Health Workers (Peer Navigators) within hospital systems.

Diagnose

Equitable access to HIV Testing

Strategy

Increase availability of equitable HIV testing throughout the community.

Activities

A. Continue to utilize community testers for events/opportunities in communities that reflect priority populations .
B. Continue DIS partner notification.
C. Ensure opt-out routine HIV Testing and referrals to care via primary care, OB/GYN, urgent care, plasma centers, substance use disorder clinics, STI clinics, pharmacies &/or Pride clinics
D. Examine feasibility and pilot of “Testing Together” strategy.
E. Offer testing on location during syringe services outreach.
F. Expand emergency department testing initiative.
G. Work with OHIV.org and other home testing sources to grant access to self-testing to any Cuyahoga resident.
H. Continue and expand street outreach efforts to provide testing.
I. Ensure CTR sites are primarily testing priority populations.
J. Expand use of electronic medical record alert system to identify clients who meet testing criteria and/or exhibits certain symptoms and offer rapid testing.

Diagnose

Public Education and Increased Utilization Initiative

Strategy

Increased utilization of primary care testing, ED testing, community testing locations, testing events and at-home options.

Activities

A. Pilot intervention that encourages obtaining diagnosis with a support person (family/friend).
B. Promote the use of evidence-based HIV and sexual health units into school health curriculum
C. Continue to conduct community-based testing outside of business hours and in a variety of options (not just social service agencies).
D. Ensure HIV testing sites (including CTR sites) are conducting priority population-based testing outside of business hours and in a variety options for these populations.

Diagnose

Partnerships

Strategy

Strengthen existing and create partnerships with organizations including justice system, family planning, domestic violence centers, human trafficking taskforces & rape crisis centers and within HIV workforce.

Activities

A. Deepen collaborations with the criminal justice system at the state and local level for the prevention and treatment of HIV during incarceration and upon reentry, including testing during re-entry process.
B. Linkage to testing for domestic violence centers/homes and survivors of rape and human trafficking
C. Coordinate PrEP navigators across funding sources
D. Integrate and enhance HIV Prevention Planning into HIV Care Planning system
E. Explore working with pharmacies to offer pharmacy-based HIV Testing
F. Continue to work with STI/STD clinics to refer people for HIV testing
G. Support funding for providers of sexual and reproductive health care, especially through the Title X Family Planning Program.

Diagnose

Community Health Workers/
Peer Navigation

Strategy

Expand Integration of Community Health Workers (Peer Navigators) within hospital systems.

Activities

A. Utilize CHW's as a support to PCP in initial linkage to care for HIV+ clients.
B. Develop funding stream to provide pay and resources for peer navigators within existing organizations.
C. Utilize innovative and successful peer navigation models including POL (popular opinion leaders), Promise Model, Community Promise, Building Blocks to Peer Success (Boston University).

Treat

Receiving treatment rapidly and effectively allows PLWH to reach sustained viral suppression. As a person's viral load becomes undetectable, it also becomes untransmissible. Strategies in the treat pillar focus on guiding PLWH into care and providing the support necessary to remain in care through medical care, support networks, peer support and meeting the basic need of housing.

Viral Suppression	Linkages to Care	Support Networks for PLWH	Peer Support	Stigma Reduction	Integrated Care	Housing
Treatment Strategies to End the HIV Epidemic						
Enhance opportunity for equitable sustained viral suppression.	Ensure individuals diagnosed with HIV have a realistic pathway to medical care/ Treatment.	Develop and strengthen formal support networks for PLWH.	Develop informal support networks for PLWH.	Increase public awareness of HIV as a manageable condition in order to reduce stigma associated with accessing care and support networks.	Continue to work across organizations to provide integrated care for PLWH.	Continue to ensure PLWH maintain or achieve stable housing status.

Treat

Viral Suppression

Strategy

Enhance opportunity for equitable sustained viral suppression

Activities

A. Ensure rapid start of antiretroviral therapy (ART) widely available and incorporated.
B. Incorporate adherence support and interventions based on best practices and innovative practices.
C. Ensure an adherence plan is developed for every PLWH and incorporated into all services.
D. Utilize Community Health Workers/Peer Navigators to assist in developing personal adherence plans.
E. Monitor innovations in service delivery to ensure access once long acting injectables become more widely available.
F. Monitor and advocate as necessary to ensure Ohio AIDS Drug Assistance Program and its formulary continue to provide access to comprehensive and effective HIV-related medical care and treatment.
G. Through advocacy, support Medicare and Medicaid as the largest federal funders of HIV care and treatment, inclusive of Medicaid expansion at the state level and the reforms of the ACA.
H. Ensure Ryan White Part A's Emergency Financial Assistance program continues to help clients with medications as a payor of last resort.

Treat

Linkages to Care

Strategy

Ensure individuals diagnosed with HIV have a realistic pathway to medical care/treatment

Activities

A. Ensure referral & linkage procedures in place for primary care, OB/GYN, urgent care, plasma centers, ED/ER STI Clinics & Pride clinics.
B. Transitional care coordination intervention for recently incarcerated clients.
C. Increase the availability of tele-health visits and/or expanded hours.
D. Support Linkage to Care and DIS workers as they work directly with PLWH.
E. Support non-traditional clinics such as point-of-care services, mobile clinics, telemedicine, and integrated medical care in other social support settings.
F. Expand utilization of medical transportation services as well as nontraditional transportation assistance such as rideshare.

Treat

Support Networks for PLWH

Strategy

Develop formal support networks for PLWH.

Activities

A. Encourage hospital systems seek training to incorporate STEPs to Care intervention: patient navigation, care team coordination and HIV self-management.
B. Ensure social workers conduct detailed needs assessment for all clients to remove barriers to care including employment, health care, substance use, mental health, food insecurity, housing & transportation.
C. Identify, advocate & offer information on additional housing supports including shelter + care vouchers, permanent supportive housing, LGBTQ specific housing, and emergency housing.
D. Promote existing hotlines and information sources for PLWH and professionals working with PLWH that are staffed by a social worker or other trained professionals.

