



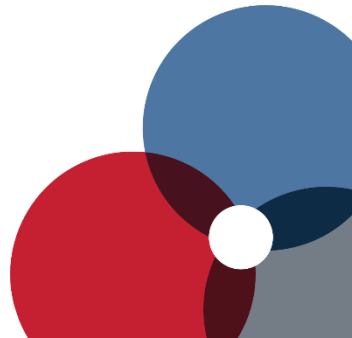
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COMMUNITY SOLUTIONS
RESEARCH • ANALYSIS • ACTION

Cuyahoga County- Ending the HIV Epidemic Advisory Committee Info Session

May 11, 2020

Today's Agenda

- Welcome & Check-in
- Overview of Federal Ending the HIV Epidemic Initiative
- Brief Review of Cuyahoga County HIV Surveillance Data
- Overview of Ending the HIV Epidemic Strategic Plan Elements
- Discussion



Community Solutions Contacts

Cuyahoga County Ending the Epidemic Plan Coordinator



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Ending the Epidemic Plan Support

Taneisha Fair

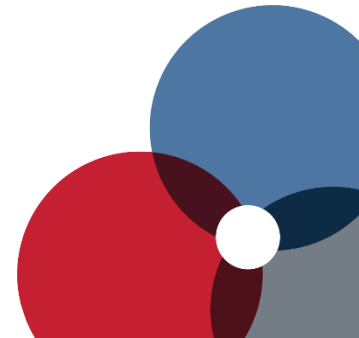
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Ending the Epidemic Plan Overall Lead

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Ending the Epidemic

Ending
the
HIV
Epidemic

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.



www.hiv.gov

CS302517B

Three Counties in Ohio are working on plans to End the Epidemic

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



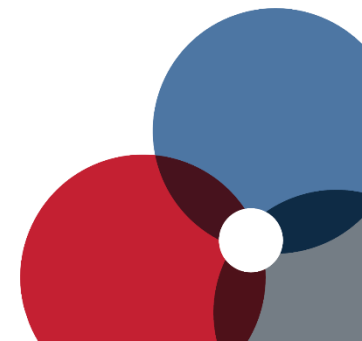
Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

*2016-2017 data

Ending
the
HIV
Epidemic

www.HIV.gov



The federal strategies focus on 4 pillars.

Key Strategies from *Ending the HIV Epidemic: A Plan for America*



DIAGNOSE

all individuals with HIV as early as possible after infection.



TREAT

the infection rapidly and effectively after diagnosis, achieving sustained viral suppression.



