



# Ending the HIV Epidemic Nontraditional Partnerships

November 1, 2022

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**HIV/AIDS Bureau (HAB)**  
**Health Resources and Services Administration**

**Vision: Healthy Communities, Healthy People**



# Four Pillars of Ending the HIV Epidemic in the U.S. (EHE)

**75%**  
reduction  
in new  
HIV  
diagnoses  
in 5 years  
and a  
**90%**  
reduction  
in 10  
years.



## Diagnose

All people with HIV as early as possible.



## Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



## Prevent

New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



## Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

# Achieving the Ending the HIV Epidemic in the U.S. Goals

## People with HIV in care

- Improve viral suppression rates
- Decrease disparities

## People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

## People with HIV out of care

- Expand re-engagement in care
- Improve retention in care

# Promoting Health Equity



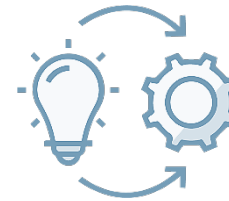
**Engage the Community:** We engage community directly, have developed a community engagement framework, and the RWHAP legislation has requirements for community engagement and partnership.



**Utilize data:** We use data to inform decision making to address health disparities, and the RWHAP legislation requires the same of our recipients.



**Support Continuous Quality Improvement:** We help our recipients set goals, monitor performance measures, and oversee quality improvement projects.



**Employ Implementation Science:** We use implementation science in practice, program, and policy. This includes:

- ✓ Collating and disseminating evidence-informed interventions
- ✓ Building capacity of community-based organizations



**Service Delivery:** The RWHAP addresses Social Determinants of Health such as housing, food, and transportation, as well as clinical services.

# Why Is Community Engagement Important?

- The voices of people with HIV, their communities, and the greater communities that support people with HIV have been the cornerstone of the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) since its passage by Congress in 1990.
- While the RWHAP has successfully provided care, support, and treatment for more than 561,000 people in 2020, there remains hundreds of thousands of people who have HIV but are not diagnosed or are inconsistently in care.
- With a renewed focus on community engagement to meet the goals for Ending the HIV Epidemic in the U.S. (EHE) initiative, HRSA's RWHAP understands our collective success depends on how well communities are involved in the planning, development, and implementation of HIV care and treatment strategies.



# Community Engagement and the Ryan White HIV/AIDS Program

- **Community engagement is part of the existing fabric of the RWHAP.**
- **RWHAP recipients funded through Parts A, B, C, D, and the Ending the HIV Epidemic in the U.S. (EHE) initiative are encouraged and/or required to support activities that:**
  - Facilitate collaboration with community members
  - Work with their communities and public health partners to improve health outcomes across the HIV care continuum
- **In addition, community engagement is a key element of RWHAP Part A and Part B Planning Councils and Planning Bodies, integrated planning efforts, and clinical quality management activities.**



# Community Engagement and the Ryan White HIV/AIDS Program (cont.)

- HRSA's RWHAP continues to invest in programs supporting community engagement and building leadership among people with lived experience. This includes:
  - Building Leaders of Color 2.0
  - ELEVATE for All People with HIV
  - ESCALATE: Ending Stigma through Collaboration and Lifting All to Empowerment
  - EHE Systems Coordinating Provider (SCP)
  - EHE Technical Assistance Provider (TAP)

