



THE CENTER FOR EST. 1913
COMMUNITY SOLUTIONS
RESEARCH • ANALYSIS • ACTION

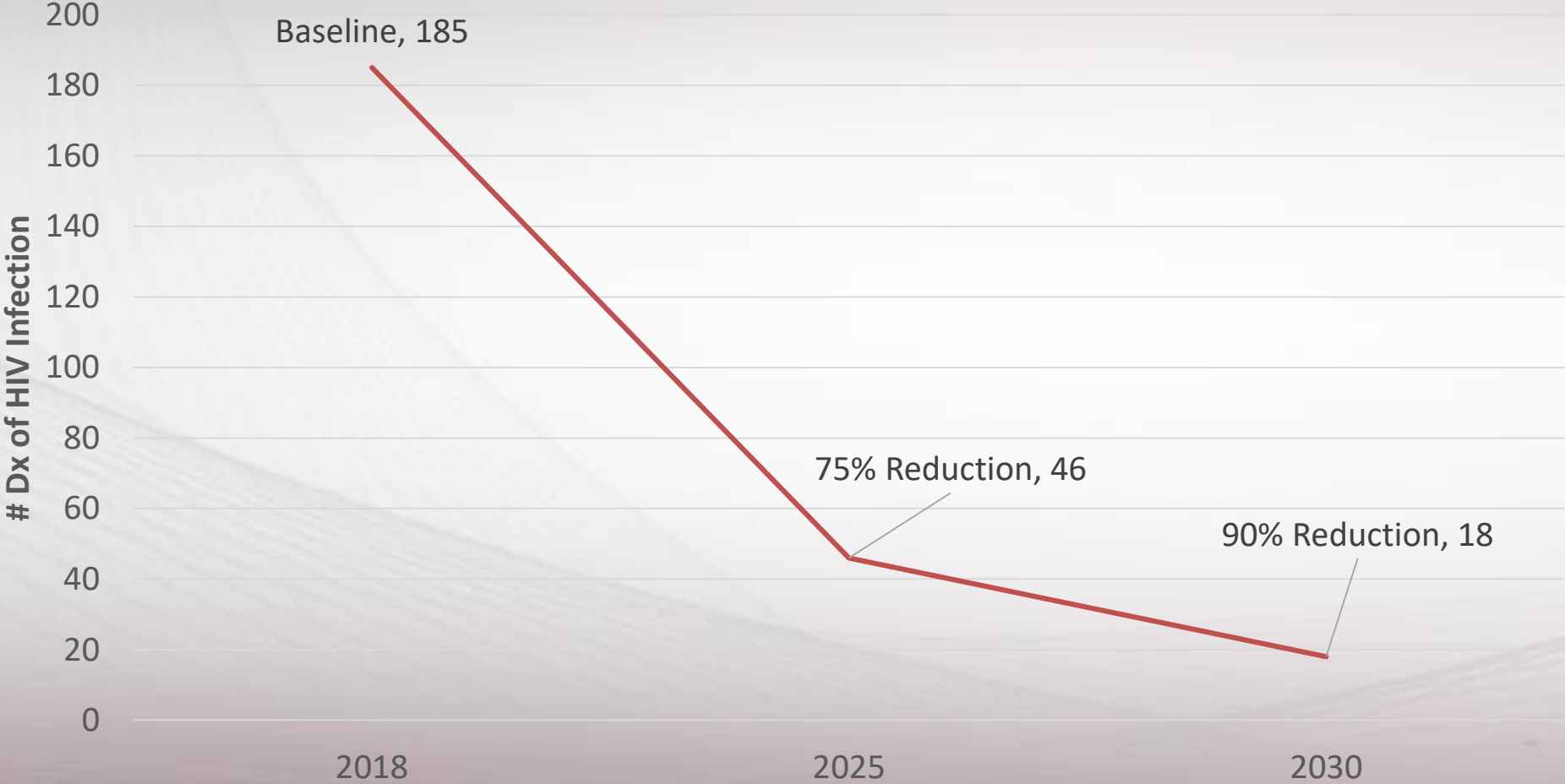
Situational Analysis

Hamilton County EHE Advisory Committee

August 10, 2020

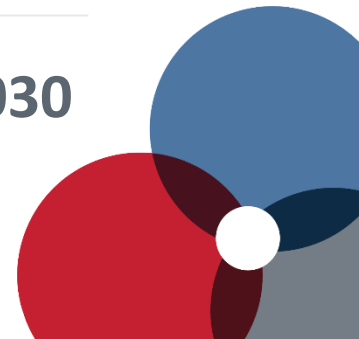
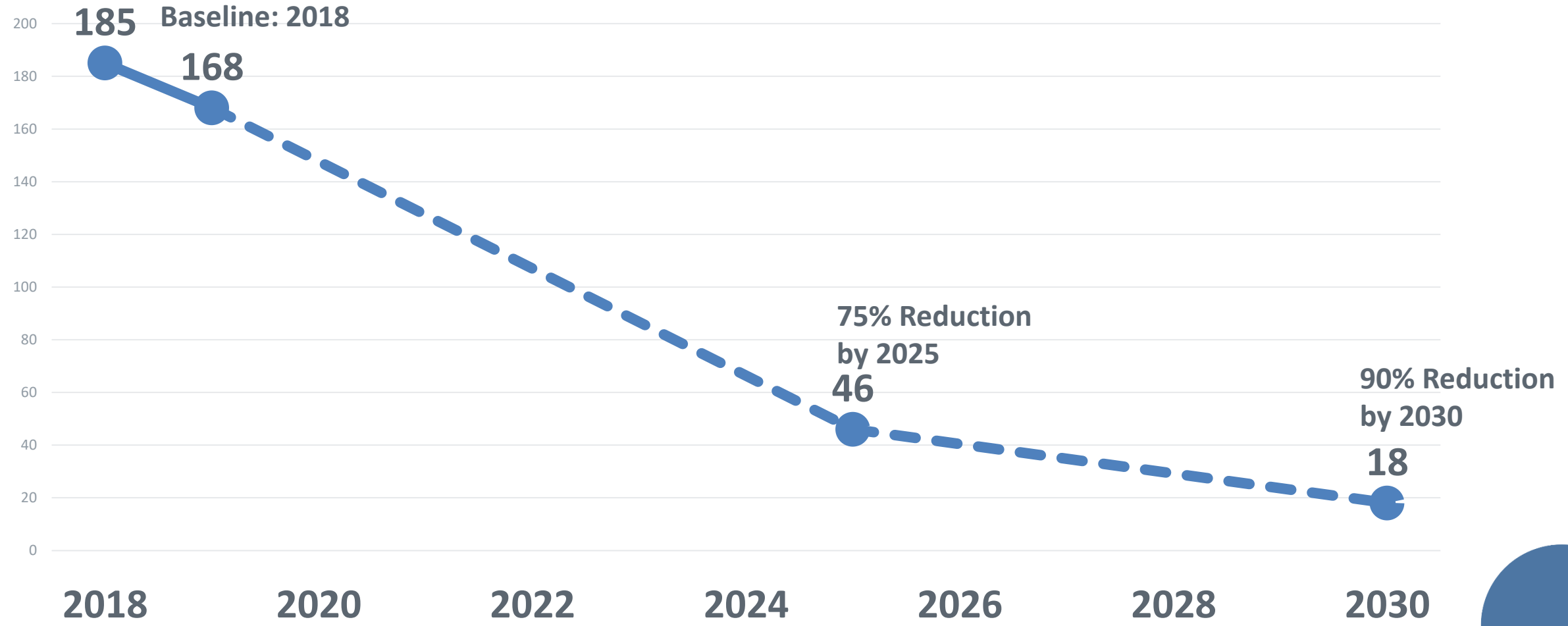
Epi Overview

