

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Zach Levar (*he/him*)

Deputy Director – Population Health Dept.

Erin Lark Turcoliveri (*she/her*)

Ending the HIV Epidemic Program Manager

Brian Lutz (*he/him*)

Ending the HIV Epidemic Program Manager

Erin Janowski (*she/her*)

Ending the HIV Epidemic Program Coordinator

Department of Population Health

July 12, 2023

Welcome Agenda!

8:30 AM **WELCOME** – *Bagels, Coffee, Network*

9:00 AM **LEARN** – *EHE Update, Epi Update*

9:50 AM **BREAK**

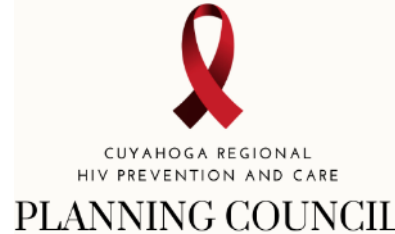
10:00 AM **SHARE** – *PrEP Navs., SSPs, ICAML ICAYL*

11:00 AM **BREAK**

11:10 AM **BUILD** – *Activity Session*

12:45 PM **CLOSE** – *Agency Updates*

Welcome Attendees!

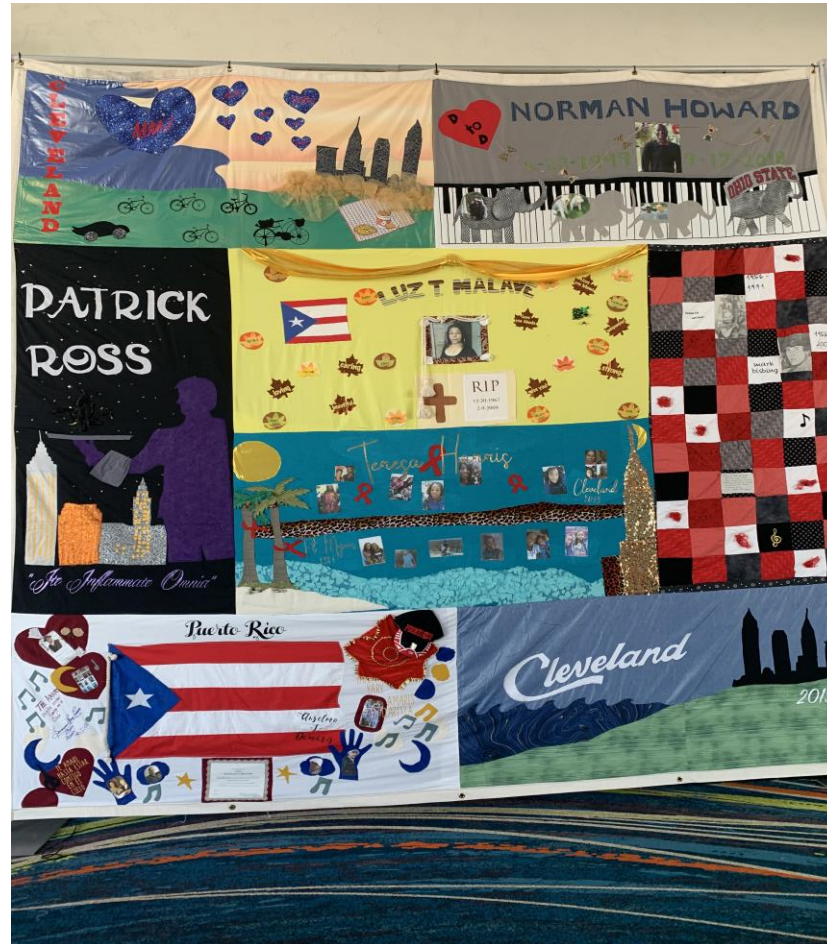


Housekeeping

- Restrooms
 - Men's, Women's, and Single/ADA
 - Use the one you're most comfortable in
- Filtered Water Fountain
- Coffee & Bagels
- Breaks Scheduled In



Moment of Silence



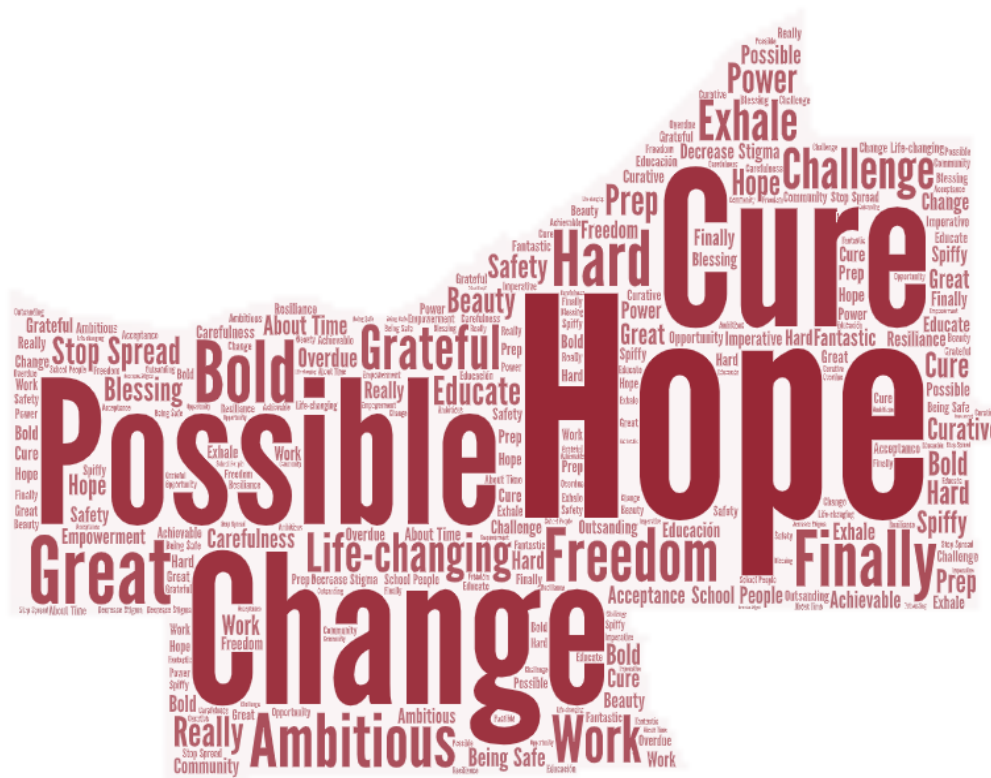
Thank you, Gloria!



Best wishes and congratulations on your professional journey ~ ELT, EJ, and BL

CCBH

Ending the HIV Epidemic



Ending
the
HIV
Epidemic
A PLAN FOR AMERICA



GOAL:

75%

reduction in new
HIV infections
by 2025

and at least

90%

reduction
by 2030.

