END THE HIV EPIDEMIC
Cuyahoga County, Ohio

2025-2030
Jurisdictional Plan

Phase II: 2025-2030
Revised

Table of Contents

Acknowledgements

Thank you to everyone who contributed to developing the Cuyahoga County Ending the HIV Epidemic Plan. Additional thanks to the staff at The Center for Community Solutions for assisting with the planning, design, and execution of the first edition of this plan during Phase I.

Much gratitude goes to the many community members of Cuyahoga County and the State of Ohio; individuals with greater vulnerabilities to and living with HIV, those in the LGBTQ+ community, members of the faith community, youth, service providers and others. Your honest feedback, expertise, stories and lived experiences helped to make this plan one that we could ALL be proud of.

Executive Summary

The Cuyahoga County Board of Health (CCBH) receives funding from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) and the Center for Disease Control and Prevention (CDC) through the Ohio Department of Health (ODH) to execute the Ending the HIV Epidemic (EHE) Program from 2020-2030. The purpose of EHE is to fill-in gaps in HIV prevention and care services, and implement innovative techniques to reduce new HIV infections by 90%. As part of this project, a plan for the Cuyahoga County jurisdiction was developed in 2020 and updated in 2025.

HIV/AIDS was first identified in June 1981 following a historic publishing in the Morbidity and Mortality Weekly Report (MMR). Since this time, Cuyahoga County has been one of 57 regions in the United States with high prevalence of HIV/AIDS. In the 2000s and early 2010s, biomedical advances in antiretroviral therapy (ART) greatly enhanced the possibility of ending the epidemic.

- When taken correctly and consistently, ART as Pre-Exposure Prophylaxis (PrEP) can reduce the likelihood of HIV infection by more than 99%.
- When taken 72 hours after exposure, and consistently for 28 days, ART as Post-Exposure Prophylaxis (PEP) can reduce the likelihood of HIV infection by more than 99%.
- When taken correctly and consistently, ART as HIV treatment can reduce a person's HIV viral count to undetectable levels, making it impossible to transmit sexually.
- ART is available in both pill and injectable form, providing users with more choice
- When paired with additional prevention methods such as external condoms, the likelihood of transmission is reduced even further.

Adverse social determinants of health affect vulnerable populations, which includes higher incidence of HIV infection. Data drives the focus of implementing this plan, including access to all and unique attention to the most vulnerable in our jurisdiction.

Introduction

The Ending the HIV Epidemic initiative focuses on four key strategies: **Diagnose, Treat, Prevent and Respond.** Cuyahoga, Franklin and Hamilton counties were identified as three of the 57 national priority jurisdictions that account for more than half of new HIV diagnoses. The 10-year project is intended to reduce transmission by 90%. A plan for the Cuyahoga County jurisdiction was requested to guide the program's goals and activities during this period. Prominent members of the community participated in the creation of this plan, many of whom serve the populations of focus.

In addition to the four key strategies, the jurisdictional plan includes overarching strategies to address social determinants of health (SDOH) and systems of oppression, such as racism, that have been shown to directly impact and increase the community's risk of HIV infection.

Cuyahoga County is well positioned to leverage Ryan White as well as existing resources and infrastructure to achieve the primary goal. CCBH and other committed community partners have been actively engaged in:

Reducing new transmissions through prevention efforts

- Diagnosing those with HIV
- Link people with HIV (PWH) to care
- Providing support for PWH to remain in care
- Planning for potential outbreaks

Ending the HIV Epidemic cannot be achieved by one agency. It is a collaborative effort that will require active engagement from community-based agencies and community members.
In 2025, as Phase II of the EHE program was implemented, CCBH and community stakeholders revised the original 2020 strategies into measurable goals to reflect successes and modifications.

Background Data - 2020

ODH produced an epidemiological profile for Cuyahoga County, designating 2017 as the baseline year for Cuyahoga's EHE plan. During that year, 149 new diagnoses of HIV infection were reported. Using this baseline, the local EHE target is 15 new infections in 2030.

Demographics of individuals with newly-identified HIV infection were used to select populations of focus. These include men who have sex with men (MSM), MSM of color, and youth ages 13 to 24. Of the new diagnoses, 86% were among males with male-to-male sexual contact as the transmission category for 65% of males.

Among females, heterosexual contact was the transmission category for 64% of new infections. The rate of new diagnoses among people who are Black or African American was more than six times higher than that of white individuals. Black residents made up more than two-thirds of new HIV infections in Cuyahoga County.

At the end of 2017, of persons living with diagnosed HIV in Cuyahoga County, 66% were in receipt of care, 37% were retained in care, and 57% were virally suppressed, an improvement over the previous year. 80% of teens and adults diagnosed with HIV in Cuyahoga County in 2018 were linked to care within 30 days of diagnosis. Similar to the demographic of new diagnoses, 79% of people with AIDS (PWA) are males. However, the overall population of PWH in Cuyahoga County is older than those who are newly diagnosed. People 50-64 years old comprised the highest local number of persons living locally with diagnosed HIV.

The impact of the social determinants of health are particularly concerning. According to the data available from the U.S. Census Bureau, Cleveland had the highest poverty rate of any large city in the country at 30.8%. Overall, more than 16% of the county's population lived in poverty.

A share of Cuyahoga county's population does not have a high school diploma or equivalency (8.2%) and the unemployment rate is higher here than in the rest of the state (4.6%). Medicaid was relied on by 24% for health coverage alone or in combination and 19% had Medicaid coverage (alone or in combination). Housing quality and affordability is a concern in many parts of the county. More than 46% of renters and 22% of homeowners live in unaffordable housing where more than 30 percent of their income goes toward housing costs.

Phase I: 2020-2024

The Ending the HIV Epidemic planning process launched in March 2020, just as the COVID-19 virus emerged as a global health crisis. Activities quickly shifted from occurring in person to occurring virtually, remaining that way throughout the planning process.

The CCBH Ryan White staff members drafted an initial roster of community stakeholders to be invited to join the advisory committee. While forming the roster, a matrix was created to ensure that members represented an array of backgrounds, including those with professional expertise across sectors in the HIV community, those who were part of the impacted populations and those with lived experience. Stakeholders were invited to participate and the committee was formed.

The purpose of the Advisory Committee was to guide the formation of the countywide plan. Committee members advised CCBH and Community Solutions throughout development. Stakeholders and stakeholder groups lent their expertise, developed and revised strategies, and adopted the final plan.

Early in the process, the advisory committee received an overview of epidemiological data prepared by ODH. The profile included the most recent demographic and surveillance data relevant to the local state of HIV along with data about extensive socioeconomic and social determinants of health (SDOH).

Community Solutions presented a situational analysis report outlining available funding and programs supporting people with HIV, and ways to address the risk of HIV exposure. The epidemiological data and the findings of the report provided foundational knowledge about the current status of HIV transmission, risk of transmission, existing programs, services, and local funding sources.

Now having an understanding of the current state of HIV transmission, programs and services along with perspective from community stakeholders about current needs and gaps, the advisory committee moved to the strategy development phase of the planning process.

Factors for Success

Ending the HIV epidemic and reducing new HIV infections by 90% this decade will require collaboration and resources that stretch far beyond the traditional public health system. While some activities fall are conducted by Ryan White Part A and HIV prevention and care providers, many others are built on actions by outside entities. The advisory committee recognizes that progress on certain strategies will not be possible unless certain factors for success are in place. These include the following:

Improving the Policy Environment

Several strategies require changes in current law or regulations at the state or federal level in order to be implemented. The ability of certain groups to actively engage in advocacy is limited, often as a result of funding restrictions. Coordinated advocacy efforts by groups across the state of Ohio will be needed. Two specific policy issues that impact areas of this plan are laws related to the criminalization of HIV and the lack of health education standards in K-12 education

Identifying Financial Resources

Program administrators have stated their intention to align with EHE strategies when possible. Other agencies within Cuyahoga County, including Federally Qualified Health Centers and the Center for AIDS Research that received EHE funding, should align activities with the Cuyahoga EHE plan. However, existing funding will be insufficient to implement all the strategies identified in this plan. Leveraging resources, identifying alignment between the Cuyahoga EHE plan, and programs such as Housing Opportunities for Persons with AIDS (HOPWA) and Community Development Block Grant (CDBG) will aid in launching and sustaining implementation activities. However, financial resources could be an impediment to feasibility for some strategies.

Deepening and Developing Partnerships

Having the right partners in place can propel implementation. However, some strategies in this plan are heavily reliant on action by entities that are outside the traditional HIV prevention and services system. Recognizing the importance of partnerships and identifying required collaborators will be an important step during implementation planning.

Insurance Company Privacy Policies

Individuals have the right to access testing and treatment for HIV while maintaining privacy. This privacy should be maintained regardless of who holds the individual's insurance policy. Insurance companies will need to develop clear policies that ensure a young person covered by their parent's insurance or someone covered by a spouse or other family member will have their privacy protected.

