

DECEMBER

**ODH Submits
EHE Plans to
HRSA**

NOVEMBER

**CCS Passes
EHE Plans to
ODH**

OCTOBER

**Advisory
Committee
Selects
Strategies for
EHE Plan**

SEPTEMBER

**Advisory
Committee &
Local Leads
Identify
Strategies**

AUGUST

**CCS Presents
Situational
Analysis**

**Advisory
Committee &
Local Leads
Identify
Issues to be
Addressed by
EHE Plan**

Community Stakeholder Engagement



3 Roles for Stakeholders

“What are the problems?”

Help us understand the current situation.

“What could help?”

Help us identify strategies which can address the issues we seek to improve.

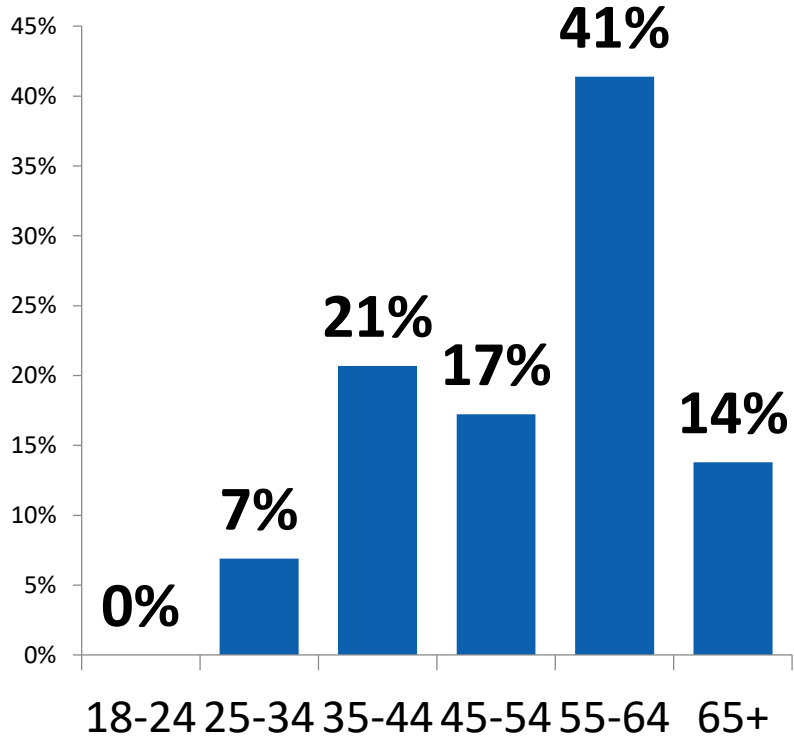
“Will this Work?”

Provide feedback on whether selected strategies are likely to have the desired impact.

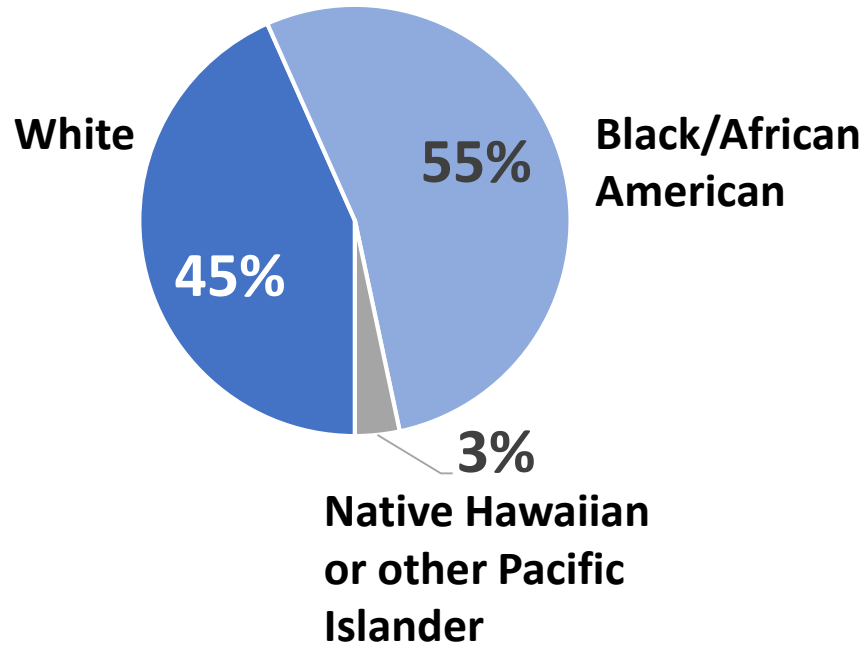
“Matrix” of Participants

29 people completed the survey.

