



Meeting Summaries (October 2018-January 2019)

Ohio HIV Prevention and Care Integrated Plan Steering Committee

A New Year

Each new year offers promise and a bright sense of possibility. The start of 2019 finds many of the necessary tools to end the HIV disease epidemic right at our fingertips. But, such an accomplishment is by no means easy.

The participants in the various work groups who are helping to realize the goals of the Ohio HIV Prevention and Care Integrated Plan (2017-2021) have made significant progress in the past six months. This newsletter includes progress reports from the October 2018 and the January 2019 meetings.

On page 3, you will see the master list of meetings for the coming year along with meeting times and locations. All meetings are open to the public. If you are interested in volunteering for one (or more) of the Integrated Plan work groups, the ODH contact person for each work group is also listed on page 3 of this newsletter along with the individual's contact information.

At the January 2019 meeting, the steering committee decided to have only two (2) meetings for 2019 to allow the work groups ample time to demonstrate progress toward realizing the Integrated Plan goals.

In addition, the group selected its co-chairs for calendar year 2019. Ryane Sickles (Senior Clinical Research Coordinator/Operations Manager of the Early Intervention Program at the University of Cincinnati, Department of Emergency Medicine) was selected as one of the co-chairs and Melissa Federman and Tara Britton from the Center for Community Solutions have agreed to continue serving in the other co-chair spot, taking turns at meetings.

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The updated
National HIV/AIDS Strategy
may be found at:

www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update

October 2018 Re-Cap

Five Year Rule Review

Lisa Lane, ODH HIV/STD/Hepatitis Surveillance Administrator, shared that Ohio Administrative Code (OAC) sections 3701-3-10 Approval of human immunodeficiency virus tests; 3701-3-11 Requirements related to human immunodeficiency virus tests; and 3701-3-12 HIV Disease Reporting Requirements are undergoing the 5-year rule review process. These rules cover HIV diagnosis, informed consent for HIV testing, and disease reporting. Included in the proposed changes are the testing algorithm and reporting of molecular data. There will be opportunity for public comment on these Rules.

Quick Hits

Melissa Federman and Tara Britton reported on the Ohio HIV Modernization Movement (OHMM) progress and the Medicaid Waiver to include work requirements.

Rethinking Meetings

The comprehensive list on the front page of this newsletter includes all of the various meetings slated for 2019. This includes combining HIV Prevention and Care Meetings to reduce the overall number of meetings and to allow time for Integrated Plan work groups to meet.

January 2019 Re-Cap

New Work Group Representatives

As ODH has filled positions, new representatives have been identified for some of the Integrated Plan work groups. While the full list is on page 3, the new ODH representatives to key groups include:

- Courtney Elrod, Housing and Access-to-Care
- Emma Zblewski, Priority Testing
- Michael Sharp, PrEP

Role of AETC

The AIDS Education and Training Centers have a contract with ODH and one component of the scope-of-work for the Integrated Plan Steering Committee is that they will help take notes at the meetings of the group. In addition, they will help organizers and Steering Committee co-chairs with planning the steering committee meetings.

Quick Hits

The HIV Care Programs associated with Ryan White Part B at ODH are changing eligibility criteria. While it will still be necessary to be living with HIV and to be a resident of Ohio, the programs are moving from 300 percent of the federal poverty level (FPL) to 500 percent FPL at the beginning of the federal grant year—April 1, 2019.

Ohio Integrated Plan Work Groups

ACHIEVE VIRAL SUPPRESSION

Work Group	ODH Representative
Treatment Adherence	Tim Leonard Tim.Leonard@odh.ohio.gov
Housing	Courtney Elrod Courtney.Elrod@odh.ohio.gov
Statewide QM	Susan DiCocco Susan.DiCocco@odh.ohio.gov
Access-to-Care	Courtney Elrod Courtney.Elrod@odh.ohio.gov

REDUCE NEW INFECTIONS

Work Group	ODH Representative
Priority Testing	Emma Zblewski Emma.Zblewski@odh.ohio.gov
Linkage-to-Care	Heather Searfoss Heather.Searfoss@odh.ohio.gov
PrEP	Michael Sharp Michael.Sharp@odh.ohio.gov
Prevention for Positives	To be determined

STRENGTHEN DATA COORDINATION

Work Group	ODH Representative
Implement Data-to-Care (D2C)	TBD (Surveillance)
Create an Ohio Continuum of Care	Angela Allen (Prevention) Angela.Allen@odh.ohio.gov
Improved Data Sharing	Susan DiCocco (Care/All Parts)
Collaboration with External Partners	Susan.DiCocco@odh.ohio.gov

REDUCE DISPARITIES

Work Group	ODH Representative
Reaching Youth of Color	Zach Reau Zach.Reau@odh.ohio.gov
Aging with HIV	Kate Shumate Katherine.Shumate@odh.ohio.g
ECHO Collaborative	Susan DiCocco Susan.DiCocco@odh.ohio.gov

2019 Meeting Schedule

Combined Community Planning Group Meetings

These meetings are hosted by ODH HIV Care (RW Part B) and ODH HIV/STD Prevention along with an elected chair or co-chairs. Meetings will be held the second Wednesday of the respective months. These meetings are scheduled to run from 9:30 a.m. until 3:30 p.m..