Examining Relevant Data

In order to evaluate progress on strategies, certain data points will need to be shared with members of the advisory committee for analysis. However, some entities may not be allowed to share data per their agency policies. Further discussions regarding data sharing agreements, HIPAA and "public health use" may be needed.

Long-Term View of the Goal
If the activities under diagnosis strategy are successful, it means that more undiagnosed people living with HIV in Cuyahoga County will be identified. Therefore, we anticipate that the reported number of new infections will get worse before it begins to drop.

Maintaining Flexibility
The 2020 plan was developed in the midst of the global COVID-19 pandemic, which has upended normal methods of service provision. Going forward, it should be adjusted and adapted as community circumstances change or new information comes to light.

Phase II: 2025-2030

Phase I of Ending the HIV Epidemic in Cuyahoga County ended May 31, 2025. After a slow beginning period due to COVID-19, Cuyahoga County and its community partners were able to:

- Provide thousands of new HIV tests
- Distribute hundreds of self-testing kits
- Link newly diagnosed individuals to care
- Re-link many who were not retained in care
- Disseminate hundreds of harm reduction supplies
- Educate many local school-aged youth
- Achieve a 90% viral load suppression rate among Ryan White Part A patients

Still, the 2025 goal of 75% incidence reduction was not met. This has only fueled determination to meet the 2030 goal.

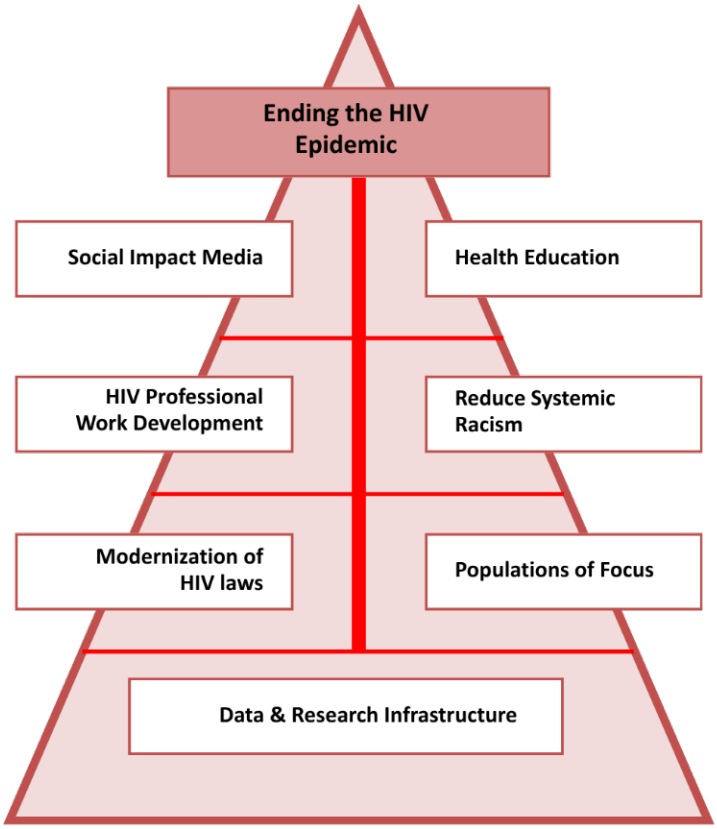
In Phase II, Cuyahoga County is prioritizing quick approaches and strategies. Rapid testing, rapid linkage to PrEP or ART, and rapid ART will improve outcomes, especially in conjunction with addressing SDOH and filling gaps in services. Additionally, the Jurisdictional Plan was updated to include measurable actions. Stakeholders were surveyed for input and the Community Advisory Group reviewed a draft for additional feedback. The plan was made accessible to the public in 2026.

Goals, Strategies, Planned Activities

Ending the HIV Epidemic in Cuyahoga County is an achievable objective. Strategic efforts are focused on reducing new transmissions by 75% within five years and by 90% within ten years. The community has a strong history of working collaboratively on programs and services to introduce and implement prevention efforts, increase access to diagnosis through testing and develop linkage to care and peer navigation programs to boost treatment adherence. To make progress with the current goals, the advisory committee has identified eight overarching strategies that encompass all areas of relevant work related to HIV. Approaches have been developed in each of the four strategy areas: prevent, diagnose, treat, and respond.

Overarching Strategies

Eight strategies have been identified as essential to achieving the goals. These strategies address both systemic factors and individual-level interventions. While some may be fully realized within the remaining years of the plan, others will involve a continual process over many years, requiring collaboration with multiple sectors and planning processes.



In some instances, they rely on larger cultural changes that may already be underway. The overarching strategies reflect the values of the advisory committee and community stakeholders who participated in the planning process. These values emphasize ending systemic racism and promoting inclusivity and equitable

Social Determinants of Health (44)

As a group, these are the non-medical and environmental conditions that significantly impact health outcomes and quality of life. Five broad areas have been selected for use in the legend presented here. Actions and activities that address specific social determinants of health will be identified throughout the remainder of the report using the icons shown below.

Economic Stability		**Neighborhood and Built Environment**	
Education Access and Quality		**Social and Community Context**	
Healthcare Access and Quality			

Reduce Systemic Racism	Increase and prioritize outreach of HIV testing, linkage to PrEP and linkage to antiretrovirals to communities of color.
Populations of Focus	Expand outreach— including HIV testing, linkage to PrEP and connection to antiretroviral treatment—within populations of focus.
Social Media Impact	*Love Leads Here* campaigns will be strategically launched in areas of high incidence and intentional spaces used by our populations of focus to maximize impact.
Health Education	Providers will educate all persons receiving HIV testing or treatment services on HIV transmission and the latest prevention options.
HIV Professionals Workforce Development	Professionals funded by EHE are given options for training and technical assistance through CCBH, ODH, HRSA, CDC or other trusted workforce development providers.
Modernization of HIV Laws	Providers will educate all persons receiving HIV testing or treatment services on HIV transmission and the latest prevention options.
Data and Research Infrastructure	Analysis, monitoring, and informed decision-making by epidemiologists, HIV professionals and community partners.

Overarching Strategy

Reduce Systemic Racism

Institutionalized racism drives the health disparities and social determinants of health that fuel the HIV/AIDS epidemic. These include, but are not limited to:

- Lack of trust in healthcare systems
- Limited access to care
- Inequitable diagnoses and prevention (PrEP prescriptions)
- Inequitable viral load suppression
- Incarceration
- Disparities in education, employment, food security, housing, mental health, substance use and transportation

Goal
Reduce racial disparities in HIV-related health outcomes over time.

Strategy
Increase and prioritize outreach of HIV testing, linkage to PrEP, and linkage to antiretrovirals to communities of color.

Actions
PrEP/PEP availability, visibility, and uptake are prioritized in zip codes with high percentage of Black and Latine residents.

Analyze & monitor HIV testing data trends to track and examine which populations are being tested for HIV.

Analyze & monitor viral load suppression data to identify disparities and improve outcomes.

Involve Black & Latine communities in local HIV research.

Economic Stability		Neighborhood and Built Environment	
Education Access and Quality		Social and Community Context	
Healthcare Access and Quality			

Overarching Strategy

Populations of Focus

Surveillance data, combined with qualitative insights from community partners, help identify specific populations that should be prioritized during strategy development. These groups experience elevated transmission rates, making them critical to efforts to end the HIV epidemic.

Goal
Reduce new HIV transmission and increase viral suppression rates among populations of highest incidence.

Strategy
Expand outreach within populations of focus: HIV testing, linkage to PrEP, and connection to antiretroviral treatment.

Actions
Enhance youth-friendly clinic services to feature special hours, days of the week, different environments and locations.

Continue to work with providers and partners to ensure that those communities most impacted by the epidemic are included in leadership and decision-making positions.

Continue to direct HIV testing campaigns and messaging towards populations of focus.

Support the expansion of apps to reach young adults living with HIV.

Assess the need for housing options for people with HIV and advocate for greater housing accessibility.

Overarching Strategy

Social Media Impact

Community-wide public awareness of HIV reduces stigma and creates an environment where people feel safe to discuss sexual health, behaviors, and other harm reduction methods proven to reduce HIV transmissions.

Goal
Use public awareness campaigns to quickly and effectively inform the public about HIV issues.

Strategy
Love Leads Here campaigns will be strategically launched in areas of high incidence. These campaigns will be intentionally placed in spaces frequented by populations of focus to maximize impact.

Actions
Utilize geocoding to expand utilization of social media platforms and dating apps to provide information about testing locations, events and public health alerts utilizing geocoding.

Increase marketing and visibility of self-testing options.

Include local models from populations of focus in campaign materials.

Overarching Strategy

Health Education

Education about HIV transmission and treatment plays a crucial role in reducing new transmissions. To be effective, educational efforts must become more visible and widely accessible throughout the community.

Goal
Increase public knowledge of HIV transmission and treatment with a focus on both the general population and PWH.

Strategy
Providers educate all persons receiving HIV testing or treatment services about up-to-date transmission and prevention options. This ensures that every individual is informed and empowered to make decisions that reduce the risk of transmission.