Baseline and Projected Reported New Diagnoses of HIV Infection, Hamilton County

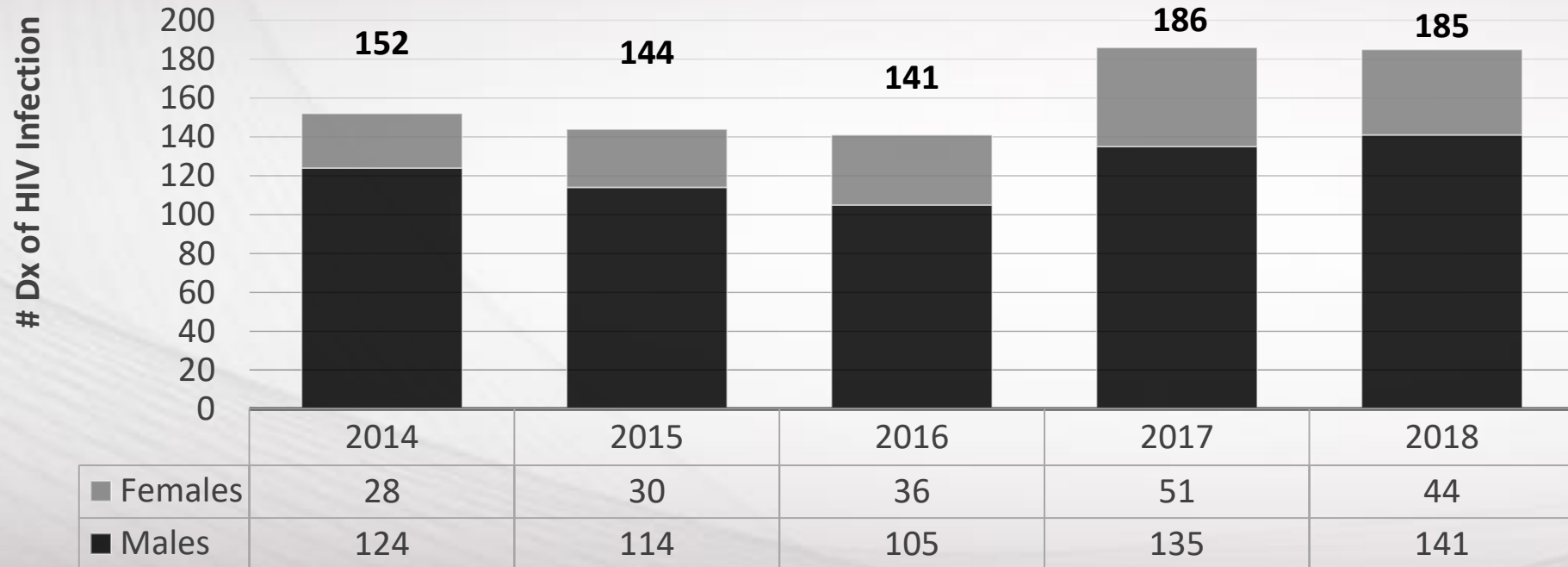


Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Baseline and Projected Reported New Diagnoses of HIV Infection, Hamilton County



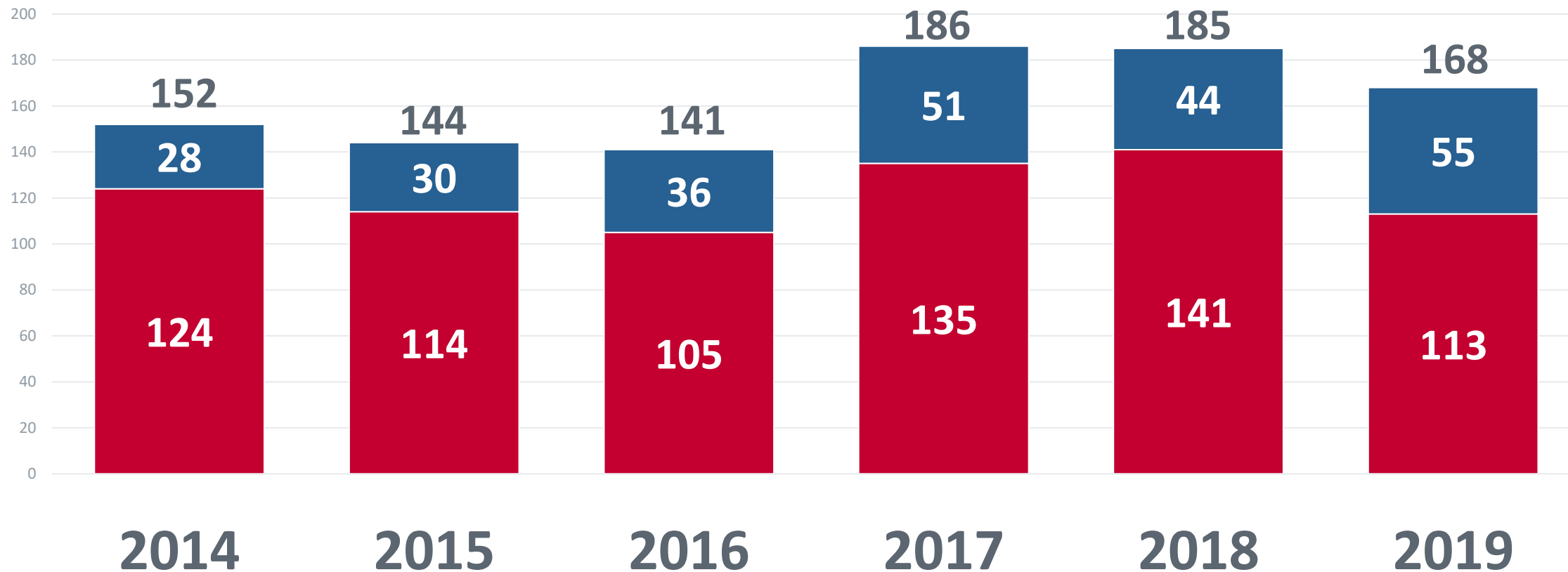
Reported New Diagnoses of HIV Infection by Sex at Birth, Hamilton County, 2014-2018