*Wednesday, May 8, 2019
Ohio Department of Agriculture
8995 E Main Street, Reynoldsburg, OH 43068*

*Wednesday, August 14, 2019
Ohio Department of Administrative Services
4200 Surface Road, Columbus, OH 43228*

*Wednesday, November 13, 2019
Ohio Department of Administrative Services
4200 Surface Road, Columbus, OH 43228*

Integrated Plan Steering Committee

These meetings will now be held twice a year following a decision reached at the January 2019 meeting (previously, these had been quarterly meetings). These Steering Committee meetings are hosted by Ryan White Part B to convene Ryan White Parts A and B, HIV and STD Prevention, Chairs and Co-Chairs for each of the goal work groups included in the Ohio Integrated Plan, and essential stakeholders. This meeting provides an opportunity for all work groups to report on their updates to Integrated Plan activities and accomplishments. Held on the third Fridays of their respective months, this meeting is scheduled to run from 10:00 a.m. to 2:00 p.m.

*Friday, July 19, 2019
State Library of Ohio
274 E First Avenue, Columbus, OH 43201*



ACHIEVE VIRAL SUPPRESSION

TREATMENT ADHERENCE

OCTOBER 2018 PROGRESS: Tim Leonard, the ADAP manager (Ryan White Part B) has been conducting an environmental scan with internal and external stakeholders with interest in access to medication and viral suppression. He indicated themes emerging including Prevention for Positives (prevention for people who are living with HIV),

peer-provided services, and cultural humility and cultural competence on the part of providers.

OCTOBER 2018 NEXT STEPS: ADAP will conduct an internal review of data to determine the number of clients who are not virally suppressed and who are receiving medications through CVS. This data will be reviewed with the intent to complete a pilot study with CVS through their treatment adherence program, AccordantCare.

JANUARY 2019 PROGRESS: ADAP is reviewing internal program data to determine the number of clients who are not virally suppressed and who are receiving medications through CVS.

JANUARY 2019 NEXT STEPS: ADAP, AccordantCare and CVS are investigating if any revisions to the contract are required as the treatment adherence program was not specifically identified as a deliverable service in the original contract. A follow-up conference call is scheduled for April to identify barriers, the client population to be served, and the next steps needed for determining how implementation may occur.



STATEWIDE QUALITY MANAGEMENT

Objective: By 2021, increase the percentage of PLWHA who receive a service (from any Ryan White Part in Ohio) who report being virally suppressed by 3 percent.

OCTOBER 2018 BASELINE: Baseline is 79.2 percent (4/1/17-3/31/18). The baseline will need to be updated after the completion of the End+Disparities ECHO Collaborative as this objective extends beyond the ECHO Collaborative date.

OCTOBER 2018 PROGRESS: Consumers who were trained as quality improvement (QI) trainers are now available to train (with their local agency partner) local medical providers and/or PLWH on QI projects to improve HIV outcomes for patients. Planning continues with Columbus Public Health to offer statewide QI training and education at the Transforming Care conference. This collaboration will include QI components in various break-out sessions as well as a pre-conference opportunity for consumers to learn more about QI. Viral suppression among Ryan White All-Parts clients increased from 79.2 percent in the first reporting period to 80.7 percent in the second reporting period.

OCTOBER 2018 NEXT STEPS: All Ryan White Parts in Ohio will continue to report viral load suppression data every other month. The group plans to look at statewide data by disparity groups (see Goal 4.3: Reduce Disparities: ECHO Collaborative goal). The Center for Quality Improvement and Innovation (CQII) will continue to work with the Ohio RW Parts group to offer QI-related training needs to providers as requested. Additionally, Parts will continue to work together on QI projects (individually currently, but potentially combined in the future) to continue improving viral suppression.