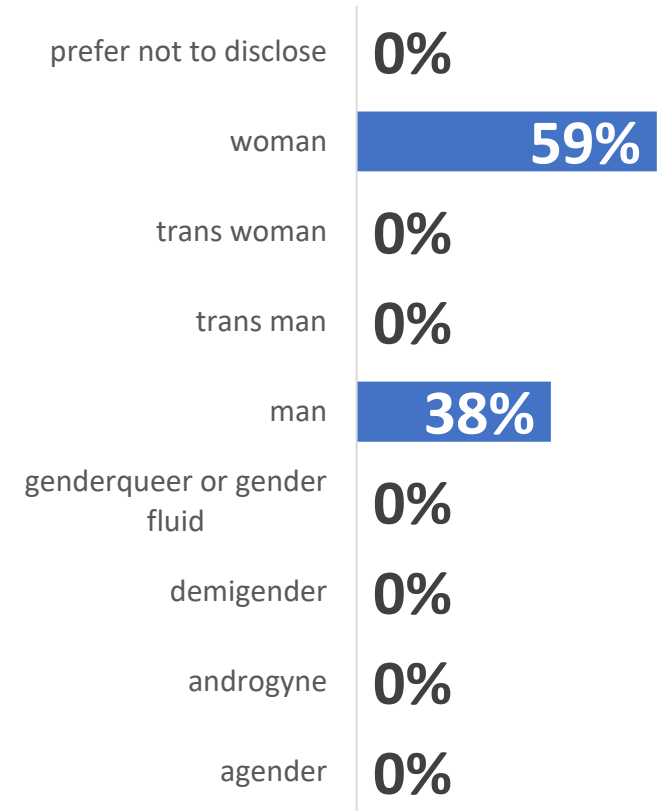
What age range do you fall in?



What race(s)/ethnicity(ies) do you identify with? (Please mark all that apply)



How do you describe your gender identity?