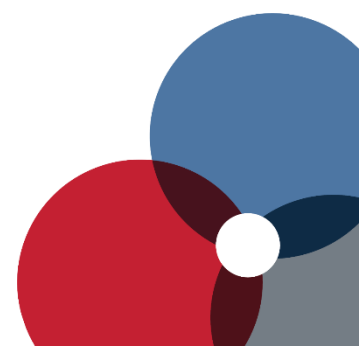
PREVENT

new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



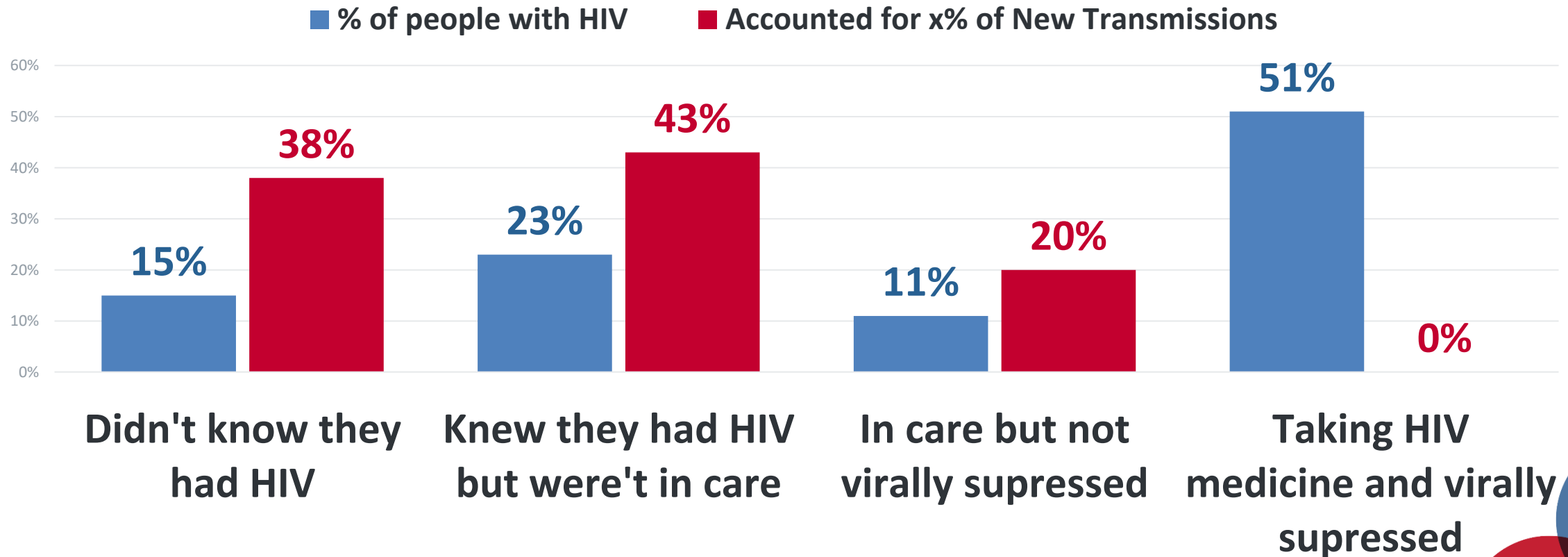
RESPOND

rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV treatment can prevent transmission.

Status of Care - United States, 2016



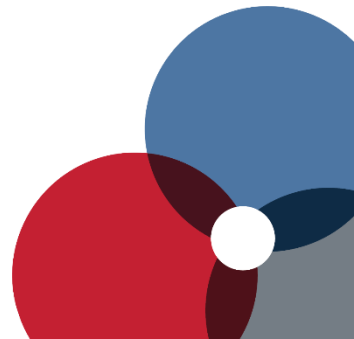
*Values do not equal 100% because of rounding

Data Source: <https://www.cdc.gov/vitalsigns/end-hiv/>

Cuyahoga County Priority Populations for Ending the HIV Epidemic

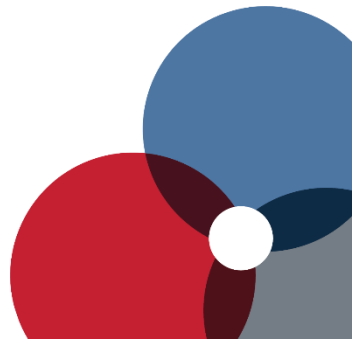
- MSM
- Minority MSM
- Youth (13-24)

- Individuals that are out of care
- Individuals that are in care but are not virally suppressed
- Newly Diagnosed

