

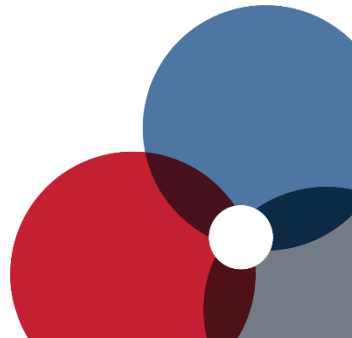
# Each innovative idea was ranked – by you!

- “Please indicate whether you think the strategy should be LOW, MEDIUM, or HIGH priority based on IMPACT, FEASIBILITY, and TIMING for each one.”
- Sorted by weighted average score
- In this slide deck:
  - **HIGH** = More than half respondents said it was a high priority
  - **LOW** = At least 1/3 of respondents said it was a low priority
  - **MEDIUM** = Fell in the middle



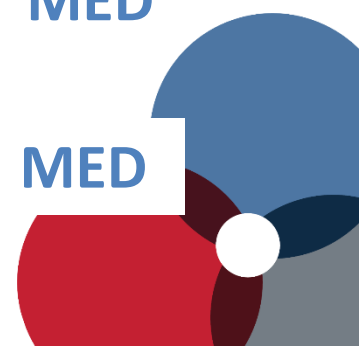
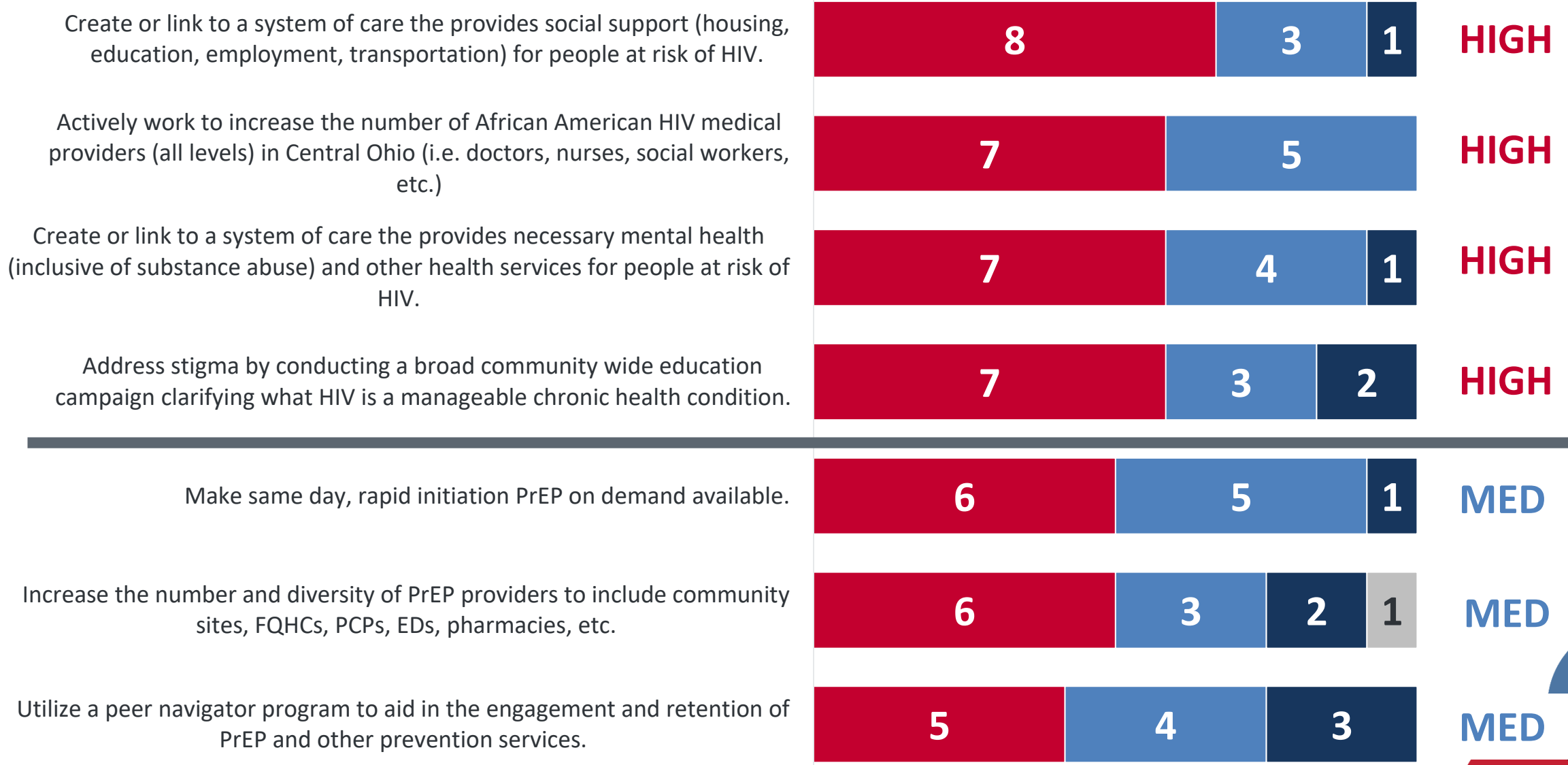
# Questions to consider