Treat

Peer Support

Strategy

Develop and strengthen informal support networks for PLWH.

Activities

A. Utilize community health workers/peer navigators for re-engagement into care outreach, patient navigation, providing linkage and referrals, and promoting medication adherence.
B. Expand and support peer support groups.
C. Promote existing text hotlines and apps for support for PLWH.
D. Compensate peer leaders of support groups/programs.

Treat

Public Education & Stigma Reduction

Strategy

Increase public awareness of HIV as a manageable condition in order to reduce stigma associated with accessing care and support networks.

Activities

A. Promote all support groups (in person/virtual) via social media and/or campaign website.
B. Develop pathways for religious leaders to refer people for HIV services.
C. Encourage use of people first language.
D. Help PLWH and the public understand the concept of U=U.
E. Continue to push messaging to the general public on the advancements in HIV treatment and life expectancy .

Treat

Integrated Care

Strategy

Continue to work across organizations to provide integrated care for PLWH.

Activities

A. Enhance access to medication assisted yreatment & substance use treatment alongside HIV care.
B. Increase opportunity for PLWH who do not have medical case management to have social determinant of health needs assessed for intervention.
C. Increase social supports for holistic wellness.
D. Emphasize system wide efforts to build independence and empower PLWH to take control of their care.
E. Support care coordination model which provides an expanded form of HIV medical case management, including Linkage to Care in a timely manner, developing a patient-centered care plan that emphasizes continuous adherence to care and antiretroviral treatment.

Housing

Strategy

Continue to ensure PLWH maintain or achieve stable housing status.

Activities

A. Continue to promote emergency-based rental and utility assistance to prevent homelessness through HOPWA partners funded by CDPH.
B. Continue to provide Permanent Housing Placement for PLWH needing assistance securing permanent housing through HOPWA.
C. Maintain engagement with local continuum of care and coordinated entry to provide Tenant-Based Rental Assistance "Vouchers" to PLWH under the CDPH HOPWA program.
D. Expand support for Short-term supportive housing to divert PLWH from homeless shelters through the HOPWA.
E. Continue to promote the new HOPWA Workforce Development for PLWH to sustain and support permanent housing.

Respond

Responding to HIV outbreaks requires connecting prevention and treatment services to people quickly and effectively. Effective outbreak response must be built on a plan that can be enacted rapidly with clear roles for each entity involved developed prior to an outbreak occurring. Ohio Department of Health and local public health departments, including Cuyahoga County Board of Health, are collaborating on outbreak response plans. The nature of the outbreak will determine the community partners which need to be engaged. For example, outbreaks associated with injection drug use will require different outreach targets than one in a correctional facility. In addition, outbreak response relies heavily on partner identification and notification to move people to testing and resources as necessary.

Cuyahoga County Board of Health and other local partners remain committed to collaborating with Ohio Department of Health if an outbreak occurs.

Partner Identification	Outbreak Response Plan
Outbreak Response Strategies	
Continue to use multiple methods to identify partners of PLWH and advise them on testing and resources.	Further develop a clear plan of action to respond to an HIV outbreak and follow plan if necessary.

Partner Identification

Strategy

Continue to use multiple methods to identify partners of PLWH and advise them on testing and resources.

Activities

A. Continue to collect nontraditional contact information of partner(s) including username, specific dating apps, email communication, etc.
B. Continue to link potentially exposed persons to testing and resources.
C. Supply free vouchers for HIV self-test kits available to those being notified.
D. Ensure, to the maximum extent possible, that partner notification remains a discreet, consensual, confidential and cooperative process, minimizing appropriately the intrusion of criminal law.
E. When privacy can be ensured, utilize text and app-based partner notification services.

Respond

Outbreak Response

Strategy

Further develop a clear plan of action to respond to an HIV outbreak and follow plan if necessary.

Activities

A. Integrate HIV surveillance and response into the Emergency Preparedness structures within ODH and CDC.
B. Utilize expertise of DIS workers and Linkage to Care staff to identify potential clusters and/or outbreaks.
C. Establish public health advisories during outbreaks to users of dating apps using geo-targeting.
D. Include Linkage to Care staff in identifying possible clusters/outbreaks.
E. Invite and integrate PLWH to participate in plan development and implementation.
F. Collaborate with CFAR (Center for Aids Research) on outbreak response efforts.

Appendix A: Advisory Committee Members

Local Leads
Melissa Rodrigo, Cuyahoga County Board Health
Melissa Kolenz, Cuyahoga County Board of Health
Vino Panakkal, Cuyahoga County Board Health
Gloria Agosto Davis, Cuyahoga County Board of Health

Advisory Committee Members
Rachel Austermiller, Signature Health, Inc.
Clifford Barnett, NORA
Robert Bucklew, AIDS Clinical Trials Unit
Jeannie Citerman-Kraeger, City of Cleveland, Department of Public Health
LaRaun Clayton, City of Cleveland, Department of Public Health
Ernest Daniel, Community Member
Dr. Kristin Englund, Cleveland Clinic
Gulnar Feerasta, LGBT Community Center of Greater Cleveland
Dr. Barbara Gripshover, University Hospitals
Jean-Luc Kasambayi, Nueva Luz
Nestor Marrero, AIDS Taskforce
Jason McMinn, MetroHealth Hospital
Julie Patterson, AIDS Funding Collaborative
Doug Vest, May Dugan Center
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Plan Consultants
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Melissa Federman, Contractor for The Center for Community Solutions

Appendix B: Cuyahoga County Situational Analysis

Introduction

Cuyahoga County has a long history of public and private investment in HIV services. The Cuyahoga County Board of Health, City of Cleveland Department of Health and a myriad of community partners are actively engaged in activities to reduce new transmissions and support people living with HIV (PLWH) to remain in care, while planning for potential outbreaks. The county, located in the Cleveland-Lorain-Elyria transitional grant area (TGA), is well positioned to leverage existing resources to achieve the primary goal set out in the national Ending the HIV Epidemic plan: a 90 percent reduction of new infections by 2030.