Actions
Continue to distribute condoms and include educative materials that span testing, treatment, and prevention in outreach efforts. 

Continue to promote sex education and school-based programming, focusing on evidence-based, inclusive opportunities. 

Continue to integrate local data in targeted social impact messaging. 

Create HIV prevention campaigns to promote U=U, PrEP, PEP, and other HIV-related topics through social media and dating apps. 

Expand utilization of social media platforms and dating apps to promote U=U, PrEP, stigma reduction, and care engagement messaging. 

Provide school districts with tools to adopt anti-stigma campaigns into school culture. 

Overarching Strategies

Workforce Development for HIV Professionals

Education about HIV transmission and treatment plays a crucial role in reducing new transmissions. Providers from all sectors who interact with PWH benefit from continual training about scientific advancements in the field, innovative practices, implicit bias and other relevant emerging topics.

Goal
Increase specialized knowledge in the HIV workforce.

Strategy
Professionals funded by EHE are given options for training and technical assistance through CCBH, ODH, HRSA, CDC, or other trusted workforce development providers.

Actions
Expand provider training for PrEP/PEP management and referral. 

Provide effective technical assistance to enhance and scale up HIV prevention services including PrEP and PEP provision in STI specialty clinics. 

Promote training for educators to increase their comfort level discussing HIV & sexual health in all appropriate patient encounters. 

Create a listserv of HIV professionals for ongoing promotion of professional development and networking opportunities across communities. 

Support DIS connection to national networks for training and support. 

Continue the development of a certified peer workforce that provides linkage, re-engagement, treatment adherence and retention in care services. 

Expand and integrate Ryan White clinical quality management programs. 

Overarching Strategies

Modernization of HIV

Outdated criminalization laws are not based in science, undermine public health, and perpetuate stigma against PWH. These laws contribute to decreases in diagnoses, issues surrounding partner identification, and further stigmatize and penalize those who are practicing safer sex and obtaining undetectable viral loads.

Goal
Modernize laws related to HIV in the State of Ohio.

Strategy
Champion modernization of HIV laws by republishing the county's statement about decriminalizing HIV.

Actions
Advocate for an Ohio HIV Law amendment.

Maintain local representation on the Ohio Health Modernization Movement Steering Committee.

Overarching Strategies

Data & Research Infrastructure

Consistent, reliable access to HIV and other health data sets help decision makers effectively reach populations of focus to promote harm reduction strategies, linkage to care, treatment adherence and continuity of care.

Goal
Use data to make informed decisions regarding HIV prevention, treatment, diagnosis and outbreak response.

Strategy
Analysis, monitoring and informed decision-making by epidemiologists, HIV professionals and community partners.

Actions
Review data sources on PrEP/PEP use to monitor equity and access.

Continue to monitor trends in viral suppression among populations of focus.

Sustain HIV testing data, demographic data, surveillance data, community epidemiological profiles, and HIV care in correctional facilities.

Continue using best practices regarding HIPAA-protected information, data protection and de-identification.

Prevent

Preventing new HIV transmissions is an essential strategy. Five strategies have been proposed to prioritize the continuation of successful existing prevention activities. By expanding them as necessary, new programs and opportunities will be created for innovative and evidence- based practices.

Prevention Strategies to End the HIV Epidemic

Condom Distribution	By 2030, 1 million condoms and other harm reduction supplies will be distributed at sites throughout the jurisdiction.
Empowering Youth and Young Adults	Expand outreach— including HIV testing, linkage to PrEP, and connection to antiretroviral treatment—within populations of focus.
Equitable PrEP/PEP Access	Expand outreach— including HIV testing, linkage to PrEP, and connection to antiretroviral treatment—within populations of focus.
Protective Factors and Harm Reduction	By 2030, at least five syringe service program locations will distribute HIV self-test kits and harm reduction supplies.
U=U Messaging	By 2030, intentional social marketing efforts will be amplified to educate the community about **undetectable equals untransmissible.**

Prevent

Condom Distribution

Goal
Expand, sustain, and promote access to condoms.

Strategy
By 2030, one million condoms and other harm reduction supplies will be distributed at sites throughout the jurisdiction.

Activities
Ensure that community-based organizations and local health care centers have access to condom resources to provide to clients and patients.

Explore home delivery options and/or promote home delivery option via OHIV.org.

Increase provision of condoms to community-based centers and non-traditional settings.

Continue to offer and promote a variety of condom types at community distribution events, including internal condoms, dental dams and lubricant.

Economic Stability		Neighborhood and Built Environment	
Education Access and Quality		Social and Community Context	
Healthcare Access and Quality			

Prevent

Equitable PrEP/PEP

Goal
Provide equitable countywide access to PrEP and PEP.

Strategy
By 2030, PrEP access and retention will increase by at least 20% among those for whom PrEP is recommended.

Activities
Advocate for over-the-counter availability of PrEP/PEP at pharmacies and minute clinics.

Expand rapid PrEP/PEP availability at local hospitals and clinical settings, especially in localities with elevated HIV levels and/or outbreaks.

Strengthen pathway for those with unstable housing to have consistent access to medications.

Increase number of PrEP navigators in the community.

Prevent

Protective Factors and Harm Reduction

Goal
Expand and sustain safe, secure, and equitable community spaces that encourage HIV harm reduction, including support for Syringe Services Programs.

Strategy
By 2030, at least five syringe service program locations will distribute self-test kits and harm reduction supplies.

Activities
Support and expand syringe exchange programs, including mobile programs.

Expand preventive supportive services to include late-night hours and street outreach.

Identify and develop social emotional interventions beyond sexual behaviors.

Expand and promote telemedicine for PrEP and PEP care.

Integrate education, screening, and treatment for other STIs as a component of HIV prevention programs.

Support workforce development and housing programs as part of prevention case management.

Prevent

Empowering Youth and Young Adults

Goal
Increase opportunities for school age youth and young adults to understand how behavior Interacts with HIV & sexual health.

Strategy
By 2030, school-age youth and young adult populations will have reduced HIV incidence due to increased testing, education and outreach prioritization.

Activities
Connect youth to positive youth development opportunities including employment, events and mentoring programs. 

Ensure that youth voice is incorporated in messaging about HIV prevention and sexual health messaging. 

Prevent

U=U Messaging

Goal
Reduction in new HIV infections due to viral load suppression.

Strategy
By 2030, intentional social marketing efforts will be amplified to educate the community about the idea of “undetectable equals untransmissible.”

Activities
Use geolocation technology to promote the Love Leads Here U=U campaign online.

Use RTA bus shelters and billboards to promote U=U and other LLH campaigns.

Distribute Love Leads Here (LLH) materials at events like Pride in the CLE and community health fairs.

Diagnose

Early HIV diagnosis prevents individuals from unknowingly transmitting the virus to others. The diagnose chart contains strategies that focus on increasing equitable access to testing by working across different sectors (social services and health). The importance of community health workers and peer navigation is reflected within the strategies and draws upon existing models that have found success in this and other communities.

Diagnosis Strategies to End the HIV Epidemic

Equitable Access to HIV Testing	By 2030, EHE-funded providers will, utilizing a combination of self-tests, rapid tests, and lab tests, perform or distribute at least 25,000 HIV tests in the jurisdiction.
Increased EHE Initiatives	Expand outreach— including HIV testing, linkage to PrEP, and connection to antiretroviral treatment—within populations of focus.
Equitable PrEP/PEP Access	Expand outreach— including HIV testing, linkage to PrEP, and connection to antiretroviral treatment—within populations of focus.
Protective Factors and Harm Reduction	By 2030, at least five syringe service program locations will distribute HIV self- test kits and harm reduction supplies.
U=U Messaging	By 2030, intentional social marketing efforts will be amplified to educate the community about **undetectable equals untransmissible.**

Diagnose

Equitable access to HIV Testing

Goal
Increase availability of equitable HIV testing throughout the community.

Strategy
EHE-funded providers will utilize a combination of self-tests, rapid tests and lab tests to perform or distribute at least 25,000 HIV tests in the jurisdiction by 2030.

Activities
Continue to utilize community testers for events in communities that reflect populations of focus.

Continue DIS partner notification.

Ensure opt-out routine HIV testing and referrals to care via primary care, OB/GYN, urgent care, plasma centers, substance use disorder clinics, STI clinics, pharmacies and Pride clinics.

Offer testing on location and distribute self-test kits during syringe services outreach.

Expand emergency department testing initiative.

Expand street outreach efforts to provide HIV self-test kits.

Expand use of electronic medical record alert system to identify clients who meet testing criteria and/or exhibits certain symptoms and offer rapid testing.

Economic Stability		Neighborhood and Built Environment	
Education Access and Quality		Social and Community Context	
Healthcare Access and Quality			

Diagnose

Increased EHE Initiatives

Goal
Increased utilization of primary care testing, ED testing, community testing locations, testing events and at-home options.

Strategy
By 2030, the jurisdiction will expand testing to at least 25 sites in high-incidence geographic locations.

