

Ending the HIV Epidemic in Central Ohio

By Eliminating
New HIV Infections

Strategic Plan



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Glossary and data appendix are available online at www.columbus.gov/KnowHIV.

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Ending the HIV Epidemic: A Plan for America (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by communities across the country to pursue that goal. The plan leverages critical scientific advances in HIV prevention, diagnosis, treatment and outbreak response by coordinating the highly successful programs, resources and infrastructure of many agencies and people.

In its first phase, the activities to be implemented from EHE will focus and provide additional resources, expertise and technology to geographic areas where HIV transmission occurs most frequently. Franklin County was selected as one of the geographic areas to receive these additional resources. An EHE Executive Committee was formed to lead the development of the Franklin County EHE plan. More than 12 community conversations were held with people living with HIV, people at risk of becoming HIV-positive, community leaders, frontline professionals, and medical providers. Information gathered from these conversations served as the impetus for the development of the Franklin County EHE plan. Additional resources provided to Franklin County will be utilized to implement the local EHE Strategic Plan, which are described below.

Goal:

Reduce the number of new HIV infections in central Ohio by 75% within five years, and then by at least 90% within 10 years.

Baseline: 2019 number of infections is 235

- ▶ 75% reduction means 59 cases in 2024
- ▶ 95% reduction means 12 cases in 2029

Vision: Central Ohio will be a place where HIV and other sexually transmitted infections (STI) are prevented and where every person has high-quality HIV and STI prevention, care and treatment while living free from stigma and discrimination.

Four Pillars or Strategies will aid central Ohio in achieving this goal:

<p>Treat</p> <p>Treat people with HIV rapidly and effectively to reach sustained viral suppression, which may avert up to 60% of new infections.</p>	<p>Diagnose</p> <p>Diagnose all people with HIV as soon as possible, which may avert 40% of new infections.</p>	<p>Prevent</p> <p>Prevent new HIV transmissions, which may avert 100% of new infections.</p>	<p>Respond</p> <p>Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.</p>
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Overarching Objectives

Objective 1.1: By December 2023, increase to at least 33% the diversity (by race, ethnicity, gender and sexual orientation) of health services providers (i.e., doctors, nurses, social workers, test counselors, linkage coordinators, health navigators, etc.) to be more representative of the populations served through sexual health promotion programs.

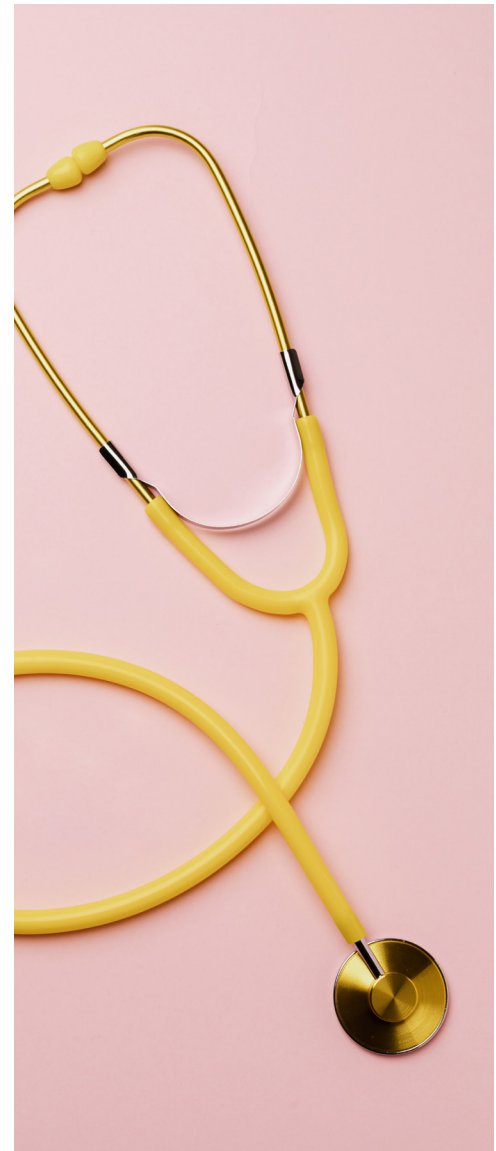
Objective 1.2: Beginning by December 2021 and continuing through December 2029, disseminate broad community wide educational campaigns for at least 30 months that state HIV is a manageable chronic health condition, impact HIV criminalization, and promote sex positive messaging.