- Are the right strategies identified as high priority?
- Should the low priority strategies be removed?
- Should any of the medium priority strategies be moved up to high priority? What about down to low priority?
- Are there strategies missing?



# PREVENT (slide 1 of 2)

■ High ■ Medium ■ Low ■ Not Sure



# PREVENT (slide 2 of 2)

■ High ■ Medium ■ Low ■ Not Sure

Utilize a peer navigator program to aid in the engagement and retention of PrEP and other prevention services.



MED

Increase referrals to the SSP (syringe support programs), Safe Point.



MED

Implement sex positive, inclusive sex education that is affirming and consistent.

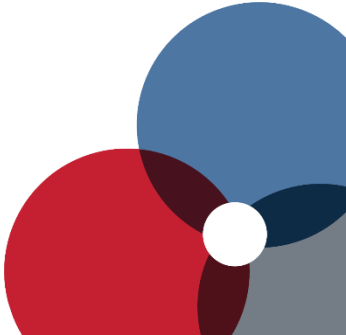


MED

Promote the use of injectable PrEP, once available.



LOW



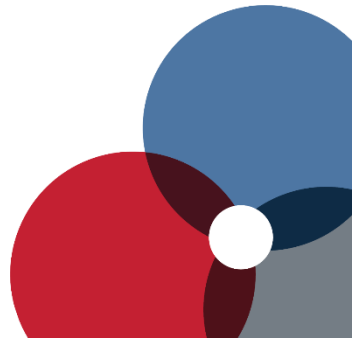
# PREVENT – High Priority

- Create or link to a system of care that provides **social support** (housing, education, employment, transportation) for people at risk of HIV.
- Actively work to increase the number of **African American HIV medical providers** (all levels) in Central Ohio (i.e. doctors, nurses, social workers, etc.)
- Create or link to a system of care that provides necessary **mental health** (inclusive of substance abuse) and **other health services** for people at risk of HIV.
- Address stigma by conducting a broad **community wide education campaign** clarifying what HIV is a manageable chronic health condition.



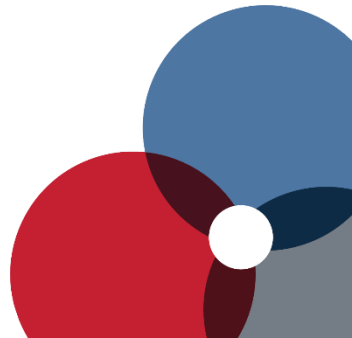
# PREVENT – Low Priority

- Promote the use of **injectable PrEP**, once available.