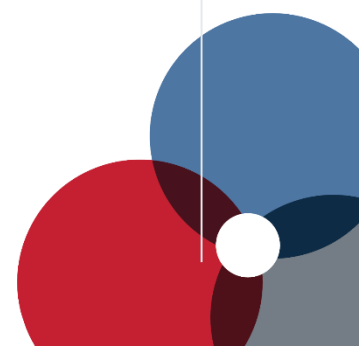
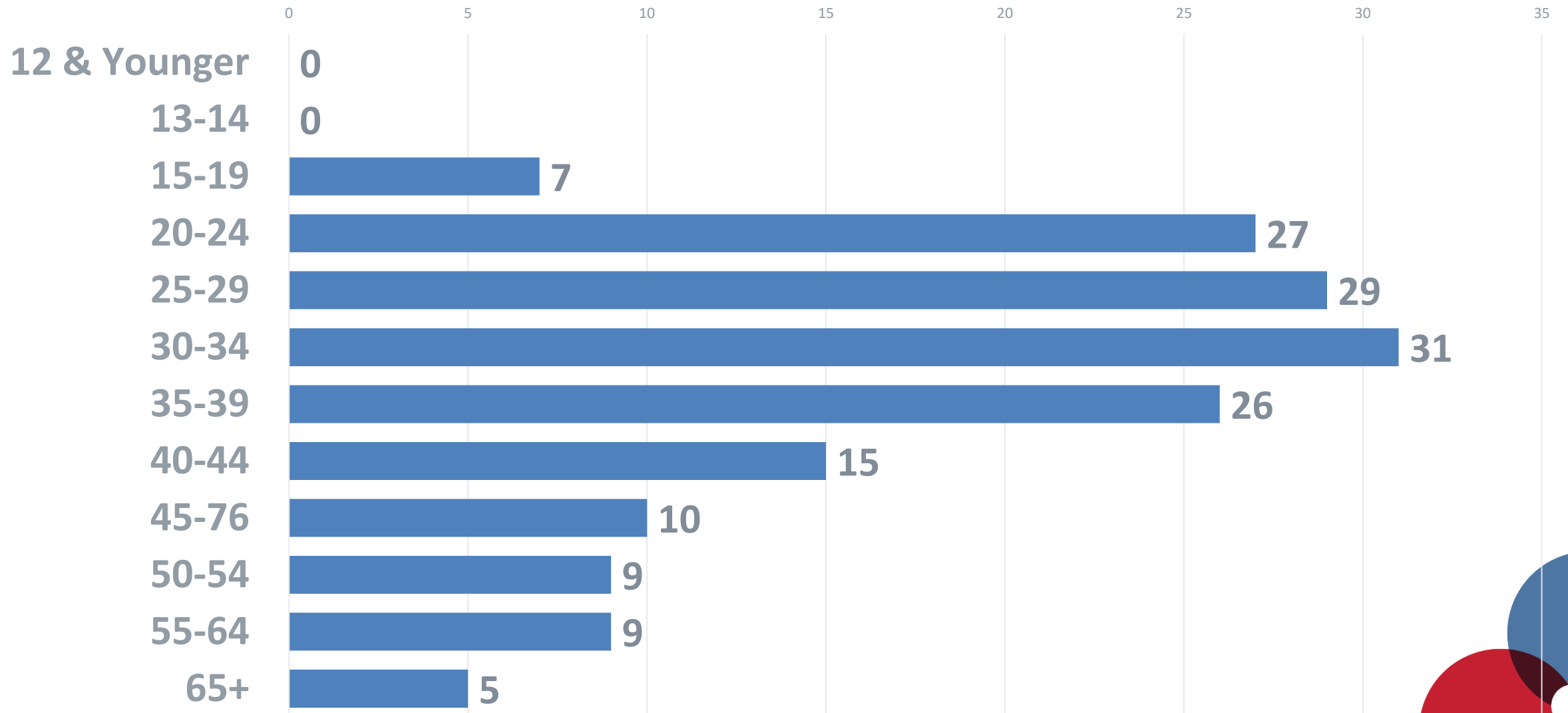
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Reported New Diagnoses of HIV Infection by Sex at Birth, Hamilton County, 2014-2019

