



The time is now.

Ending
the
HIV
Epidemic

October 19th Agenda

“One Word” Video Update

Date for Stakeholder Events – Promotion

Brainstorm Strategies in Diagnose & Treat Pillar

Next Meeting: Refine Strategies

We're going to use Padlet!

The screenshot shows a Padlet board interface with a dark red background. At the top left, the word "padlet" is visible. In the top right corner, there are icons for a heart, "REMAKE", "SHARE", a gear, and a user profile icon. Below the top bar, the board is titled "ecampbell87" with a timestamp of "1m". The main title of the board is "PREVENT Cuyahoga Ending the Epidemic".

The board is organized into four columns, each with a white header box and a circular plus sign below it:

- MAINTAIN**: Header box with three vertical dots on the right, plus sign below.
- EXPAND/ RESTART**: Header box with three vertical dots on the right, plus sign below.
- CREATE/PILOT**: Header box with three vertical dots on the right, plus sign below.
- OTHER/ NOT SURE**: Header box with three vertical dots on the right, plus sign below.

To the right of the columns is a grey button labeled "ADD COLUMN".

In the "OTHER/ NOT SURE" column, there is a note titled "Education" with a dark grey header box containing edit, delete, and more options icons. The note text reads: "Education should be an overarching strategy. It's relevant to all of the pillars." Below the text are icons for a thumbs up (0) and a speech bubble (0), and a "Add comment" button with a user icon.

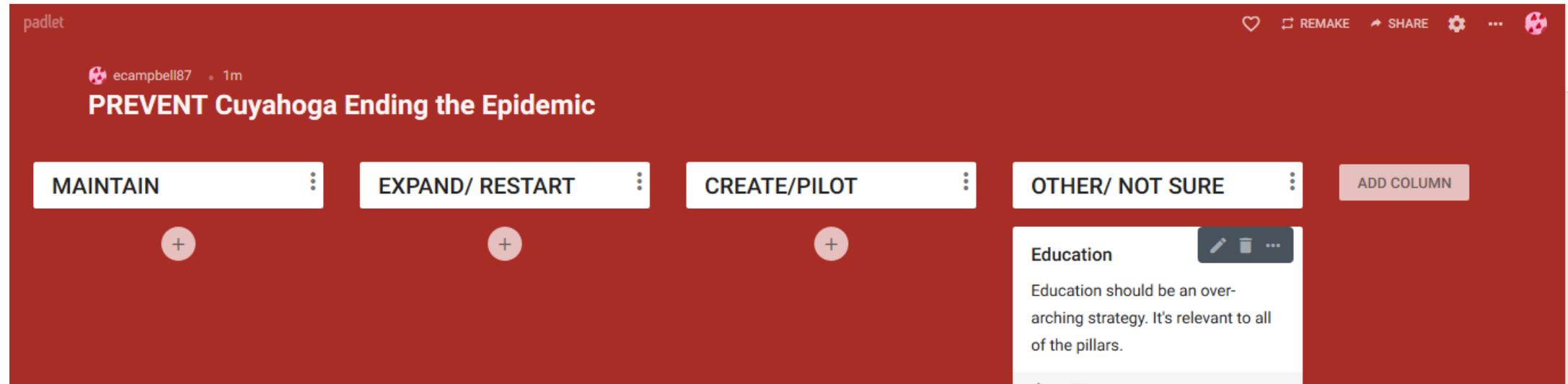
At the bottom center of the board, there is a large circular plus sign.

We're going to use Padlet!

- <https://padlet.com/ecampbell87/EHEDiagnoseCuyahoga>
- PASSWORD: EHECuyahoga (case sensitive)

- Virtual sticky-note board
- Click **+** to add a new topic
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FOCUS ON STRATEGIES



- **MAINTAIN** (exists, is working well, few changes needed)
- **EXPAND/ RESTART** (either exists now or did in the past, should be brought back or brought to scale)
- **CREATE/ PILOT** (brining something new to this community, from elsewhere or developed)

Diagnose



Issue	Explanation	Existing Response
People do not get tested because it is not a priority in their lives.	Survival needs, drugs, or alcohol, are more important in the moment than getting tested	Routine HIV Testing in ED and in Community, Partner Testing, EMR Alerts coming for EDs
HIV is not integrated into primary care.	Primary care doctors and other medical providers do not discuss HIV with patients and do not offer HIV testing	Some, not universal. Existing at some FQHCs and MetroHealth. Expanded PrEP/testing programs coming at Signature, Circle Health and Care Alliance (EHE).
People avoid being diagnosed because of laws that criminalize HIV.	People do not want to know if they are HIV positive because they fear being prosecuted if their status is known and they transmit to another person NOTE: Proper education, sharing more information about U=U could help decrease some angst. Agencies that CAN advocate, should work on it, but government funds cannot go toward direct advocacy. Our chance to say HIV is public health and the law is bad public	OHMM exists as an advocacy movement to change laws at the state level. Very limited U=U education/social marketing currently; CCHB/EHE campaign being

Diagnose



Issue

Explanation

Existing Reponse

People avoid testing because they fear being living with HIV.

Fears of dying, being sick, not being able to afford treatment, being discriminated against, losing relationships, losing employment all play into decisions to test or not. May be differences by age group on this issue.

No specific programs to address fear of testing.

People get diagnosed when life circumstances lead to testing.