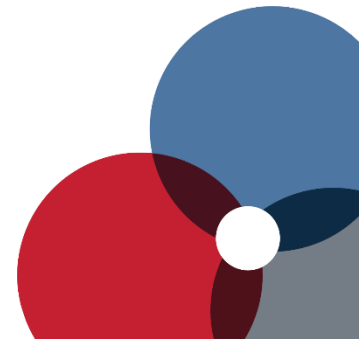
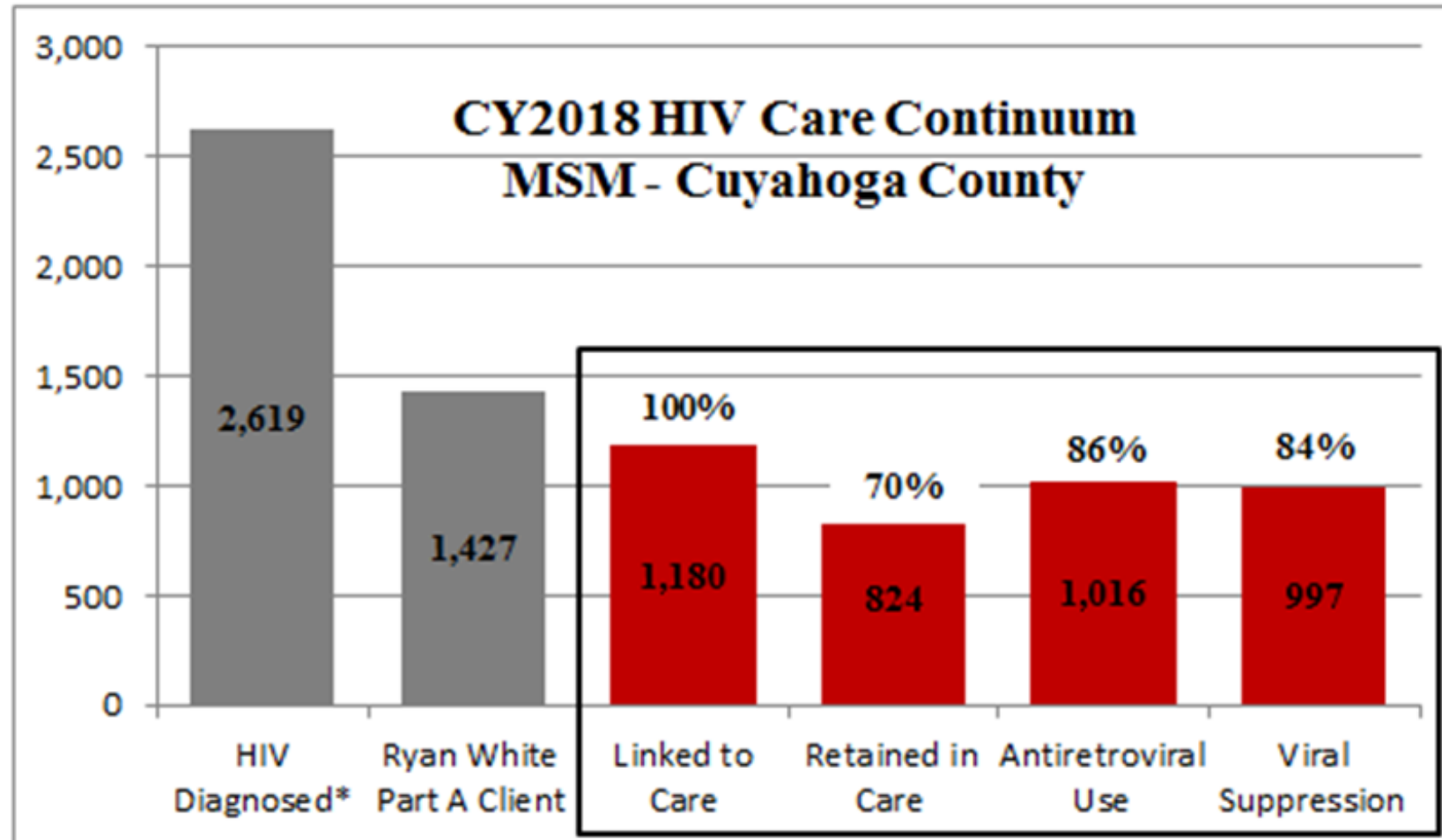