Activities
Promote the use of evidence-based HIV and sexual health units' school health curriculum. 

Continue to conduct community-based testing outside of business hours and in a variety of locations, not just clinics or social service agencies. 

Ensure HIV testing sites are conducting priority population-based testing outside of business hours and in a variety of locations for populations of high incidence. 

Diagnose

Partnerships

Goal
Strengthen and expand partnerships with organizations including justice system family planning, domestic violence centers, human trafficking taskforces, rape crisis centers and the HIV workforce.

Strategy
By 2030, community advisory group (CAG) membership will expand to at least 200 community members, healthcare, and social service professionals for the purpose of networking and referrals

Activities
Deepen collaborations with the criminal justice system at the state/local levels during incarceration and re-entry, including testing during re-entry process.

Testing for domestic violence and survivors of rape, sexual assault, sexual abuse, and human trafficking.

Enhance HIV Prevention Planning into HIV Care system.

Continue to work with STI clinics to offer HIV testing.

Support funding for providers of sexual and reproductive health care, especially through the Title X Family Planning Program.

Diagnose

CHW Peer Navigation

Goal
Expand integration of Community Health Workers as Peer Navigators within hospital systems.

Strategy
By 2030, each HIV service provider with EHE funding will employ a peer navigator, when possible, for Rapid Start ART and early intervention services (EIS).

Activities
Utilize CHWs as a support to early intervention services in initial linkage to care for clients living with HIV.

Utilize EHE funding to provide pay and resources for peer navigators within existing organizations.

Utilize innovative and successful peer navigation models including Promise Model, Community Promise, Building Blocks to Peer Success (Boston University).

Treat

Rapid treatment effectively allows PWH to reach sustained viral suppression. As a person's viral load becomes undetectable, it also becomes untransmittable. Strategies in the treat pillar focus on guiding PWH into care and providing the support necessary to remain in care through medical care, support networks, peer support, and meeting basic need of housing.

Treatment Strategies to End the HIV Epidemic

Viral Suppression	By 2030, Ryan White Part A (RWPA) & EHE funded providers will maintain a 90% viral load suppression (VLS) rate.
Linkages to Care	By 2030, 90% of all individuals are linked to care within 24 hours of HIV diagnosis.
Support Networks for PWH	By 2030, 100% of newly diagnosed clients are assessed for medical case Management (MCM), nonmedical case management (NMCM), and psychosocial support services (PSS).
Peer Support	By 2030, 100% of newly diagnosed clients are assessed for MCM, NMCM and PSS.
Stigma Reduction	By 2030, stigma-reducing social marketing campaigns are used in critical geographic, community, and online locations to increase public awareness to ending the epidemic.
Integrated Care	By 2030, 100% of newly diagnosed clients are assessed for MCM, NMCM and PSS.
Housing	By 2030, 90% of PWH are in stable housing due programs such as HOPWA and EHE emergency Financial Assistance (EFA).

Treat

Viral Suppression

Goal
Enhance opportunity for equitable sustained viral suppression.

Strategy
By 2030, Ryan White Part A (RWPA) & EHE funded providers will maintain a 90% viral load suppression (VLS) rate.

Activities
Ensure rapid start of antiretroviral therapy (ART) widely available and incorporated.

Incorporate adherence support and interventions based on best practices and innovative practices.

Utilize Peer Navigators to ensure an individualized adherence plan is developed for every PWH and incorporated into all services.

Monitor innovations in service delivery to ensure ART access is more widely available.

Monitor as necessary to ensure Ohio AIDS Drug Assistance Program and its formulary continue to provide access to comprehensive and effective HIV- related medical care and treatment.

Support Medicare and Medicaid as the largest federal funders of HIV care and treatment.

Ensure RWPA & EHE's Emergency Financial Assistance program continues to help clients with medications as a payer of last resort.

Economic Stability		Neighborhood and Built Environment	
Education Access and Quality		Social and Community Context	
Healthcare Access and Quality			

Treat

Linkages to Care

Goal
Ensure individuals with HIV have a realistic pathway to medical care/treatment.

Strategy
By 2030, 90% of all individuals are linked to care within 24 hours of HIV diagnosis.

Activities
Ensure linkage procedures in place for primary care, OB/GYN, urgent care, plasma centers, emergency departments, STI Clinics, & Pride clinics. 

Transitional care coordination intervention for recently incarcerated clients. 

Increase the availability of telehealth visits, mobile clinics, and/or expanded hours. 

Support DIS workers as they work directly with PWH. 

Support non-traditional clinics such as point-of-care services, mobile clinics, telemedicine, and integrated medical care in other social support settings. 

Expand utilization of medical transportation services, as well as non-traditional transportation assistance, such as rideshare. 

Treat

Support Networks for PWH

Goal
Develop formal support networks for PWH.

Strategy
By 2030, 100% of newly diagnosed clients are assessed for medical case management (MCM), nonmedical case management (NMCM), and psychosocial support services (PSS).

Activities
Encourage hospital systems seek training to incorporate STEPS to Care intervention: patient navigation, care team coordination, and HIV self-management.

Ensure social workers conduct detailed needs assessment for all clients to decrease barriers to care including employment, health care, substance use, mental health, food insecurity, housing and transportation

Identify, advocate and offer information on additional housing supports including Shelter + Care vouchers, permanent supportive housing, and emergency housing.

Promote information sources for PWH and professionals working with PWH that are staffed by a social worker or other trained professionals.

Treat

Peer Support

Goal
Develop and strengthen informal support networks for PWH.

Strategy
By 2030, 100% of newly diagnosed clients are assessed for MCM, NMCM and PSS.

Activities
Utilize peer navigators for re-engagement into care outreach, patient navigation, providing Linkage and referrals, and promoting medical adherence.

Sustain and expand peer support groups.

Promote existing text hotlines and apps for support for PWH.

Compensate peer leaders of support groups/programs.

Treat

Public Education & Stigma Reduction

Goal
Increase public awareness of HIV as a manageable condition in order to reduce stigma associated with accessing care and support networks.

Strategy
By 2030, stigma-reducing social marketing campaigns are used in critical geographic, community, and online locations to increase public awareness about ending the epidemic.

Activities
Promote support groups via social media and/or campaign website.

Develop pathways to refer people for HIV services.

Educate PWH clients and the public understand the concept of U=U through counseling, outreach, and media campaigns.

Continue to push messaging to the general public on the advancements in HIV treatment and life expectancy.

Treat

Integrated Care

Goal
Continue to work across organizations to provide integrated care for PWH.

Strategy
By 2030, 100% of newly diagnosed clients are assessed for MCM, NMCM and PSS.

Activities
Enhance access to medication assisted treatment and other substance use treatment alongside HIV care.

Increase opportunity for medical case management to have social determinant of health needs assessed for intervention.

Increase holistic social supports for leadership development, connection, resilience and wellness through peer-led healing weekends and other mutual aid gatherings.

Emphasize system-wide efforts to build independence and empower PWH to take control of their care.

Support care coordination model which provides an expanded form of HIV medical case management, including Linkage to Care in a timely manner, developing a patient-centered care plan that emphasizes continuous adherence to care and antiretroviral treatment.

Treat

Housing

Goal
Continue to ensure PWH maintain or achieve stable housing status.

Strategy
By 2030, 90% of PWH are in stable housing due programs such as HOPWA and EHE Emergency Financial Assistance (EFA).

Activities
Continue to promote emergency financial assistance to prevent PWH from becoming unhoused.

Continue to provide Permanent Housing Placement for PWH needing assistance securing permanent housing through HOPWA.

Maintain engagement with local Continuum of Care and coordinated entry to provide Tenant-Based Rental Assistance “Vouchers” to PWH under the CDPH HOPWA program.

Expand support for short-term supportive housing to divert PWH from shelters through the HOPWA.

Continue to promote workforce development for PWH to sustain and support permanent housing.

Respond

Responding to HIV outbreaks requires connecting prevention and treatment services to people quickly and effectively. Effective outbreak response must be built on a plan that can be enacted rapidly with clear roles for each entity involved being developed prior to an outbreak occurring. Ohio Department of Health and local public health departments, including Cuyahoga County Board of Health, are collaborating on outbreak response plans. The nature of the outbreak will determine the community partners which need to be engaged. For example, outbreaks associated with injection drug use will require different outreach targets than one from sexual contact. In addition, outbreak response relies heavily on partner identification and notification to move people to testing and resources as necessary. Cuyahoga County Board of Health and other local partners remain committed to collaborating with Ohio Department of Health if an outbreak occurs.

Outbreak Response Strategies

Partner Identification	By 2030, ninety percent of newly diagnosed individuals are interviewed for partner services within 30 days of diagnosis.
Outbreak Response Plan	By 2030, one hundred percent of identified clusters are appropriately investigated under the county's Cluster Detection and Outbreak Plan.

Respond

Partner Identification

Goal
Continue to use multiple methods to identify partners of PWH and advise them about testing and resources.