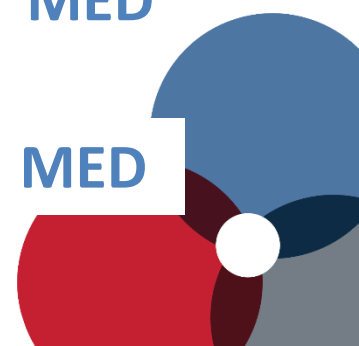
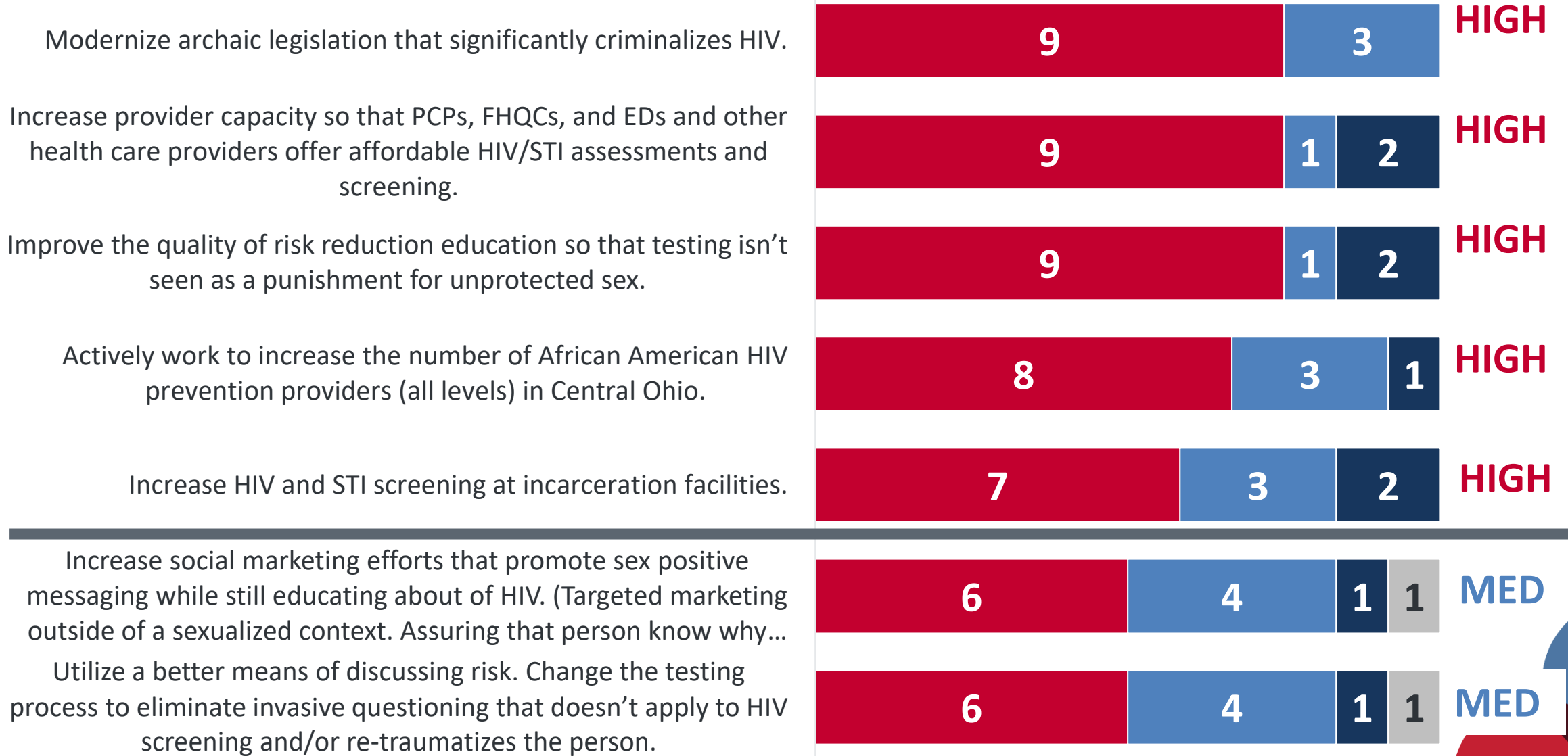
# PREVENT – Medium Priority

- Make same day, **rapid initiation PrEP** on demand available.
- Increase the **number and diversity of PrEP providers** to include community sites, FQHCs, PCPs, EDs, pharmacies, etc.
- Utilize a **peer navigator program** to aid in the engagement and retention of PrEP and other prevention services.
- Increase **referrals to the SSP** (syringe support programs), Safe Point.
- Implement sex positive, inclusive **sex education** that is affirming and consistent.