JANUARY 2019 PROGRESS: All Ryan White Parts in Ohio continue to report and review viral load suppression data every other month. An online training series focusing on the QI process and tools that can be used for improving client outcomes is underway. The next training is January 30, with two more scheduled over the next two months. The target audience are service providers; if you are interested in learning more, contact Susan DiCocco at susan.dicocco@odh.ohio.gov. Each Part continues to work on QI projects focused on increasing the percentage of clients who are virally suppressed. Viral suppression

ACHIEVE VIRAL SUPPRESSION (continued)

HOUSING

Objective: By December 31, 2021, Ohio will have a comprehensive network of housing service providers to ensure that the percentage of persons in HIV medical care who are unstably housed is reduced by 3 percent or more. To meet this objective, the following strategies are being implemented:

Strategy 1: Establish an inventory of available HIV housing service providers in Ohio.

Strategy 2: Establish a baseline of Ohioans with HIV who need housing services.

Strategy 3: Conduct a process improvement event to address HIV housing in Ohio.

Strategy 4: Provide coordinated housing services in regions with housing gaps.

OCTOBER 2018 PROGRESS: The ODH housing coordinator sent out a questionnaire to each of the Part A and B case management sites, and collected their responses. The results will be shared with the housing work group for review and discussion. Site visits with housing program personnel at the Part B-funded agencies occurred between May and July. Visited programs each reported differing concerns. One program indicated the need to help 1) locating affordable housing, 2) creating relationships with landlords, and 3) using a housing liaison to create these relationships. Another program identified the need for resources such as cleaning supplies, furniture and other material needs versus rental assistance. Other concerns include rent increases and consumers finding it difficult to locate landlords who will accept the current capped range for safe and affordable housing.

OCTOBER 2018 NEXT STEPS: The ODH housing coordinator is updating the resources spreadsheet so that the master file reflects the statewide resources. Part B will be issuing additional funding toward regions that lack the housing dollars to support personnel. Part A regions currently fund non-medical case managers (NMCs) to assist with housing support services, and Part B will put additional dollars in the upcoming continuation solicitation to support regions with HOPWA dollars, but insufficient personnel support. In addition, other site visits will be scheduled and completed before June 2019.

ACCESS-TO-CARE

Objective: By December 31, 2021, Ohio will increase the number and diversity of Ryan White providers of HIV clinical care and related supportive care services for people living with HIV by at least 10 percent in each region. To meet this objective, the following strategies are being implemented:

Strategy 1: Increase access to outpatient ambulatory health services by expanding the number of diverse providers in areas with high incidence and rural areas that have limited provider networks (target federally qualified health centers—FQHCs).

Strategy 2: Expand comprehensive services for people living with HIV, including co-morbid conditions (e.g., Hep C, STIs), as well as mental health and substance abuse recovery services.

Strategy 3: Establish a provider network to immediately link newly diagnosed individuals to medical care and to support retention in care among existing clients.

PURPOSE: This objective was added to the Ohio Integrated Plan in early 2018 to better align with the National HIV/AIDS Strategy (NHAS) objectives. Increasing access to core medical and support services will play a key part in achieving viral suppression and impacting other goals within Ohio's Integrated Plan.

Ohio's rural communities have often experienced a shortage of HIV care providers, along with supportive care providers in oral healthcare services and mental health. Health care providers must be respectful of the cultural needs and beliefs of the diverse patient population.

JANUARY 2019 PROGRESS: This newly developed objective was added to the integrated plan to align Ohio's Integrated Plan with the NHAS. The work group is forming now and is seeking co-chairs and members.

JANUARY 2019 NEXT STEPS: The Access-to-Care work group must first be formed with key stakeholders represented and a chair/co-chairs established. This core group will work to develop action steps for each strategy and lay the groundwork for an aggressive two years of work dedicated to this objective. The work group will be responsible for mapping where Ohio Ryan White program participants live and overlay the current Ryan White providers (outpatient ambulatory, oral health, mental health) by geographic region. This visualization will drive strategies associated with the Access-to-Care objective.

REDUCE NEW INFECTIONS

PRIORITY-BASED (TARGETED¹) TESTING

Objective: By 2021, increase the percentage of people living with HIV who know their serostatus to at least 90 percent.

OCTOBER 2018 PROGRESS: The priority-based testing (PBT) coordinator has hosted monthly work group calls to finalize the definition of “at-risk” and to create an HIV screening tool to quantify risk. The PBT coordinator has completed writing the protocols for the PBT program. The counseling, testing, and referral (CTR) trainer has incorporated and updated CTR testing protocols to better align with Rapid/Rapid² testing strategy and increased screening and referral expectations.

OCTOBER 2018 NEXT STEPS: The CTR trainer has scheduled “update” courses for early 2019 to realign and refresh local efforts. Both CTR and PBT coordinators will develop trainings on the new protocols for HIV/STD regional program managers to be given in November 2018. The PBT coordinator will begin developing a draft structure of priority-based testing plans to support each region in constructing their own priority-based testing plan.