Objective 1.3: By December 2022, implement HIV prevention and care programs for transgender and gender non-conforming individuals that are uniquely designed and culturally appropriate.

Objective 1.4: By December 2022, implement process improvements to ensure smoother exchanges of the client from one service to another.

Objective 1.5: By December 2022, partner with other agencies to augment efforts to address medical mistrust.

Objective 1.6: By December 2029, educate at least 10 policy makers and engage with at least five additional agencies, including traditional partners and partners in racial and social justice. about the necessity to modernize HIV legislation.



Pillar - Treat:

Treat people with HIV rapidly and effectively to reach sustained viral suppression, which may avert up to 60% of new infections.

Cross Cutting Objective

Throughout this Plan, provide support for the medical and social determinants of health needs of people living with HIV to assure that they can remain engaged in care and virally suppressed.

Objectives Related to Treatment

Objective 2.1: By December 2021, offer rapid ART (defined as within seven days of diagnosis of HIV) to at least 50% of newly diagnosed individuals in central Ohio with an intention to increase the percentage over time.

Objective 2.2: By December 2023, increase the availability of walk-in HIV testing and treatment clinics with STI screening and treatment to at least two per month.

Objectives Related to Re-Engagement

Objective 2.3: By December 2022, establish relationships with at least four emergency departments to establish a standard operating procedure for rapidly re-engaging people living with HIV who are not virally suppressed and present at the emergency department.

Objective 2.4: By December 2023, triple the number of people living with HIV who are actively sought for re-engagement attempts for medical care.

Objectives Related to Retention in Care

Objective 2.5: By October 2021, expand the use of health navigators for linkage and retention in HIV care from one pilot project to at least two operational programs.

Objective 2.6: By March 1, 2022, Ryan White Medical Case Management will provide intensive case management services to people living with HIV who are not virally suppressed and those who are at high risk for not maintaining viral suppression and non-medical case management will provide services as needed to people living with HIV who are virally suppressed and have incremental needs.

Objective 2.7: By December 2022, expand to at least two annual proactive/preventive mental wellness programs, such as yoga, meditation, exercise and social engagement.

Objective 2.8: By December 2024, expand to at least three the number of mental health and substance use disorder agencies within the Ryan White Part A network.



Pillar - Diagnose:

Diagnose all people with HIV as soon as possible, which may avert 40% of new infections.

Objective 3.1: By December 2021, expand to at least five non-traditional HIV testing sites (federally qualified health centers, emergency departments, other health care providers, and incarceration facilities) to offer routine HIV and STI screening. Add one additional provider each year following 2021.

Objective 3.2: By December 2022, engage in a meaningful quality improvement project with the Ohio Department of Health and local counseling, testing and referral sites to evaluate the effectiveness and expectations of client-centered counseling.

Objective 3.3: By December 2022, develop a means to better transition people living with HIV between regions and service programs, as well as assure that people are aware of services and providers.



Pillar - Prevent:

Prevent new HIV transmissions, which may avert 100% of new infections.

Objective 4.1: By December 2021, implement rapid PrEP programs, defined as same day offering, in at least three healthcare centers in central Ohio.

Objective 4.2: By September 2021, establish at least 3.0 FTE social service oriented positions across the HIV prevention network to aid in accessing social support services such as housing, education, employment, transportation, etc., for people at risk of HIV, including by race, ethnicity, gender, sexual orientation and substance abuse patterns.

Objective 4.3: By December 2022, expand to at least two annual proactive/preventive mental wellness programs such as yoga, meditation, exercise and social engagement.

Objective 4.4: By December 2022, assure continued access to syringe services programs as a way to decrease transmission of HIV and to link people who inject drugs to services for HIV prevention and treatment and to substance use treatment and harm reduction services.