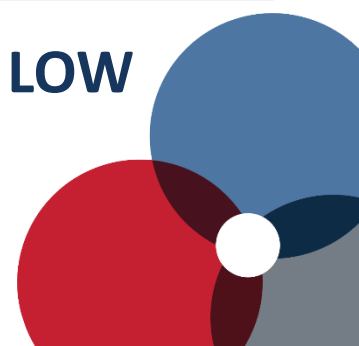
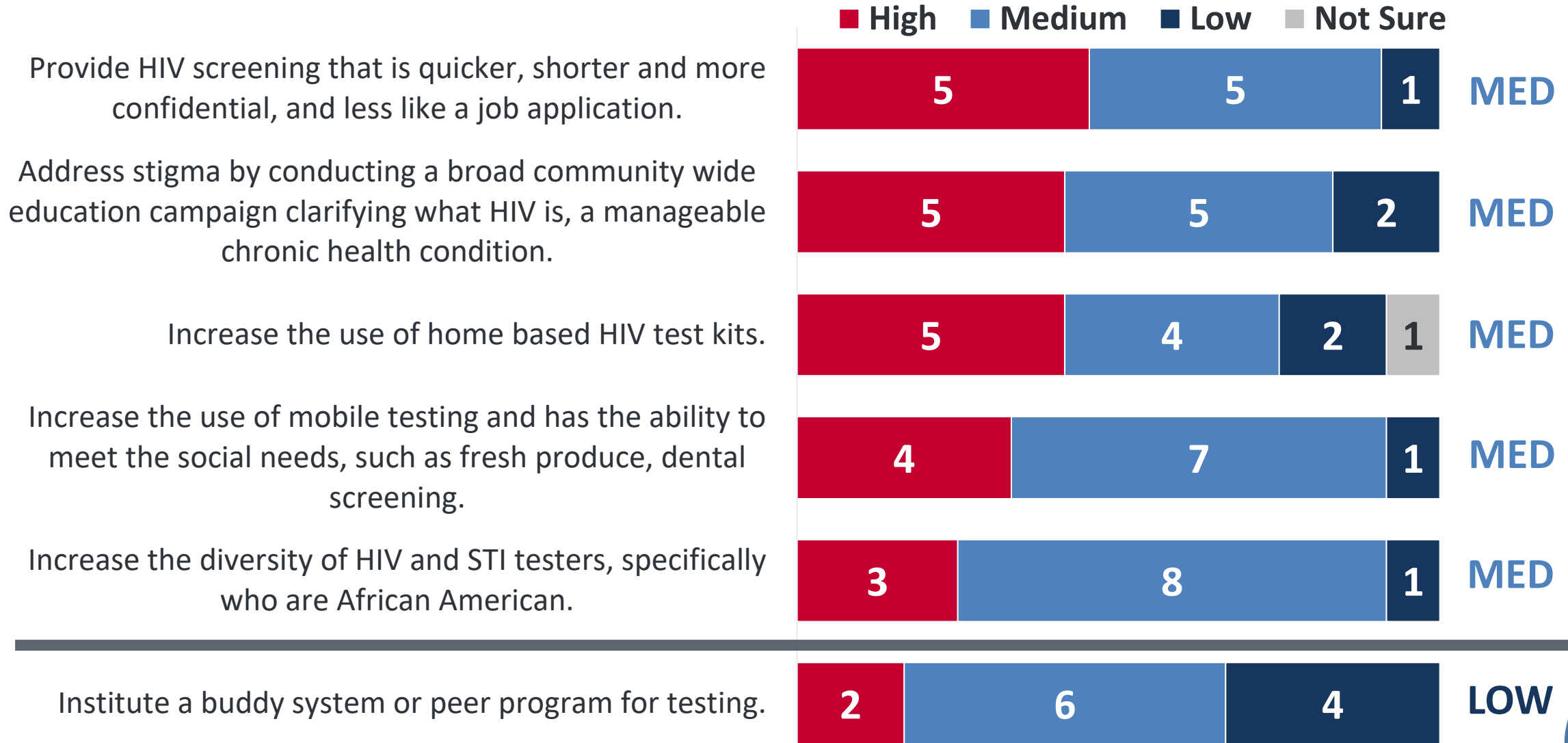
# DIAGNOSE (slide 1 of 2)