This analysis summarizes the current epidemiology of the county as well as existing funders and programs to address the local epidemic. It provides a snapshot of the current environment to inform current and future planning efforts.

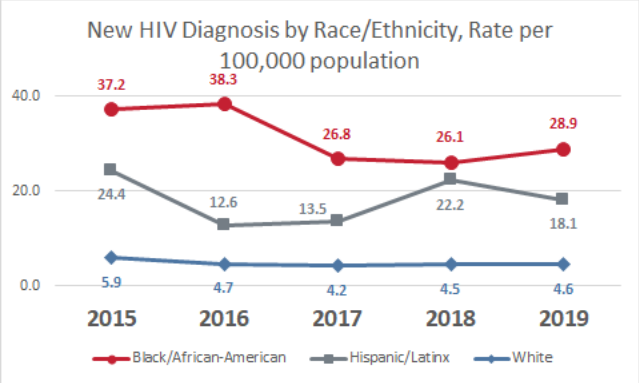
Epidemiology

Following is a brief overview of HIV epidemiology for the Cuyahoga County. For additional data, please refer to the Ohio Department of Health's Ending the HIV Epidemic epidemiologic profile.

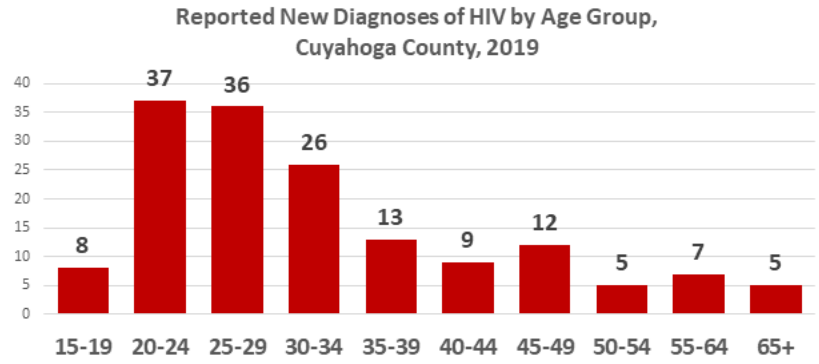
The latest available data on new HIV infections is from 2019. In 2019, there were 158 reported new diagnoses of HIV in Cuyahoga County for a rate of 12.8 per 100,000 population.

Eighty-six percent of new diagnoses were among males with male-to-male sexual contact as the transmission category for 65 percent of males. Among females, heterosexual contact was the transmission category for most (64 percent) of the new infections. The county has a long-standing syringe services program (SSP) that precipitously decreased new HIV infections among people who inject drugs (PWID) beginning in the 1990's and has kept the rate among this population low, despite the state's opiate crisis.

There are racial disparities in new HIV infections in Cuyahoga County, as the chart below shows. The rate of new diagnoses among people who are Black or African American was more than six times higher than that of whites, and Black residents made up more than two-thirds of new HIV infections in Cuyahoga County.



Over half of new infections are among people aged 35 and younger. However, the overall population of PLWH in Cuyahoga County is older than those who are newly diagnosed, with people between the ages of 50 and 64 comprising the highest number of persons living with diagnosed HIV in Cuyahoga County.



Considering people living with HIV (PLWH), the vast majority (80 percent) of teens and adults diagnosed with HIV in Cuyahoga County in 2018 were linked to HIV care within 30 days of their HIV diagnosis. At the end of 2017, of persons living with diagnosed HIV in Cuyahoga County, two-thirds (66 percent) were in receipt of care, 37 percent were retained in care, and 57 percent were virally suppressed, an improvement over the previous year. As of the end of 2018, there were 5,057 people living with diagnosed HIV infection in Cuyahoga County. Similar to new diagnoses, 79% of PLWH are males, and as noted above, more than half are over the age of 50.

Social determinants of health are particularly concerning in Cuyahoga County. According to the latest data available from the U.S. Census Bureau, Cleveland, which homes one-third of Cuyahoga County's population, had the highest poverty rate of any large city in the country at 30.8 percent. Overall, more than 16 percent of Cuyahoga County's population lived in poverty, a share that is expected to rise as a result of the COVID-19 pandemic. A greater share of Cuyahoga county's population does not have a high school diploma or equivalency, which can impact health literacy, and unemployment rate is perpetually higher in the county compared to the state of Ohio.

Ohio is an Affordable Care Act (ACA) Medicaid expansion state. The Ohio Department of Health re-organized the Part B and Ohio HIV Drug Assistance Program (OHDAP) after the Affordable Care Act and expansion were implemented. The outcome was more Part B funding being used for insurance premiums resulting in more comprehensive health care for program recipients. Nearly one-quarter (24 percent) of Cuyahoga County's population relies on Medicaid for health coverage, alone or in combination with another payer.

Housing quality and affordability is also an acute concern in many parts of the county, with more than 46 percent of renters and 22 percent of homeowners living in unaffordable housing where they pay more than 30 percent of their income in housing costs.

Social determinants of health (SDOH) are considered a factor in HIV acquisition (although this data is not collected for those who are newly diagnosed) and in linkage to and retention in care. The Ryan White programs operating in the county have established comprehensive supports specifically to address gaps in resources related to the SDOH for people living with HIV.

Analysis
An inventory and analysis of HIV services in Cuyahoga County follow, organized by the nationally established Ending the HIV Epidemic pillars. *Italics indicates a program is in development.*

Pillar 1: Prevent new HIV transmissions in Cuyahoga County by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

HIV Continuum Cross Walk: HIV Negative & At Risk

The scale-up of needed and proven prevention interventions and strategies here in Cuyahoga County is needed among priority populations.