JANUARY 2019 PROGRESS: “At-risk” was defined on the statewide HIV screening tool and training on priority-based testing was conducted for all subrecipients. CTR “update” courses have been scheduled. A draft PBT plan is being developed, and research to identify best practices for an at-home testing program is underway.

JANUARY 2019 NEXT STEPS: By spring, protocols for an at-home testing program will be developed and the program will begin implementation. Templates for the PBT plan will be given to regions, and in-person technical assistance (TA) meetings will be scheduled with the Regional Advisory Groups (RAGs). The 2019 Counseling, Testing, and Referral (CTR) courses will be scheduled, integrating new testing practices and protocols. The PBT work group will resume in February/March.



¹Many individuals find it easier to embrace being viewed as a priority rather than as a target and we want to encourage a corresponding shift of our collective language. As such, “priority-based testing” provides a more apt description than “targeted testing.”

LINKAGE-TO-CARE

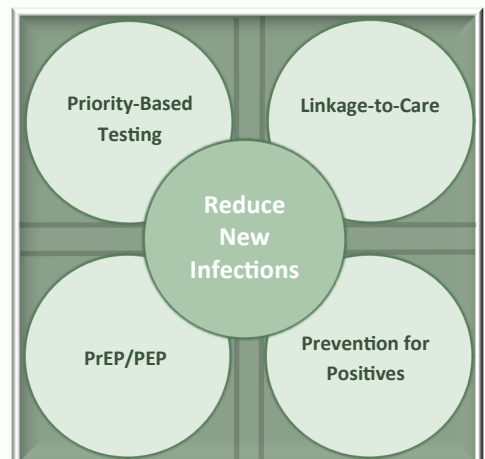
Objective: By 2021, 85 percent of newly diagnosed individuals will be successfully linked to care within 45 days of diagnosis.

OCTOBER 2018 PROGRESS: The linkage-to-care (LTC) coordinator has hosted monthly work group calls to discuss differences between the disease intervention specialist (DIS) and LTC roles, determine LTC core competencies, and elicit feedback from stakeholders to inform development of LTC protocols. The LTC coordinator has completed LTC protocols for a tiered linkage approach (an explanatory graphic is available here: <https://odh-ohio.adobeconnect.com/ltcpyramid/>).

OCTOBER 2018 NEXT STEPS: The LTC coordinator will develop training on new protocols for HIV/STD regional program managers to be given in November 2018. Additional trainings for 2019 will be scheduled before the December release of the HIV/STD Prevention calendar. Internal ODH meetings will be used to analyze structure for re-engagement-in-care efforts, including data-to-care (D2C) and viral load monitoring.

JANUARY 2019 PROGRESS: The LTC coordinator has hosted work group calls to discuss developing LTC protocols. The LTC coordinator has completed written protocols for a tiered linkage approach and trained LTC/DIS staff on implementation. Internal ODH meetings have been held for D2C process and structure development. LTC training research is underway.

JANUARY 2019 NEXT STEPS: The LTC coordinator will schedule trainings for new DIS/LTC roles in early 2019. Internal ODH meetings will continue for D2C. Draft D2C protocols will be written and shared with key stakeholders in late February for feedback. The LTC work group will resume in February/March. TA on developing regional LTC plans will be provided.



REDUCE NEW INFECTIONS (continued)

PrEP/PEP

Objective: By 2021, increase the number of adults prescribed Pre-exposure Prophylaxis (PrEP) by 200 percent.

OCTOBER 2018 PROGRESS: The Early Intervention Services (EIS) grant solicitation was released. The EIS funded positions will serve as PrEP navigators, prevention assistance program interventions (PAPI) enrollment specialists, and will be able to provide syringe services programs (SSP) support. The PrEP coordinator position at ODH was approved and posted. The person in this role will oversee EIS activities and will work to expand the PrEP program portfolio. The PAPI program was released October 1; enrollments have begun. Staff at ODH continue to provide technical assistance on HIV nPEP protocols to systems.

OCTOBER 2018 NEXT STEP: ODH will continue recruiting PAPI providers and completing enrollments; score and fund EIS positions across the state; hire a PrEP coordinator to oversee the Integrated Plan Work Group, expand PrEP program, and manage the EIS grant.

JANUARY 2019 PROGRESS: There are 15 PAPI providers active in the system with more contracts pending. EIS grant funds were released and a grantees call was held. Program implementation is underway. The PrEP coordinator position has been filled at ODH. A nPEP presentation was provided to the National Association of Forensic Nurses. A TA meeting with stakeholders is currently being scheduled.