Strategy
By 2030, 90% of newly diagnosed individuals are interviewed for partner services within 30 Days of diagnosis.

Activities
Continue to collect nontraditional contact information of partner(s) including username, Specific dating apps, email communication, etc.

Continue to link potentially exposed persons to testing and resources.

Supply free HIV self-test kits to those being notified.

Ensure, to the maximum extent possible, that partner notification remains a discreet, consensual, confidential and cooperative process.

When privacy can be ensured, utilize text and app-based methods to notify partners.

Economic Stability		Neighborhood and Built Environment	
Education Access and Quality		Social and Community Context	
Healthcare Access and Quality			

Respond

Outbreak Response

Goal
Maintain a clear plan of action to respond to an HIV outbreak and follow plan in the event of an outbreak.

Strategy
By 2030, one hundred percent of identified clusters are investigated under the County's Cluster Detection & Outbreak plan.

Activities
Integrate HIV surveillance and response into the Emergency Preparedness structures within ODH and CDC.

Utilize expertise of DIS workers staff to identify potential clusters and/or outbreaks.

Push notifications of public health advisories during outbreaks to users of dating apps using geo-targeting.

Invite and integrate PWH to participate in plan development and implementation.

Appendix A: Glossary

AIDS
According to CDC, AIDS is the most serious stage of HIV infection, at which a person has a highly increased chance of developing opportunistic infections. AIDS is also diagnosed when a person's CD4 cell (white blood cell) count falls below 200 cells/mm^3.[1]

AIDS Education and Training Centers
The AIDS Education and Training Centers (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally-based tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations. The purpose is to integrate high quality comprehensive care for those living with or affected by HIV.[2]

Anti-Racism
An active analysis of the role that institutions and systems play in racial inequities. Racist policies, practices and procedures are identified in order to create and replace them with those that promote racial equity. It is not the same as the passive, inactive response of being "not racist." It requires active resistance to and dismantling of the system of racism.[3]

Antiretroviral Treatment (ART)
Also known as antiretroviral medications or antiretroviral therapy. These medications are used to treat HIV disease and control the virus.

Care Coordination Model
The HIV Care Coordination Program (CCP) is intended to improve retention for clients in HIV care by offering home and field-based patient navigation services, coordinating medical and social services, providing support and coaching for medication adherence and assisting clients with gaining skills and knowledge to maintain a

stable health status. Services might include case management, a multidisciplinary team, outreach for missed appointments, and patient navigation among other things.[4]

CD4 Count
The CD4 count is the number of CD4 cells (or T-helper cells) present in one's blood as measured by a simple blood test. It is an indicator of the health of the immune system. The CD4 count should go up when HIV treatment is provided. It's often talked about at the same time as viral load (the amount of HIV virus detected in blood). Generally, when the CD4 count is high, the viral load is low and vice versa.[5]

Centers for AIDS Research (CFAR)
The Centers for AIDS Research (CFAR) are a nationwide group of NIH-funded and independently-operated research centers at academic institutions.[6]

Community Health Workers (CHW)
A frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.[8]

COVID-19
Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is caused by a novel (new) coronavirus that has not previously been seen in humans.[9]

Cultural Competency
A provider's ability to tailor their services to the individual, social, cultural and linguistic needs of those they serve. It reflects an

understanding of a worldview that is unique to patients, particularly as it relates to their perception of health. This may be reflective of their cultural background and norms, their level of health literacy and their ability to access services.[10]

Disease Intervention Specialists (DIS)
Disease Intervention Specialists work in health departments, community health centers and other similar locations. They conduct contact tracing, partner notification services, patient navigation and emergency response.[11]

Drug Resistance
If someone with HIV doesn't take their antiretroviral treatment properly, the drugs may become unable to control the virus, which can cause the treatment to stop working. This is called drug resistance. It's also possible for someone who has developed a drug-resistant strain of HIV to pass it on.[12]

ED/ER
Emergency department or emergency room

EMR
Electronic Medical Record

Ohio HIV/AIDS Integrated Epidemiologic Profile
The comprehensive epidemiologic profile provides detailed information on the current status of the HIV/AIDS epidemic in Ohio. This report describes the general population of Ohio, persons with HIV infection in Ohio, persons at risk for HIV infection in Ohio and service utilization patterns among HIV- infected persons in Ohio.[13]

Geo-targeting
Using maps and geographic analyses to improve HIV services by identifying areas with high concentrations of the HIV epidemic and a lack of services. It allows for the targeting of resources to those in need of prevention services, testing, treatment and support.[14]

Harm Reduction
Harm reduction refers to policies, programs and practices designed to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws.[15]

Health Disparities
Preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.[16]

HIV
Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure, but with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.[17]

HIV Criminalization
The unjust application of criminal law to people living with HIV based solely on their HIV status. This includes the use of HIV-specific criminal statutes or general criminal laws to prosecute people living with HIV. Charges may include unintentional HIV transmission, perceived or potential HIV exposure, and/or non-disclosure of known HIV-positive status.[18]

Implicit Bias
The attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. They develop over our lifetime from an early age and cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.[19]

Institutional Racism
The way in which racism has been institutionalized in a way that permits the establishment of patterns, procedures, practices and policies within organizations that consistently penalize and exploit people because of their race, color, culture or ethnic origin.[20]

Latine
A Spanish gender-neutral term used to refer to those who identify as being Hispanic or of Latin descent.[21]

Linkage to Care
An official Health Resources and Services Administration (HRSA) HIV/AIDS Bureau performance measure. Linkage to Medical Care is the percentage of patients, regardless of age, who attended a routine HIV medical care visit within one month of HIV diagnosis.[22]

MSM
Men who have sex with men.

Peer Navigation Programs
Designed to utilize HIV-positive, medication-adherent role models living a shared experience and sharing community membership with the populations with whom they work.[25]

PWA
People with AIDS.

PWH
People with HIV.

Post-exposure Prophylaxis (PEP)
Short-term treatment started as soon as possible within 72 hours after possible exposure to HIV. This action helps to significantly reduce the risk of infection.[26]

Pre-exposure Prophylaxis (PrEP)
A daily pill and program for those who are HIV negative that is up to 99% effective at preventing the sexual transmission of HIV when taken consistently and correctly.[27]

Racial Disparities
Harmful, inequitable and unjust outcomes created and perpetuated for specific groups of people. Historical and contemporary discrimination is found in policies and practices.[28]

Rapid HIV Testing
With a rapid HIV antibody screening test, usually done with blood from a finger prick or with oral fluid, results are ready in 30 minutes or less. The oral fluid antibody self-test provides results within 20 minutes.[29]

Ryan White Program
A federally funded program of the Health Resources and Services Administration (HRSA) that provides a comprehensive system of HIV care, primary medical care and essential support services and medications for low-income people living with HIV. The program grants funds to cities, counties, states and local community-based organizations to provide HIV care and treatment services. The Ryan White HIV/AIDS Programs consists of different parts (A, B, C, D, and F) that each have specific focus areas.[30]

Self-Testing
HIV self-testing allows for a test to be taken at home or in another private place. These kits are becoming more widely available, yielding a result in 15 to 20 minutes.[31]

Sex Work
The exchange of sexual services or performances for material compensation, including money, housing or food. Sex work is distinct from human trafficking.[32]

Situational Analysis
Required by the CDC and Ohio Department of Health for the Ending the Epidemic planning process, this is a report describing the landscape of all HIV services and policies. Multiple methods are used to analyze internal and external factors.

Social Determinants of Health
Conditions in the places where people live, learn, work and play that affect a wide range of health and quality-of life-risks and outcomes.[33]

STD/STI
Sexually transmitted diseases or sexually transmitted infections.