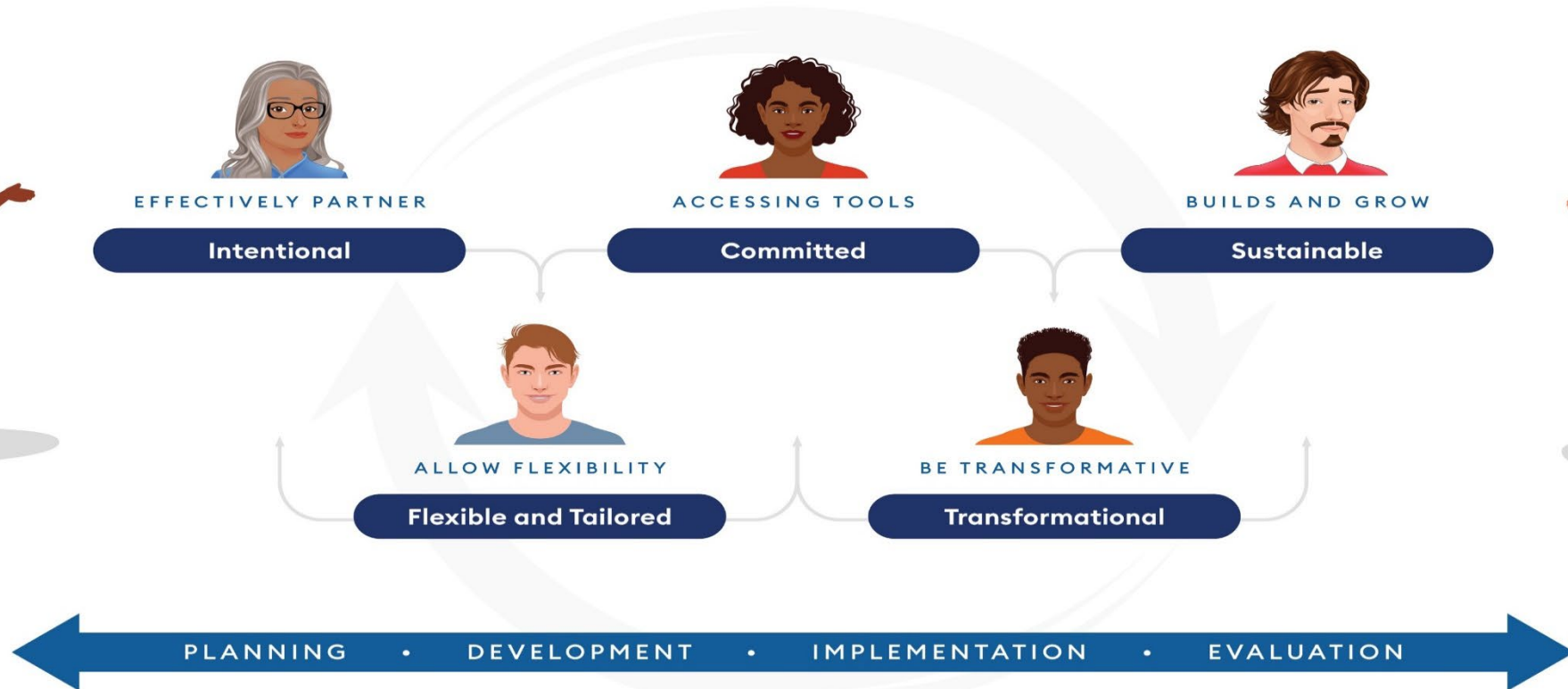


# Community Engagement Framework



## Community Engagement Guiding Principles

“voices of the community from beginning to end”





# Partnership

- A formal arrangement with an outside entity to work together towards a common goal.
- Some benefits of a partnership include:
  - Shared knowledge
  - Access to additional Resources
  - Brainstorming opportunities
  - Credibility
- Types of Partnership
  - Traditional – long standing expected relationships between public health organizations and communities
  - Nontraditional – relationship with organizations not previously engaged (by the recipient) in public health or clinical services that may have access to specific populations or may provide services in an accessible way to underserved communities



# Listening Sessions: Recommendations for Community Partners

1. Barbershops and hair salons
2. Churches, pastors, religious/spiritual organizations
3. Families of people with HIV
4. Food pantries
5. Housing organizations
6. Politicians and media influencers
7. Public school systems
8. Recovery houses/halfway houses for substance use disorder
9. Restaurants and nightclubs
10. Sororities and fraternities



# Nontraditional Partners



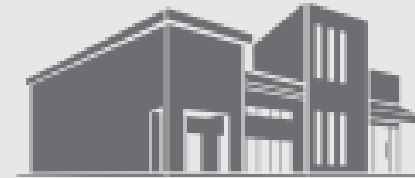
## Clinical Organizations

- HRSA-funded health centers
- Pharmacies and pharmaceutical companies
- Health departments
- Hospitals and emergency departments
- Clinics that serve priority populations



## Nonclinical Organizations

- Jails and correctional settings
- Syringe services programs
- Academic institutions
- Housing Opportunities for Persons with AIDS (HOPWA) program and housing organizations
- National health and medical organizations and consortia



## Nontraditional Partners

- Barbershops and salons
- Restaurants
- Faith-based organizations
- Family services agencies

# Nontraditional Partners

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- **Community Businesses**
  - **Corner stores/Dollar stores**
  - **Convenient stores**
  - **Cultural specific entities**
    - i.e. Halal groceries, Hispanic grocery store, African grocery stores
  - **Local restaurants**
  - **Laundromat**
  - **Beauty supply stores**
  - **Gas stations**
- **Other Entities**
  - **Mobile units**
  - **Foundations**
  - **Minority Networks**
  - **House/Ball Community**



# Challenges

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## Recipients challenges include:

- Identifying nontraditional partners
- Connecting, establishing and building trust
- Committed to the relationship and the sustainability
- Open to flexibility
- Ensuring Transformational relational and not transactional

# Questions & Answers



# Contact Information

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# Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website:

[ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov)



Sign up for the Ryan White HIV/AIDS Program Listserv:

[https://public.govdelivery.com/accounts/USHSHRSA  
/signup/29907](https://public.govdelivery.com/accounts/USHSHRSA/signup/29907)



# Connect with HRSA

Learn more about our agency at:

[www.HRSA.gov](http://www.HRSA.gov)



[Sign up for the HRSA eNews](#)