151

2018

15

2030

Cuyahoga County

www.hiv.gov

Federal Key Strategies

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.: **Diagnose, Treat, Prevent, and Respond.**



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.



Cuyahoga County: Overarching EHE Strategies

Reduce
Systemic
Racism

LGBT
Inclusivity &
Care

Priority
Populations

Social Impact
Media

Health
Education

Workforce
Development

Modernization
of HIV Laws

Data &
Research
Infrastructure

LEARN



Ending the HIV Epidemic in the U.S.

Today we have the Right Data, Right Tools, and Right Leadership to end the HIV epidemic.

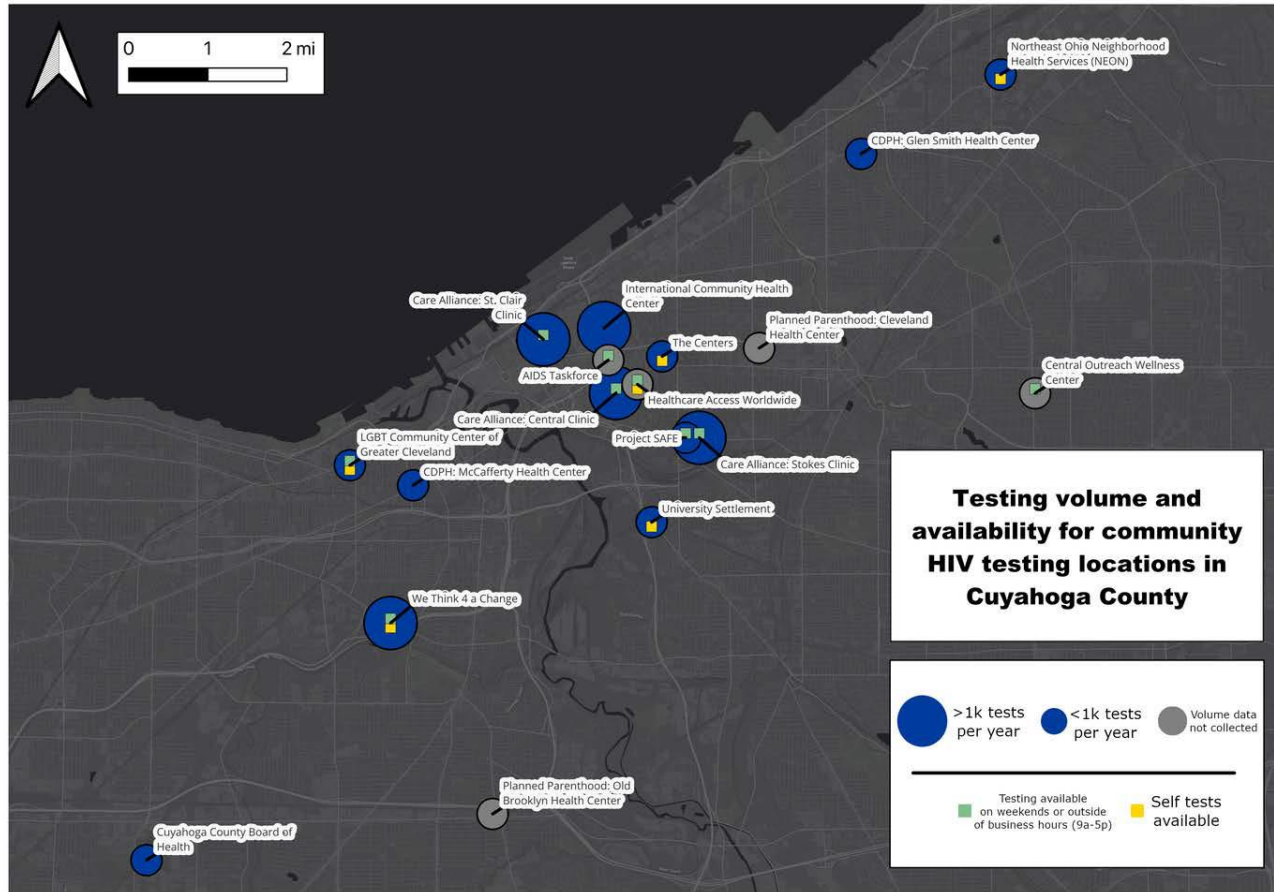
Condom Distribution	Equitable PrEP/PEP Access	Protective Factors & Risk Reduction	Empowering Youth & Young Adults	Sex Positive Education for PLWH
Prevention Strategies to End the HIV Epidemic				
Expand, sustain and promote access to condoms.	Provide equitable access to PrEP and PEP throughout Cuyahoga County.	Expand and sustain safe, secure and equitable community spaces that encourage HIV risk reduction including support for Syringe Services Programs.	Increase opportunities for school age youth & young adult MSM to understand how behavior interacts with HIV & sexual health.	Continue to provide opportunities for PLWH to learn about and embrace their role in HIV prevention.

Testing

- Heavily discussed during our January 11th CAG meeting on Diagnose Pillar.
 - *Please let us know if you did not attend and would like the slides from that meeting.*



AFC Landscape of Testing



Condom Distribution

- LGBT Community Center of Greater Cleveland
 - *Person of Leadership Program for Young Adults*
- University Settlement
 - *Safer Sex & Medical Supplies at 4 vending machines & through community outreach in Slavic Village*
- Total Condoms/Preventative Tools (including fentanyl test strips) Distributed since 11/2022: **33,263**