STEPS to Care
An online toolkit designed to support diverse agencies in the uptake and implementation of three evidence-informed strategies: patient navigation, care team coordination, and HIV self-management. The goal is to improve retention in HIV care and reduce viral loads: [34]

Structural/Systemic Racism
A system in which public policies, institutional practices, cultural representations, and other norms work in various and often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. It has been a feature of the social, economic and political systems in which we all exist.[35]

Surveillance Data
Health data that are collected, analyzed and interpreted on an ongoing basis and are essential to the planning, implementation and evaluation of public health practices. HIV surveillance data describe

who is infected (age, gender, race, ethnicity), geographical location of cases, when cases were diagnosed and dates and results of subsequent CD4 and viral load tests.[36]

Syringe Service Programs
Community-based prevention programs that facilitate the safe disposal of used needles and syringes. They also provide a range of services, including linkage to substance use disorder treatment, access to and disposal of sterile syringes and injection equipment, and vaccination, testing and linkage to care and treatment for infectious diseases.[37]

Testing Together
A public health strategy that occurs when two or more persons who are in or planning to be in a sexual relationship receive HIV testing services together. This service facilitates communication and disclosure of HIV status. It also supports linkage to HIV medical care, pre-exposure prophylaxis (PrEP) and other appropriate services.[38]

Trauma-informed Care
A treatment style that supports a whole person. It accounts for past trauma and the resulting coping mechanisms that arise when attempting to understand behaviors and engage in care.[40]

U=U
A concept introduced by the Prevention Access Campaign that people living with HIV who are on antiretroviral treatment and have an undetectable viral load cannot transmit HIV sexually to their HIV-negative partners. “Undetectable equals Untransmittable.”
[41]

Viral Load
Refers to the amount of HIV virus in a person’s blood.[42]

Viral Suppression
Using antiretroviral therapy (ART) to lower a viral load to an undetectable level in the blood. Viral suppression means treatment is keeping HIV under control and cannot be transmitted, but HIV still remains in the body. Viral load can become undetectable within six months of treatment.[43]

References

[1] Centers for Disease Control and Prevention (CDC). (2020). *About HIV*. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html

[2] AIDS Education & Training Center Program (AETC). (2020). *About the AIDS Education and Training Center Program.* Retrieved from https://aidsetc.org/about

[3] National League of Cities. (2020). *What Does it Mean to Be an Anti-racist?* Retrieved from https://www.nlc.org/article/2020/07/21/what-does-it-mean-to-be-an-anti-racist/

[4] Centers for Disease Control and Prevention (CDC). (2018). *HIV Care Coordination Program: Evidence-Informed for Retention in HIV Care*. Retrieved from https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/lrc/cdc-hiv-lrc-hiv-care-coordination- program.pdf

[5] Avert. (2020). *HIV & AIDS Glossary.* Retrieved from https://www.avert.org/about-hiv-aids/glossary

[7] Cleveland Rape Crisis Center. (n.d.). *About.* Retrieved from https://clevelandrapecrisis.org/about-us/

[8] American Public Health Association (APHA). (2020). *Community Health Workers.* Retrieved from https://www.apha.org/apha-communities/member-sections/community-health-workers

[9] Centers for Disease Control and Prevention (CDC). (2020). Frequently Asked Questions. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Basics

[10] Health Resources and Services Administration (HRSA). (2013). *Culturally Competent Care.* Retrieved from https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/culturallycompetentcare.pdf

[11] National Coalition of STD Directors. (2020). *Disease Intervention Specialists.* Retrieved from https://www.ncsddc.org/our-work/disease-intervention-specialists-dis/

[12]Avert. (2020). *HIV & AIDS Glossary.* Retrieved from https://www.avert.org/about-hiv-aids/glossary

[14] UNAIDS. (2013). *Location, Location: Connecting People Faster to HIV Services.* Retrieved from https://www.unaids.org/sites/default/files/media_asset/LocationLocation_en.pdf

[15] Harm Reduction International. (2020). *What is harm reduction?* Retrieved from https://www.hri.global/what-is- harm-reduction

[16] Minnesota Department of Health. (2019). *Minnesota HIV Strategy: A Comprehensive Plan to End HIV/AIDS*. Retrieved from https://www.health.state.mn.us/diseases/hiv/partners/strategy/mhs2019.pdf

[17] Centers for Disease Control and Prevention (CDC). (2020). *About HIV*. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html

[18] HIV Justice Worldwide. (2017). *Frequently Asked Questions.* Retrieved from https://www.hivjusticeworldwide.org/en/frequently-asked-questions/

[19] The Kirwan Institute for the Study of Race and Ethnicity. (2015). *Understanding Implicit Bias*. Retrieved from http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

[20] American Academy of Family Physicians (AAFP). (2020). *Institutional Racism in the Health Care System*. Retrieved from https://www.aafp.org/about/policies/all/institutional-racism.html

[21] Pew Research Center. (2020). *About One-in-Four U.S. Hispanics Have Heard of Latinx, but Just 3% Use It.* Retrieved from https://www.pewresearch.org/hispanic/2020/08/11/about-one-in-four-u-s-hispanics-have-heard- of-latinx-but-just-3-use-it/

[22] Health Resources and Services Administration (HRSA). (2019). *HIV/AIDS Bureau Performance Measures.* Retrieved from https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/systemlevelmeasures.pdf

[23] AIDS Foundation of Chicago. (2019). *Getting to Zero Illinois: 2019-2023 Plan*. Retrieved from https://gtzillinois.hiv/wp-content/uploads/2019/06/GTZ-IL-plan-English-06062019.pdf

[25] AIDS United. (2015). *Best Practices for Integrating Peer Navigators into HIV Models of Care.* Retrieved from https://www.aidsunited.org/data/files/Site_18/PeerNav_v8.pdf

[26] AIDS Foundation of Chicago. (2019). *Getting to Zero Illinois: 2019-2023 Plan*. Retrieved from https://gtzillinois.hiv/wp-content/uploads/2019/06/GTZ-IL-plan-English-06062019.pdf

[27] Ibid.

[28] Urban Institute. (2020). *Race and Ethnicity*. Retrieved from https://www.urban.org/urban-wire/how-we-should- talk-about-racial-disparities

[29] Centers for Disease Control and Prevention (CDC). (2020). *Types of HIV Tests.* Retrieved from https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html

[30] Health Resources and Services Administration (HRSA). (2020). *About the Ryan White HIV/AIDS Program*. Retrieved from https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

[31] Avert. (2020). *HIV & AIDS Glossary.* Retrieved from https://www.avert.org/about-hiv-aids/glossary

[32] AIDS Foundation of Chicago. (2019). *Getting to Zero Illinois: 2019-2023 Plan*. Retrieved from https://gtzillinois.hiv/wp-content/uploads/2019/06/GTZ-IL-plan-English-06062019.pdf

[33] Centers for Disease Control and Prevention (CDC). (2020). *Social Determinants of Health: Know What Affects Health*. Retrieved from https://www.cdc.gov/socialdeterminants/index.htm

[34] Centers for Disease Control and Prevention (CDC). (2020). *STEPS to Care: Strategies.* Retrieved from https://www.cdc.gov/hiv/effective-interventions/treat/steps-to-care/dashboard/steps-strategies.html

[35] Aspen Institute. (2016). *11 Terms You Should Know to Better Understand Structural Racism.* Retrieved from https://www.aspeninstitute.org/blog-posts/structural-racism-definition/

[36] Minnesota Department of Health. (2019). *Minnesota HIV Strategy: A Comprehensive Plan to End HIV/AIDS*. Retrieved from https://www.health.state.mn.us/diseases/hiv/partners/strategy/mhs2019.pdf

[38] Centers for Disease Control and Prevention (CDC). (2020). *Testing Together*. Retrieved from https://www.cdc.gov/hiv/effective-interventions/diagnose/testing-together?Sort=Title%3A%3Aasc

[40] AIDS Foundation of Chicago. (2019). *Getting to Zero Illinois: 2019-2023 Plan*. Retrieved from https://gtzillinois.hiv/wp-content/uploads/2019/06/GTZ-IL-plan-English-06062019.pdf

[41] Prevention Access Campaign. (2017). *About*. Retrieved from https://www.preventionaccess.org/about

[42] Avert. (2020). *Adherence and Dealing with Side Effects of Antiretroviral Treatment for HIV.* Retrieved from https://www.avert.org/living-with-hiv/monitoring-switching-treatment

[43] Ibid.

[44] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Appendix B: Advisory Committee Members

2020 Editors

Advisory Committee Members

Rachel Austermiller - Signature Health, Inc.
Clifford Barnett - NORA
Robert Bucklew - AIDS Clinical Trials Unit
Jeannie Citerman-Kraeger - Cleveland Department of Public Health
LaRaun Clayton - Cleveland Department of Public Health
Ernest Daniel - Community Member
Dr. Kristin Englund - Cleveland Clinic
Gulnar Feerasta - LGBT Community Center of Greater Cleveland
Dr. Barbara Gripshover - University Hospitals
Jean-Luc Kasambayi - Nueva Luz Nestor Marrero, AIDS Taskforce
Jason McMinn - MetroHealth Hospital
Julie Patterson - AIDS Funding Collaborative
Doug Vest - May Dugan Center
Dr. Adriana Whelan - Circle Health Services

Local Leads - Cuyahoga County Board of Health

Gloria Agosto-Davis
Melissa Kolenz
Vino Panakkal
Melissa Rodrigo

Ohio Department of Health Representatives

Charles Abernathy
Wendy Adams
Laurie Rickert
Heather Searfoss-Allaire

Plan Consultants - The Center for Community Solutions
Emily Campbell
Taneisha Fair
Melissa Federman
Emily Muttillo