■ High ■ Medium ■ Low ■ Not Sure



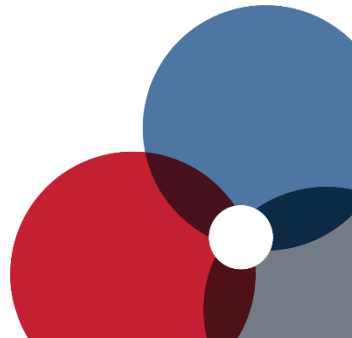


# DIAGNOSE (slide 2 of 2)



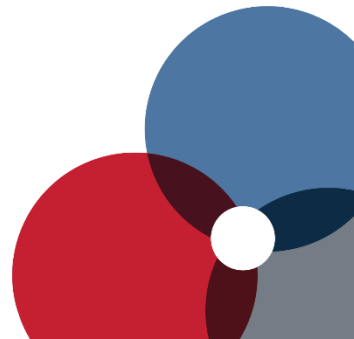
# DIAGNOSE – High Priority

- **Modernize** archaic legislation that significantly **criminalizes HIV**.
- Increase provider capacity so that PCPs, FHQCs, and EDs and other health care providers offer **affordable HIV/STI assessments and screening**.
- Improve the quality of **risk reduction education** so that testing isn't seen as a punishment for unprotected sex.
- Actively work to increase the number of **African American HIV prevention providers** (all levels) in Central Ohio.
- Increase HIV and STI **screening at incarceration facilities**.



# DIAGNOSE – Low Priority

- Institute a **buddy system** or peer program for testing.