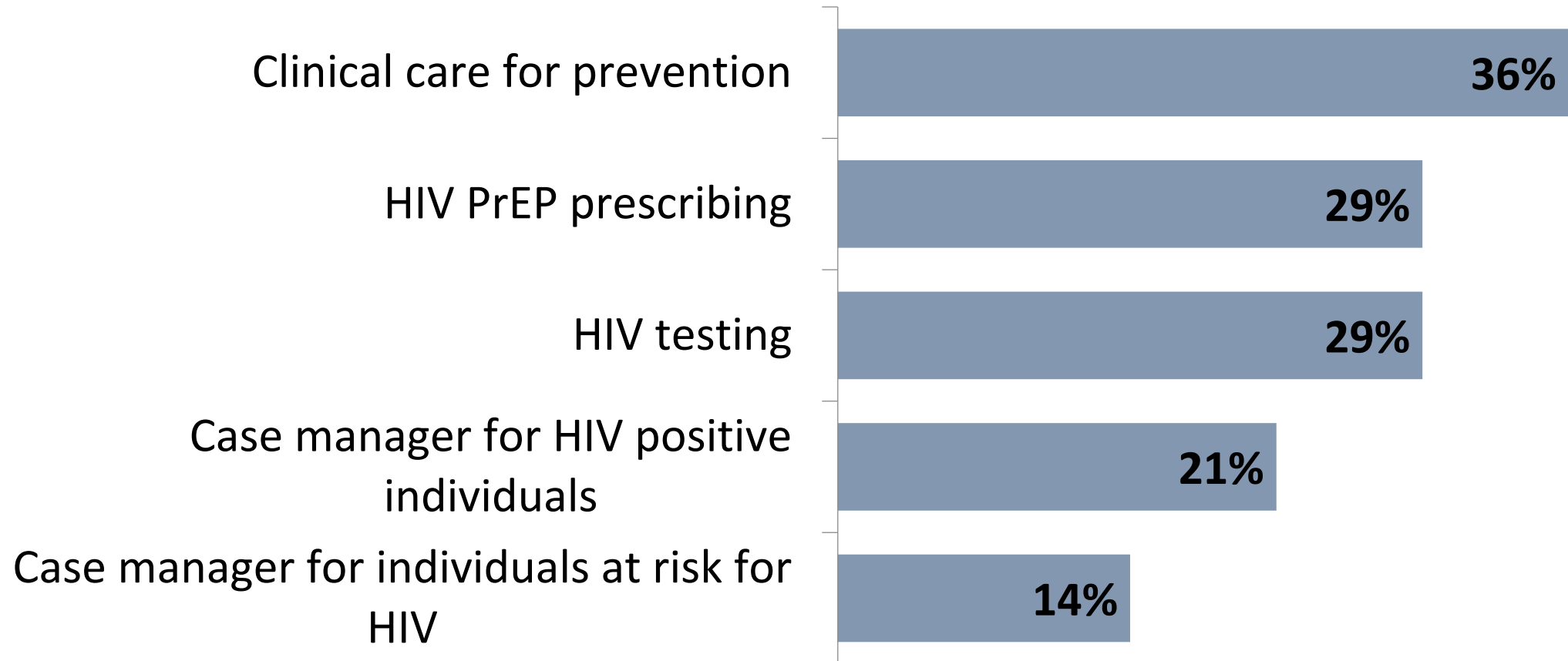


13 people identify as living with HIV/AIDS

- Over 2/3 are ages 55-64
- 9 Black/African American; 4 White
- 9 identify as Men; 4 identify as Women
- Half are straight
- A few are currently or were formerly incarcerated
- Nearly all are consumers of Ryan White Services

Many of those not Living with HIV/AIDS are service providers.

If you are a provider of HIV services, which? (Check all that apply.)



We have heard from:

- Black and Brown PLWH
- Transgender and nonbinary community members
- White people
- African American people
- Age Group 55-64
- ?
- ?

We need to hear from:

- PrEP providers
- Latinx population
- HIV workforce
- Youth
- Syringe Exchange Programs
- Black and Brown Folks
- Young, Black MSM
- Bar owners

Ways to engage stakeholders

- Specific population focus groups
- Key informant interviews (Kristin's patients, young MSM)
- Targeted Surveys
- Large event with small breakout groups
- Youth leadership summit – provide info about EHE and interview opportunities
- Incentivize inviting friends to join – engaging their social networks
 - \$5 gift cards
- Reach out to gatekeepers of communities



Diagnose

All people with HIV as early as possible.

What do we already know?

- Not enough HIV testing being done
- A lot of new diagnosis are being found in hospitals
- Our target populations have not been reach in our testing
- ODH testing policy is restrictive and burdensome, overly bureaucratic
- Testing policy discourages women from getting tested

What do we still need to know?

- Why people do not want to get tested
- What barriers are to testing
- Is felony law discouraging people from getting tested

What is the best way to obtain this information?

- Some level of collective knowledge here, but no one really knows
- Trust our experience and be flexible
- Try and see if it works
- Getting info from gatekeepers (often serve a mentor role)
- Sometimes people from within the community are the best way to get information, sometimes they are not
- Learn from the newly diagnosed about why they got tested



Treat

People with HIV rapidly and effectively to reach sustained viral suppression.

What do we already know?

- We have effective medications that can accomplish this
- We have a pretty solid network to accomplish it
- Rapid LTC and Rapid ART works

What do we still need to know?

- Numbers seem to have dropped, missing a large number of people getting into care to reach viral suppression
- Do we have enough human resources working on this issue

What is the best way to obtain this information?

- Speaking with those who are newly diagnosed – what worked?
- Looking at what work has come before through previous assessments
- Getting feedback from DIS workers when they have clients newly diagnosed about their care



Prevent

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

What do we already know?

- PrEP messaging is not getting to the most vulnerable communities
- Going to be injectable (every 2 month) PrEP down the road
- Need better funding and more widespread SSP
- Circle Health does good work, but cannot reach all geographic areas

What do we still need to know?

- How will people respond to injectables?
- How available will injectables be?
- Do we have enough resources at smaller communities for injectables?
- How comfortable are providers in providing PrEP in general.
- How comfortable are providers with talking about harm reduction?

What is the best way to obtain this information?

- Work with mental health & substance use agencies
- PrEP navigators could provide good information



Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

What do we already know?

- **Dr. Ann Avery's grant, molecular surveillance background work has been done, currently on pause**
- **Can be difficult to respond b/c plans already made and funded – no magic pot of money and people available for respond efforts**
- **Can undermine community trust, undermine other three pillars if community not brought in**
- **Important to involve community**
- **Multiple ways to respond to HIV outbreaks including contact tracing – boots on the ground**

What do we still need to know?

- **How much help do contact traces need?**
- **What has happened in the past with Hamilton County, what is process when CDC comes into support a county handling an outbreak?**
- **What is written? And What actually happen?**

What is the best way to obtain this information?

- **Key informant interview with Dr. Avery**
- **Meet with Hamilton County**
- **Find written guidelines**