Cuyahoga County HIV Epidemiology

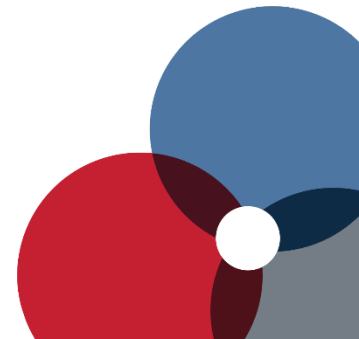
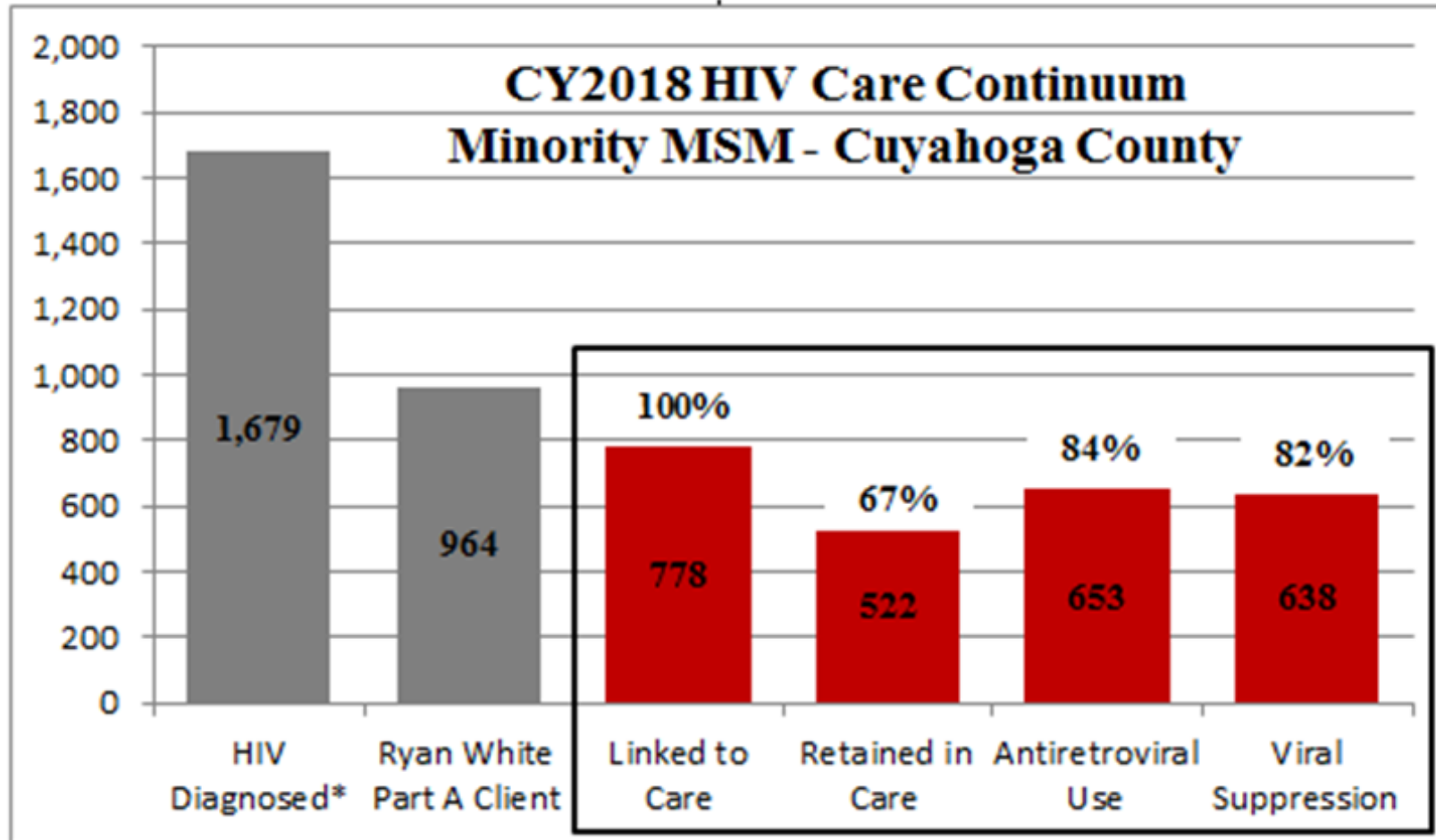
- In 2018, Cuyahoga County had 151 new cases
- 34 new cases in the Youth (13-24) age group -> 22%
- 90 new cases were in the MSM exposure category -> 60%
- 68 new cases were in the Minority MSM exposure category -> 45%