Current funding and programming in Cuyahoga County responding to Pillar 3

Program	Funder	Sites/Models
PEP	Integrated/AG	Circle Health MetroHealth ED Cleveland Clinic ED UH ED AIDS Healthcare Foundation Signature Health
	CDBG	McCafferty Health Clinic
	CDBG	J Glen Smith Health Clinic
PrEP (Prescribing/Follow Up)	Integrated/Medicaid/ Private Insurance/PAPI (ODH/GRF)	UH MetroHealth Cleveland Clinic Neighborhood Family Practice Signature Health Family Planning Services of Lorain County Preterm Beachwood Internal Med Associates CCBH AIDS Healthcare Foundation Circle Health Services *NEON?* *Walgreens?* McCafferty Health Clinic J Glen Smith Health Clinic
	CDBG	Care Alliance
	CDBG	Circle Health
	HRSA/EHE	
	HRSA/EHE	
TelePrEP	(Above)	(Above; Covid may have resulted in additional services.)
PrEP Navigation	ODH/EIS	UH MetroHealth
PrEP Assistance	ODH/GRF PAPs	PAPI Access aside from OHIV.org (assume navigators/EIS)
SSP	AFC George Gund Foundation, CDBG Integrated	Circle Health (2 including mobile) MetroHealth (1 mobile)

Condom distribution (male and female + lubricant)	UH ACTU/NIH CCBH ODH	Community & clinic AFC/35+ sites OHIV.org
Evidence Based Interventions (EBIs)	CCBH +	Cleveland Taskforce, BICC
Social marketing/campaigns/info distribution	UH ACTU/NIH AHF AFC ODH	Specific to enrollment, community and 1:1 STI/HIV awareness PrEP PrEP
Prevention case management/addressing SDOH	ODH AFC	2019 model of care for community based testers LGBT Community Center/Youth empowerment

Analysis (SWOT model)

Strengths There are a number of resources for those who seek them, e.g.: SSPs, PrEP via navigators and PAPI.

Weaknesses Individuals at risk of HIV would benefit from increased awareness of PrEP/PEP/SSP resources, affordability and the benefits of the prevention resources available to them to drive demand. The ODH 2018 Needs Assessment of PLWHA and high risk and HIV negative individuals included focus groups that found minimal awareness of PrEP. Additionally some individuals at risk for exposure would be benefit from outreach to them (off hours). In summary, reaching those most at risk for exposure with prevention resources.

Some PrEP/PEP services are not comprehensive, may not be LGBTQ supportive, and do not include appropriate supports and/or follow up for patient success – professional development is needed. PEP may not be consistently offered in Cuyahoga County where clients are directed (OHIV.org directs to EDs/urgent care centers in Ohio). Clear PEP resources – for professionals and clients – are needed especially given the 72-hour window of effectiveness.

Opportunities The CDC has identified high risk communities for HIV outbreak among PWID in Ohio; SSPs are an integral part of ending the epidemic plans and are permitted by state and federal law.

Integration of prevention services where most at risk individuals seek care (or would feel comfortable seeking care), if they are not already, e.g. CHCs as mentioned above, and private primary care is an opportunity. Schools and on-line health education offerings have been discussed among community stakeholders as an opportune site for awareness and prevention activities.

Creative access models are also an opportunity (e.g., comprehensive harm reduction model, service outreach models, clean syringe delivery). OHIV.org is a tremendous resource and could use additional promotion. There are opportunities to collect and share PrEP/PEP data to gain a better understanding of utilization locally.

Threats The law governing Ohio syringe service programs requires 1:1 exchanges. Clinical scope of practice barriers to offering PrEP exist in some primary care settings. School-based health education, especially sexual health education, is not consistent in the county and may not be LGBTQ affirming.

Pillar 2: Diagnose all Ohioans/Cuyahoga Co residents with HIV as early as possible after infection.

Ohio Continuum Crosswalk: HIV Positive & Unaware, HIV Diagnosed, Linked to Care

More than 15 percent of Cuyahoga County residents living with HIV are estimated to be unaware.[2] Improved, more accessible, and routine HIV testing, immediately connecting people with HIV to care services, and connecting those who test negative to appropriate prevention services are important activities supporting this strategy.

Current funding and programming in Cuyahoga County responding to Pillar 1

Program	Funder	Sites/Models
Routine* HIV testing – EDs	Integrated *(& CCBH)* CCBH Integrated	UH Cleveland Clinic MetroHealth (also provides inpatient testing)
Routine* HIV testing – CHCs, HD, RHCs	CCBH & CDPH/CARES, HRSA/EHE CCBH/AFC, HRSA/EHE Title X Integrated I*ntegrated* Integrated CDPH CDPH Integrated Integrated	Circle Health Care Alliance Signature Health CCBH NEON NFP Planned Parenthood (risk based) McCafferty Health Clinic J Glen Smith health clinic AHF • Mobile
Routine* HIV testing – SUD programs	CCBH	Cleveland Treatment Center (MetroHealth/Recovery Resources coming) Signature Health
Targeted HIV testing in nonclinical settings	CCBH	Cleveland Treatment Center (& see above) Signature Health (also for eastern counties) (Lorain and Medina HDs) Care Alliance – mobile AIDS Taskforce – mobile Circle Health – mobile (SSP) LGBTQ Community Center
HIV testing in pharmacy settings	*Walgreens*	*Related to PrEP start*
HIV testing in research setting	NIH	UH ACTU, related to current clinical trials
Self-testing	ODH Patient OOP	OHIV.org Walgreens
Partner Services = DIS	CCBH	CCBH (in progress)
Linkage to Care (also see EIS)	CCBH/ODH CCBH/RWPA	CCBH/ARTAS EIS sites • Circle Health • UH • Signature Health • Cleveland Clinic • MetroHealth

[2] CDC. Supplemental Surveillance Report. Estimated HIV Incidence and Prevalence in the United States 2010–2015. Vol 23. No. 1. 2018.