JANUARY 2019 NEXT STEPS: PrEP navigators and regional coordinators will continue recruiting PAPI providers and completing enrollments. The new PrEP coordinator will oversee the related Integrated Plan Work Group, will

(Continued on page 12)

PREVENTION WITH POSITIVES

Objective: By 2021, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.

OCTOBER 2018 PROGRESS: Staff members at ODH continued internal discussions about data-to-care (D2C) workflow; created draft position description for prevention with positives (PWP) coordinator that includes PWP activities from the CDC Prevention and Surveillance grant (18-1802) and aligns with NASTAD's Core Competencies.

NEXT STEPS: The Integrated Plan Linkage-to-Care (LTC) Work Group, in collaboration with prevention with positives (PWP) work group, will focus on D2C protocols in spring 2019. A PWP work group will be formed and host regular meetings. ODH will post the PWP position as a member of the HIV Care team.

JANUARY 2019 PROGRESS: ODH initiated internal discussions about D2C workflow. A draft position description for prevention with positives coordinator was created. It includes 18-1802 PWP activities and aligns with NASTAD's Core Competencies. ODH also developed a process for relinking previous positives identified through CTR sites and trained DIS on documentation.

JANUARY 2019 NEXT STEPS: The Integrated Plan LTC Work Group, in collaboration with the PWP Work Group, will focus on D2C protocols in spring 2019; PWP work group will be formed and host regular meetings. Internal ODH meetings will continue for D2C. Draft D2C protocols will be written and shared with key stakeholders in late February for feedback. The PWP Work Group will begin before June. Capacity-building assistance request for D2C will be submitted in 2019.



COMMON HIV PREVENTION ACRONYMS and ABBREVIATIONS

CRIS—Capacity Building Assistance Request Information System

CTR—Counseling, Testing, & Referral

D2C—Data-to-Care

DIS—Disease Intervention Specialist

EIS—Early Intervention Services

HIV—Human Immunodeficiency Virus

LTC—Linkage-to-Care

NASTAD—National Alliance of State and Territorial AIDS Directors

nPEP—Nonoccupational Post-Exposure Prophylaxis

ODH—Ohio Department of Health

PAPI—Prevention Assistance Program Interventions

PBT—Priority-Based Testing

PEP—Post-Exposure Prophylaxis

PrEP—Pre-Exposure Prophylaxis

PWP—Prevention with Positives

STRENGTHEN DATA COORDINATION

IMPLEMENT DATA-TO-CARE

Objective: Strengthen data coordination across all available data sources and utilize these data to improve health outcomes along Ohio's HIV continuum of care.

OCTOBER 2018 PROGRESS: Imported data from HIV Care, HIV Prevention, and Vital Statistics was completed so that linked HIV Surveillance data is updated and prepared for use for Data-to-Care activities. Linked HIV Surveillance data was used to create an Ohio HIV Continuum-of-Care report describing Linkage-to-Care among persons with new reported diagnoses of HIV infection; and receipt of care, retention in care, and viral suppression of persons living with HIV infection.

The report is available on the HIV Surveillance Website. Counseling, Testing and Referral (CTR) data and Partner Services data have been analyzed. Opportunities to re-engage clients in care were identified. Increased staffing among disease intervention specialists (DIS) and LTC coordinators will allow for increased follow-up and engagement with previously diagnosed clients who may need referrals to medical and other essential services to support a retention-in-care plan that is sustainable.

OCTOBER 2018 NEXT STEPS: Data staff at ODH will analyze HIV Prevention, Surveillance, and Care data to describe the baseline measurements for linkage, receipt, and retention in care, and to describe populations not linked to care based on risks and demographics. This analysis will inform the creation of a re-engagement protocol to include the prioritization of clients not-in-care (NIC) for follow-up and to assist with training and implementation of data collection in the Linkage and Retention/Re-engagement in HIV Care (LARHC) database. It will also investigate the factors associated with clients who are in-care and who are not virally suppressed to identify opportunities to improve the quality of services provided to PLWHA in Ohio.

JANUARY 2019 PROGRESS: The HIV Prevention Monitoring and Evaluation (M&E) program made updates in ODRS functionality that will facilitate identification of patients who need to be followed up in care. A training webinar to introduce these changes was conducted in December 2018 for local prevention program partners.

(Continued at right)

CREATE AN OHIO HIV CONTINUUM OF CARE

October 2018 PROGRESS: Andre Dailey, HIV Surveillance program manager, reported on the new Ohio HIV Care Continuum, created using linked surveillance data for 2015 and 2016, with the Centers for Disease Control and Prevention's (CDC's) definitions of linkage, receipt in care, retained in care, and viral suppression. The HIV Care Continuum summary report is available on the ODH HIV Surveillance webpage. Of those who were diagnosed with HIV in 2016 and linked to care, the average length of time to be linked to care after diagnosis was 31 days. Those who were under 35 and not White were less likely to be linked to care. Fifty-eight percent of the persons living with diagnosed HIV infection in Ohio at the end of 2016, and still living in Ohio at the end of 2017, had documentation of being in receipt of care, 37 percent had documentation of being retained in care, and 48 percent had documentation of being virally suppressed.