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# Operation BRAVE



**University  
Health**

Thinking beyond



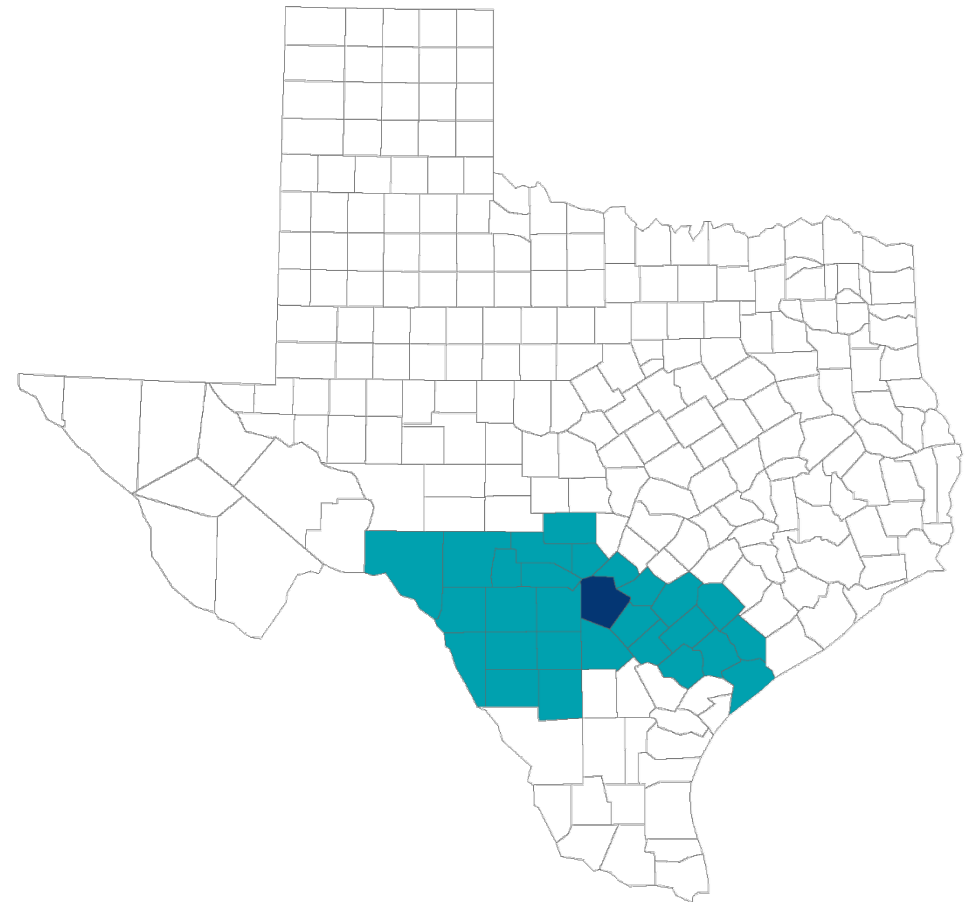


# About Us - University Health

- South Texas' only safety net health system
- Level 1 Trauma Center
- Texas' 3<sup>rd</sup> largest hospital system
- 28 County Service Region across South Texas

# About Us

- San Antonio is the 7<sup>th</sup> largest city in the United States
- Bexar County, the fourth most populous county in Texas
- 94% of the region's PWH (People With HIV) can be found in the San Antonio metropolitan region
- Bexar County has a significantly larger proportion of Hispanics (60.7%) than both Texas (39.5%) and the nation (18.5%)



# Persons Living with HIV in the San Antonio Service Delivery Area

Incidence	2011	2012	2013	2014	2015	2016	2017	2018	2019
HIV Incidence	349	344	385	339	370	378	374	356	355
AIDS Incidence	199	168	167	141	148	155	158	149	117
<b>Total</b>	<b>548</b>	<b>512</b>	<b>552</b>	<b>480</b>	<b>518</b>	<b>533</b>	<b>532</b>	<b>505</b>	<b>472</b>
Prevalence	2011	2012	2013	2014	2015	2016	2017	2018	2019
HIV Prevalence	2070	2225	2463	2628	2907	3096	3255	3413	3652
AIDS Prevalence	2921	3049	3145	3186	3260	3343	3423	3480	3527
<b>Total</b>	<b>4991</b>	<b>5274</b>	<b>5608</b>	<b>5814</b>	<b>6167</b>	<b>6439</b>	<b>6678</b>	<b>6893</b>	<b>7179</b>

\*2019 is the most recent year we have complete data available

# San Antonio Service Delivery Area: HIV Incidence

	2011	2012	2013	2014	2015	2016	2017	2018	2019
White, not Hispanic	58	65	66	60	58	59	60	64	46
African-American, not Hispanic	47	45	51	44	56	41	59	61	56
Hispanic	226	218	256	220	244	258	237	213	226
Multi-race	2	4	3	2	7	15	11	15	21
Other	16	12	9	13	5	5	7	3	6
<b>Total</b>	<b>349</b>	<b>344</b>	<b>385</b>	<b>339</b>	<b>370</b>	<b>378</b>	<b>374</b>	<b>356</b>	<b>355</b>

Age at Diagnosis (Years)	2011	2012	2013	2014	2015	2016	2017	2018	2019
<13 years	1	2	0	4	1	1	1	2	0
13-24 years	94	77	90	105	95	93	73	70	72
25-34 years	97	109	144	129	135	150	152	134	137
35-44 years	68	72	62	43	66	65	74	67	76
45-54 years	62	58	64	42	52	49	36	56	35
55+ years	27	26	25	16	21	20	38	27	35
<b>Total</b>	<b>349</b>	<b>344</b>	<b>385</b>	<b>339</b>	<b>370</b>	<b>378</b>	<b>374</b>	<b>356</b>	<b>355</b>

Gender	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	298	304	347	291	328	332	328	307	308
Female	51	40	38	48	42	46	46	49	47
<b>Total</b>	<b>349</b>	<b>344</b>	<b>385</b>	<b>339</b>	<b>370</b>	<b>378</b>	<b>374</b>	<b>356</b>	<b>355</b>

Exposure Category	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male-Male Sexual Contact	243	274	296	259	296	290	289	262	266
Injection Drug Use	30	24	32	24	23	22	21	19	16
Male-Male Sexual Contact/Injection Drug Use	25	4	15	10	10	17	15	19	28
Heterosexual	50	40	42	42	40	48	47	54	45
Perinatal Transmission	1	2	0	4	1	1	2	2	0
Adult/Other	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>349</b>	<b>344</b>	<b>385</b>	<b>339</b>	<b>370</b>	<b>378</b>	<b>374</b>	<b>356</b>	<b>355</b>

# San Antonio Service Delivery Area: AIDS Incidence

Race/Ethnicity	2011	2012	2013	2014	2015	2016	2017	2018	2019
White, not Hispanic	28	36	31	21	31	22	28	27	13
African-American, not Hispanic	26	25	21	8	29	25	24	14	28
Hispanic	133	96	107	103	83	105	96	100	71
Multi-race	1	2	2	0	1	3	7	7	5
Other	11	9	6	9	4	0	3	1	0
<b>Total</b>	<b>199</b>	<b>168</b>	<b>167</b>	<b>141</b>	<b>148</b>	<b>155</b>	<b>158</b>	<b>149</b>	<b>117</b>

Age at Diagnosis (Years)	2011	2012	2013	2014	2015	2016	2017	2018	2019
<13 years	0	0	0	1	0	0	0	0	0
13-24 years	30	15	12	12	10	21	10	19	6
25-34 years	55	42	56	45	47	52	54	47	35
35-44 years	49	39	38	33	44	35	42	35	31
45-54 years	52	49	41	34	34	28	28	35	19
55+ years	13	23	20	16	13	19	24	13	26
<b>Total</b>	<b>199</b>	<b>168</b>	<b>167</b>	<b>141</b>	<b>148</b>	<b>155</b>	<b>158</b>	<b>149</b>	<b>117</b>

