

## Franklin County EHE Kick Off Meeting 4/30/20

### Attendees:

- Emily Campbell – Community Solutions
- Audrey Regan – Columbus Public Health
- Brandon Chapman – Columbus Public Health
- Courtney Elrod – ODH
- Dwayne Steward – Equitas Health
- Laurie Rickert – Ohio Department of Health
- Matthew Wilmot – OSU/AETC
- Melissa Federman – Community Solutions
- Ronald Murray – Community Leader
- Sean Hubert – Columbus Public Health
- Samyell Terry – Columbus Public Health
- Staci Mullins-AHF
- Tara Britton – Community Solutions
- Thomas Sampson - COHPA
- Jacob Shrimplin – AHF
- Lea Dooley—FACES
- Dennis Collier—Columbus Public Health

### Agenda:

#### I. Intro/Check-in (CPH)

- a. We need to plan so we make sure to use resources the best way possible
- b. Did a check-in – Question: “What’s keeping you grounded?”

#### II. Overview of Initiative

- a. Reference for planning moving forward. Areas in community and people data indicate most needed.
- b. EHE federal initiative launched January 2019, goal to reduce by 75% new HIV infection 5 years, 90% 10 years. Ambitious goal, but achievable.
- c. Feds focused resources in areas of highest burden for the disease.
- d. Focuses on 4 pillars.
  - i. Prevent both PREP and SSPs

#### III. Presentation of Data (Audrey)

- a. Epi data
  - i. Data to understand where infections are coming from:
    1. 40% diagnosed, transmitted by people who don’t know their HIV status
    2. Just over 40% are derived from people who knew they were HIV positive, but were not in care 20% in care, had not achieved virally suppressed
    3. The more individuals that can become virally suppressed is one way we’ll reduce HIV
  - ii. 5 of 6 local FQHCs submitted HRSA applications and believe all were accepted; We should see more testing in our community later in the year
  - iii. Most data from 2018; 2019 not finalized yet, may come in July, probably will be later this year
  - iv. Most data from central Ohio, Columbus TGA, includes a bunch of counties; EHE is specifically for Franklin County. Some mixed messaging from HRSA about where EHE needs to focus; The bulk of new diagnoses and prevalence is in Franklin County

- v. Racial disparities persist and are getting worse
- vi. Males have persistently had more HIV diagnoses than females
- vii. IDU increase tends to be seen in women
- viii. PLWHA not drastically different from new diagnosed
- ix. Racial disparity 3.8x Black vs. White
- b. Ryan White program data presented
  - i. We tend to focus on these people; This is where we provide services, and this is an opportunity for improving services
  - ii. Serves about half of all people living with HIV in Ohio
  - iii. Outside City of Columbus, cases tend to be associated with corrections
- c. Went through some transgender data
  - i. New diagnoses are quite young, mostly in their 20s
  - ii. Prevention data shows who are tested
- d. How have numbers changed since implementing PREP and Poppy in the region? Preliminary data from 2019 doesn't show a substantial decrease. What we need to understand more is the usage rate for Prep.

#### **IV. EHE Process (Tara)**

- a. Lots of preliminary work has already been done
- b. Brief overview about CCS
- c. Start by forming a local advisory committee –
  - i. Select group of folks CPH has been in communication with, know what is happening, who the best contacts are, how to move us forward in this process
- d. Convening local stakeholder –
  - i. Advisory committee helps to map that out; Doing most, if not all, using technology; So, need to work extra hard to get a diverse group of stakeholders
- e. Steps happening concurrently
- f. Situational analysis –
  - i. Compiling existing EPI info; Currently funding programs, work that's happening in the community; Ryan White and beyond
  - ii. Robust picture about what's happening in the community; Key informant interviews
  - iii. Identify gaps and opportunities to fill in prevention, treatment, outreach, they'll be identified
- g. Stakeholders and advisory committee meeting throughout
  - i. Timeline – around 6 months to complete this work. Went over timeline in detail. It's a lot in a short amount of time.

#### **V. Discussion**

- a. Consider times of day
- b. This format is good for this size group. How does this look when we start bringing in a larger audience? Probably need to use Zoom or Facebook Live so that it's more accessible for more people. How are we going to make sure we engage stakeholders across the community, especially youth, making spaces that are accessible for younger folks.
- c. Facebook Live and Zoom have seemed to work well in other ways
- d. Subcommittees – housing, employment, speak to these issues which relate to HIV
- e. People's ability to be seen on the technology.

- i. Choose not to be seen, or don't have the technology
  - ii. The biggest thing COVID has brought means that we can't see each other face-to-face.
  - iii. How can we ensure people have the technology? Facial expressions and body language are a big part of communication.
  - iv. Our region has done some pre-work. We've done some face-to-face with communities already.
- f. Need to look generationally, and make sure we get the youth voice. Find a couple of advocates, people doing this work who are younger.

Survey follow up:

- Who's on the call, who's not. Is someone important missing?
- What times of day/month/ week might work.