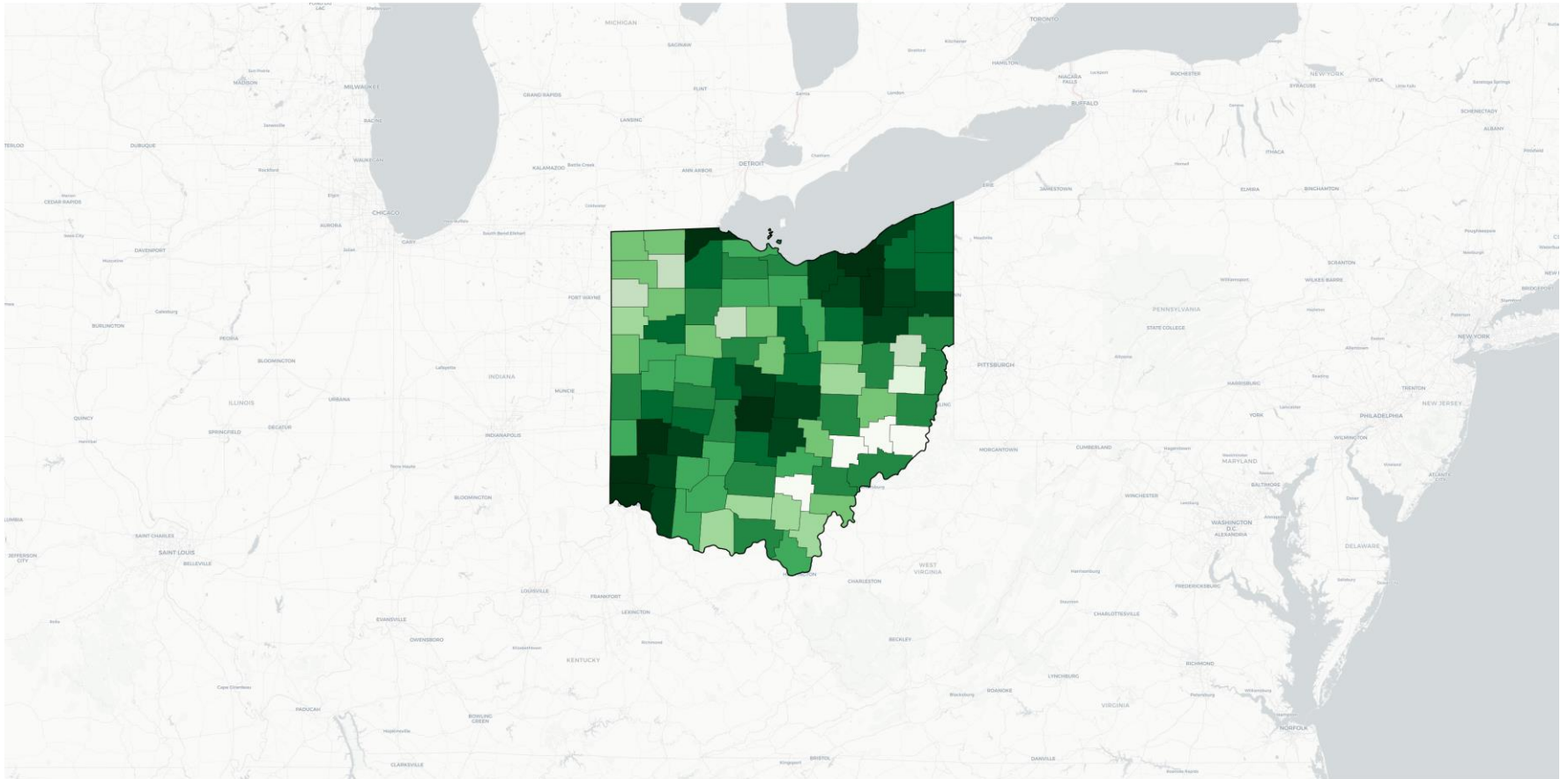


Equitable PrEP/PEP Access

- Cleveland area providers: 13+ ([Loveleadshere.org](https://loveleadshere.org))
- PAPI
- PrEP Navigators: Akeem (Metro) & Fiona (UH)
- 2019: **917** PrEP users in Cuyahoga County; 2022: **1,768** (aidsvu.org)



PrEP Use – Ohio, 2022



PrEP Use – Cuyahoga County, 2021

PrEP (Pre-Exposure Prophylaxis)

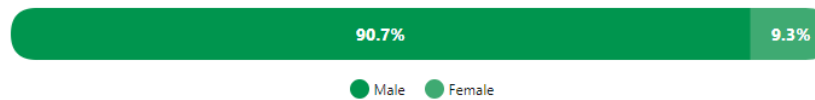
Number of PrEP users, 2021

1,226

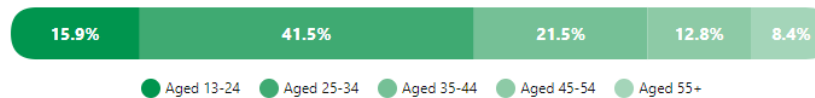
Rate of PrEP users per 100,000 population, 2021

116

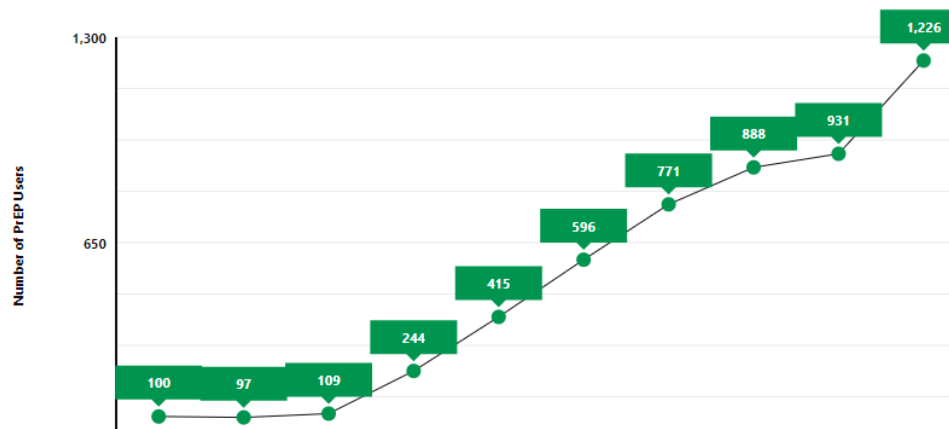
Percent of PrEP users, by Sex, 2021



Percent of PrEP users, by Age, 2021



Number of PrEP Users, 2012-2021



Protective Factors & Risk Reduction

- AIDS Taskforce of Greater Cleveland
 - *Y-CAB Social Marketing and Pride Ball*
- Cleveland Treatment Center
 - *YUP! Program*
- A Vision of Change
 - *MSM Community Outreach (The Conversation Corridor)*
- I Care About My Life & I Care About Your Life
 - *Visual Arts Advocacy*



Empowering Youth & Young Adults

- LGBT Community Center of Greater Cleveland
 - *Person of Leadership Program for Young Adults*
- AIDS Taskforce of Greater Cleveland
 - *Y-CAB Social Marketing*
- Beech Brook
 - *3-Day HIV Education in local schools*
- I Care About My Life & I Care About Your Life
 - *Visual Arts Advocacy*



Sex Positive Education for PLWHA

- HIV Prevention Education inclusive of U=U, anti-stigmatic
- Under EHE Care: The Sankofa Retreats, psychosocial support at Nueva Luz & UH



Why? A Good Reminder...

- Social Determinants of Health
 - Individual and community health outcomes are impacted by external factors, such as environment, race/ethnicity, age, and gender.
- HIV's long history of a link to poverty, racism, homophobia, transphobia, and misogyny.
 - Multiple intersections of a person's marginalized identities increase the possibility of exposure.
- Access to resources and lack of trust in the medical community
 - Examples:
 - Redlining maps from the past mirroring today's HIV prevalence mapping in CLE
 - Medical community's response to AIDS in the 1980s
 - History of unconsented medical experimentation in the Black Community

Love Leads Here!