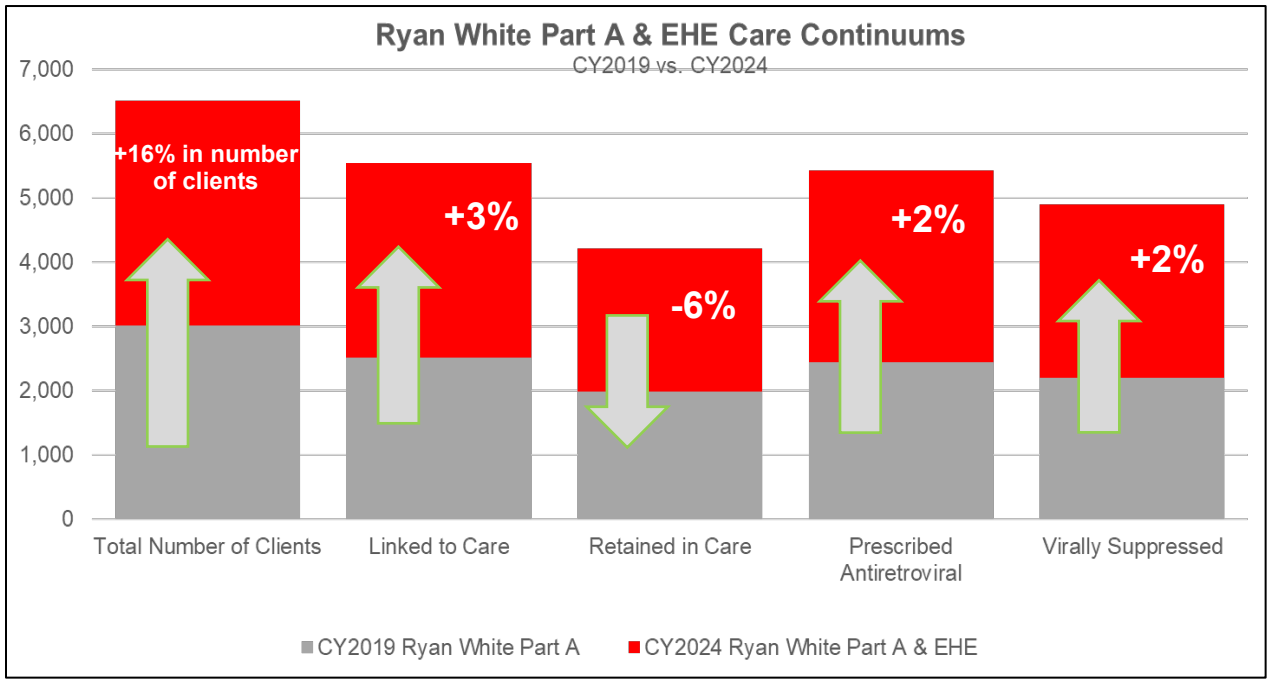
2025 Editors

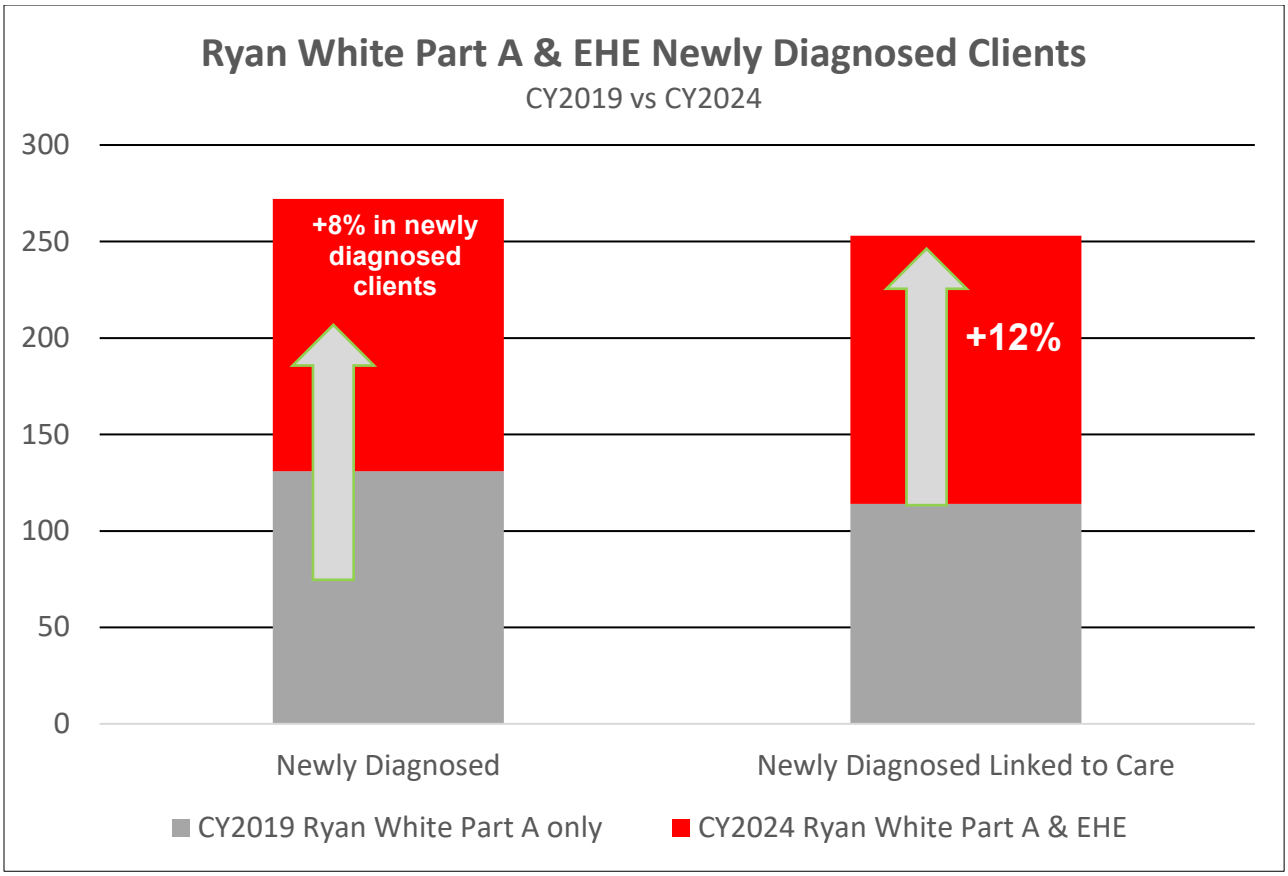
Cuyahoga County Board of Health:
Dr. Andre Brown
Alisha Cassidy
Sonji Deal
Melissa Hansen
Erin Janowski
Erin Lark Turcoliveri
Zach Levar
Brian Lutz

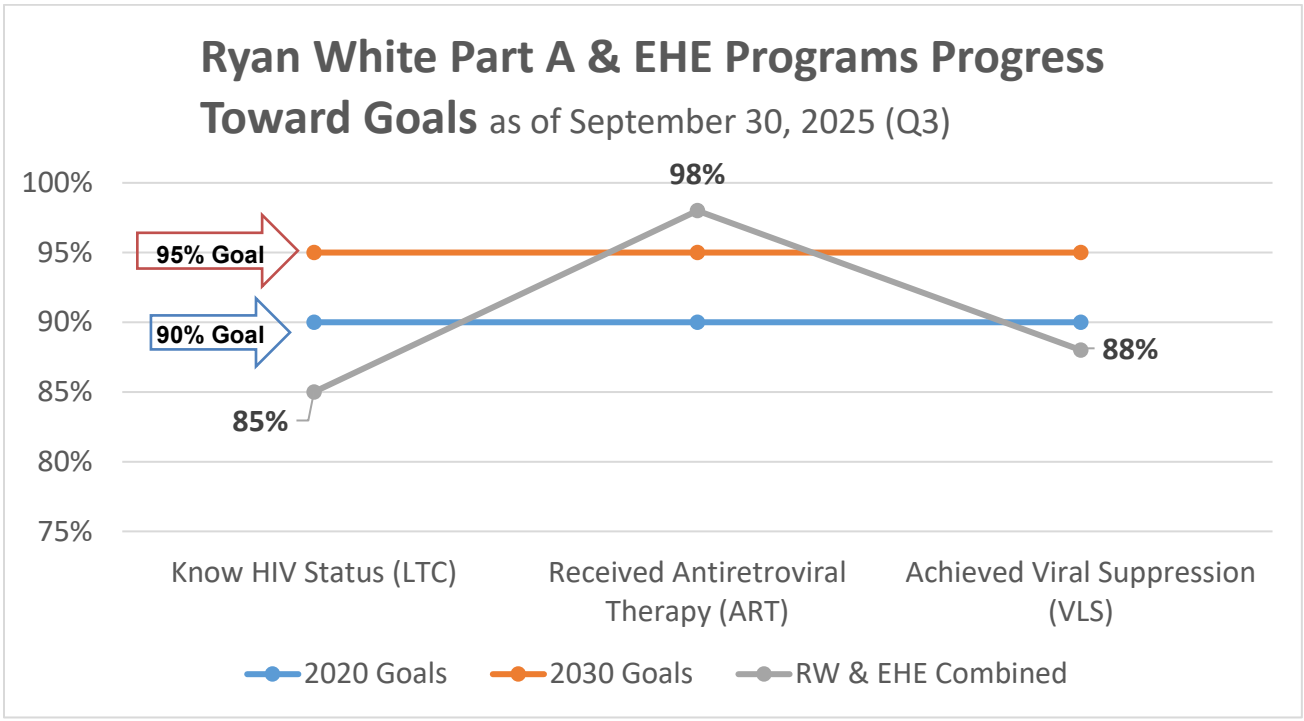
Other contributors:
Hope Callahan - Cleveland Clinic Foundation
Louis Catania –MetroHealth System
Sophia Cobb – Planned Parenthood of Greater Ohio/Ohio Center for Sex Education
Brittany Freese – Signature Health, Inc.
Christina Jackson – The Centers
Victoria Ma – Thrive for Change
Julie Patterson – Center for Community Solutions
Natalia Rhodas – Nueva Luz Urban Resource Center
Dr. Jugnu Shrestha – University Hospitals Medical Center