Gender	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	161	146	144	116	127	133	133	22	100
Female	38	22	23	25	21	22	25	127	17
<b>Total</b>	<b>199</b>	<b>168</b>	<b>167</b>	<b>141</b>	<b>148</b>	<b>155</b>	<b>158</b>	<b>149</b>	<b>117</b>

Exposure Category	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male-Male Sexual Contact	135	124	113	97	102	108	111	102	76
Injection Drug Use	25	18	21	16	20	18	16	15	11
Male-Male Sexual Contact/Injection Drug Use	7	4	7	4	7	9	5	8	13
Heterosexual	31	21	26	22	18	20	26	23	17
Perinatal Transmission	1	1	0	2	1	0	0	1	0
Adult/Other	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>199</b>	<b>168</b>	<b>167</b>	<b>141</b>	<b>148</b>	<b>155</b>	<b>158</b>	<b>149</b>	<b>117</b>

# San Antonio Service Delivery Area: HIV Prevalence

Race/Ethnicity	2011	2012	2013	2014	2015	2016	2017	2018	2019
White, not Hispanic	552	519	557	601	610	615	620	637	657
African-American, not Hispanic	372	377	426	446	493	488	517	551	586
Hispanic	1085	1,233	1,368	1466	1683	1832	1951	2052	2216
Multi-race	32	73	84	86	88	126	130	136	153
Other	29	23	28	29	33	35	37	37	40
<b>Total</b>	<b>2070</b>	<b>2225</b>	<b>2463</b>	<b>2628</b>	<b>2907</b>	<b>3096</b>	<b>3255</b>	<b>3413</b>	<b>3652</b>
Age at Diagnosis (Years)	2011	2012	2013	2014	2015	2016	2017	2018	2019
<13 years	19	16	14	15	14	10	10	7	5
13-24 years	209	219	244	274	295	281	270	247	242
25-34 years	570	639	714	757	865	961	993	1044	1118
35-44 years	517	546	585	606	650	688	772	810	892
45-54 years	504	532	576	618	650	676	673	685	713
55+ years	251	273	330	358	433	480	537	620	682
<b>Total</b>	<b>2070</b>	<b>2225</b>	<b>2463</b>	<b>2628</b>	<b>2907</b>	<b>3096</b>	<b>3255</b>	<b>3413</b>	<b>3652</b>
Gender	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	1,691	1,832	2,038	2189	2455	2618	2769	2900	3115
Female	379	393	425	439	452	478	486	513	537
<b>Total</b>	<b>2070</b>	<b>2225</b>	<b>2463</b>	<b>2628</b>	<b>2907</b>	<b>3096</b>	<b>3255</b>	<b>3413</b>	<b>3652</b>
Exposure Category	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male-Male Sexual Contact	1,400	1,526	1,718	1861	2113	2257	2386	2503	2705
Injection Drug Use	198	194	212	225	220	216	229	230	227
Male-Male Sexual Contact/Injection Drug Use	99	97	97	101	114	144	154	161	175
Heterosexual	349	380	405	407	431	451	456	488	518
Perinatal Transmission	23	26	29	32	28	27	29	30	26
Adult/Other	1	2	2	2	1	1	1	1	1
<b>Total</b>	<b>2070</b>	<b>2225</b>	<b>2463</b>	<b>2628</b>	<b>2907</b>	<b>3096</b>	<b>3255</b>	<b>3413</b>	<b>3652</b>



# San Antonio Service Delivery Area: AIDS Prevalence

Race/Ethnicity	2011	2012	2013	2014	2015	2016	2017	2018	2019
White, not Hispanic	756	712	716	698	681	661	660	692	681
African-American, not Hispanic	414	422	429	430	462	453	469	471	499
Hispanic	1,684	1,811	1,891	1,945	2,000	2,095	2,147	2,172	2,199
Multi-race	50	89	92	97	100	119	128	123	127
Other	17	15	17	16	17	15	19	22	21
<b>Total</b>	<b>2921</b>	<b>3049</b>	<b>3145</b>	<b>3186</b>	<b>3260</b>	<b>3343</b>	<b>3423</b>	<b>3480</b>	<b>3527</b>
Age at Diagnosis (Years)	2011	2012	2013	2014	2015	2016	2017	2018	2019
<13 years	1	1	1	2	2	1	1	1	1
13-24 years	69	73	69	58	58	59	43	41	36
25-34 years	329	338	365	370	389	405	420	416	399
35-44 years	757	736	720	659	643	640	665	654	633
45-54 years	1,176	1,241	1,254	1,273	1,253	1,190	1,148	1,113	1,040
55+ years	589	660	736	824	915	1,048	1,146	1,255	1,418
<b>Total</b>	<b>2921</b>	<b>3049</b>	<b>3145</b>	<b>3186</b>	<b>3260</b>	<b>3343</b>	<b>3423</b>	<b>3480</b>	<b>3527</b>
Gender	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	2,479	2,601	2,691	2,730	2,785	2,861	2,926	2,978	3,010
Female	442	448	454	456	475	482	497	502	517
<b>Total</b>	<b>2921</b>	<b>3049</b>	<b>3145</b>	<b>3186</b>	<b>3260</b>	<b>3343</b>	<b>3423</b>	<b>3480</b>	<b>3527</b>
Exposure Category	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male-Male Sexual Contact	1,911	2,022	2,101	2,146	2,193	2,256	2,304	2,355	2,386
Injection Drug Use	346	348	346	342	341	325	332	322	316
Male-Male Sexual Contact/Injection Drug Use	176	180	176	172	177	217	230	233	236
Heterosexual	462	473	496	496	516	511	525	537	556
Perinatal Transmission	16	15	16	20	24	26	24	25	26
Adult/Other	10	11	10	10	9	8	8	8	7
<b>Total</b>	<b>2921</b>	<b>3049</b>	<b>3145</b>	<b>3186</b>	<b>3260</b>	<b>3343</b>	<b>3423</b>	<b>3480</b>	<b>3527</b>