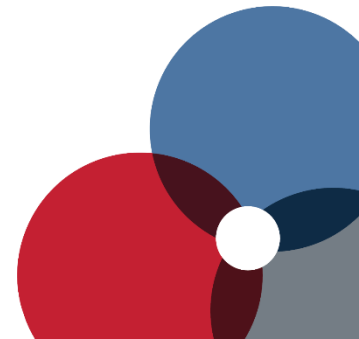
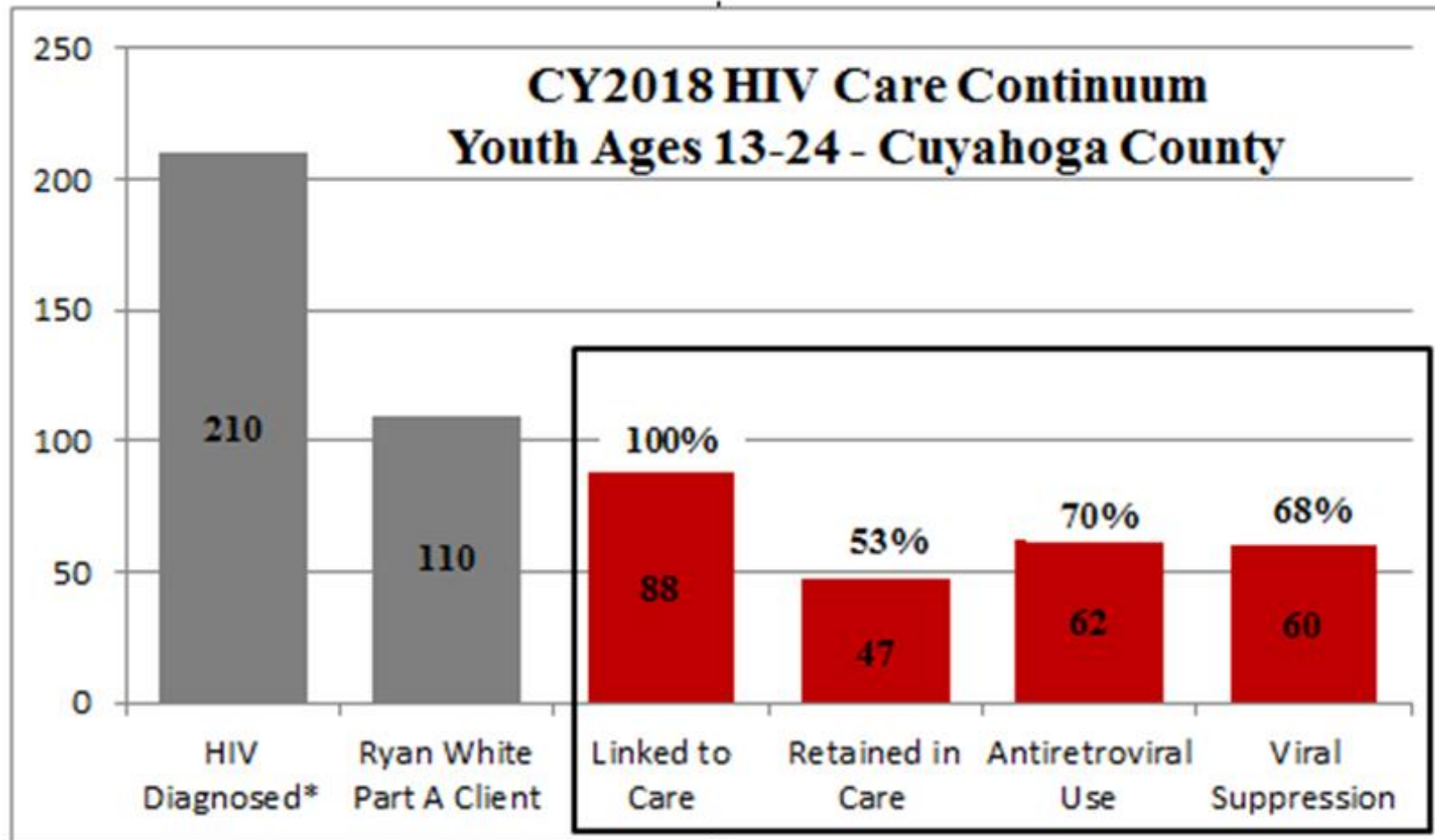
Cuyahoga County Care Continuum