Social Media Campaigns



I Take PrEP

Taking PrEP means I'm protecting myself and my sexual partners from **HIV**.
It's a good feeling. *Tommy*

love leads here.org
Cuyahoga County Board of Health
HIV Prevention & Care

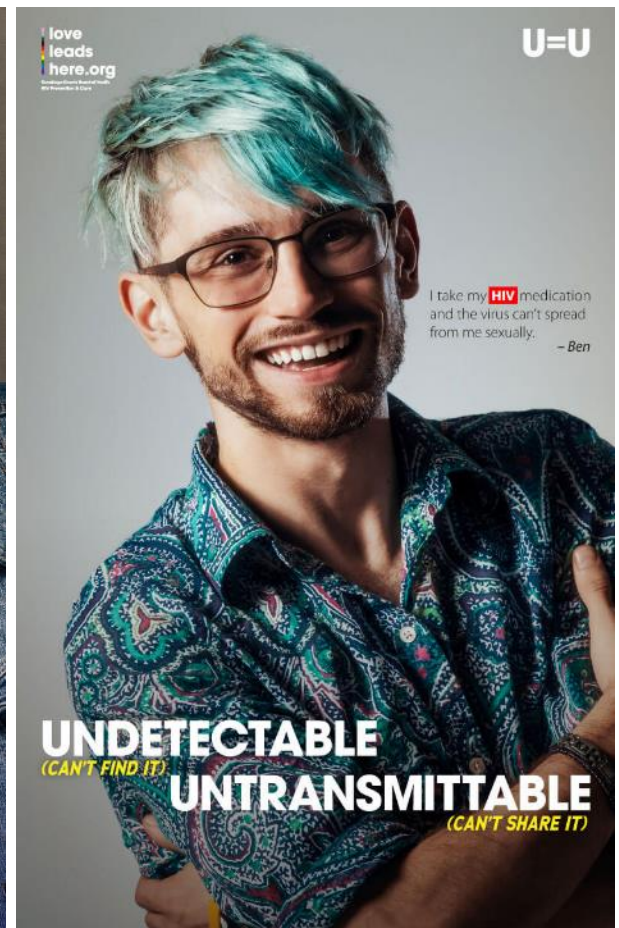


love leads here.org
Cuyahoga County Board of Health
HIV Prevention & Care

You're Welcome.

I'm living with **HIV** and preventing it.
Medication keeps me undetectable and untransmittable.

Naimah



love leads here.org
Cuyahoga County Board of Health
HIV Prevention & Care

U=U

I take my **HIV** medication and the virus can't spread from me sexually.
— Ben

UNDETECTABLE
(CAN'T FIND IT)

UNTRANSMITTABLE
(CAN'T SHARE IT)

I Take PrEP

- May-June 2023
- Pride in the CLE
- Cisgender Women



Fast Track City



Looking Ahead

- FINAL FY22 PREVENTION DEADLINES
 - Monthly data & positivity reporting due August 10th.
 - Annual Progress Reports for new mini-grant subs are also due on August 10th
- FINAL FY22 PREVENTION INVOICES
 - Due August 5th. **WE CANNOT ACCEPT THEM AFTER THIS DATE.**
- Contracting & Notices of Awards this month (TBA)
- Order pamphlets & supplies with us! Fill out an order form if interested and turn it in before leaving



Questions or
Comments?

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EHE CAG – Prevent Pillar
July 12, 2023

Clarence Williams
cwilliams@ccbh.net

Alisha Cassady
acassady@ccbh.net

2022 Co-Infection Rates

- 30 individuals tested positive for both HIV and Syphilis
- 100% male
- 0% women
- 60% Black/African American
- 17% White
- 17% Hispanic
- Age Range 17-60 years old
- Median Age 33 years old

Ohio HIV Data

- In 2020, there were 23,685 people living with HIV in Ohio.
- In 2020, 888 people were newly diagnosed with HIV.
- Of those newly diagnosed as of 2020,
 - 82.2% Male
 - 17.8% Female
 - 52.7% Black
 - 39.8% White
 - 3.7% Hispanic
- 35% of those newly diagnosed between ages 25-34 years old

Ohio PrEP Data

- As of 2022, there were 11,197 PrEP users, 113 per 100,000 users
- From 2021 to 2022, there was an 18% increase in PrEP users
- 92.1% were Male, and 7.8% were Female
- 76.8% White
- 15.4% Black
- 4.4% Hispanic
- 40.6% were between the ages of 25-34 years old

SSP PWID Data

Total Number of PWID Screened for HIV was 114

55% Male, n= 63

44% Female, n=55

1% Transgender, n=1

77.2% between the ages of 30-65 Years

80% White

8% Black

7% Hispanic

3% Unknown

Data for those linked to SSP

- 2,603 linked to SSP
 - 61.3% Male, n=1595
 - 38.1% Female, n=993
 - 0.4% Unknown, n=11
 - 0.15% Transgender, n=4
-
- 83% White
 - 9% Hispanic
 - 6% Black
 - 1.3% Unknown
 - 0.8% Multi-racial

SSP Encounters

There are currently 5 SSPs operating in the jurisdiction, including 3 mobile locations and 2 fixed locations.

- 13,615 total number of encounters
- 9,306 total number of encounters at mobile/outreach locations
- 3,565 total number of encounters at fixed locations

HIV Testing Emergency Departments

- 7,706 tested
- 50% Male
- 49.8% Female
- 0.15% Transgender
- 0.03% Unknown

- 48% of those tested were between the ages of 30-65 years old
- 52.5% Black
- 35% White
- 6.4% Hispanic
- 5% Unknown
- 0.6% Asian
- 0.15% American Indian