JANUARY 2019 PROGRESS: The ODH HIV Surveillance Program created and presented the Ohio Continuum of Care using 2015-2016 surveillance data using CDC definitions for linkage to care, retention in care, and viral suppression.

JANUARY 2019 NEXT STEPS: The next Ohio Continuum-of-Care report will use 2017 data. The ultimate plan is to create a continuum for each Ohio HIV prevention and care region.

The continuum-of-care model will guide the enhanced reporting of outcome measures included in quarterly reports to HIV prevention regions, along with analysis and recommendations. Feedback and suggestions for meaningful new measures are welcome.



IMPLEMENT DATA-TO-CARE

(continued from left)

January 2019 NEXT STEPS: The HIV Prevention Monitoring and Evaluation (M&E) program made updates in ODRS functionality that will facilitate identification of patients who need to be followed up in care. A training webinar to introduce these changes was conducted in December 2018 for local prevention program partners.



STRENGTHEN DATA COORDINATION (continued)

IMPROVE DATA SHARING

PROGRESS: Andre Dailey shared that Ohio has baseline data for linkage, receipt, and retention in care, and viral suppression. We can use this information to begin work implementing the basic steps in the data-to-care (D2C) strategy which requires improved data sharing and collaborating with external partners to do the work of:

- 1) Identifying persons out-of-care or not virally suppressed by creating a presumptive not-in-care (NIC) list using linked surveillance data
- 2) Distributing the presumptive NIC list to local public health authorities for further revision through investigation at the local level
- 3) Conducting follow-up on persons out of care or not virally suppressed and link them to medical care, support services, and HIV prevention services
- 4) Feeding back the information to ODH HIV surveillance to improve surveillance data used for continuum of care for analyses

The priority is the top parts of the columns in the Ohio Continuum of Care – the estimated 4,000 persons who are unaware of their HIV status, 31 percent with no documentation of being linked to care in 30 days after diagnosis, 42 percent with no documentation of receipt of care, and the 52 percent with no documentation of viral suppression.

JANUARY 2019 PROGRESS: HIV Prevention and Care Monitoring and Evaluation created a data request form that mirrors the HIV Surveillance data request form.

HIV Prevention Monitoring and Evaluation is utilizing data from eHARS, ODRS and the Ryan White database to determine whether designated populations of previously diagnosed HIV-positive clients need follow up for re-engagement in HIV care. As requests for more granular data (i.e., zip code level) are requested and approved, the need to communicate and understand data re-release procedures is being shared.

JANUARY 20219 NEXT STEPS: Internal ODH meetings on production and distribution of additional ODH HIV data to inform and guide stakeholders in making data-driven decisions are planned.



COLLABORATION WITH EXTERNAL PARTNERS

October 2018 PROGRESS: Collaboration with external partners is an ongoing element within all of the goals designed to strengthen data coordination.

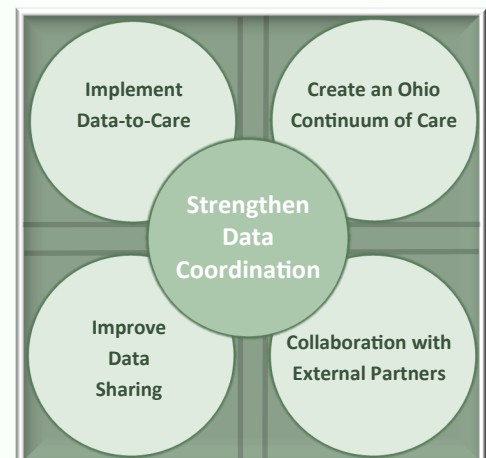
October 2018 NEXT STEPS: Each of the units within HIV care, prevention, and surveillance at ODH are working on the creation of data-request forms to better allow internal and external partners to secure data needed to measure progress on Integrated Plan goals.

JANUARY 2019 PROGRESS: Data request forms and data re-release policies for ODH HIV surveillance, prevention and care data are being reviewed and finalized.

JANUARY 2019 NEXT STEPS: The Work Group will focus on garnering increased collaboration, for example with the Cleveland VA, for improved reporting.

Cleveland Ryan White Part A program is exploring options to work with all care providers to create a local data to care initiative.

Identify groups and agencies with a potential for high impact collaboration and then approach to engage/gauge interest (e.g., groups that advocate for older adults and training resources for how organizations can be more LGBTQ elder friendly).