Cuyahoga County Care Continuum

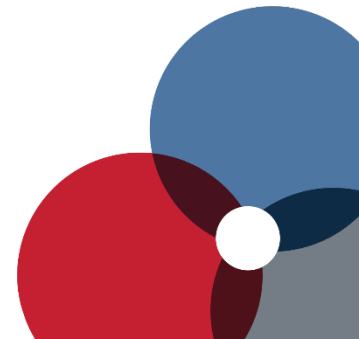


Cuyahoga County Care Continuum



Continuum Definitions

HIV Diagnosed	Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2018.	
Ryan White Part A Clients	Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.	
Linked to Care	Numerator:	Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, CD4 test, or VL load test in the measurement year.
	Denominator:	Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
Retained in Care	Numerator:	Number of HIV positive individuals who had two or more Ryan White Part A funded medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
	Denominator:	Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.
Antiretroviral Use	Numerator:	Number of HIV positive individuals receiving Ryan White Part A funded medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
	Denominator:	Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.
Viral Suppression	Numerator:	Number of HIV positive individuals receiving Ryan White Part A funded medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.
	Denominator:	Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.



Cuyahoga County's plan will be informed by data and developed around the 4 pillars.

Key Strategies from *Ending the HIV Epidemic: A Plan for America*



DIAGNOSE

all individuals with HIV as early as possible after infection.



TREAT

the infection rapidly and effectively after diagnosis, achieving sustained viral suppression.



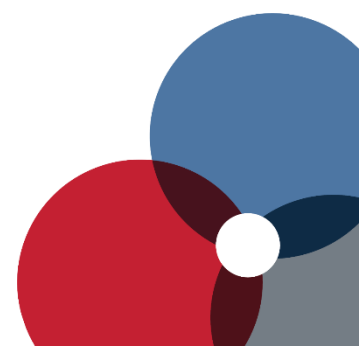
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RESPOND

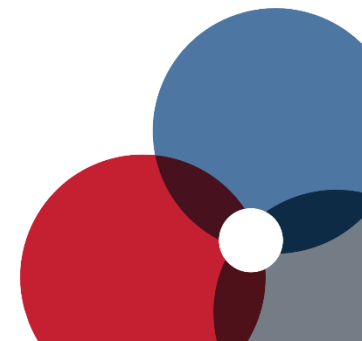
rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



Community Solutions' Scope of Work

OBJECTIVES

- 1 Develop a local advisory committee
- 2 Convene local stakeholders
- 3 Conduct situational analysis
- 4 Identify strategic priorities & activities
- 5 Draft local Ending the HIV Epidemic (EHE) plans



Timeline: About 6 Months to Complete

MARCH & APRIL

- Launch meetings with ODH & local leads
- **Develop advisory committee**
- Review available epidemiological data

MAY

- Advisory committee meetings continue
- **Convene Stakeholder group(s)**
- Begin key informant interviews

JUNE

- Advisory committee meetings continue
- Convene stakeholder groups(s)?
- **Complete Situational Analysis**

