



The time is now.

Ending
the
HIV
Epidemic

October 5th Agenda

Communications Subcommittee Update

Select Date/Format for Stakeholder Events

Review Identified Issues



The time is now.



Ending
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One Word

What **one word** comes to mind when you hear the phrase
“ending the HIV Epidemic?”

Record yourself saying that **one word** and send to
emuttilo@communitysolutions.com by October 9, 2020

You can send a video clip of yourself, an audio clip (with no
image) or a video clip of your voice and any image that
represents your **one word**.

Tips for a good video:

- Record in a quiet space
- Light source should be in front of you
- Center yourself in the frame
- Turn your phone sideways (horizontal) to record.

Video clips will be combined into a montage to be used for Cuyahoga County Ending the HIV Plan

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

Sources of Input

Source	Date	Population
Community Stakeholder Event	7/9/2020	General Population
Black and Brown Focus Group	8/3/2020	Black and Brown people living with HIV
Transgender/Nonbinary Focus Group	8/5/2020	Transgender and Nonbinary people
HIV/AIDS Workforce Focus Group	8/13/2020	People who work with HIV population
Youth ATF Focus Group	9/16/2020	Youth Living with HIV/AIDS
Bar Survey	September	Bar Owners and Staff
Individual Interviews	September	
Housing Unstable		7
PLWHA		6
Stigma		1
Harm Reduction		3

Bar Survey Results (Diagnosis)

n=20

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HIV Testing

Answer Choices	Responses
I do not know anything about HIV testing	10%
I am aware of places to get an HIV test and would share with a patron if asked	45%
In the past, the bar I work at has had promotional materials related to HIV testing	10%
The bar I work at currently has promotional materials related to HIV testing	25%
The bar I work at has never had HIV testing promotional materials, but we would be open to having them	10%
The bar I work at has no interest in HIV testing promotional materials	0%

Diagnose



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
People do not get tested because it is not a priority in their lives.	Survival needs, drugs, or alcohol, are more important than getting tested	Yes	Yes
HIV is not integrated into primary care.	Primary care doctors do not discuss HIV with patients and do not offer HIV testing NOTE: not just limited to primary care, but care in all areas.	Yes	Yes
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 health.	Yes	Maybe/Yes
Diagnosis are missed because people do not have access to testing.	At-home testing kits are not widely available, testing does not “go to the people”, testing sites are not convenient NOTE: some exists, but we need more of it. Not necessarily that it isn’t out there at all. Concerted effort to target resources to greatest need.	Yes	Yes

Diagnose



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
People avoid testing because they fear 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. NOTE: ties back to stigma and language being used, people are afraid. Shame. Differences between age group.	Yes	Yes
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. NOTE: we want people to be diagnosed before they are sick. There's a mental health component and not necessarily in a space to receive the information. Good that it's happening, but ideal would be a different space & time and earlier.	Yes	Yes
Immediate mental health supports are needed at time of diagnosis.	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 positive. NOTE: important to be per a client's direction and not forced upon them.	Yes	Yes

Diagnose



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
Stigma plays a role in whether or not someone is willing to open themselves up to diagnosis.	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.	Yes	Yes
Representation matters when diagnosing HIV.	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. NOTE: difference between medical institutions and community institutions. There is a diverse network of people doing testing, but not within medical institutions. A lot of our positives come from medical institutions.	Yes	Yes
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.		
Being able to share data across			

Diagnose



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
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 cost medication can prevent people from getting the medication needed. NOTE: some of these things are larger societal problems. Housing should perhaps be lifted up as a separate issue.	Yes	Yes
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.	Yes	Yes
Being socially isolated can lead to neglecting treatment.	Lack of social support, being alone, feeling alone. COVID has only make it worse. NOTE: we have support groups, but issue that not everyone can get to them. Maximize and be more flexible. Use virtual tools to help meet clients needs	Yes	Yes
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”	Yes	Yes



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
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” NOTE: relates to above issues. OVERALL: find language that accurately describes what we mean and use it throughout and consistently.	Yes	Yes
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” NOTE: Harm reduction	Yes	Yes
Education about HIV helps people stay healthy.	Learning about and understanding how treatment works post-diagnosis increase the comfort level with treatment. NOTE: here it’s post diagnose, this could work also in the prevent/diagnose pilar.	Yes	Yes
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.	Yes	Yes
Being under 18 can bring	Youth focus group participants could not always find a	Yes	Maybe