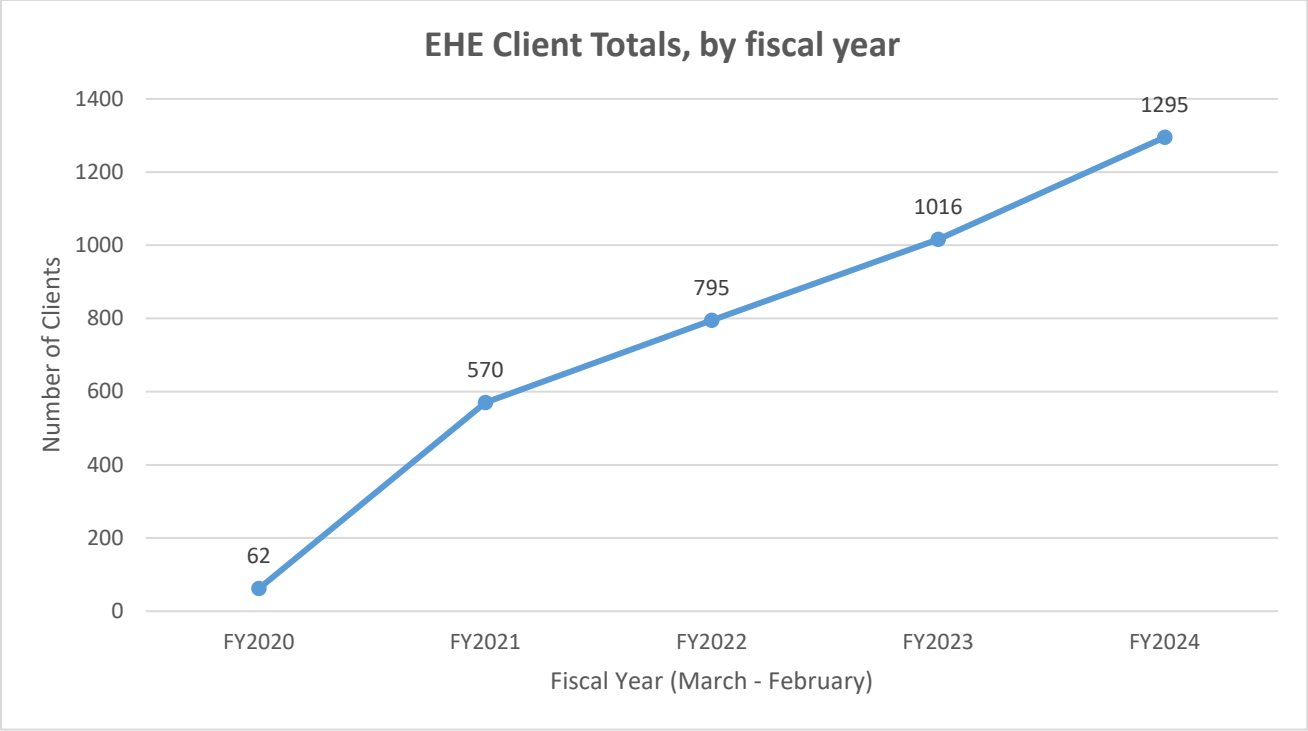
Stakeholders
145 members of the CCBH EHE Community Advisory Group

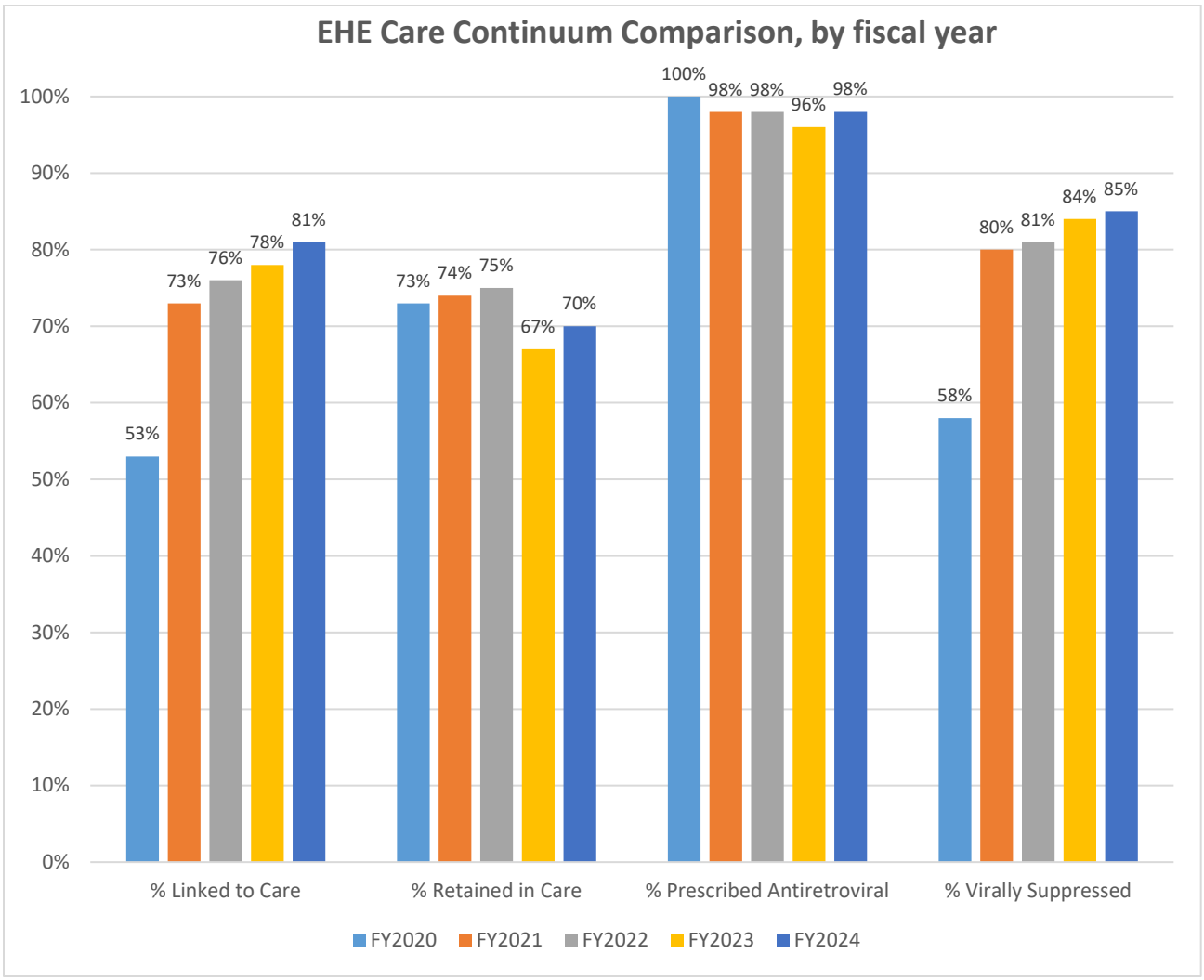
Appendix C: 2020-2025 Data




Ryan White Part A & EHE Newly Diagnosed Clients
CY2019 vs CY2024
300
250
200
150
100
50
0
+8% in newly diagnosed clients
+12%
Newly Diagnosed
Newly Diagnosed Linked to Care
CY2019 Ryan White Part A only
CY2024 Ryan White Part A & EHE


Ryan White Part A & EHE Programs Progress Toward Goals as of September 30, 2025 (Q3)
100%
95%
90%
85%
80%
75%
95% Goal
90% Goal
98%
88%
85%
Know HIV Status (LTC)
Received Antiretroviral Therapy (ART)
Achieved Viral Suppression (VLS)
2020 Goals
2030 Goals
RW & EHE Combined


EHE Client Totals, by fiscal year
1400
1200
1000
800
600
400
200
0
Number of Clients
62
570
795
1016
1295
FY2020
FY2021
FY2022
FY2023
FY2024
Fiscal Year (March - February)


EHE Care Continuum Comparison, by fiscal year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
53%
73%
76%
78%
81%
73%
74%
75%
67%
70%
100%
98%
98%
96%
98%
58%
80%
81%
84%
85%
% Linked to Care
% Retained in Care
% Prescribed Antiretroviral
% Virally Suppressed
FY2020
FY2021
FY2022
FY2023
FY2024