# Strategy background/development

- Meeting in Austin, Texas
  - Disruptive/innovative
- Feedback from community
  - Peer program concept
  - Social Media campaign
- Feedback from Community Health Workers/Patient Navigators
  - Expansion of care services
  - Strengthen community engagement
- Feedback from partner agencies
  - Ideas to enhance EHE efforts

# Youth activities

- Peer to peer program
  - Currently 7 peers enrolled
  - 3 onboarding
  - Over 20 applications being reviewed



OPERATION BRAVE



# JOIN THE PEER PROGRAM

Are you 18-29 years old?  
Are confident in sharing HIV treatment and prevention info to others?  
Want to earn a stipend up to \$500 a month?



For more information call (210) 644-1554

Funding for this initiative is provided by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

 @operationBRAVE  
 @BRAVEoperation  
 @operation\_BRAVE

# Advocacy Day

**Operation BRAVE**  
presents:  
**ADVOCACY DAY**

with guest speakers from:

 ZeroSuicide  StrongARM  TEXAS WEARS  
CONDOMS  #FAM210

Thursday November 11, 2021  
9:00 am – 2:00 pm

903 W. Martin St, San Antonio, TX 78207  
5th floor, Foundation Room

BREAKFAST AND LUNCH PROVIDED

 for more information, call 210.644.1554

- Advocacy day event:
  - 30 community members attended a full day of empowerment, resource sharing and celebration
  - Attendees heard the testimony of one woman's survival and journey through life after being diagnosed with HIV at 25
  - The audience participated in “BRAVE Talk” a peer led discussion with a panel of 3 persons living with HIV. Each panelist shared an emotional recount of their life and experiences as a young person diagnosed with HIV
    - A QR code was developed to allow attendees to ask anonymous questions to the panel
  - As a result of the event, 2 people who served on the panel expressed an interest in becoming peers and an addition 2 people who attended also expressed interest in becoming a peer

# A Day to be BRAVE

- Hopscotch – immersive art gallery
- Vendors
- Mobile testing
- Art
- Testimonial videos



# Youth activities

- Social Media
  - Facebook
  - Instagram
  - Twitter
  - Tik Tok
- Community Events



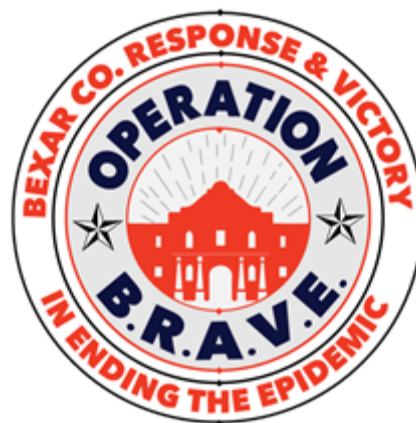
# Capacity Building – external

- Partnership with BEATAIDS
- Trainer of Trainers program
- 10 training sessions
- Currently on 3<sup>rd</sup> cohort
- Feel Good Fridays

# Partners/College Tour



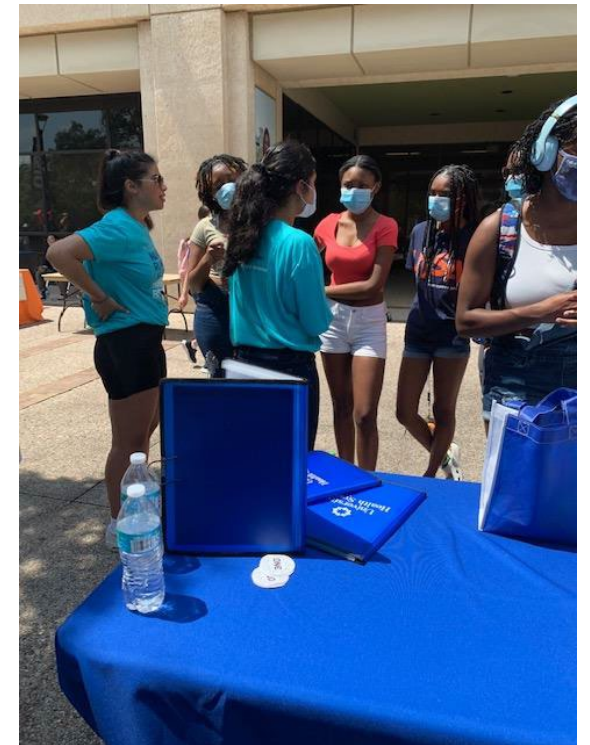
TEXAS A&M UNIVERSITY  
SAN ANTONIO





# Program Successes

- Engagement from social media – bridging communication/strengthening relationships
  - Individuals from Bexar Co., Houston, Dallas, etc. have reached out to us via social media
- Positive feedback from local universities/colleges/community events
  - Clients in need of services
  - Engagement with Pride/LGBTQAI+ groups on campus
  - Strengthen referral pathways for colleges without student health center
- College Tour
  - 4 colleges, 5 stops



# Program Challenges

- COVID – 19
  - All activities stalled as we pivoted and restructured how we moved forward
  - Community contacts shifted focus – POC no longer working on activities
- Community contact
  - Community stakeholder left area
- Diversifying peer program
  - Intention to have a mixed group
- Peer referrals
  - Referrals for navigation services



