



Advocacy, HIV, and OH Prisons

LC 15

Equitas Health Walnut Hills, Cincinnati

Mission

Provide gender affirming and quality primary care service to patients in the tri-state area. (~800 pts served)



Primary Care Hormone Therapy Health Screening



Psychiatry
Therapy
Addiction Services
Support Groups



HIV Management PrEP Education Grant Funding

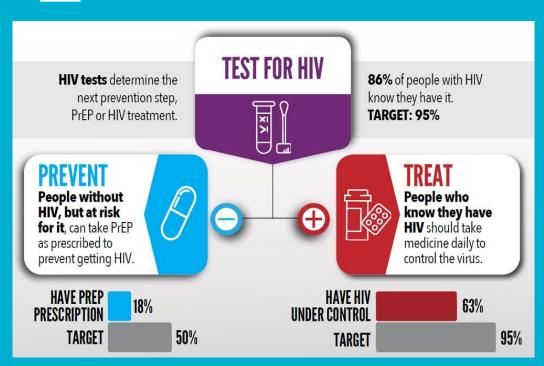


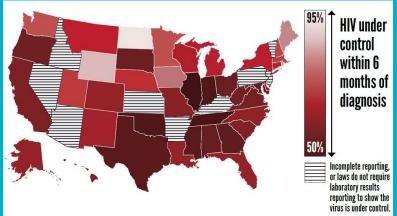
In-house Pharmacy



Housing Assistance Case Management Social Work Legal Services

HIV Epidemic





SOURCE: MMWR December 2019

Ending the HIV Epidemic (EHE) Project

GOAL

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



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).

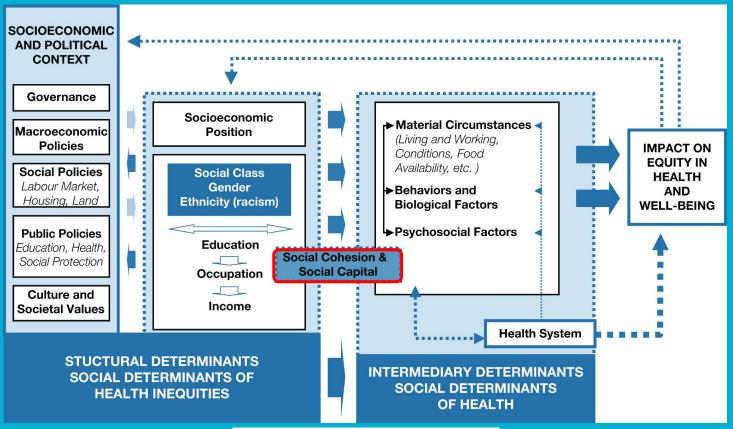
Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Last year's project:

Connecting persons living with HIV with peer navigation services

HIV Epidemic Social Determinants of Health



https://doi.org/10.1177/0033354918801353

Challenges Faced

Telehealth and Privacy

- → Positives of Telehealth:
 - ◆ Support groups and the Name and Gender Change Legal Clinics offered by Equitas continued via Zoom
- → Limitations of Telehealth:
 - ◆ Difficulty without stable wireless internet at home
 - ◆ Public free internet does not ensure privacy

COVID-19 Pandemic's Effect on Ending the HIV Epidemic Project (EHE)

- → Decrease in access to services due to restricted operating hours and limited personnel
 - ◆ Social support
 - Prep and Pep treatment
 - ♦ HIV testing
- → Rates of HIV testing and diagnosis especially affected

Impact of COVID-19 on HIV Diagnoses

- → Artificial depression in new HIV diagnoses across pandemic years
- → Monthly HIV incidence in Hamilton County
 - 14.6 cases in 2019
 - ♦ 11 cases in 2020
 - 10.6 cases in 2021
- → Number of cases did not differ during the peak of the pandemic between 2020 and 2021 (*p*=0.75)
- → Swing in HIV cases occurred most dramatically during transition into the pandemic
 - ♦ Why?
 - HIV testing less available to at-risk populations
 - temporary closures
 - restricted operating hours
 - limited personnel

Table 3. Hamilton County New HIV Infections			Table 3. Hamilton County New HIV Infections		
Month	New Cases of HIV 2019	New Cases of HIV 2020	Month	New Cases of HIV 2020	New Cases of HIV 2021
January	11	13	January	13	7
February	13	12	February	12	18
March	19	9	March	9	10
April	22	8	April	8	12
May	8	7	May	7	9
June	11	13	June	13	12
July	21	11	July	11	5
August	15	13	August	13	10
September	10	16	September	16	15
October	17	11	October	11	11
November	13	7	November	7	10
December	15	12	December	12	8
Total	175	132	Total	132	127

Equitas-Community Impact

Healthcare services for the whole person

- Primary care
- Gender affirming care
- HIV specialty care
- PrEP
- Mental health counseling and psychiatry
- Pharmacy
- STI testing
- COVID-19 services

Build community

- Virtual and in-person peer support groups

Care navigators

- Help connect patients with healthcare information and resources
- Improve health outcomes through support and advocacy





Photos: Equitas Health https://equitashealth.com/locations/cincinnati-medical-center/

Item 1: Appropriate Counseling for HIV Testing Both at Entry & During Incarceration

Background:

- 1.15% of people in state/federal prisons live with HIV nationally mirrored in Ohio (2019-2020)
 - An underestimation:
 - People living with HIV/exposed fear testing due to stigma, potential segregation, and denial of visiting privileges or work assignments
 - May not understand transmission risk and lack of symptoms during latent infection
- Ohio has mandatory HIV testing for state and federal prisoners during intake, but no consent practices

Suggested Practices

- 1) Implement medical consent practices build provider trust, facilitate privacy, maintain confidentiality
- 2) Offer evidence-based medications to prevent transmission (PrEP & PEP)
- 3) HIV education at an appropriate literacy level include methods of transmission, high risk & risk reducing practices, treatment, & the ability to live a healthy life with medical viral suppression

Item 2: Providing HIV Testing and Connection to Care After Release from Incarceration

Background

- Declines in HIV positivity rates in prisons have been noted to be associated with a decrease in the total number of inmates
- Hamilton County's Community Linkage Coordination (CLC) program referred only 62 inmates with HIV to a Ryan White Part B-funded agency following their release
- According to data collected in 2016, inmates are only provided HIV testing at release upon request

Suggested Practices

- 1) Routine HIV screening offerings followed by counseling during release planning
- 2) Increased funding for HIV CLC programs, expanding their capacity

Item 3: Improving HIV Care in the Prison System

Background

- Inconsistent doses of many HIV medications can lead to drug resistance, reducing quality of life and making treatment more difficult
- Consistent care improves patient outcomes and reduces community burden, reducing long-term costs

Suggested Practices

- 1) Expand scope of on-site pharmacies critical medications need to be delivered efficiently and ongoing prescriptions must be maintained
- 2) Adopt an electronic ordering system decrease loss or delays in fulfilling orders
- 3) Increase on-site access to community-based medical professionals

We have an unprecedented opportunity to end the HIV epidemic in America

The time is **Now**.

#EndHIVEpidemic