HIV Testing in Correctional Facilities

- 1,662 tested
- 85% Male
- 15% Female

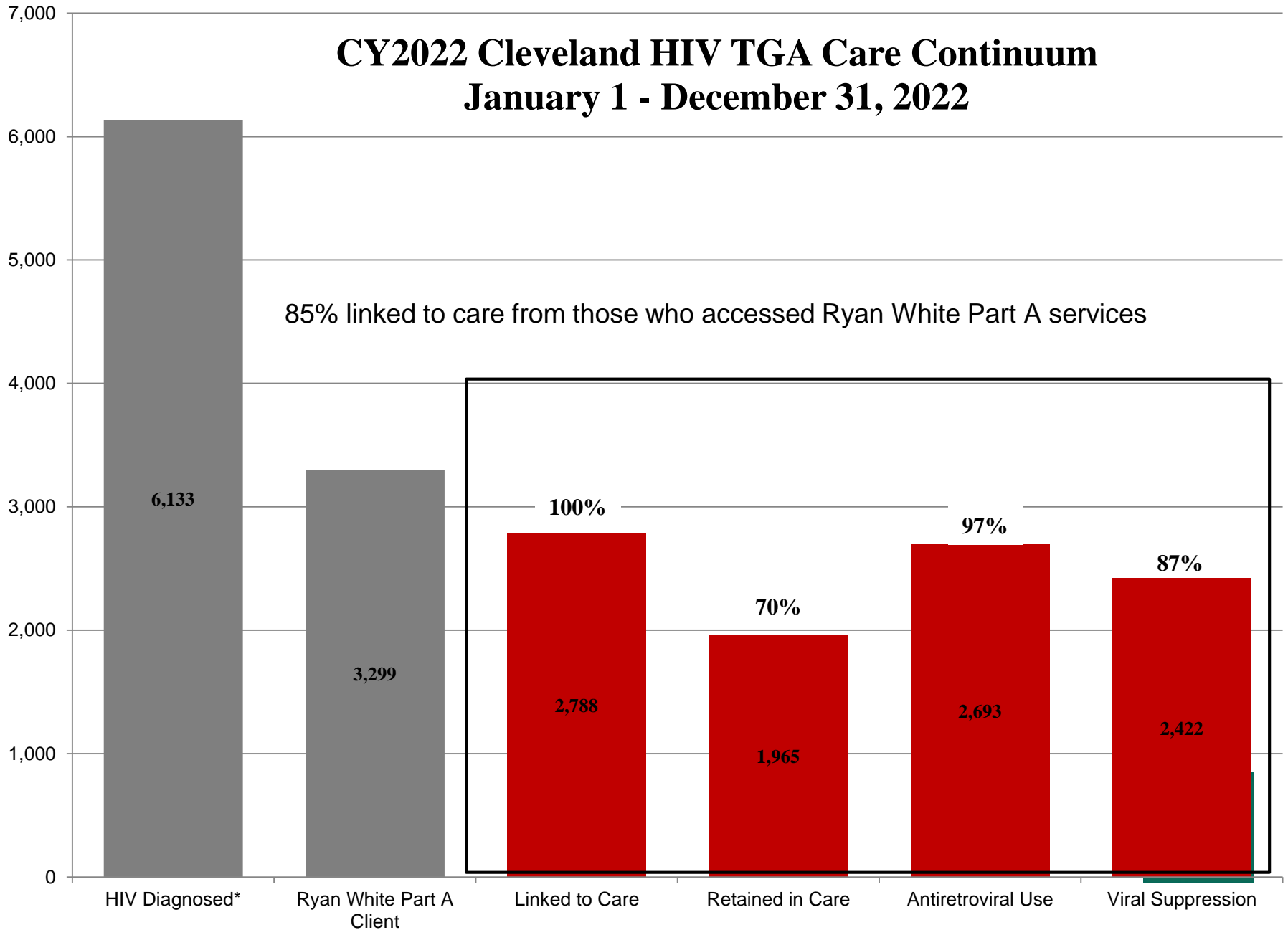
- 60 % of individuals tested were within 30-65 years old

- 69% Black
- 21% White
- 5.4% Hispanic
- 4.3% Unknown
- 0.3% Asian
- 0.12 % American Indian

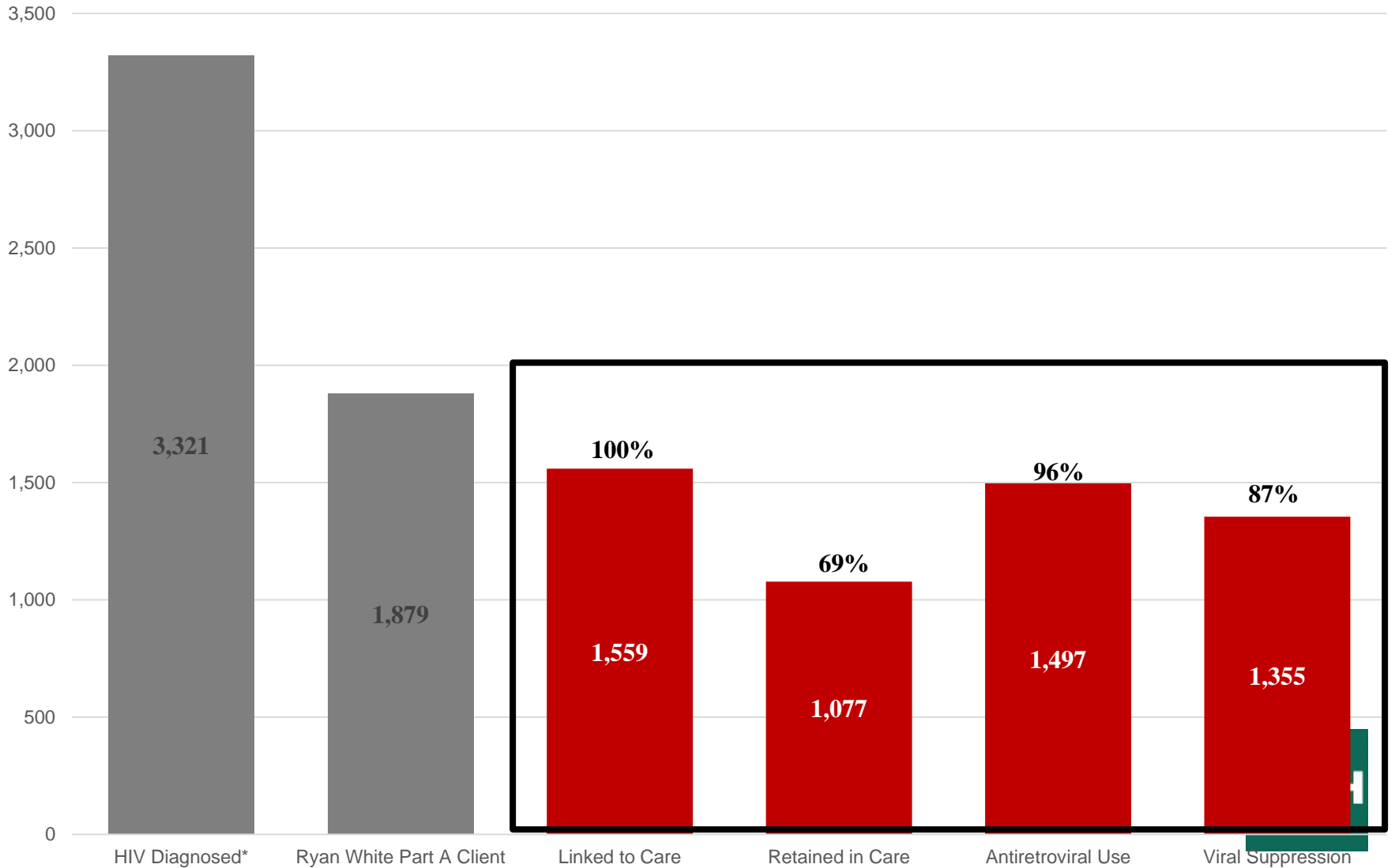
Care Continuum Definitions

- HIV-Diagnosed: Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2021.
- Ryan White Part A Clients: Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- Linked to Care: Number of Ryan White Part A eligible clients that had at least one medical visit, viral load test, or CD4 test in the measurement year.
- Retained in Care: Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
- Antiretroviral Use: Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- Viral Suppression: Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