■ Males ■ Females

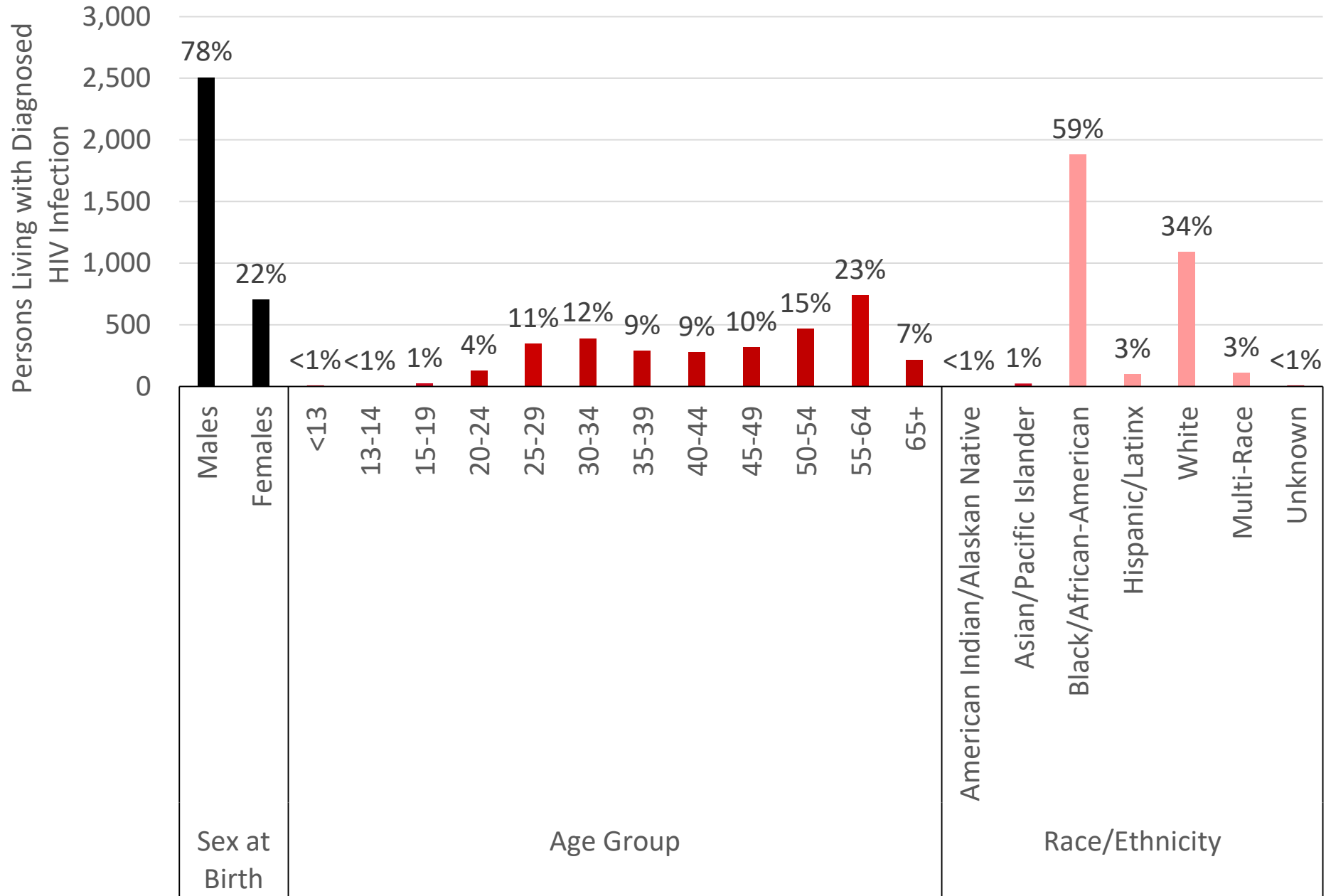


Reported New Diagnoses of HIV Infection in 2019 by Age, Hamilton County



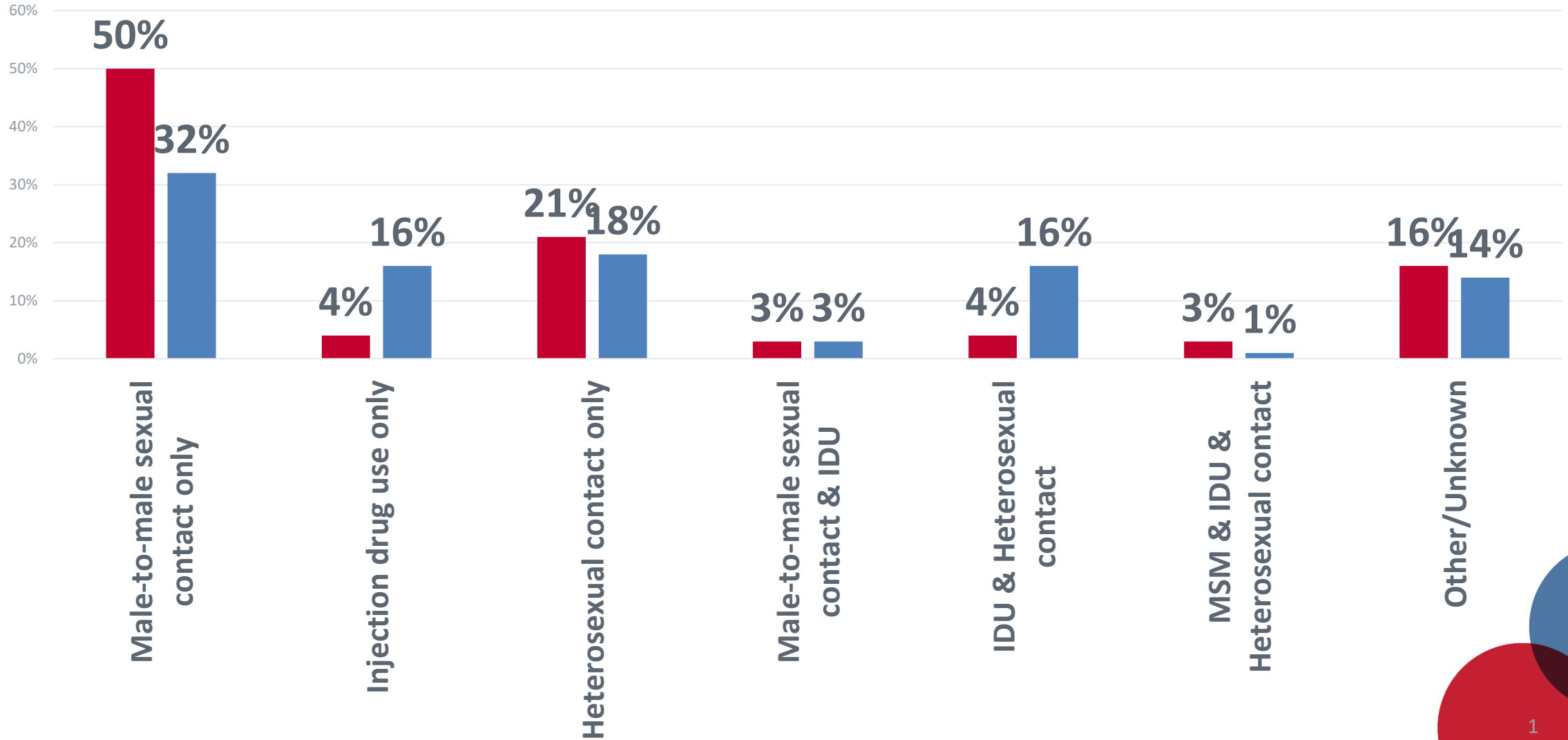
Persons Living with Diagnosed HIV Infection, Hamilton County, 2018

(n=3,213, rate=393.4/100,000)



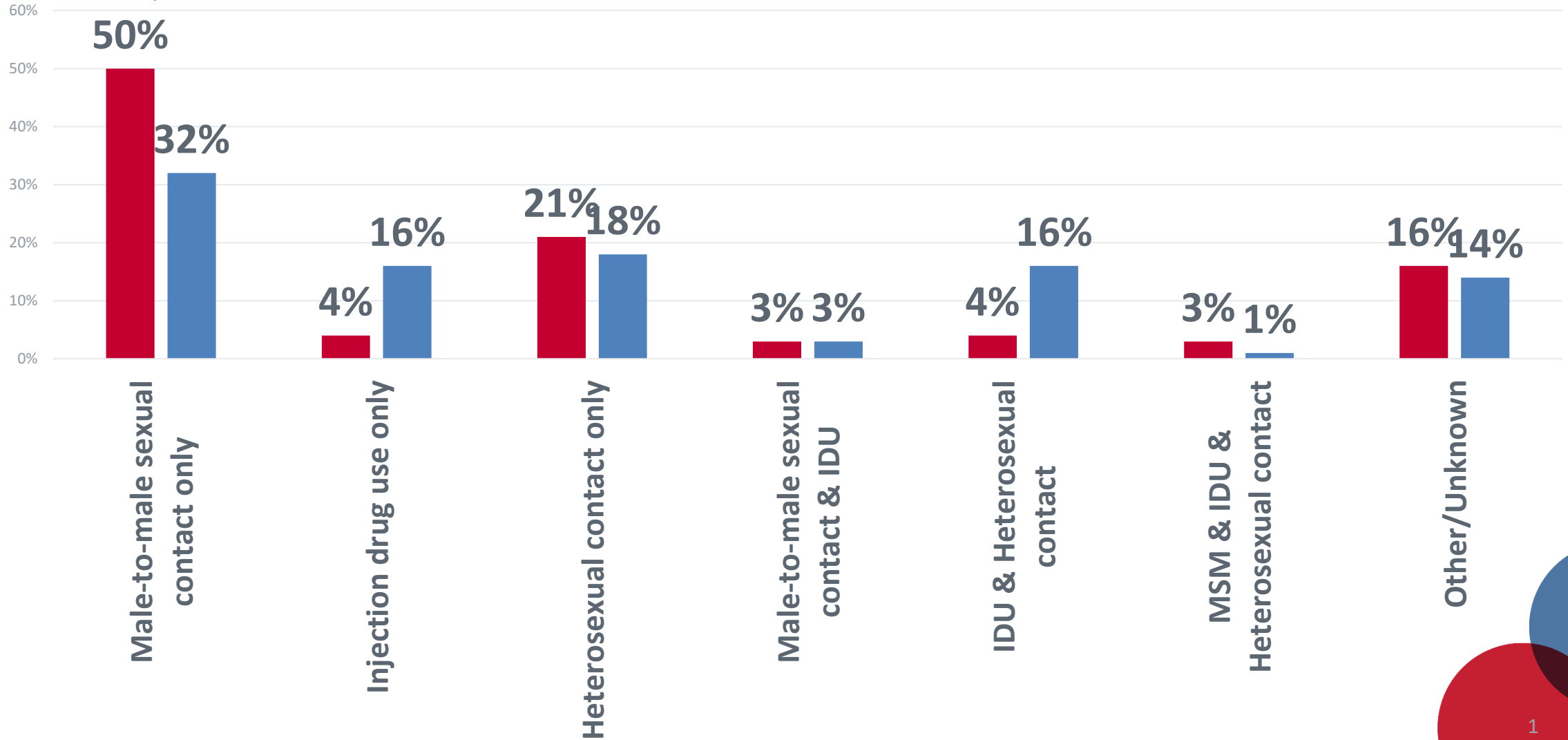
Exposure Risk Factors, Hamilton County 2019