Thank you

# Central Ohio's approach to HIV Prevention among Incarcerated Communities

Audrey South, PhD

Administrator, Sexual Health Promotion

November 2022



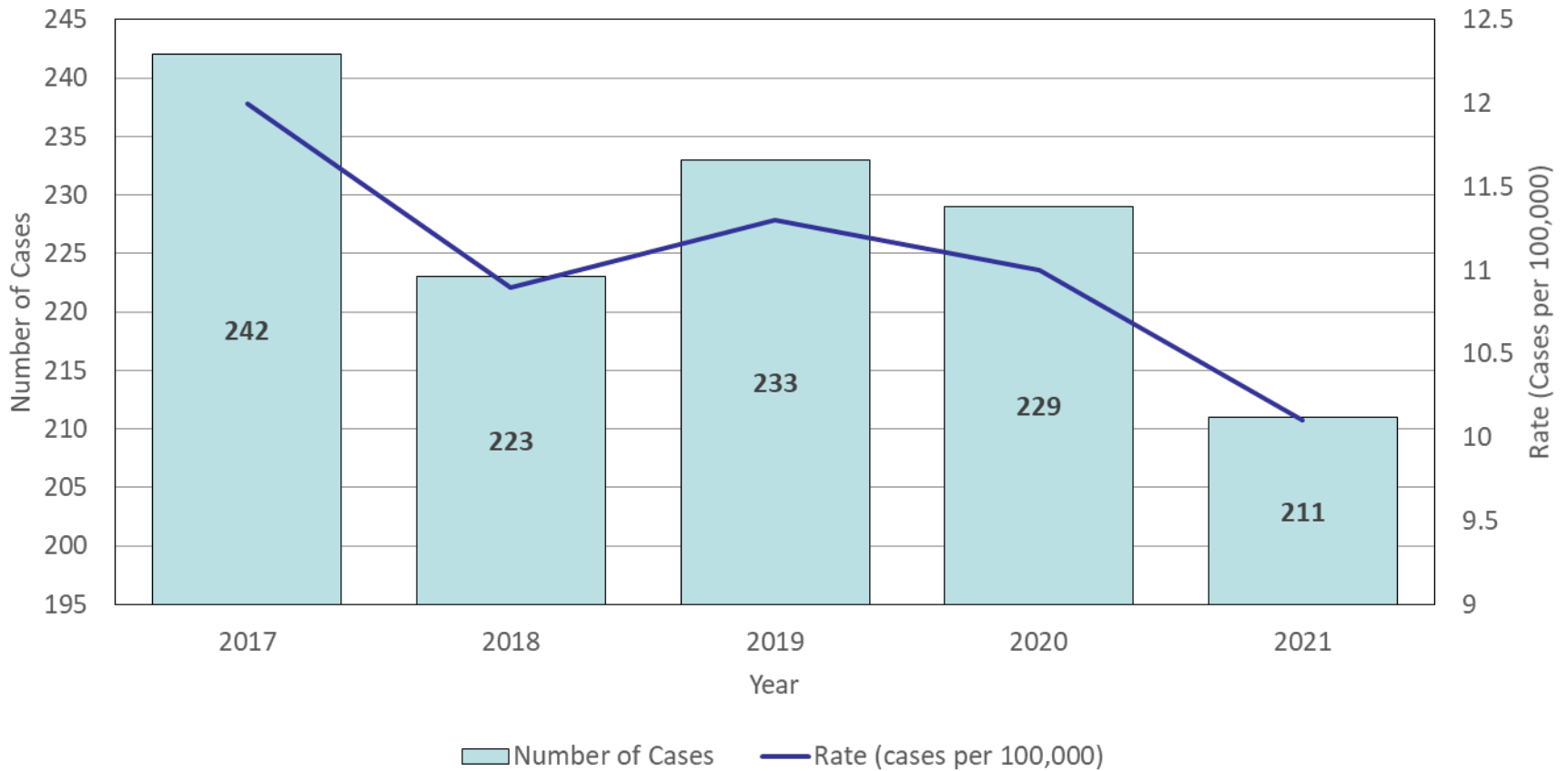
COLUMBUS  
PUBLIC HEALTH

# Columbus Public Health

- Largest health department in Ohio
- Provides sexual health promotion programming for 8 counties in Central Ohio