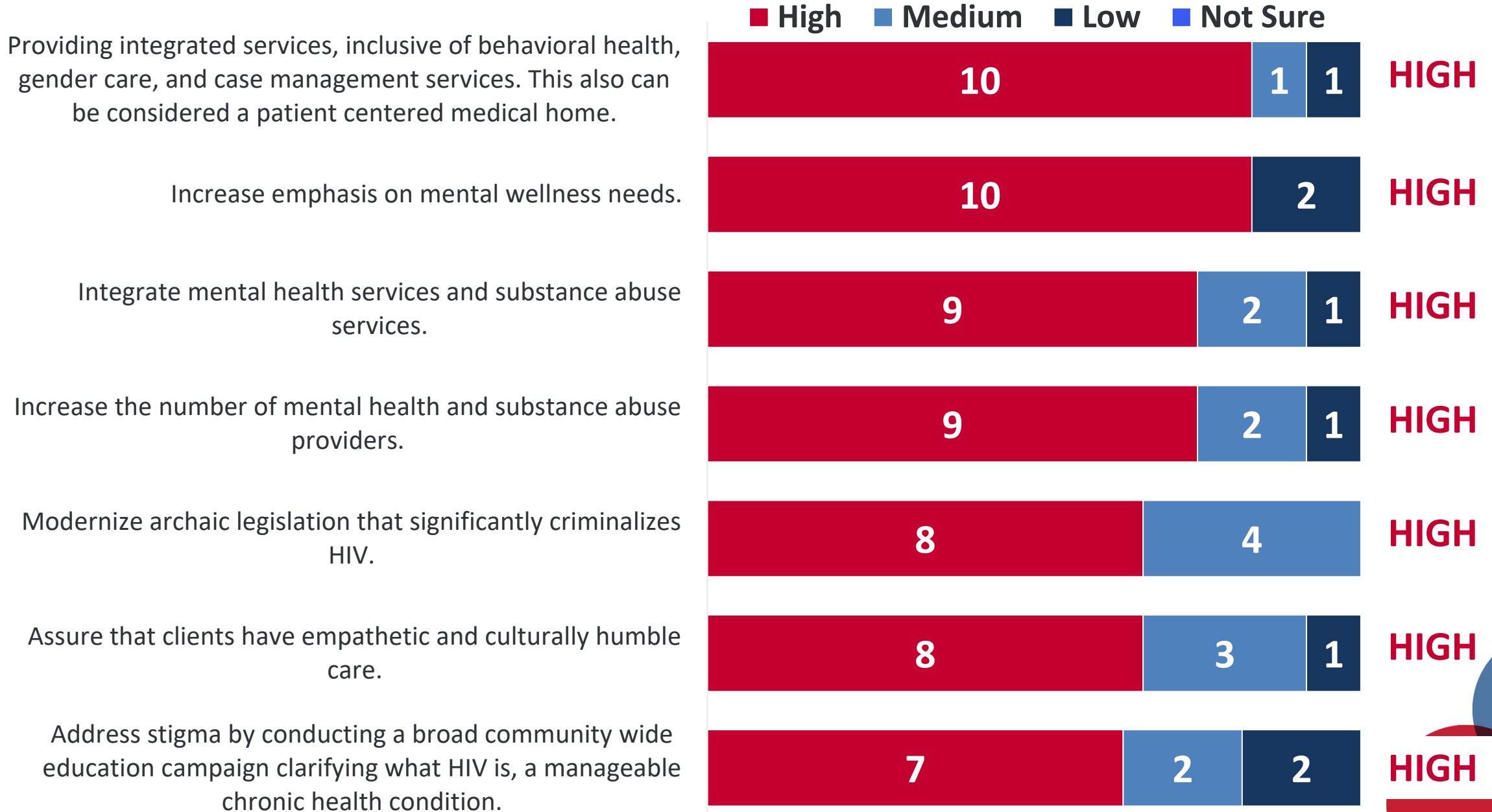


# DIAGNOSE – Medium Priority

- Increase **social marketing efforts** that promote sex positive messaging while still educating about HIV. (Targeted marketing outside of a sexualized context. Assuring that person know why they need to get tested—it is a human thing not a gay thing.)
- Utilize a **better means of discussing risk**. Change the testing process to eliminate invasive questioning that doesn't apply to HIV screening and/or re-traumatizes the person.
- Provide HIV screening that is **quicker, shorter and more confidential**, and less like a job application.
- Address stigma by conducting a **broad community wide education campaign** clarifying what HIV is, a manageable chronic health condition.
- Increase the use of **home based HIV test kits**.
- Increase the use of **mobile testing** and has the ability to **meet the social needs**, such as fresh produce, dental screening.
- Increase the **diversity of HIV and STI testers**, specifically who are African American.