■ PLWHA ■ Newly Diagnosed



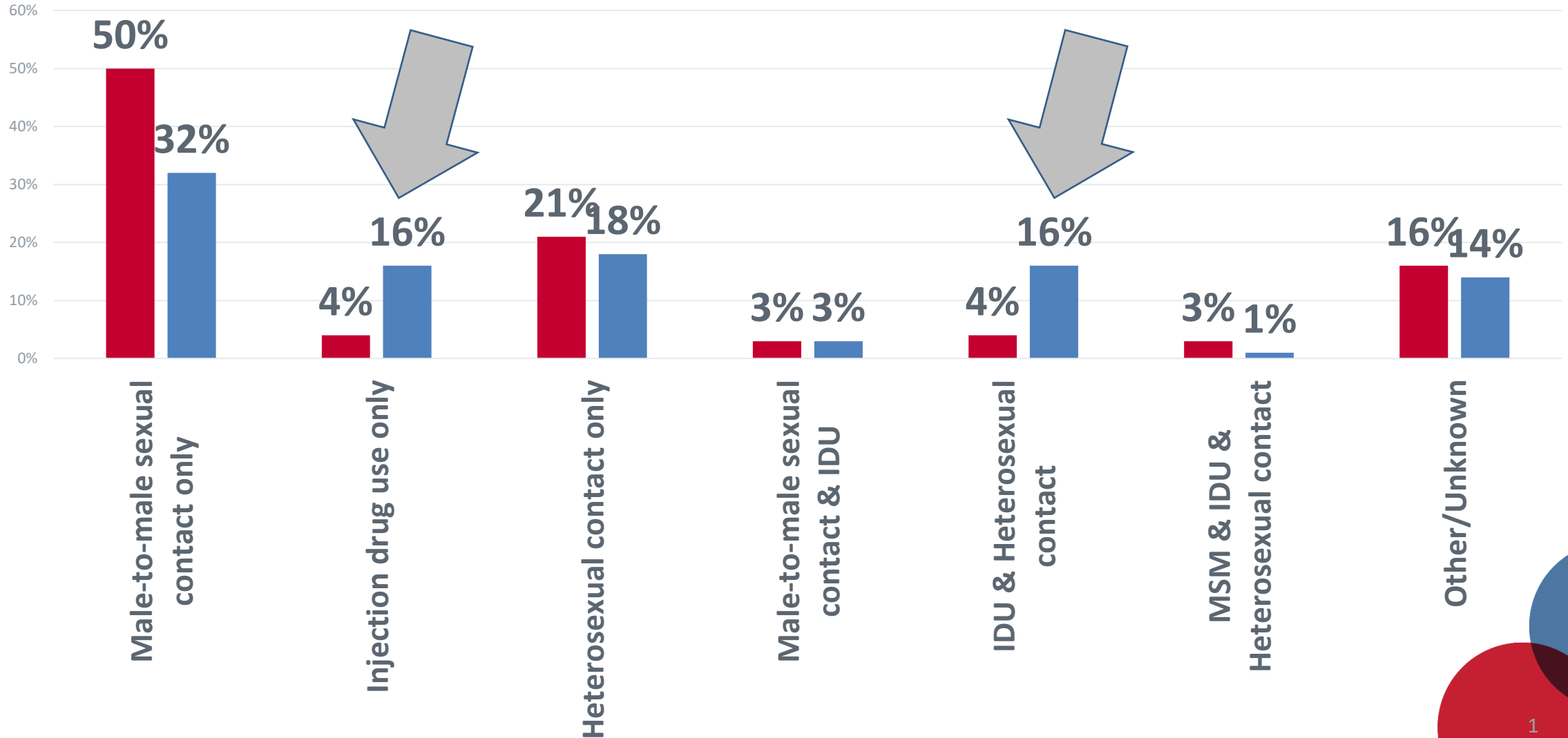
Exposure Risk Factors, Hamilton County 2019