		• Family Planning Services of Lorain County
STI Testing	Title X ODH/Integrated/Title X Public/private insurance	CCBH McCafferty & J Glen Smith Planned Parenthood Network of independent providers including all Ryan White OAMC providers (see below, pillar 2)

*routine = culturally competent, barrier-free access to HIV testing offered to all patients
+public = Medicaid, Medicare

Analysis (SWOT model)
Strengths Facility and outreach-based testing – including walk-in – is available in Cuyahoga County, including EDs. Non-traditional sites like Minute Clinics and plasmas centers also test. Historically DIS/partner services are successful in identifying positive cases in the region.

Weaknesses Lack of integration of testing into primary care settings and justice centers and underutilization of home testing options.[3] Cost may be a factor. Additionally, OHIV.org has screening questions for home test kit access that can be a barrier to receipt.

Some individuals at risk for exposure would be benefit from outreach to them for testing – they are not aware of or not comfortable with clinic-based testing. Off-hours testing is needed, e.g. people involved in commercial sex work. This could result in earlier detection of individuals at high risk of exposure to HIV or high risk of exposing others, and/or connection to PrEP/other prevention and support services as needed.

Opportunities Integration into primary care clinics including community health centers (CHCs) is a new opportunity via EHE to expand and normalize the service, costs of which can be covered through public grants as well as insurance. CHCs have been designated for prevention and diagnosis through the federal EHE plans.

There is also opportunity through promotion of self-testing options, e.g., via OHIV.org, particularly if screening-related barriers are removed. HIV testers can be trained to connect to STI testing/PrEP/PEP/SSPs/social services, and this is a priority of the CCBH. Justice centers may require additional capacity to increase testing – some organizations have existing relationships with these agencies. Shift toward collaboration between organizations in community is imperative, to both promote learning between organizations and raise awareness/education of issues in the community.

Threats Laws criminalizing HIV have been described as a barrier to testing in NE Ohio. The new ODH algorithm for testing is also noted as being a barrier (e.g., invasiveness of questions). Additionally, some social services – including housing – are at capacity or not appropriate for our clients, which can be a barrier to successful prevention case management efforts by testers. Appropriate staffing for DIS is needed, given their role with partner services for newly diagnosed individuals. Other infectious disease outbreaks can be prioritized above HIV contract tracing and partner services.

[3] In home testing options were identified as underutilized during 2018 ODH needs assessment of PLWH and high-risk, HIV negative individuals.

Pillar 3: Treat people in Ohio/Cuyahoga County living with HIV rapidly and effectively to reach sustained viral suppression.

Continuum Crosswalk: Retained in Care, Re-engaged in Care, Virally Suppressed

Increasing the proportion of people with HIV who are virally suppressed is a key strategy to prevent new HIV transmissions. HIV medical treatment guidelines recommend that anyone diagnosed with HIV begin treatment as soon as possible. People living with HIV who take HIV medication as prescribed and stay virally suppressed (undetectable viral loads by laboratory tests) can live long, healthy lives. They also have effectively no risk of sexually transmitting HIV to a partner. There is a movement to ensure widespread knowledge of U=U, undetectable equals untransmittable: to lessen the stigma associated with HIV infection and encourage barrier-free access to ART, while supporting PLWHA in maintaining their treatment plans.

Current funding and programming in Cuyahoga County responding to Pillar 2

Program	Funder	Sites/Models
Linkage to Care (also see EIS)	CCBH/ODH	CCBH/ARTAS
Rapid ART	*CCBH/EHE*	*4 new sites TBA*
Data to Care	CCBH/Integrated	Hybrid: All providers + HD
MCM Intensive	*CCBH/EHE*	*Less restrictive model to better meet client needs; sites TBA*
Medical Transportation Expanded	*CCBH/EHE*	*Sites TBA*
Community Health Workers	*CCBH/EHE*	*CCBH/Cleveland State University*
HIV Primary Care/OAMC	CCBH/RWPA & RWPC & RWPD CCBH/RWPA RWPC Public/private insurance VA	University Hospitals Circle Health Signature Health Cleveland Clinic (Mercy) Neighborhood Family Practice MetroHealth AIDS Healthcare Foundation Care Alliance Network of independent providers VA Hospital - Cleveland
HIV Medication Assistance	CCBH/RWPA (see below EFA) ODH/RWPB - OHDAP Public/private insurance VA PAPs	Access via case managers at funded organizations Access via case managers and ODH; OHDAP (open formulary); mail order, pharmacy Network of independent providers; mail order, pharmacy VA hospital – Cleveland
Medical Case Management	CCBH/RWPA & ODH/RWPB CCBH/RWPA & ODH/RWPB CCBH/RWPA & RWPC & RWPD CCBH/RWPA RWPC	MetroHealth Nueva Luz UH Circle Health Signature Health Cleveland Clinic (Mercy, Lorain mainly) Neighborhood Family Practice AIDS Taskforce Care Alliance
HIV Medical Transportation	CCBH/RWPA	Circle Health UH

	Public and private insurance	Signature Health Cleveland Clinic (Mercy, Lorain mainly) Neighborhood Family Practice MetroHealth AIDS Taskforce Nueva Luz Family Planning Services of Lorain County May Dugan Network of independent providers
Medical Nutrition Therapy	CCBH/RWPA	UH Signature MetroHealth
Home & Community Based Services	CCBH/RWPA Public and private insurance	DSAS Network of independent providers
Early Intervention Services (also see linkage to care)	CCBH/RWPA CCBH/RWPA & RWPC RWPC	Circle Health Signature Health Cleveland Clinic MetroHealth Family Planning Services of Lorain County UH Care Alliance
Oral Health Care	CCBH/RWPA Integrated & *RWPC (?)* Public and private insurance	Circle Health (Signature; mainly Ashtabula Co.) MetroHealth UH Care Alliance Network of independent providers
Home Health Care	CCBH/RWPA Medicaid	DSAS Network of independent providers
Mental Health Services	CCBH/RWPA & RWPC & RWPD CCBH/RWPA AFC RWPC Public and private insurance VA	UH Signature Health Cleveland Clinic (Mercy; mainly Lorain Co.) (Far West) May Dugan Neighborhood Family Practice MetroHealth Ursuline Piazza Care Alliance Network of independent providers VA hospital - Cleveland
Housing Case Manager (Non Medical Case Manager in RW)	CCBH/RWPA & CDPH/HOPWA/CARES	AIDS Taskforce (housing) Nueva Luz (housing)
Benefits Coordinator (Non Medical Case Manager in RW)	CCBH/RWPA ODH/RWPB (Part B applications)	MetroHealth MetroHealth Nueva Luz
Legal Services (= Other Prof Services in RW)	CCBH/RWPA	Nueva Luz • Ursuline Piazza • AIDS Taskforce Other RW network sites as needed
EFA (emergency medication and eye glasses)	CCBH/RWPA	Circle Health UH Signature Health Cleveland Clinic Neighborhood Family Practice