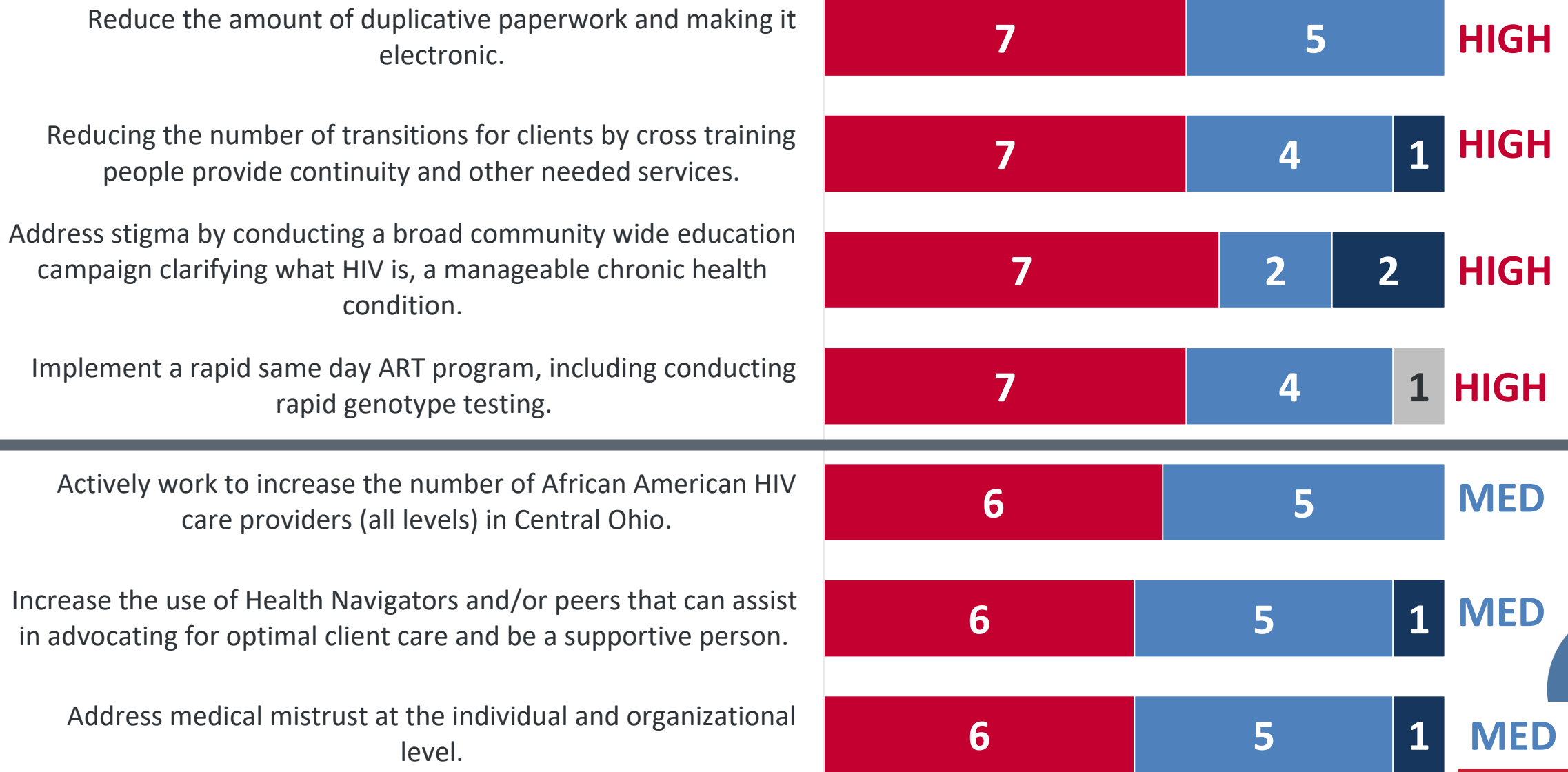


# TREAT (slide 1 of 3)

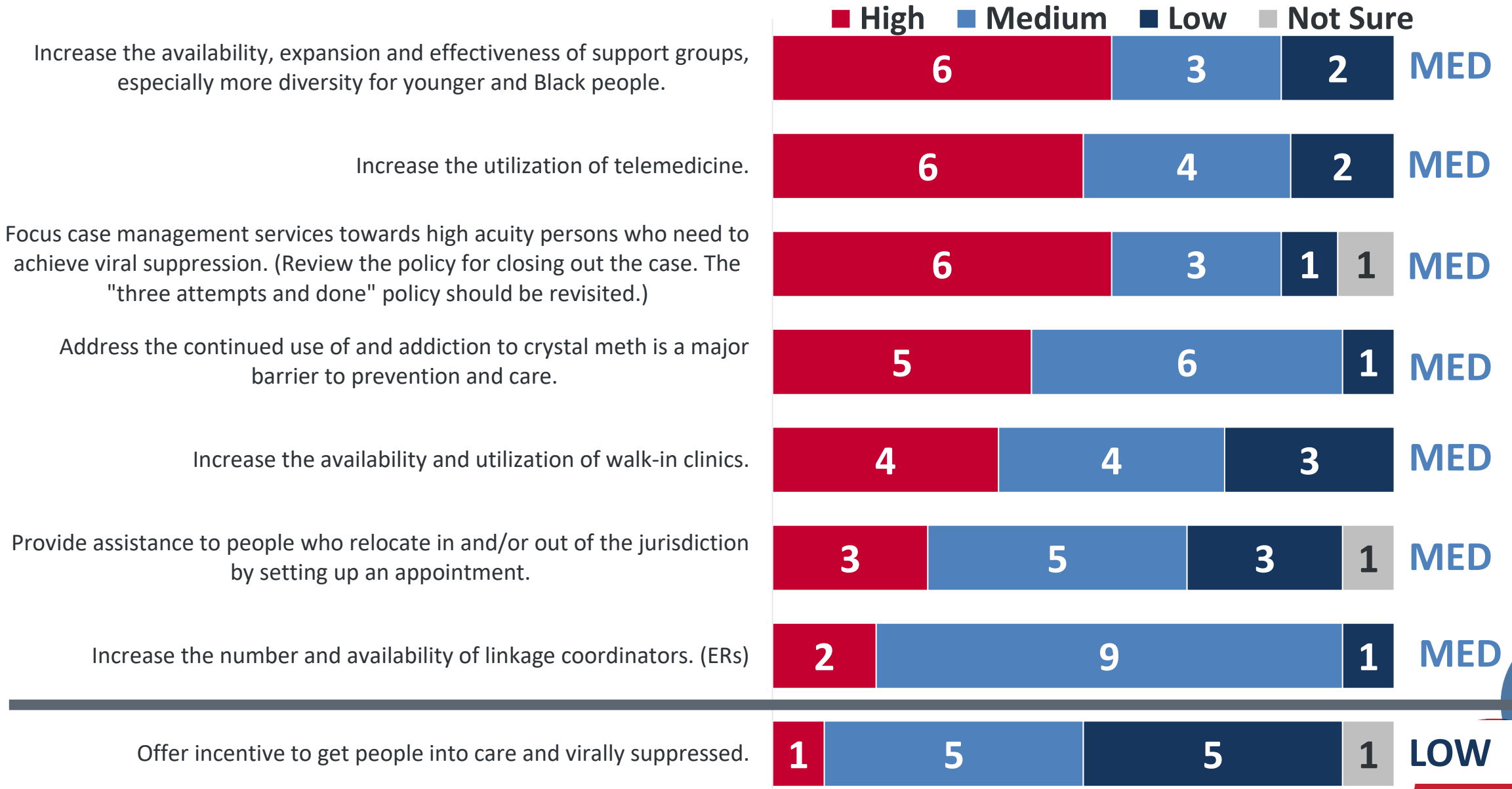


# TREAT (slide 2 of 3)


■ High ■ Medium ■ Low ■ Not Sure



# TREAT (slide 3 of 3)



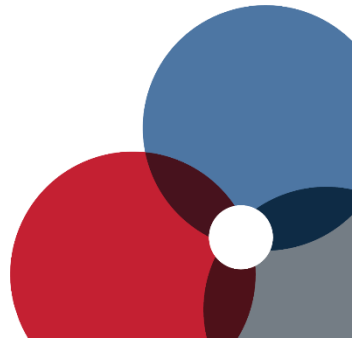
# TREAT – High Priority

- Providing **integrated services**, inclusive of behavioral health, gender care, and case management services. This also can be considered a **patient centered medical home**.
  - Increase emphasis on **mental wellness** needs.
  - Integrate **mental health services and substance abuse services**.
  - Increase the **number of mental health and substance abuse providers**.
  - **Modernize archaic legislation** that significantly criminalizes HIV.
  - Assure that clients have **empathetic and culturally humble care**.
  - Create programs that are **specific for transgender individuals**, not programs designed for men who have sex with men that are tweaked.
  - Reduce the amount of **duplicative paperwork** and making it electronic.
  - Reducing the **number of transitions for clients** by cross training people provide continuity and other needed services.
  - Address stigma by conducting a **broad community wide education campaign** clarifying what HIV is, a manageable chronic health condition.
  - Implement a **rapid same day ART program**, including conducting rapid genotype testing.
- 



# TREAT – Low Priority

- Offer **incentive** to get people into care and virally suppressed.



# TREAT – Medium Priority

- Actively work to increase the number of **African American HIV care providers** (all levels) in Central Ohio.
- Increase the use of **Health Navigators and/or peers** that can assist in advocating for optimal client care and be a supportive person.
- Address **medical mistrust** at the individual and organizational level.
- Increase the availability, expansion and effectiveness of **support groups**, especially more diversity for younger and Black people.
- Increase the utilization of **telemedicine**.
- **Focus case management services** towards high acuity persons who need to achieve viral suppression. (Review the policy for closing out the case. The "three attempts and done" policy should be revisited.)
- Address the continued use of and addiction to **crystal meth is a major barrier** to prevention and care.
- Increase the availability and utilization of **walk-in clinics**.
- Provide assistance to people who **relocate in and/or out of the jurisdiction** by setting up an appointment.
- Increase the number and availability of **linkage coordinators**. (ERs)