■ PLWHA ■ Newly Diagnosed

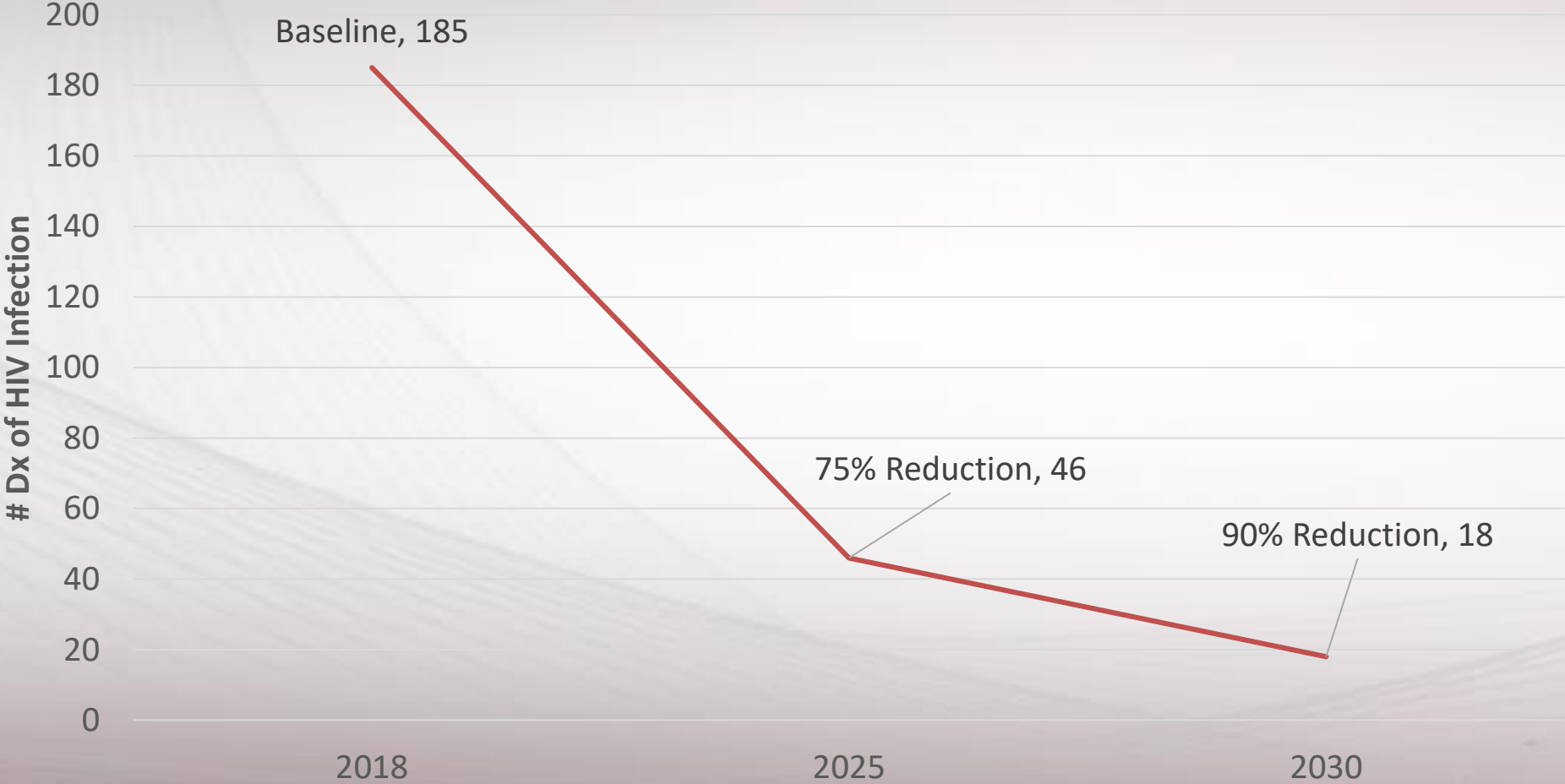


Exposure Risk Factors, Hamilton County 2019

■ PLWHA ■ Newly Diagnosed

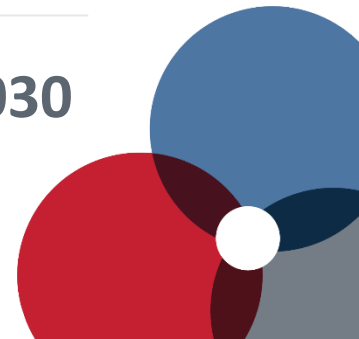
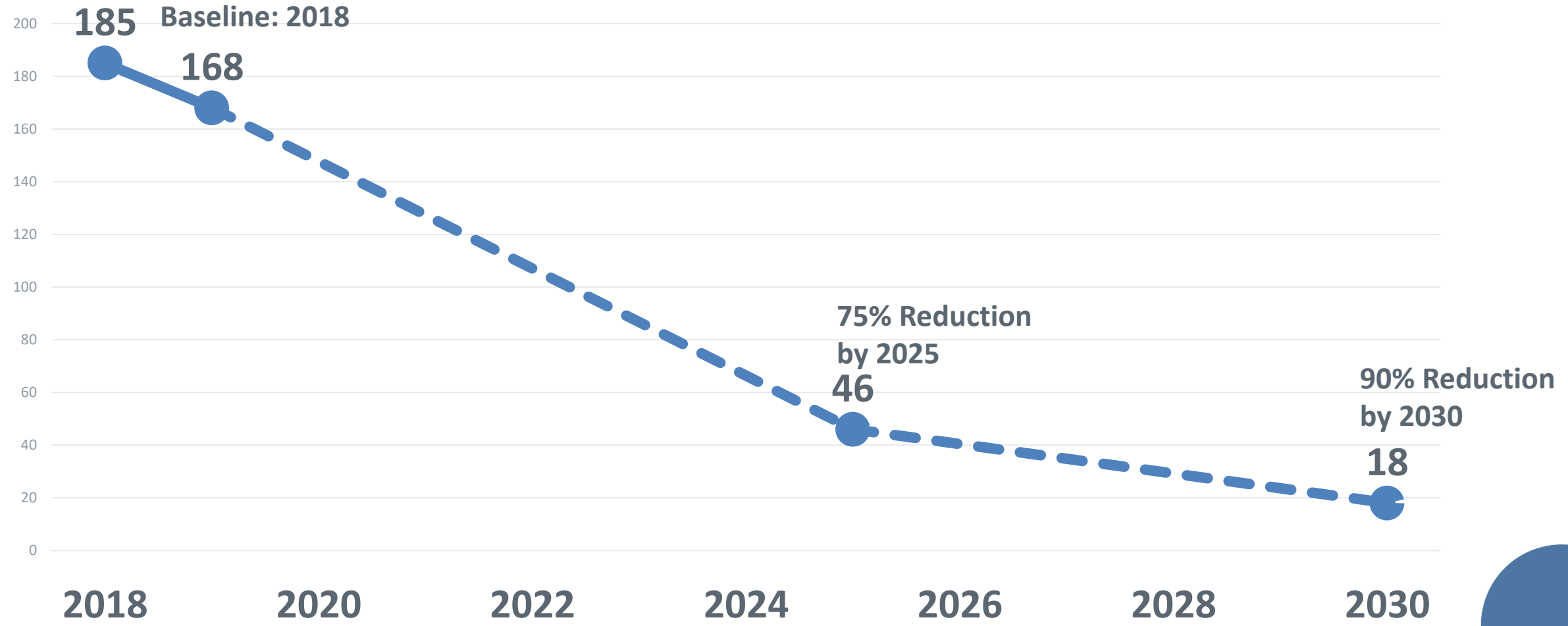


Baseline and Projected Reported New Diagnoses of HIV Infection, Hamilton County



Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Baseline and Projected Reported New Diagnoses of HIV Infection, Hamilton County



Response Overview

Team

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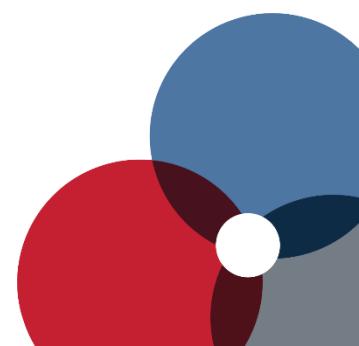


Loren Anthes, MBA

Public Policy Fellow, Center for Medicaid
Policy

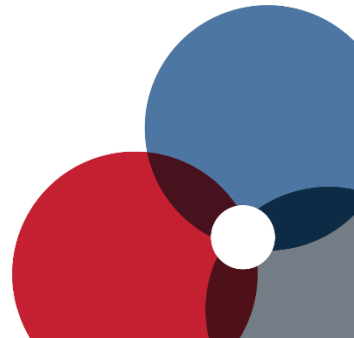
The Center for Community Solutions

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What We Will Cover

- Flow of Dollars
- Regional Response by EHE Pillar
 - Programming & Funder
 - Brief SWOT analysis
 - Capturing Your Insight
 - This is a *first step*



The Bigger Picture

Ohio Department of Health Funding Sources

CDC

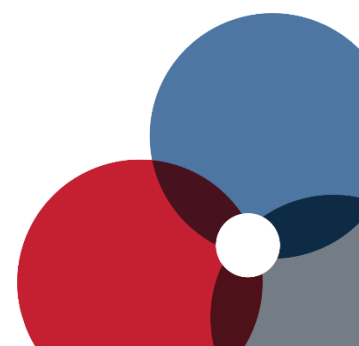
- EHE Health District Funding: \$3.2M
 - **Health Service Prevention Specialist: \$70k**
 - Epidemiology investigator: \$61k
 - **Contractor to administer testing at home program: \$300k**
- HIV Surveillance, Component A: \$870k
- HIV Prevention, Component A: \$4.8M
- STD Control Grants: \$3.1M

HRSA

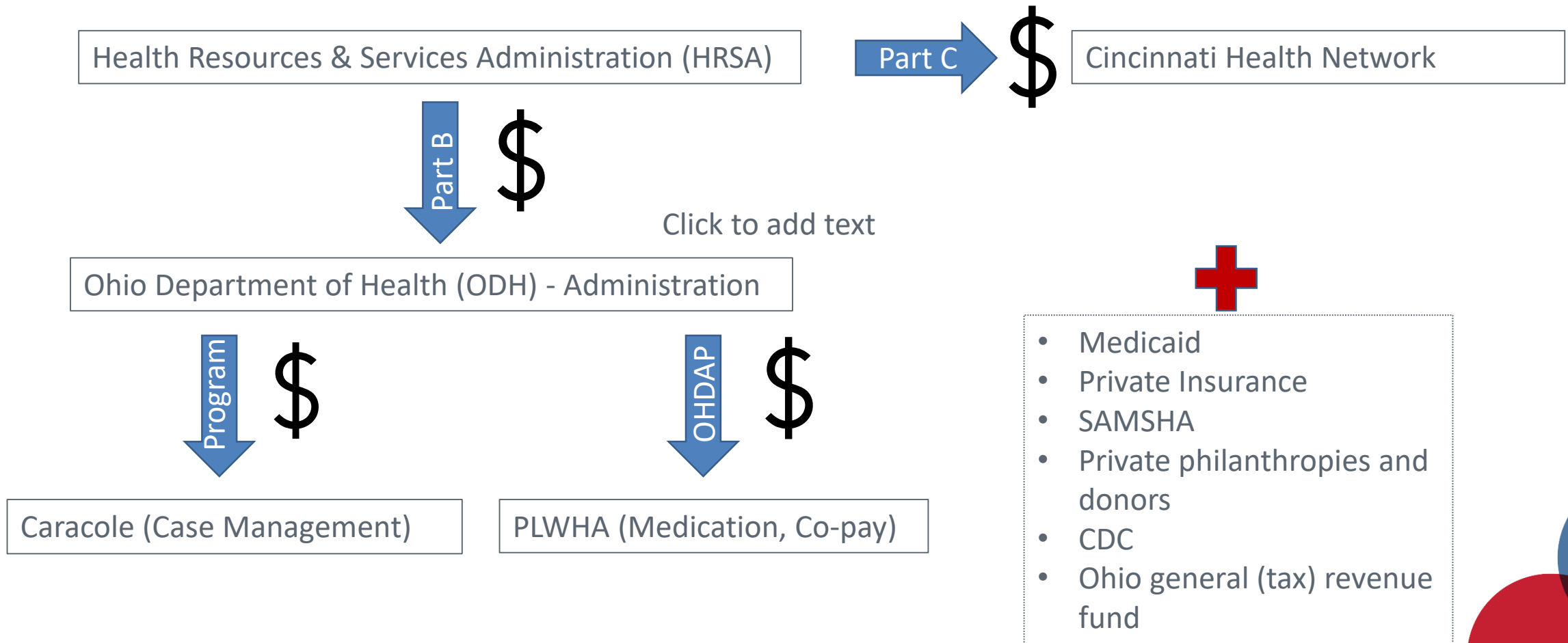
- Ryan White Part B: \$7.2M
- Emerging Communities Award: \$342k
- CARES Act Support for RW: \$641k
- ADAP: \$16.9M