		MetroHealth
Food Bank/Home Delivered Meals	CCBH/RWPA & CDPH/HOPWA & Food bank Food bank	Nueva Luz AIDS Taskforce Network of independent providers
Psychosocial Support (e.g., support groups)	CCBH/RWPA AFC AFC DBJ & CCBH/RWPA	UH Signature Health Cleveland Clinic (Mercy, Lorain mainly) Ursuline Piazza MetroHealth/Positive Peers MetroHealth/Compass Services
Housing Services	HOPWA/CARES	AIDS Taskforce • ARAP • CBI Emerald Devel & Economic Network • TBRA • PHP • STSH
Trans Health Care	Integrated	MetroHealth Pride Clinic • LGBT Community Center PreTerm Care Alliance VA Cleveland Clinic – Lakewood Signature Health
Health insurance premiums/co-pays	ODH/RWPB Rebates	OHDAP
Social marketing/campaigns/info distribution	*CCBH/EHE*	TBA – U=U, re-engagement in care (pillar 2)

Analysis (SWOT model)
Strengths Centralized and robust system of HIV/AIDS care; shared data system for eligibility. Also, opportunities to create one-stop shops via Ryan White.

Weaknesses Rapid ART is not operationalized in all systems. The data to care system in progress which will assist in re-engagement in care efforts. Past efforts at organizing and leveraging housing resources for PLWHA have not been comprehensively implemented.

Opportunities The ODH 2018 Needs Assessment of PLWHA and high risk and HIV negative individuals included focus groups that found minimal awareness of U=U, around which prevention, anti-stigma and treatment campaigns can be built. Additionally, Ryan White Part B is capable of financially supporting additional services in the county (e.g., as in Central Ohio). There is promise in continued integration of mental health and substance use disorder treatment, especially as these systems grow to meet the demands of the opiate crisis. There has been much discussion among EHE advisory committees members about affirming and supportive job readiness programs.

Threats Limited housing resources; HIV stigma.

Pillar 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to Ohioans who need them.

New laboratory methods and epidemiological techniques allow communities to find where HIV may be spreading most rapidly. This allows the local public health departments, ODH and the CDC to quickly respond with strategies to stop ongoing transmission and connect newly infected individuals to treatment.

Current funding and programming in Cuyahoga County responding to Pillar 4

Program	Funder	Sites/Models
Planning	NIH CCBH/Integrated	UH CFAR/Molecular surveillance modeling; community convening CCBH/emergency preparedness (in progress)
Training	*TBA*	*TBA*
Collaboration (ODH/CDC)	CDC	Emergency operations

Analysis (SWOT Model)

Strengths Preliminary planning for cluster response has begun between CCBH and ODH as a new grantee (and ODH and the CDC, on behalf of all jurisdictions). Integration into existing emergency preparedness infrastructure is anticipated.

Weakness Molecular surveillance is not well understood. Additional relationship building and coordination may be needed between those who will have a role locally in responding to an outbreak, across systems (health, justice). Additionally and related, defining roles of community-based organizations in an outbreak response.

Opportunity There is an opportunity for additional community education and planning specifically for molecular surveillance. Also, framing surveillance as helpful, important for connections to care, etc., given potential community concern. With the new prevention grantee, determining if current data systems are appropriately robust to identify clusters rapidly and guide decision-making for services, is needed.

Threat Sustained funding for comprehensive SSPs to continue to meet the needs of PWID. Additionally the HIV criminalization laws, vis a vis privacy.

Across the four Pillars, the AIDS Education and Training Center (AETC) at OSU and University of Cincinnati and the Equitas Institute for LGBTQ Health Equity are assets to support professional development for HIV and LGBTQ health.

Implementation partners: The Cuyahoga County Board of Health and City of Cleveland Department of Health, along with Ryan White Part C and D programs (hosted by a local hospital and a federally qualified health center (FQHC)) and the Ohio Department of Health, which administers the Ryan White Part B and ADAP programs, have leveraged their existing relationship to steer the Ending the Epidemic

planning process for Cuyahoga County. These federally funded partners along with community-based organizations, including FQHCs, providing HIV services throughout Cuyahoga engaged hundreds of local stakeholders through telephone interviews, virtual forums and focus groups to inform the Ending the Epidemic plan. These activities, as well as participants (which include community members as well as Ryan White Planning Council members and other PLWHA) are fully outlined in the plan.

Appendix 1. Philanthropic investments in HIV prevention services and to support people living with HIV/AIDS.

Local philanthropic dollars in HIV are most often used to:

1) Pilot and evaluate new interventions for prevention or care of PLWHA
2) Invest in promising and/or proven interventions that are under resourced
3) Invest in advocacy to improve policies impacting HIV outcomes
4) Leverage other funds, public or private, for the above activities

There is an effort to invest in people and communities most impacted. In Cuyahoga County, the following Foundations support HIV prevention activities directly:

- AIDS Funding Collaborative (The Cleveland Foundation, George Gund Foundation Mt. Sinai Healthcare Foundation and public agencies – City of Cleveland, Cuyahoga County HHS and ADAMHS Board)
- George Gund Foundation
- DBJ
- MAC AIDS
- Elton John AIDS Foundation
- AIDS United/Syringe Access Fund
- Levi

Additionally Gilead Sciences has funded projects related to PrEP awareness and access.