Timeline continued

JULY

- Advisory committee meetings continue
- Convene stakeholder group(s)
- Gather feedback from advisory committee and stakeholder group(s) that **inform strategic plan and priorities**

AUGUST

- Draft and review EHE plan with advisory committee
- Convene stakeholder group(s)
- **Advisory committee signs off on plan by end of August**

SEPTEMBER

- Submit plan to ODH with time for public comment
- **Plan must be complete by September 30, 2020**

Role of Various Groups

EXECUTIVE/ ADVISORY COMMITTEE

SMALLER WORKING GROUP

- Advises Health Department & consultant throughout plan development
- Helps to plan stakeholder engagement
- Connects with stakeholder group(s)
- Lends expertise
- Determines criteria for evaluating strategies
- Adopts the Ending the HIV Epidemic Plan

STAKEHOLDER GROUP(S)

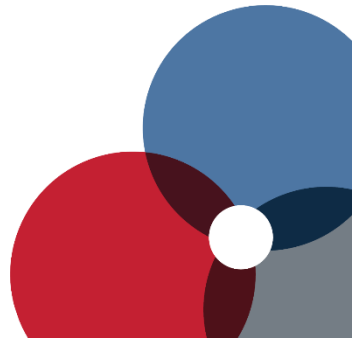
BROAD & DIVERSE GROUP OF COMMUNITY MEMBERS

- Provides information that informs the situational analysis
- Helps to identify strategies
- Provides feedback on the draft Ending the Epidemic Plan

Proposed Stakeholder Meetings

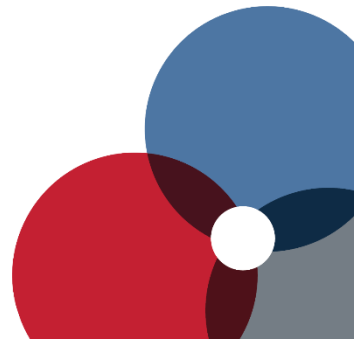
1. Ending the HIV Epidemic (EHE) Planning Launch Meeting
2. Initial Situational Analysis Discussion
3. Situational Analysis Presentation & Initial Strategy Discussion
4. Final Draft EHE Plan Feedback Gathering

The timeline is aggressive and COVID-19 presents challenges.



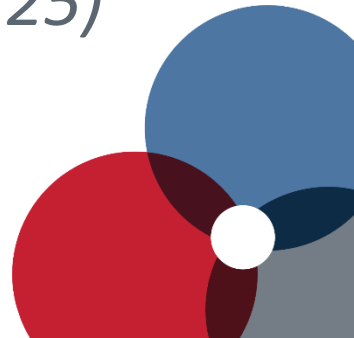
Expectations of Committee Members

- Decide the make-up of the stakeholder group
- Continue meeting through the development of the plan
- Monthly calls or in-person/virtual meetings
- Complete as-needed work outside of meetings



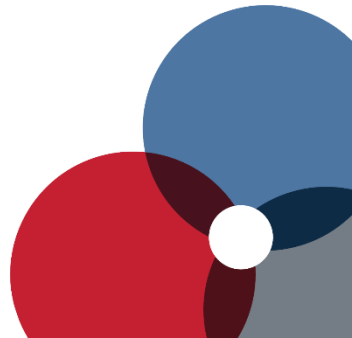
Discussion Questions

- *Does the work plan seem to make sense? Is there anything you'd suggest we change?*
- *What do you see as the biggest challenges and biggest opportunities in this process?*
- *What do you think would help ensure we are able to engage a diverse group of stakeholders in this process, given that we likely won't be able to meet in-person? How do we engage young people (under 25) to join the group?*



Future Advisory Council Meetings

- Epi Webinar
- Schedule of Meetings for Advisory Council and Stakeholder Group
 - Set full schedule now?
 - Doodle polls closer to date?



Community Solutions Contacts

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Ending the Epidemic Plan Support

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Ending the Epidemic Plan Overall Lead

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