Ohio GRF

- AIDS Prevention and Treatment: \$3.5M



How it Works

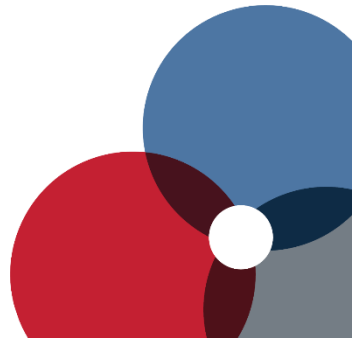


Pillar 1: Diagnose all Ohioans with HIV as early as possible after infection.

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

Activities supporting this strategy:

- Improved, more accessible, and routine HIV testing
- Immediately connecting people with HIV to care services
- Connecting those who test negative to appropriate prevention services



Diagnose

Program	Funder	Sites/Models
Routine* HIV testing – EDs	HCPH Integrated	UC EIP Others – likely, reason for the visit dictates
Routine HIV testing – CHCs, HDs, RHCs	Integrated/?	Equitas (new) HCPH CPH
Routine HIV testing – SUD programs	HCPH	Caracole
Targeted HIV testing in nonclinical settings	HCPH	Caracole (~25 sites incl SSP) UC EIP – ED and SSP HCPH <ul style="list-style-type: none"> Justice Center Clinic Partner Services
HIV testing in pharmacy settings	Walgreen/Integrated?	Related to PrEP start (Walgreens)

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

+public = Medicaid, Medicare

Diagnose

Program	Funder	Sites/Models
Self-testing	ODH Patient	OHIV.org Walgreens
Partner Services = DIS	HCPH	HCPH
Linkage to Care (see EIS)	HCPH	ARTAS Model Rapid Linkage HCPH DIS UC EIP Caracole (new positives on site) Uber Health
STI testing	ODH Title X Public+/private insurance & RW	IPP Network Planned Parenthood (also HIV) Network of providers including Equitas, Peter T Frame Clinic, HCPH

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

+public = Medicaid, Medicare



Diagnose: Strengths, Weaknesses, Opportunities, Threats

Helpful

Harmful

Internal

-Facility-based HIV testing available, including EDs

-Routine testing less/not available in community health or primary care settings

-More support needed for PWID for successful L2C

SWOT

External

-Enhanced promotion of self-testing options (OHIV.org)

-EHE funding available for CHC start up programs

-Many resources to address SDOH at capacity for those who test negative

-Criminalization laws

Diagnose: Strengths, Weaknesses, Opportunities, Threats: *YOUR TURN*

Helpful

Harmful

Internal

Providers that many trans folks see provide frequent, routine testing and linkage to care within system.
Institutional knowledge and long term collaboration.
L2C for up to 6 mos.

Transportation for new diagnosis to care/case management.
Institutional knowledge and long term collaboration.

External

Need to pilot experimental interventions for IDUs.

How risk score/testing is implemented for all populations.
Local push back on harm reduction programs due to lack of education/understanding.
Lack of political flexibility regarding issues of concern/policy approaches.
Hiring freeze, key vacancies, and limited capacity at ODH to release funding to Hamilton county is an external threat.

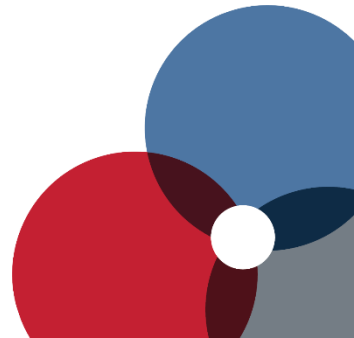
SWOT

Pillar 2: Treat people in Ohio living with HIV rapidly and effectively to reach sustained viral suppression.

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

Achieving this target requires:

- Promptly linking individuals newly diagnosed with HIV to care and treatment, including through rapid start treatment programs;
- Finding innovative and effective ways to re-engage Ohioans who are aware of their infection but not receiving HIV care and treatment; and
- Supporting those already in care who have not yet achieved viral suppression to achieve control of the virus.



Treat

Program	Funder	Sites/Models
Linkage to Care (see EIS/EIP)	HCPH <i>RWPB/EHE</i>	ARTAS Model Rapid Linkage HCPH DIS* UC EIP Caracole (new positives on site) UberHealth <i>Mobile Health Unit</i>
Rapid ART	RWPB/ Medicaid/ Private Insurance <i>RWPB/EHE</i>	(case by case) Equitas, Mercy, Christ Health, Cincinnati Children's, Tri-Health, UC <i>Mobile Health Unit</i>
Data to Care	HCPH/Integrated	HCPH NIC List (HD driven)
MCM Intensive	<i>RWPB/EHE</i>	<i>TBA</i>
MCM	RWPB	Caracole

Treat

Program	Funder	Sites/Models
Medical Transportation	RWPB HCPH Medicaid	Caracole Equitas UberHealth HCPH - Bus cards HCPH - Staff Independent provider network
Medical Transportation - Expanded	<i>RWPB/EHE</i>	<i>TBA</i>
HIV Primary Care/OAMC	RWPB/EHE RWPB/EIS RWPB Part C/EHE Funder Medicaid VA	Telehealth TBA UC Christ, Children’s , Mercy, Tri-Health, Equitas Peter T. Frame (Cincinnati Health Network - EIS) NKY – St. Elizabeth Hospital Independent provider network VA

Treat

Program	Funder	Sites/Models
HIV Primary Care/OAMC	RWPB/EHE RWPB/EIS RWPB RWPB Part C/EHE Funder Medicaid	Telehealth TBA UC Christ Equitas Peter T. Frame (Cincinnati Health Network - EIS) NKY – St. Elizabeth Hospital Independent provider network
HIV Medication Assistance	RWPB/ADAP Medicaid PAPs Mail order Pharmacy Home delivery	Via RW network & applications Provider network(s) Caracole, RW Part B providers Caracole, Equitas Equitas
Early Intervention Services (see Linkage to Care)	HCPH Part B/EHE	UC ED EIP Cincinnati Health Network – EIS PWID

Treat

Program	Funder	Sites/Models
Oral Health Care	RWPB Medicaid	Network of providers : <ul style="list-style-type: none">• Cinci Smiles• UC Dental• Cincinnati City Dental Centers• Millvale HC• Elm Street HC• Price Hill HC• Northside HC• Dr. Hewitt Cooper• Sweet Tooth Comprehensive Dentistry Independent provider network
Mental Health Services	RWPB Medicaid/private insurance	Sites? Independent provider network(s)
Low Acuity CM (Non-Medical Case Management)	RWPB	Caracole Other sites?