CY2022 Cleveland HIV TGA Care Continuum January 1 - December 31, 2022



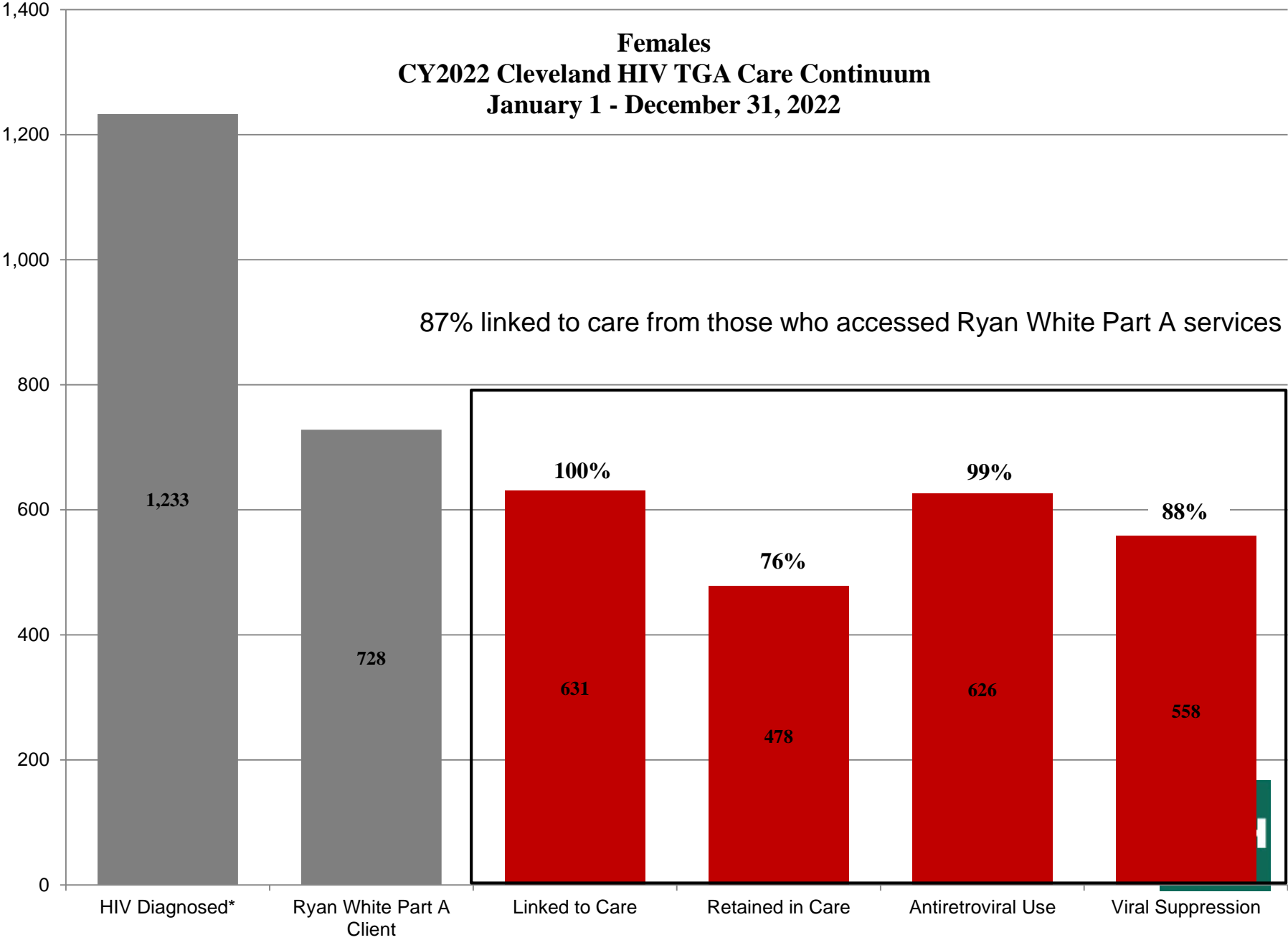
**Men Who Have Sex with Men (MSM)
CY2022 Cleveland TGA HIV Care Continuum
January 1 - December 31, 2022**



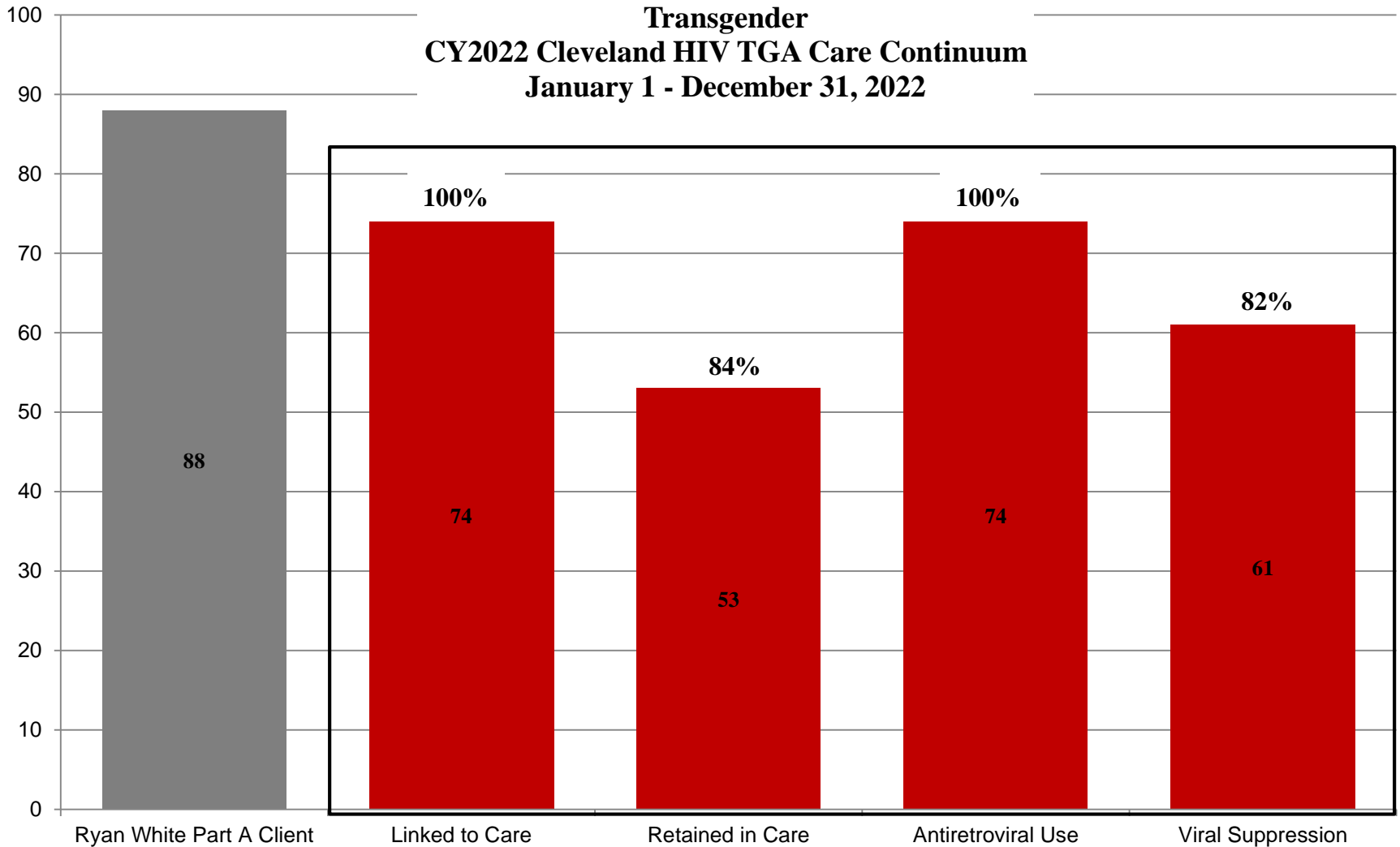
83% linked to care from those who accessed Ryan White Part A services