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
Rapid ART	People are missed in starting treatment right away. Best for long-term health, but also good for connecting to care. Mental health issues, housing, addiction		
Lots more to add based on what is already in the community			

Bar Survey Results (Prevention)

n=20

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PrEP

Answer Choices	Responses
I have never heard of PrEP	20%
I have heard of PrEP but I don't really know what it is.	5%
In the past, the bar I work at has had promotional materials related to PrEP (coasters, posters, postcards, etc)	25%
The bar I work at currently has promotional materials related to PrEP	35%
The bar I work at has never had PrEP promotional materials, but we would be open to having them	10%
The bar I work at has no interest in PrEP promotional materials	5%

U=U

Answer Choices	Responses
I have never heard of U=U	30%
I have heard of U=U but I don't really know what it is.	0%
In the past, the bar I work at has had promotional materials related to U=U (coasters, posters, postcards, etc)	20%
The bar I work at currently has promotional materials related to U=U	15%
The bar I work at has never had U=U promotional materials, but we would be open to having them	30%
The bar I work at has no interest in U=U promotional materials	5%

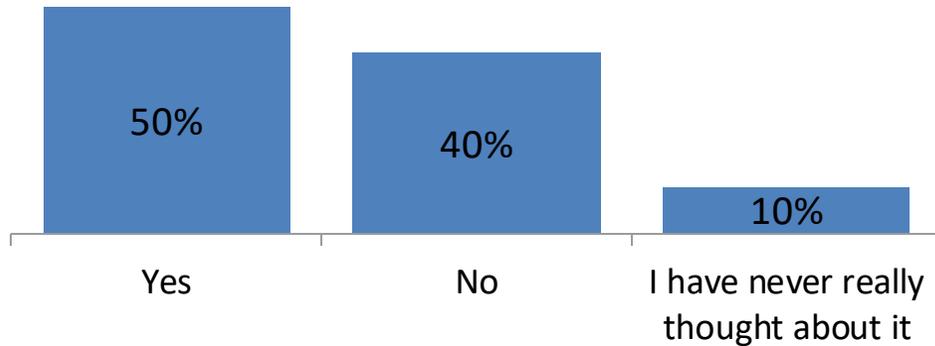
Condoms

Answer Choices	Responses
The bar I work at does not have condoms available	35%
The bar I work at has condoms available for free	50%
The bar I work at has condoms available for purchase	5%
If the bar I work at were provided condoms for free, we would be willing to distribute them for free	10%

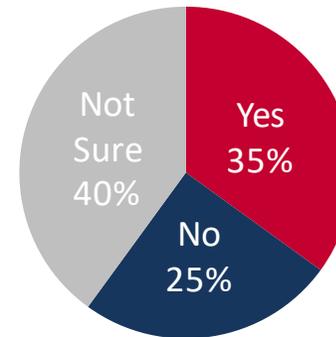
Bar Survey Results

n=20

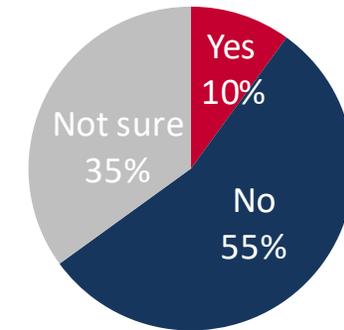
Based on your experience working at a bar, are you **concerned** about your patrons **contracting HIV**?



Based on your experience, do you find patrons of your bar to be **open about their HIV status**?



Based on your observations, are patrons at your bar **treated differently** by other patrons if they **disclose their HIV status**?