Treat

Program	Funder	Sites/Models
Food Bank/Home Delivered Meals		Food bank/nutrition community networks
Support groups (aka psychosocial support)	Integrated RWPB Integrated HUD/HOPWA RWPB – EIS harm reduction RWPB/EHE	Caracole – client support group Champions group Tenant education & support group Drug users empowerment Peer navigation/support Ap
Housing	HUD/HOPWA/United Way	Caracole – RWPB clients <ul style="list-style-type: none"> • site based (19) • scattered site permanent supportive housing
VLS for HIV – High Acuity CM		Caracole (AA with mental health co)
TransHealth	Integrated	Equitas UC



Treat: Strengths, Weaknesses, Opportunities, Threats

Helpful

Harmful

Internal

- Existing 'not in care' reengagement program
- Multiple case management models to serve different populations of PLWHA
- EIS and L2C programs

- Rapid linkage definition is not consistent
- Rapid ART availability/implementation in progress

SWOT

External

- Integration of mental health/SUD treatment
- U=U movement

- Limited housing resources
- Ongoing crisis among PWID

Treat: Strengths, Weaknesses, Opportunities, Threats: *YOUR TURN*

Helpful

Harmful

Internal

Peer navigator program in the ED

IDUs increase/prevalence

SWOT

External

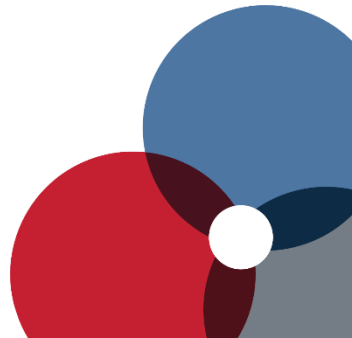
Want to peer program to PLWHA

IDUs increase/prevalence

Pillar 3: Prevent new HIV transmissions in Ohio by using proven interventions, including (PrEP) and syringe services programs (SSPs).

HIV Continuum Cross Walk: HIV Negative & At Risk

Scale-up needed and proven prevention interventions and strategies.

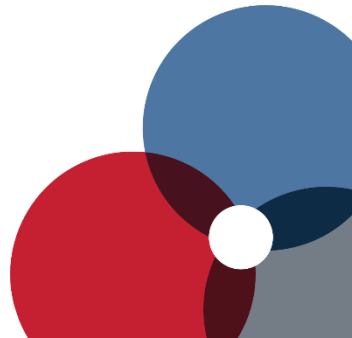


Prevent

Program	Funder	Sites/Models
PEP	Integrated/AG	UC ED Equitas
PrEP (Prescribing/Follow Up)	Integrated/Medicaid/ Private Insurance HRSA/EHE Integrated/Medicaid/ Private Insurance	(OHIV.org network) Equitas Peter T. Frame Clinic UC, Cincinnati Children's, Tri-Health, St. Elizabeth's Mercy, Christ Hospital, Planned Parenthood, Walgreens
TelePrEP	Integrated/Medicaid/ Private Insurance	Equitas PlushCare (Above network of providers due to Covid)
PrEP Navigation	ODH	Caracole (EIR) OHIV.org
PrEP Assistance	ODH	PAPI OHIV.org

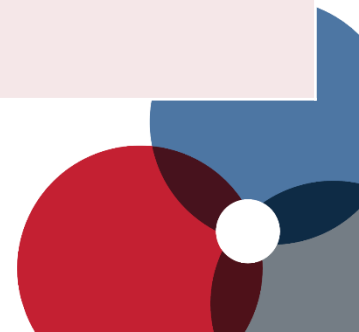
Prevent

Program	Funder	Sites/Models
SSP	HCPH (private funders) RWPB	Caracole & HCPH (on site) 5 mobile sites in county Caracole harm reduction EIS
Condom distribution	HCPH ODH	Extensive list of external partner sites Caracole Equitas OHIV.org mailing
Evidence Based Interventions (EBIs)	RWPB Semi-integrated	Caracole <ul style="list-style-type: none">• MI with VLS• TIC



Prevent

Program	Funder	Sites/Models
Social marketing/campaigns/info distribution	HCPH Caracole Gilead ODH	Caracole - Ed <ul style="list-style-type: none">• 1:1 and group 3 campaigns to drive at risk populations to be tested <ul style="list-style-type: none">• IDU• MSM• AA (syph) Geofence* HIV testing & PrEP PrEP PrEP
Prevention case management/addressing SDOH	ODH	2019 model of care for community based testers (CTR)



Prevent: Strengths, Weaknesses, Opportunities, Threats

Helpful

Harmful

Internal

- PrEP navigators
- Outreach to PWID and multiple SSP sites

- Reaching most impacted populations with these prevention resources
- PEP may be underutilized

SWOT

External

- Robust Ohio PAPI system for PrEP access
- Community support (mostly) for SSPs
- Promotion of resources

- Ohio law requires 1:1 v. need-based syringe distribution
- PrEP use isn't easily tracked (data..?)

Prevent: Strengths, Weaknesses, Opportunities, Threats: *YOUR TURN*

Helpful

Harmful

Internal

PEP isn't always being correctly prescribed or dispensed.
Access to PEP has historically been a challenge (but progress is being made).
Cost of PEP and PrEP

SWOT

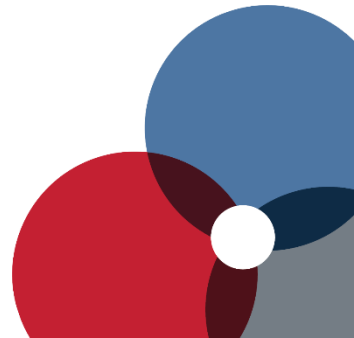
External

The focus has shifted to IDUs due to opioid use disorder crisis and we need to sure that Af Am/POC MSM are receiving appropriate services.
Structural racism.
Gilead is the only PrEP manufacturer, creates barriers.
Sensationalized class action lawsuits around the use of TDF in Truvada leading to client concerns around use of PrEP

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

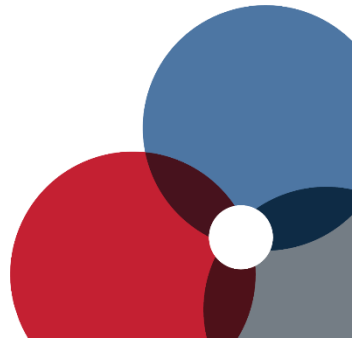
Achieving this target requires:

- Using data to identify where HIV is spreading most rapidly and guide decision-making to address prevention, care, and treatment needs
- Supporting jurisdictions to establish local teams committed to the success of the EHE plan who will work with the community to design & develop tailored plans to expand HIV prevention and treatment services
- Increasing investments in geographic hotspots



Respond

Program	Funder	Sites/Models
Planning	ODH/CDC	HCPH <ul style="list-style-type: none">• Surveillance• DIS• Molecular surveillance• Frontline staff
Training	ODH	HCPH <ul style="list-style-type: none">• among staff
Collaboration (ODH)	ODH	HCPH



Respond: Strengths, Weaknesses, Opportunities, Threats

Helpful

Harmful

Internal

- Identified public health team and process for response
- EHE Advisory Committee could seque to or recommend implementation team

- Transparency in process for data use/community vetting needed

SWOT

External

- Use of molecular surveillance is new and can be adapted to Ohio's needs and community input

- SW Ohio is a current hotspot for outbreaks among PWID; additional funding is likely needed to meet the need

Respond: Strengths, Weaknesses, Opportunities, Threats: *YOUR TURN*

Helpful

Harmful

Internal

Geography (bordering states and the jurisdictional impact).

SWOT

External

Opportunity- Caracole receives Emerging Community funding that can be used in designated counties in Indiana and Kentucky. These are the only dollars from HRSA that can be utilized outside of Ohio. Caracole has done an awesome job building partnerships in KY. Needs for using these dollars are assessed annually.

Regulatory difference between bordering states.

Building better relationships with neighboring districts.

Where to Send Feedback

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