# Trends in New Diagnoses of HIV Infections Reported and Rates, Region 11, Ohio, 2017 - 2021

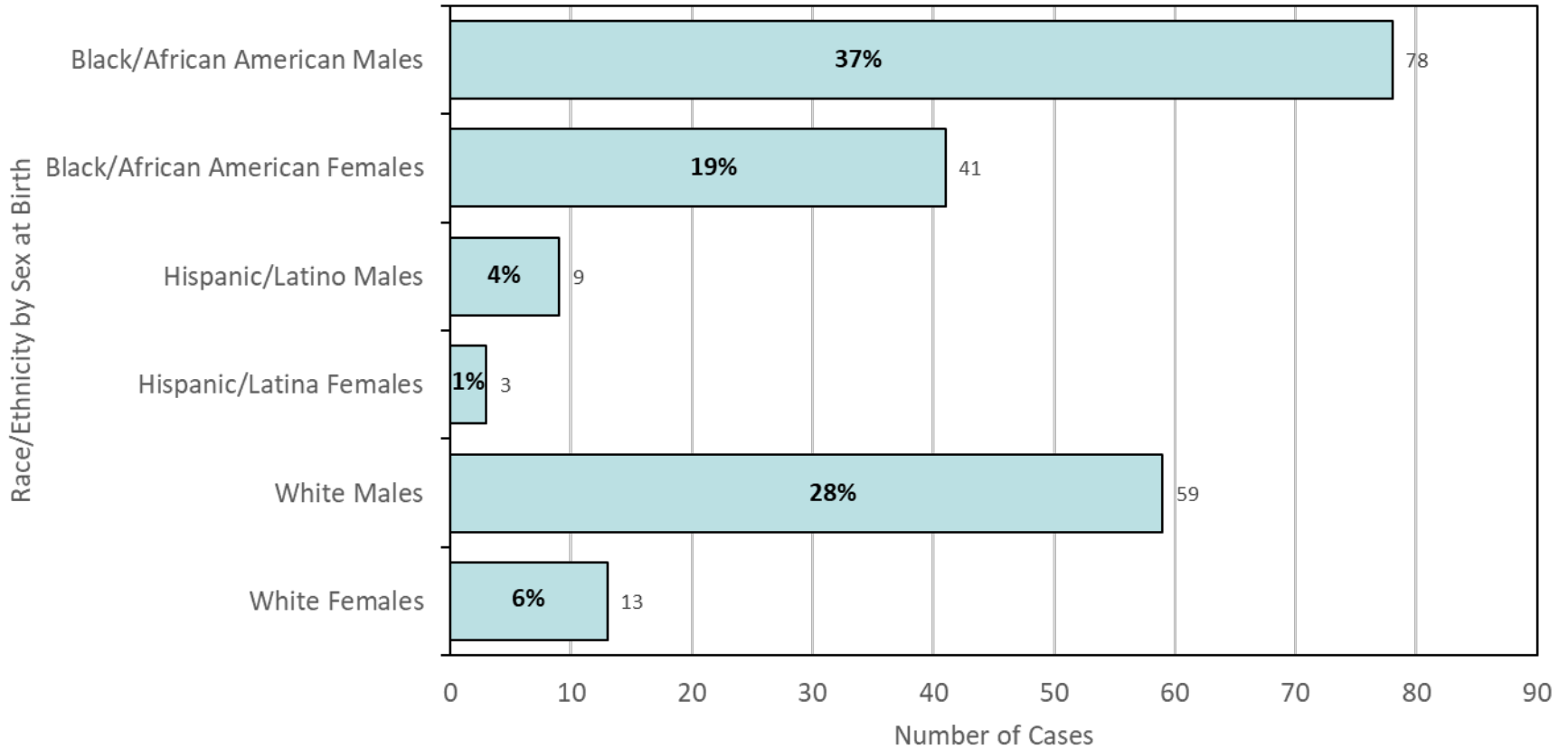


Rates are shown per 100,000 persons and were calculated using 2021 U.S. Census estimates.

Data Source: Ohio Department of Health, Ohio Disease Reporting Program. Data reported through June 30, 2022

City of Columbus • Columbus Public Health

# New Diagnoses of HIV Infection by Race/Ethnicity & Sex, Region 11, Ohio, 2021



Rates are shown per 100,000 persons and were calculated using 2021 U.S. Census estimates.

Data Source: Ohio Department of Health, Ohio Disease Reporting Program. Data reported through June 30, 2022

# Demographics of Ohio Prison Population, 2021

- In 2021 men comprised 92% of the prison population in Ohio
  - 46% of men were Black
  - 50% of men were White
- In 2021 women comprised 8% of the prison population in Ohio
  - 23% of women were Black
  - 75% of women were White



# Demographics of Prison Population Diagnosed with HIV, Region 11, Ohio, 2021

Demographics	N (24)	%
Race/Ethnicity		
Non-Hispanic Black	11	46%
Non-Hispanic White	10	42%
Other	3	12%
Sex		
Male	24	100%
Age*	37.4 years	24 – 62 years
Disposition		
Previous Positive	6	25%
Newly Diagnosed	18	75%

# Franklin County Corrections: Testing

- Columbus Public Health has worked with FCC since 2018 to provide HIV and syphilis testing and education
- We work with FCC's affinity groups that focus on populations with higher risks (LGBT, SUDs, sex work)
- These efforts were not possible during the height of COVID-19
- CPH will be providing these services again before the end of 2022

# Franklin County Corrections: Treatment Referral



**OHIV.org**

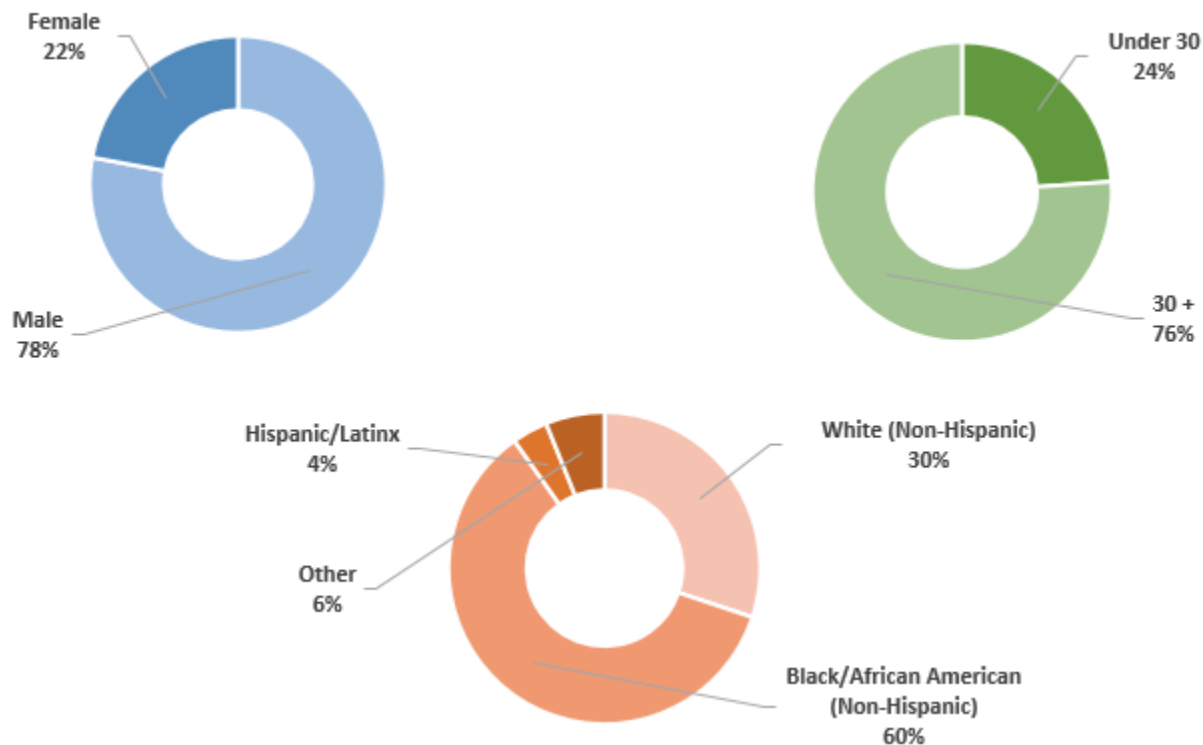
Free resources like condoms, at-home HIV tests, PrEP and more.