REDUCE DISPARITIES

REACHING YOUTH OF COLOR

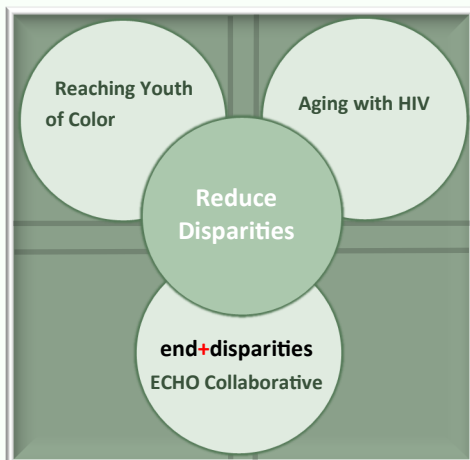
Objective: By 2021, reduce the rate of new diagnoses among disproportionately impacted youth (<30) by 15 percent.

OCTOBER 2018 PROGRESS: Initial needs assessment findings were presented to ODH staff for feedback to fill knowledge gaps.

NEXT STEPS: Provide feedback to fill knowledge gaps that may remain from the focus groups; promote best practice messaging strategies within prevention regions and incorporate capacity building activities to reach youth of color and trans populations into the Ohio Community Planning Group (OCPG).

JANUARY 2019 PROGRESS: ODH staff members are identifying priorities for a 2020 needs assessment survey of priority populations. An at-home testing program is in development with focus on youth of color. ODH is scheduling technical assistance for the community engagement plans requirement for hepatitis/STD prevention and Early Intervention Services (EIS) grants (due July 31). A capacity-building assistance (CBA) request for reaching men having sex with men (MSM) of color is pending.

JANUARY 2019 NEXT STEPS: ODH will assist Ohio University (OU) with needs assessment implementation and will promote the Ohio HIV/AIDS/STD Hotline's (OHIV's) marketing and outreach resources to regions for a coordinated, focused response. CBA training will be offered for the Hepatitis/STD/Early Intervention Services coordinators to better reach and engage gay/bi/trans youth of color.



AGING WITH HIV

Objective: By 2021, identify, assess, provide and evaluate appropriate support services for those aging with HIV to ensure consistent and continued engagement in care and to reduce health disparities.

OCTOBER 2018 PROGRESS: A presentation conducted by Work Group representatives for the Central Ohio Area Agency on Aging personnel and interested community members on HIV & aging and LGBT & aging. The presentation included a discussion on the lack of social supports and transportation as challenges for those over 50 as well as the challenge of sorting out which conditions are related to HIV and which are normal results of the aging process.

NEXT STEPS: Work group members will continue to work to enhance communication between the HIV & aging systems of care. HIV & aging is to be included on a survey of case managers to see if this is a topic where they self-identify as needing additional information about resources for clients over 40.

The Work Group will create resources for clients over 40 and case managers with messaging about the difficulties of sorting out health conditions as to which are components of the aging process and which are part of HIV disease.

JANUARY 2019 PROGRESS: At the meeting, an identified strategy was shared that looked promising for this population, but after additional review, other strategies will likely need to be identified and explored in greater detail to ensure this group remains in care and has their unique service needs met.

JANUARY 2019 NEXT STEPS: The work group will continue to identify concerns/issues held by those aging with HIV, as well as programs and interventions designed to meet these needs. The group will also work to seek feedback from additional parts of the state that have not yet shared information on this vital topic.



REDUCE DISPARITIES (continued)

End + Disparities ECHO COLLABORATIVE

Objective: By December 2019, reduce disparities by measurably increasing viral suppression rates for one of four disproportionately affected sub-populations of people living with HIV.

BASELINE: Viral suppression percentages for all Ohio Ryan White (RW) clients and the ECHO focus populations (5/1/17 – 4/30/18) are:

- All Ohio RW clients: 80.7 percent
- Youth (age 13-24): 70.6 percent
- Transgender: 73.8 percent
- MSM of Color: 76.8 percent
- African-American/Latina Women: 83.7 percent

OCTOBER 2018 PROGRESS: The ECHO Collaborative is a national collaborative offered through CQII that promotes the application of quality improvement (QI) interventions to improve health outcomes for PLWH. The Ohio Ryan White Parts are working to finalizing our collaborative aim, identify focus populations and continue QI projects for increasing viral suppression. The Ohio RW Parts have been participating in the group conference calls and submitting viral load suppression data to establish baselines.

