



The time is now.

Ending
the
HIV
Epidemic

Strategy Design Process

Proposed Approach

- ❖ *CCS prepares starting points, Advisory Committee modifies*
- ❖ *Conducted through one hour virtual work sessions or by email*
- ❖ *Meet weekly in October*
- ❖ *Vet proposed strategies with community stakeholders early November*
- ❖ *Finalize strategies mid-November*

Identify Current Issues

- CCS staff will review notes from all community stakeholder inputs
 - Community stakeholder meeting, focus groups, interviews, surveys, AC meetings, listening sessions
- CCS will prepare a list of issues organized by pillar and cross cutting themes
- AC MEETING – First Week in October
 - AC considers issues prepared by CCS staff by pillar
 - AC has opportunity to approve, modify, reject or add new issues

End Result - Comprehensive list of issues to be addressed by EHE Plan

What was missing when you were first diagnosed that IS available now?

- Access to medication
- The right medication
- Mental health portion of treatment, those diagnosed today are offered that opportunity
- I wouldn't have panicked as much if mental health counseling had been available

What would make us more comfortable sharing our status?

Public awareness

- More information for the general public
- More info about U=U
- Lack of information increases stigma, makes people scared of HIV

How have nondisclosure criminalization laws impacted your life?

Negatively, I was sent to penitentiary

- People didn't know criminalization was out there
- It keeps people from getting tested
- Prevents people from staying in care – have to hide your pills even within your house
- People are in abusive relationships can cannot see a way out because if they leave – the person may claim they didn't share their status and could be liable
- Law is interpreted by the judge, they don't always understand the transmission - the law is unclear
- Didn't want to be in any relationship because I didn't want to go to jail
- Criminalization law does not help me stay healthy

What works to keep you in care, what prevents you from being in care?

- Education helps me stay healthy – the more I learn about it, the more likely I am going to enter and stay in care because it keeps me healthy

Any programs that empower us and help us take charge of our lives? Peer led models?

- Miami Valley positives for positives – started by consumers who did not want to wait on the
- Healing Circles – oldest HIV/AIDS support group in State
- Local LGBT Center – Online support group (Cinci)
- Akron has a support group
- Cincinnati has a women's support group
- Safe for Change – to elevate and put to the forefront the people living with HIV, giving them the platform

As someone who is Black/Brown – what is different about accessing services? What are the challenges?

- White people have money and health insurance
- With systemic racism, you start 10 steps behind – walking into spaces you don't feel comfortable
- Some people don't know how to advocate for themselves or have someone who can guide them
- White privilege prevalent in all spaces, including HIV/AIDS space
- We have other issues that can keep us from accessing or staying in care
 - Mental health
 - Substance abuse

Treat

- Access to medication
- The right medication
- Mental health portion of treatment, those diagnosed today are offered that opportunity
- Criminalization law does not help me stay healthy
- White people have money and health insurance
- Education helps me stay healthy – the more I learn about it, the more likely I am going to enter and stay in care because it keeps me healthy

Diagnose

- It keeps people from getting tested

Prevent

- More information for the general public
- More info about U=U

Respond

Develop Strategies – Part 1

- CCS staff will categorize identified issues using situational analysis and CDBH EHE funded programs
 - program/service exists to meet need
 - program/service exists, does not fully meet need
 - program/service does not exist, has existed in past
 - Program/services does not exist, has never existed here
 - Issues cannot be addressed by program/service
 - Other
- AC MEETING – Second Week in October
 - AC reviews categorized issues
 - AC identifies whether programs/services that can address an issue need to be maintained, expanded, created, piloted, re-started

End Result - List of actions that need to be taken to meet the goals of EHE

Treat

- Access to medication – Programs Exists, does not fully meet need
- The right medication

Diagnose

- It (criminalization) keeps people from getting tested – Issue cannot be met by program or service

Prevent

- More information for the general public
- More info about U=U – Program has existed in the past, does not exist now

Respond

Treat

- Access to medication – Programs Exist, does not fully meet need
 - ACTION – Expand current program
- The right medication

Diagnose

- It (criminalization) keeps people from getting tested – Issue cannot be met by program or service
 - ACTION – Advocacy at the state level

Prevent

- More information for the general public
- More info about U=U – Program has existed in the past, does not exist now
 - ACTION – Bring back old program that worked in past

Respond

Develop Strategies – Part 2

- CCS staff will use the list of actions to develop cohesive strategies
 - When possible, strategies will incorporate multiple issues/actions
- AC MEETING – Third Week in October
 - Strategies presented to AC for discussion
 - AC opportunity to accept, modify, reject or add new strategies

End Result - Narrowed list of Strategies

Treat

- **Access to medication** – Programs Exist, does not fully meet need
 - ACTION – Expand current program
 - STRATEGY: Expand Medication Access Program to serve an additional 50 clients
- **The right medication**

Diagnose

- **It (criminalization) keeps people from getting tested** – Issue cannot be met by program or service
 - ACTION – Advocacy at the state level
 - STRATEGY – Develop coalition to advocate for change in state law

Prevent

- **More information for the general public**
- **More info about U=U** – Program has existed in the past, does not exist now
 - ACTION – Bring back old program that worked in past
 - STRATEGY- Update past materials to renew U=U campaign

Respond

Implementation Path

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- CCS staff will develop steps to implement each strategy and identify potential lead agencies for each strategy
- AC MEETING – Fourth Week in October
 - Presentation of implementation steps and potential lead agencies
 - AC opportunity to accept, modify, reject or add new steps and partners

End Result - Strategies with implementation paths and partners

Treat

- The right medication
- Access to medication – Programs Exists, does not fully meet need
 - ACTION – Expand current program
 - STRATEGY- Expand Medication Access Program to serve an additional 50 clients
 - PATH- Obtain Funding, Distribute to organizations, Enroll clients

Diagnose

- It (criminalization) keeps people from getting tested – Issue cannot be met by program or service
 - ACTION – Advocacy at the state level
 - STRATEGY – Develop coalition to advocate for change in state law

Prevent

- More information for the general public
- More info about U=U – Program has existed in the past, does not exist now
 - ACTION – Bring back old program that worked in past
 - STRATEGY- Update past materials to renew U=U campaign

Respond

Public Vetting

- Draft Strategies will be posted to EHE Cuyahoga webpage
 - Feedback from will be included
- Community Stakeholder Review Event – First week in November
 - Virtual event
 - Invite all those who have participated in process
 - Invite general public
 - Review strategies
 - Breakout groups to gather feedback

End Result - Suggestions from stakeholders on strategies

Finalize Strategies

- CCS will use feedback from community stakeholder event to propose changes to strategies
- AC MEETING – 2nd Week in November
- AC will have opportunity to accept, modify or reject proposed changes to strategies
- AC will approve final strategies







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Report

CCS completes draft end of November
Submitted to ODH early December
ODH Reviews and submits plan to CDC

OCTOBER 2020

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7 Identify Issues 	8	9	10
11	12 Columbus Day	13	14 Develop Strategies 	15	16	17
18	19	20	21 Develop Strategies 	22	23	24
25	26	27	28 Implementation Path 	29	30	31 Halloween

NOVEMBER 2020

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4 Public Vetting 	5	6	7
8	9	10	11 Finalize Strategies 	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 Final Report					

Holidays and Observances: 3: Election Day, 11: Veterans Day, 26: Thanksgiving Day, 27: Black Friday