Successful Marketing Campaigns

- HIV Equal
- HIV Stigma Campaign in 2010
- PERP (?) at Westside Center
- CCF LGBT Table at Pride

Things to note

- Stigma still here, but not as bad as it was ten years ago
- The need for free condoms and information at the bar is extremely important
- A lot of patrons are open minded and like to learn
- A lot of people will not disclose their status for fear of rejection
- Giving out condoms is a big help

Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
Condoms work.	Nearly all of the PLWHA interviewed identified condoms as in important prevention tool. Most bars gladly distribute free condoms when made available to them.		
Harm reduction is an important prevention tool.	Safe injection sites and syringe service programs have reduced risk of transmission among drug users and provide access to testing where people already visit.		
Schools in Ohio should be offering comprehensive sex education that includes HIV awareness.	Many are concerned about the lack of education youth receive around HIV/AIDS and sexual health in general. Young people are often not aware of how HIV is transmitted.		
Marketing Campaigns that bring awareness to HIV are important.	People would like to see the public more generally aware of HIV/AIDS. In recent years, public interest and concern about HIV has taken a back seat to other health issues. Billboards and social media were mentioned often.		
Messaging is most effective when tailored to the audience.	Messaging created by members of the group being targeted is more likely to effectively reach that group. LGBTQIA, Black, MSM, Women, Youth populations vary in what will resonate with them.		

Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
The concept of U=U is not well known enough in the community.	Many people felt having more community awareness about U=U would enhance prevention efforts and acceptance of PLWHA		
There is a need to communicate the seriousness of the disease without using fear tactics.	Younger generations do not view HIV as life altering disease. They have seen people live with HIV for years and manage with it through medication. As a result they are less concerned about preventing HIV.		
PrEP is an effective prevention tool.	PrEP is more well known than U=U, thanks in part to mainstream commercials. Providers are generally prepared to talk about PrEP with patients and address concerns – depends a lot on the provider. Engage primary care more in PrEP		
Normalizing conversations about safe and healthy sex is valuable to prevention efforts.	Youth especially expressed a need to be able to talk to peers about sexual practices, sober sex, consent and HIV. Conversation leads to a comfort level that can influence behavior. LGBTQ youth is missing in education		
PEP	Not well known in the community, don't know how to access it and what resources are available. For sexual		

Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
What are considered effective interventions?	<p>CDC process isn't prioritizing sexual health outside of biomedical interventions. Primary HIV prevention outside of biomedical. Losing approaches that have worked in the past in favor of new biomedical responses?</p> <p>Intersectionality is often missed – do both/and. Afraid of abstinence only, and we should call it out in our plan!</p>		
EDUCATION	Both in general AND a focus on LGBTQ		
Rearrange our pillars – prevent, then diagnose, then treat.			

Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
Collaboration between ODH and County Board of Health is essential to adequately address outbreaks.	ODH and Cuyahoga County Board of Health need to work collaboratively to develop a plan for a potential outbreak of HIV to get targeted treatment and prevention services to the community quickly.		
Leadership is important during an outbreak.	Identifying and fostering leadership within the community and within health serving organizations allows for quick response during crisis.		
Strengthen connections between peer based models and providers.	Peer based models and providers who work together closely and have existing working relationships can mobilize quickly to address outbreaks.		
Whole person care is needed in HIV/AIDS care.	Providing care to all areas of PLWHA instead of just medical care can prevent outbreaks.		

Overarching



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
Representation Matters	A consistent theme identified that touches all pillars is to include PLWHA in all aspects of the work. Representation of race, gender, sexual orientation, ethnicity and other characteristics is important.		
Systemic Racism impacts all aspects of HIV/AIDS	Systemic racism is present throughout the medical system including in HIV/AIDS care. Racism creates health disparities for BIPOC people.		
Stable Housing is important	Stable housing allows people to care about being diagnosed, stabilizes treatment and can aid in prevention. Without stable housing, obtaining and managing the medication to reach undetectable status is incredibly difficult.		
Intimate Partner Violence impacts PLWHA	PLWHA have additional barriers to leaving an abusive situation. They fear their status being outed, fear criminalization laws, fear violence within a shelter system. These fears are in addition to the dynamics at play in relationships with intimate partner violence		

Overarching



Issue	Explanation	Is this actually an issue? Y/N	Is it an issue that can be addressed by EHE plan? Y/N/Maybe
Instability of workforce	Professionals working the HIV/AIDS field have stressful jobs and are often not paid enough to stay in these positions long term. Passion does not pay the bills. PLWHA doing peer led work are often expected to do so without compensation.		
Stigma	Internalized and anticipated stigma exist in each pillar. "Stigma is both pernicious and persistent." Building relationships and developing trust moves people through stigma into diagnosis, treatment and prevention efforts.		
Criminalization laws	Criminalization laws touch each pillar resulting in fear and an unwillingness to know their status and share their status.		
GENERAL SEXUAL HEALTH EDUCATION			