Among PLWHA interviewed, many were tested because they got sick, had bloodwork done for other reasons, were incarcerated or were pregnant. We want people to be diagnosed before they are sick. There is a mental health component to receiving a diagnose when unexpectedly

The problem is late testing; related to and resulting from testing not being a priority/fear/others above. Partner services/DIS plays an important role here as well as routine (reaching people when they do seek care) and more effective outreach testing should catch more cases among individuals who have been exposed earlier.

Diagnose



Issue	Explanation	Existing Response
<p>Stigma plays a role in whether or not someone is willing to open themselves up to diagnosis.</p>	<p>People who have known exposure fear being judged by others if they test positive. They may not be ready or know how to have conversations about being HIV positive.</p>	<p>Family and peer support programs or awareness of 'bring a mom' to testing, are not widespread to aid in diagnosis and follow up.</p>
<p>Representation matters when diagnosing HIV.</p>	<p>Some Black people, immigrants, transgender and nonbinary, Hispanic, Asian and Native people and all others who do not seem themselves reflected in service providers experience feelings of discomfort. Many would like to see more people “who look and are like us” in HIV serving professions. It is noted that there is a difference between community institutions and medical institutions. Community testing networks are more diverse. A lot of positives come from medical institutions.</p>	<p>Not in the hospital systems. Related to mistrust of system, above, as well as recruitment/retention of diverse staff.</p>
<p>Immediate mental health supports are needed at time of diagnosis.</p>	<p>Many PLWHA reported becoming withdrawn after diagnosis and not knowing how to find support. Stakeholders indicate that some avoid testing because they do not have support systems in place to help them cope with finding out they are</p>	<p>Very limited education/social marketing. Family and</p>

Diagnose



Issue	Explanation	Existing Programs
Diagnosis are missed because people do not have access to more convenient testing.	At-home testing kits are not widely available, testing does not “go to the people”, testing sites are not convenient. Some exist, but need to target resources to greatest need.	Self testing is available via OHIV.org. There is no off-hours outreach (street based) testing. (See above, ED EMR alerts via CCBH/EHE coming.)
People avoid being diagnosed because they do not trust medical providers.	People have had negative experiences with medical providers in the past and do not trust the system to protect their confidentiality and to provide high quality treatment. Medical mistrust is particularly prevalent in the Black community and in LGBTQ community. Stigma plays a role in mistrust.	Equitas Institute and AETC: more provider training on conversations about sexual health and appropriate follow up in appointments.
Peer support and peer led models create positive environments for testing	Knowing others who have been tested or who are positive reduces fear and helps increase comfort level with potential for being diagnosed with HIV. Lifting positive voices shows that you can live and thrive with HIV. Shared experiences, overcoming stigma.	Exists and is working.

Diagnose



Issue	Explanation	Existing Programs
Smooth coordination between systems and organizations.	Health departments, medical providers, ASOs. Work should be done on the back end and not burdensome to the client. Relates to the whole care continuum.	No. Need specific coordination asks relating to testing/diagnosis systems. What needs to be better coordinated?
Being able to share data across systems and providers – testing, PREP data.		Some. Need specific data needs outlined to be addressed. Regarding care, Data to Care (CCBH/EHE) enhancements coming in 2021.

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Issue	Explanation	Existing Response
Lack of consistent access to medication is a barrier to treatment.	Housing instability , incarceration, no phone, lack of insurance or lack of knowledge of programs for no cos medication can prevent people for getting the medication needed.	Address as overarching issues, not just treatment
Trusting providers is an important aspect of treatment adherence.	Many PLWHA reported having high levels of trust with their providers and identified trusting their doctor as an important factor in maintaining treatment.	No response needed
Being socially isolated can lead to neglecting treatment.	Lack of social support, being alone, feeling alone and avoiding other people and places due to COVID can make treatment feel unimportant.	Support groups exist; are all clients connected to a support as a standard?
Emotional barrier prevents newly diagnosed folks from entering treatment.	Newly diagnosed PLWH feel overwhelmed and may not be ready to deal with having HIV. The diagnosis “becomes real” once treatment begins. Many have untreated trauma and this adds to it, “if I ignore it, maybe it will just go away”	Mental health services are integrated into many clinical protocols for HIV treatment now.
Stigma and fear of others knowing prevents people from entering treatment.	Who will know? There is a concern that if treatment is started, medical privacy will not be possible	Engagement in care social marketing campaigns planned for 2021 (CCBH/EHE).



Issue	Explanation	Existing Response
Transgender and nonbinary people have struggled to find providers who understand and accept them.	“It has been difficult for me to find a provider because I’m trans and I feel like they don’t get me, then don’t want to address my needs only their vision”	There are pride clinics throughout the systems
Addiction results in the drug of choice being a priority over treatment for HIV.	“injection drug users are really hard to get into treatment because of where they are in that moment. Their outlook in their own lives is not very good... likely homeless, active user... treating HIV is not a priority”	Intensive medical case management is coming for clients/patients with extensive support needs.
Education about HIV helps people stay healthy.	Learning about and understanding how treatment works increase the comfort level with treatment. Related strategies are also needed in prevent/diagnose	Note re: Rapid ART - counseling happens over time.
Linkage to care increases the likelihood that people will enter treatment.	Medical and social support systems are difficult to navigate particularly when shocked and overwhelmed by diagnosis. Having people “who are like us” in this role is valued.	L2C programs are in place. Pilot community health worker and peer navigator hybrid programs being planned (CCBH/EHE). Enhanced transportation programs coming too (CCBH/EHE).
Being under 18 can bring additional challenges to accessing treatment.	Youth focus group participants could not always find a doctor willing to treat them if under 18 without parental consent, underage youth may fear telling parents.	There are youth specific support programs (e.g., Positive Peers).