Appendix 2. OHIO HIV POLICY ENVIRONMENT

POLICY	ORC/OACs	NOTES
HIV criminalization	R.C. §2903.11 R.C. §2907.24 R.C. §2907.25 R.C. §2907.241 R.C. §2921.38 R.C. §2927.13	Outdated (not medically accurate); creates upcharges for PLWHA
HIV Testing/Informed Consent	R.C. § 3701.242	Continues to present barriers to testing routinely in hospitals/ERs (e.g., sexual assault survivors)
Sex education	R.C. §3313.60 R.C. §3313.6011	Not required in schools; mirrors federal abstinence only sex education policy language
SSPs	R.C. §3707.57	Legalizes SSPs (1:1) with local jurisdictional planning and support required
HIV Laboratory Reporting	A.C. §3701.3-12 (Appendix B)	
Adolescent Consent	R.C. §3701.242 R.C. §3109.01 R.C. §3709.241 A.C. §3701.3-11	Adolescents may consent for HIV testing and STI testing and treatment
HIV Counseling	R.C. § 3701.242	Post testing counseling, partner notification and anonymous testing options are required

Appendix 3. Common Acronyms

ADAMHS – Alcohol and Drug Addiction and Mental Health Services Board
AG – Attorney General
AHF – AIDS Healthcare Foundation
ARAP – AIDS rental assistance program
ART – antiretroviral therapy
ARTAS – antiretroviral therapy access study; model for linkage to care
CBI – community based independent housing
CCBH – Cuyahoga County Board of Health
CDC – Centers for Disease Control and Prevention
CDPH – Cleveland Department of Public Health
CHCs – community health centers
CM – case management
CTR – counseling, testing, referral; model for HIV testing
DIS – disease intervention specialist
DSAS – Department of Senior & Adult Services
EBI – evidence based intervention
ED – emergency departments
EHE – ending the HIV epidemic
EIS – early intervention services
GRF – general revenue fund
HD – health department
HHS – U.S. Department of Health and Human Services
HOPWA – Housing Opportunities for People with AIDS
HRSA – Health Resources and Services Administration
HUD – U.S. Department of Housing and Urban Development
ID – infectious disease
L2C – linkage to care
MCM – medical case management
OAMC – outpatient ambulatory medical care
ODH – Ohio Department of Health
OOP – Out of pocket, related to cost sharing for health expenses
OSU – Ohio State University
PAPI – prevention assistance program interventions
PHP – permanent housing placement
PLWHA – people living with HIV/AIDS
RH – reproductive health
RHC(s) – reproductive health clinic
RW – Ryan White
RWPA – Ryan White Part A = HIV health care and support services administered by jurisdictions with high caseloads of HIV
RWPB – Ryan White Part B = HIV health care and support services administered by states
RWPC – Ryan White Part C = early intervention services and comprehensive HIV primary care

RWPD – Ryan White Part D = Women, Children & Youth
SDOH – social determinants of health
SSP – syringe services program
STSH – short term supported housing
SUD – substance use disorder
TBRA – tenant-based rental assistance
U=U – Undetectable = Untransmittable
UH – University Hospitals
VA – Veterans Administration

Appendix C: Glossary

AIDS

According to CDC, AIDS is the most serious stage of HIV infection. At this stage, a person has a highly increased chance of getting other severe illnesses. AIDS is also diagnosed when a person's CD4 cell (white blood cell) count falls below a certain level.[1]

AIDS Education and Training Centers

The AIDS Education and Training Centers (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally-based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.[2]

Anti-Racism

A system in which we actively analyze the role that institutions and systems play in racial inequities, and identify racist policies, practices, and procedures in order to create and replace them with those that promote racial equity. It is not the same as the passive, inactive response of being "not racist", and requires active resistance to and dismantling of the system of racism.[3]

Antiretroviral Treatment (ART)

Also known as antiretroviral medications, or antiretroviral therapy, these medications are used to treat HIV disease and control the virus.

Care Coordination Model

The HIV Care Coordination Program (CCP) aims to improve retention for clients in HIV care by offering home- and field-based patient navigation services, coordinating medical and social services, providing support and coaching for medication adherence, and assisting clients with gaining skills and knowledge to maintain a stable health status. Services might include case management, a multidisciplinary team, outreach for missed appointments, and patient navigation among other things.[4]

CD4 Count

Your CD4 count is the number of CD4 cells (or T-helper cells) in your blood, measured by a simple blood test. This tells you how healthy your immune system is – your CD4 count should go up when you have HIV treatment. It's often talked about at the same time as viral load (the amount of HIV virus in your blood). Generally, when your CD4 count is high, your viral load is low and vice versa.[5]

Centers for AIDS Research (CFAR)

The Centers for AIDS Research (CFAR) are a group of NIH-funded and independently-operated research centers at academic institutions across the United States.[6]

Cleveland Rape Crisis Center (CRCC)

An organization whose mission is to support survivors of rape and sexual abuse, promote healing and prevention, and advocate for social change. Their vision is the elimination of sexual violence.[7]

Community Health Workers (CHW)

A frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.[8]

COVID-19

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.[9]

Cultural Competency

A provider's ability to tailor their services to the individual, social, cultural, and linguistic needs of those they serve. It reflects an understanding of patients' unique worldview, particularly as it relates to their perception of health, which may be reflective of their cultural background and norms, their health literacy, and their ability to access services.[10]

Disease Intervention Specialists (DIS)

Disease Intervention Specialists work in health departments, community health centers, and other similar locations to perform contact tracing, partner notification services, patient navigation, and emergency response.[11]

Drug Resistance

If someone with HIV doesn't take their antiretroviral treatment properly, the drugs may become unable to control the virus, which can cause the treatment to stop working – this is called drug resistance. It's also possible for someone who has developed a drug-resistant strain of HIV to pass it on.[12]