Females
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022

87% linked to care from those who accessed Ryan White Part A services



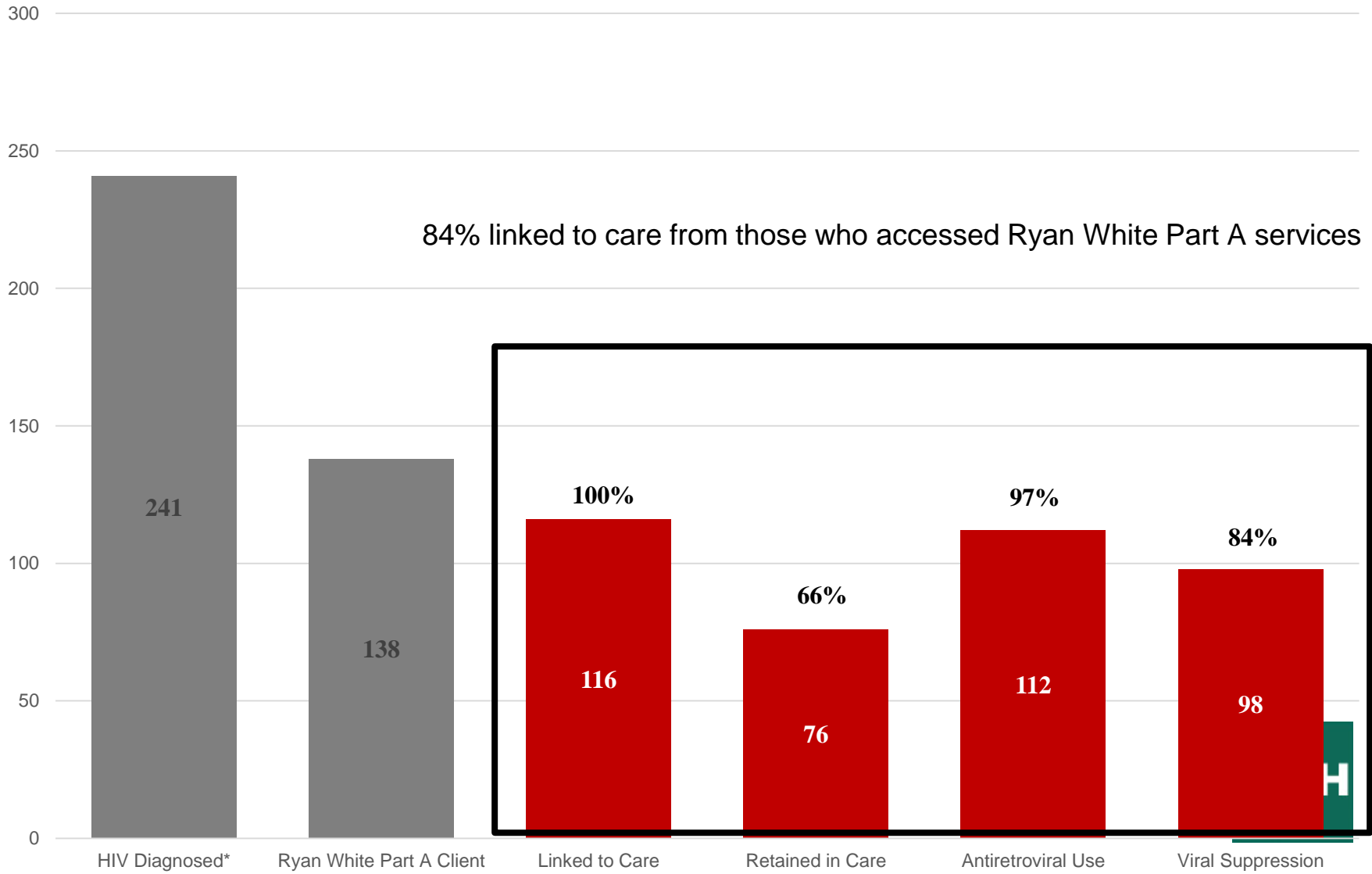
**Transgender
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022**