- COVID disruptions meant no testing or educational teams could enter FCC
- FCC still wanted information to be shared and asked for a video to play on “Pike TV.”
- Referral partnership with OHIV
- Hot cards and Steps booklets in the Rapid Resource Center
- Data shows approximately 25-30 tracked inquiries coming from FCC per quarter
- The project created more interaction and goodwill leading to deeper discussion around HIV/STI testing and treatment at FCC intake

# Re-Engagement Programs: Data to Care

Figure 1: Description of persons on NIC list, Columbus Public Health, 11/21



# Re-Engagement Programs: Data to Care

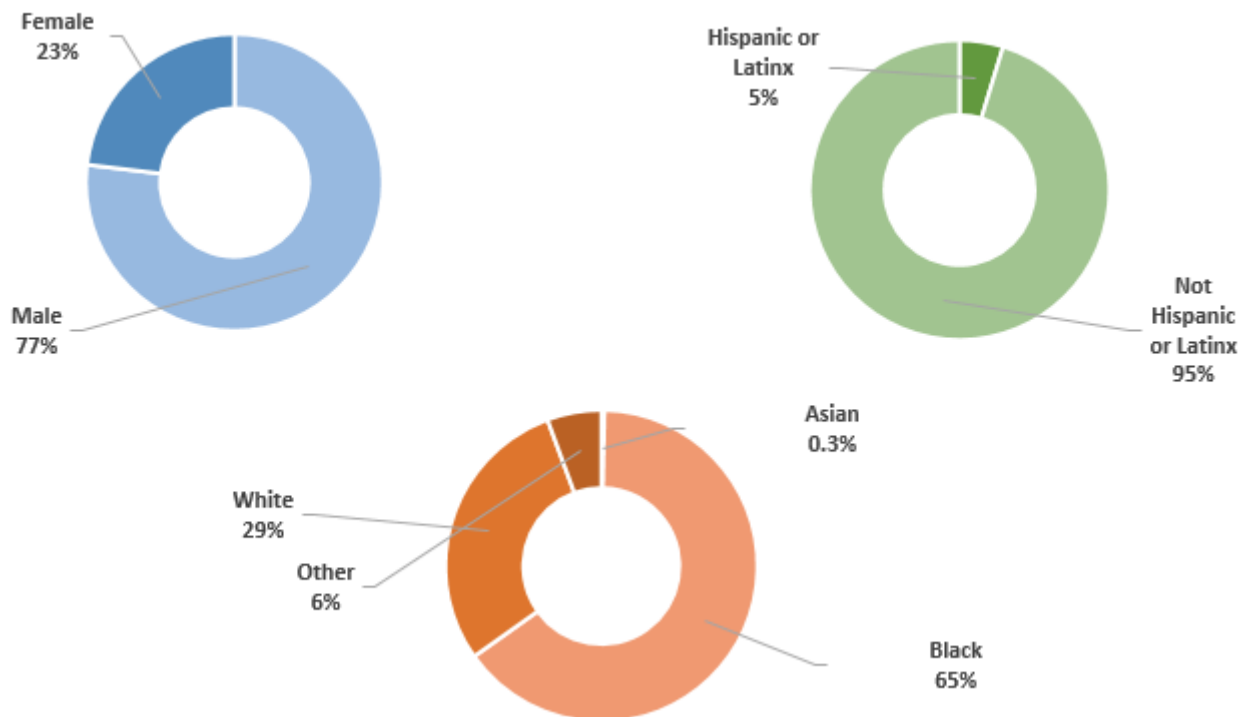
**Table 2: Persons on NIC List by Result of Investigation, Columbus Public Health, 11/21**

Result of Investigation	# of Clients	Percent
Deceased	4	2.5
In Care	34	21.0
Not in Care (Confirmed)	24	14.8
Resides Out of State	62	38.3
Unable to Determine	38	23.5

- 42% (n = 10) were re-engaged/linked to care
  - Age range: 22-63
  - Mean Age: 37
  - 70% were male
  - 80% were Black of African American
  - 70% were not virally suppressed

# Re-Engagement Programs: Viral Load Surveillance

Figure 2: Description of persons on ODH High Viral Load List (n=295), Columbus Public Health, 10/22



# Community Based Correctional Facility



The Franklin County Community Based Correctional Facility (CBCF) is an American Correctional Association (ACA) accredited male minimum security correctional facility/prison diversion program.

# Community Based Correctional Facility Success Story

- Client tested in 2021 through CPH ADS services while incarcerated at CBCF and received test result through PS DIS.
- Retention Coordinator enrolled client into RW Part A and OHDAP. Coordinated between CBCF medical staff, guard deputy, and secured an medical appointment within 7 days of diagnosis.
- First medical appointment viral load was 282,000 copies and CD-4 count 359. Client received his medication within 5 days of medical visit.
- Second medical visit was 7 weeks later. Client viral load was 140 copies, and CD-4 count 490.





# Partner Appreciation

- Natalie Brooks, MPH, Program Manager of EHE Initiatives
- Jessica Horan, MPH, Epidemiologist Supervisor
- Sean Hubert, Ryan White Director
- Chris Hughes, MS, Quality Management Analyst
- Mary Roberts, MS, Re-Engagement Program Manager
- Trina Stearns, RN, Wellness Services Program Manager

# Questions?

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