ED/ER

Emergency department or emergency room

EMR

Electronic Medical Record

Ohio HIV/AIDS Integrated Epidemiologic Profile

The comprehensive epidemiologic profile provides detailed information on the current status of the HIV/AIDS epidemic in Ohio. This report describes the general population of Ohio, persons with HIV infection in Ohio, persons at risk for HIV infection in Ohio and service utilization patterns among HIV-infected persons in Ohio.[13]

Geo-Targeting

Using maps and geographic analyses to improve HIV services by identifying areas with high concentrations of the HIV epidemic and a lack of services, and targeting resources to those in need of prevention services, testing, treatment and support.[14]

Harm Reduction

Harm reduction refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws.[15]

Health Disparities

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.[16]

HIV

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure, but with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.[17]

HIV Criminalization

The unjust application of criminal law to people living with HIV based solely on their HIV status. This includes the use of HIV-specific criminal statutes or general criminal laws to prosecute people living with HIV for unintentional HIV transmission, perceived or potential HIV exposure, and/or non-disclosure of known HIV-positive status.[18]

Implicit Bias

Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. They develop over our lifetime from an early age, and cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.[19]

Institutional Racism

The way in which racism has been institutionalized in a way that permits the establishment of patterns, procedures, practices and policies within organizations that consistently penalizes and exploits people because of their race, color, culture or ethnic origin.[20]

Latinx

A gender-neutral term used to refer to those who identify as being Hispanic or of Latin descent.[21]

LGBTQ

Lesbian, gay, bisexual, transgender, and queer

Linkage to Care

An official Health Resources and Services Administration (HRSA) HIV/AIDS Bureau performance measure, Linkage to Medical Care is the percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis.[22]

MSM

Men, including those who do not identify as gay or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as straight).[23]

Non-binary

A term used to describe genders that don't fall into one of the gender binary categories of male or female.[24]

Peer Navigation Programs

Programs designed to utilize HIV-positive, medication-adherent role models living with a shared experience and a shared community membership as the populations with which they work.[25]

PLWA

People living with AIDS

PLWH

People living with HIV

Post-Exposure Prophylaxis (PEP)

Short-term treatment started as soon as possible within 72 hours after possible exposure to HIV, helping to significantly reduce the risk of infection.[26]

Pre-Exposure Prophylaxis (PrEP)

A daily pill and program for those who are HIV negative that is up to 99% effective at preventing the transmission of HIV sexually when taken consistently and correctly.[27]

Racial Disparities

Harmful, inequitable and unjust outcomes created and perpetuated for specific groups of people, thru historical and contemporary discrimination in policies and practices.[28]

Rapid HIV Testing

With a rapid HIV antibody screening test, usually done with blood from a finger prick or with oral fluid, results are ready in 30 minutes or less. The rapid antigen/antibody test is done with a finger prick and takes 30 minutes or less. The oral fluid antibody self-test provides results within 20 minutes.[29]

Ryan White Program

A federally funded program of the Health Resources and Services Administration (HRSA) that provides a comprehensive system of HIV care primary medical care and essential support services and medications for low-income people living with HIV. The program grants funds to cities, counties, states, and local

community-based organizations to provide HIV care and treatment services. The Ryan White HIV/AIDS Programs consists of different parts (i.e., Parts A, B, C, D, and F) that each have specific areas of focus.[30]

Self-Testing

HIV self-testing allows you to take an HIV test in your own home or another private place. These kits are becoming more widely available and give a result in 15 to 20 minutes.[31]

Sex Work

The exchange of sexual services or performances for material compensation, including money, housing or food. Sex work is distinct from human trafficking.[32]

Situational Analysis

Required by the CDC and Ohio Department of Health for the Ending the Epidemic planning process, this is a report describing the landscape of all HIV services and policies, by using multiple methods to analyze internal and external factors that impact them.

Social Determinants of Health

Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.[33]

STD/STI

Sexually transmitted diseases or sexually transmitted infections

STEPS to Care

An online toolkit designed to support diverse agencies in the uptake and implementation of three evidence-informed strategies to improve retention in HIV care and reduce viral loads: Patient Navigation, Care Team Coordination, and HIV Self-Management.[34]

Structural/Systemic Racism

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.[35]

Surveillance Data

Health data that are collected, analyzed and interpreted on an ongoing basis and essential to the planning, implementation, and evaluation of public health practices, closely integrated with timely dissemination to those who need to know. HIV surveillance data describe who is infected (age, gender, race, ethnicity), geographical location of cases, when cases were diagnosed, and dates and results of subsequent CD4 and viral load tests.[36]

Syringe Service Programs

Are community-based prevention programs that facilitate the safe disposal of used needles and syringes. They also provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.[37]

Testing Together

Is a public health strategy that occurs when two or more persons who are in or planning to be in a sexual relationship receive HIV testing services together. This service facilitates communication and disclosure of HIV status. It also supports linkage to HIV medical care, pre-exposure prophylaxis (PrEP), and/or other appropriate services.[38]

Transgender

People of transgender experience have a gender identity or gender expression that differs from their assigned sex at birth.[39]

Trauma-Informed Care

A treatment style that supports a whole person, taking past trauma and the resulting coping mechanisms that arise when attempting to understand behaviors and engage in care into account.[40]

U=U

("Undetectable equals Untransmittable") U=U is the concept introduced by the Prevention Access Campaign that people living with HIV who are on antiretroviral treatment and have an undetectable viral load cannot transmit HIV sexually to their HIV-negative partners.[41]

Viral Load

Refers to the amount of HIV virus in a person's blood.[42]

Viral Suppression

When antiretroviral therapy (ART) lowers a person's viral load to an undetectable level in the blood. Viral suppression means treatment is keeping HIV under control and cannot be transmitted, but HIV still remains in the body. Viral load can become undetectable within 6 months of treatment.[43]

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