OCTOBER 2018 NEXT STEPS: ECHO participants will continue to participate in monthly regional conference calls and national affinity group calls for the selected focus population (youth, transgender, MSM of color, and African American and Latina women). There will also be a national virtual learning session in November 2018 to share progress to date and learn from other participants. Progress reports on the QI interventions implemented will be submitted quarterly.

JANUARY 2019 BASELINE: Viral suppression percentages for the ECHO focus populations are shown in the table at right.

JANUARY 2019 PROGRESS: The Ohio Ryan White Parts have been participating in the national conference calls and submitting viral load suppression data (through the Statewide Quality Management goal on page 2) to monitor outcomes. Each RW Part is continuing their grant-specific QI project focused on viral suppression.

JANUARY 2019 NEXT STEPS: ECHO participants will continue to participate in monthly regional conference calls and national affinity group calls for the selected focus population (youth, transgender, MSM of color, and African American and Latina women). Continue QI projects and interventions and share updates quarterly



The **end+disparities** ECHO Collaborative is an 18-month project designed to increase viral suppression rates in the target populations and to increase local QI capacity. The initiative is managed by the Center for Quality Improvement & Innovation (CQII) funded by the HRSA Ryan White HIV/AIDS Program (RWHAP) and was developed using the Project Extension for Community Health Outcomes (ECHO) Model. For more information, go to the Target Center website at: <https://targethiv.org/cqii/end-disparities-echo-collaborative>.



January 2019 ECHO Collaborative Data	Baseline Data 5-1-17 to 4-30-18	Period Ending 6-30-2018	Period Ending 8-31-2018
Youth (age 13-24)	70.6%	72.0%	67.9%
Transgender	73.8%	71.1%	74.3%
MSM of Color	76.8%	77.3%	76.6%
African-American/ Latina Women	83.7%	82.5%	83.2%

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STATEWIDE QUALITY MANAGEMENT

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among Ryan White All-Parts clients increased from 79.2 percent in the first reporting period to 80.8 percent in the most recent reporting period.

JANUARY 2019 NEXT STEPS: All Ryan White Parts in Ohio will continue to report viral load suppression data bimonthly and continue QI projects related to viral suppression. The QI training series will continue until finishing up in March 2019.



RAPID/RAPID TESTING

Rapid/Rapid (or Dual Rapid) testing is where the tester uses one rapid HIV test to detect antibodies and a second comparable rapid HIV test, from a separate manufacturer, to confirm this detection. This method has 100 percent positive predictive value.

One of the benefits of this method is that it allows clients to receive same-day confirmation of their positive HIV test result and further advances the engagement of populations infected with HIV. Another benefit is that this method removes common barriers including the need for additional laboratory testing and the risk of losing clients to follow-up.



HOUSING

(continued from page 5)

During the September 24th work group call, each work group represented was asked to identify a point person for their region to assist with the work group strategies. Under-represented regions can appoint a contact at a later time.

JANUARY 2019 PROGRESS: A core group of HIV housing providers across Ohio have participated in monthly check-in calls. Regional updates are shared during these calls, along with reporting programmatic changes impacting the work of the housing work group. The work group developed a file of available housing resources in communities, but this information needs to be revisited for updates, and for completeness. Housing events have occurred in Cincinnati and Columbus, which included key stakeholders in the housing area in both locations.

JANUARY 2019 NEXT STEPS: The existing work group participants discussed involvement of a consultant to aid in the coordination of regional events to assess gaps in resources and services across the regions. The housing work group is actively recruiting new participants and would benefit from additional involvement specifically by those who have expertise in housing, or who have the lived experience of housing instability. The housing work group is moving towards integrating regional co-chairs to serve as liaisons between the work group and their communities.



PrEP /PEP

(continued from page 7)

expand the PrEP program, and will manage the EIS grant. PrEP navigators and regional coordinators will identify opportunities to expand PrEP education and the PrEP provider network. The PrEP Work Group will begin meeting/conference calls in the second quarter of 2019. A calendar will be distributed to interest individuals in the very near future.



INTERESTED POTENTIAL PrEP PROVIDERS

If you are a medical provider and want to offer PrEP services to your interested patients, please sign up to become a member of our network of PrEP providers. If you are unfamiliar with PrEP and are interested in learning more about providing valuable PrEP services, please feel free to email PAPI@odh.ohio.gov. A provider packet of information will be shared with you for you to review, complete, and send back to us.

Ohio Department of Health
HIV/STD/Hepatitis Program
ORGANIZATIONAL CHART

At the October 2018 meeting of the Integrated Plan Steering Committee, several members requested information about the updated ODH HIV/STD/Hepatitis Prevention, Care and Surveillance table of organization. A simplified version of the programmatic elements of his information is shown below. All of the personnel included below (along with an administrative support unit) are supervised by Angela Hughes.