84% linked to care from those who accessed Ryan White Part A services

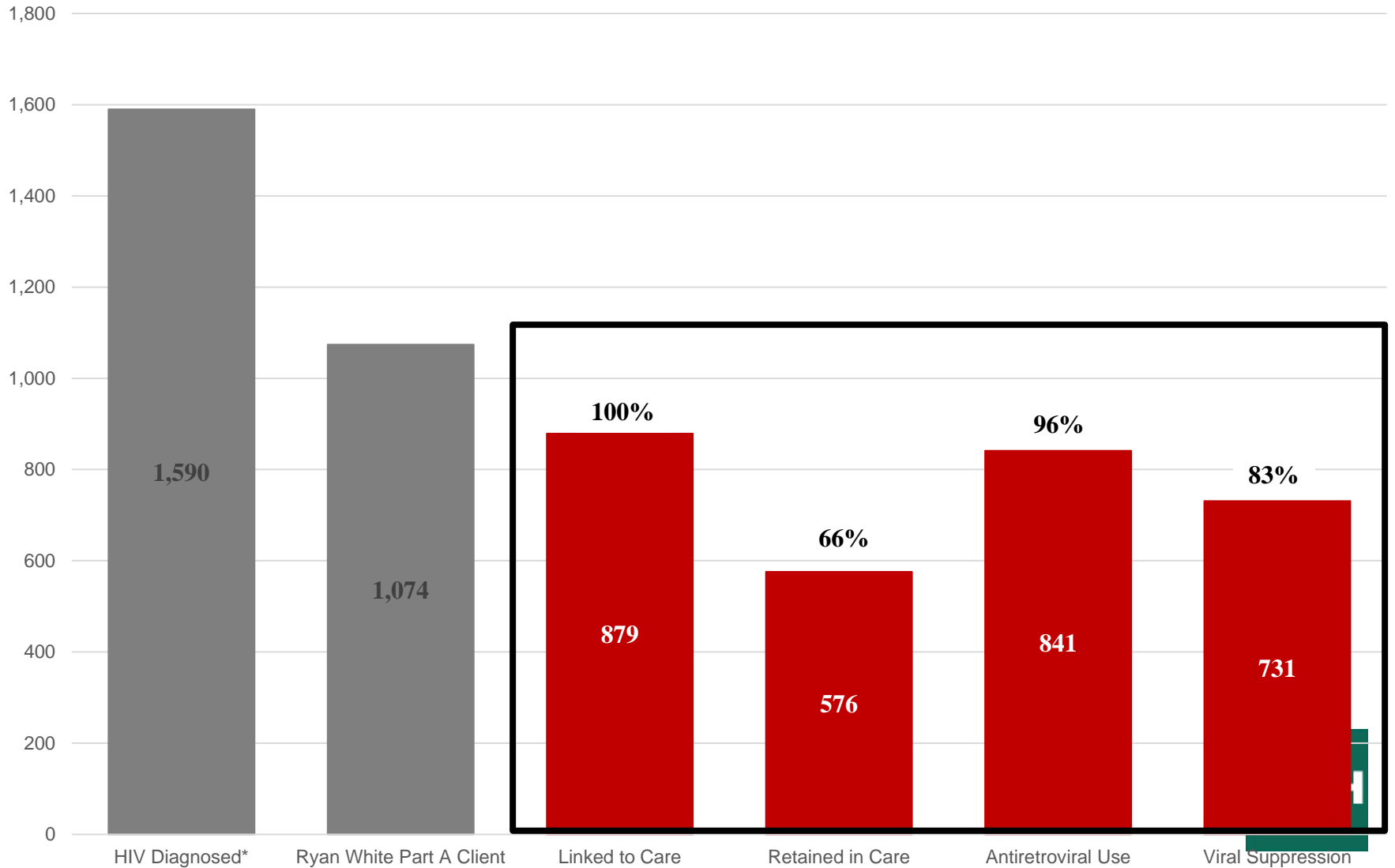


Youth Age 13-24
CY2022 Cleveland TGA HIV Care Continuum
January 1 - December 31, 2022



84% linked to care from those who accessed Ryan White Part A services

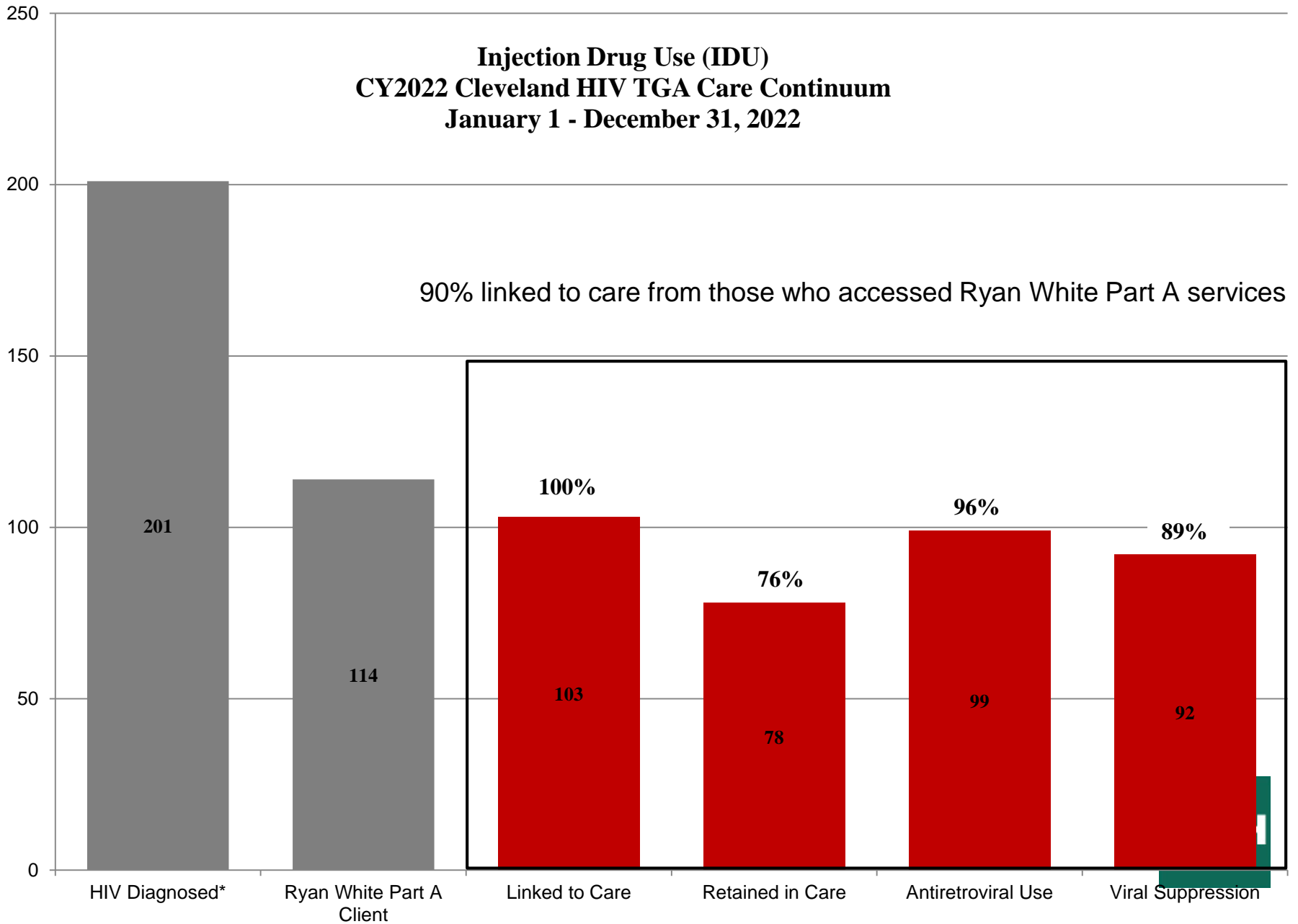
**Black/African American Men Who Have Sex with Men (MSM)
CY2022 Cleveland TGA Care Continuum
January 1 - December 31, 2022**



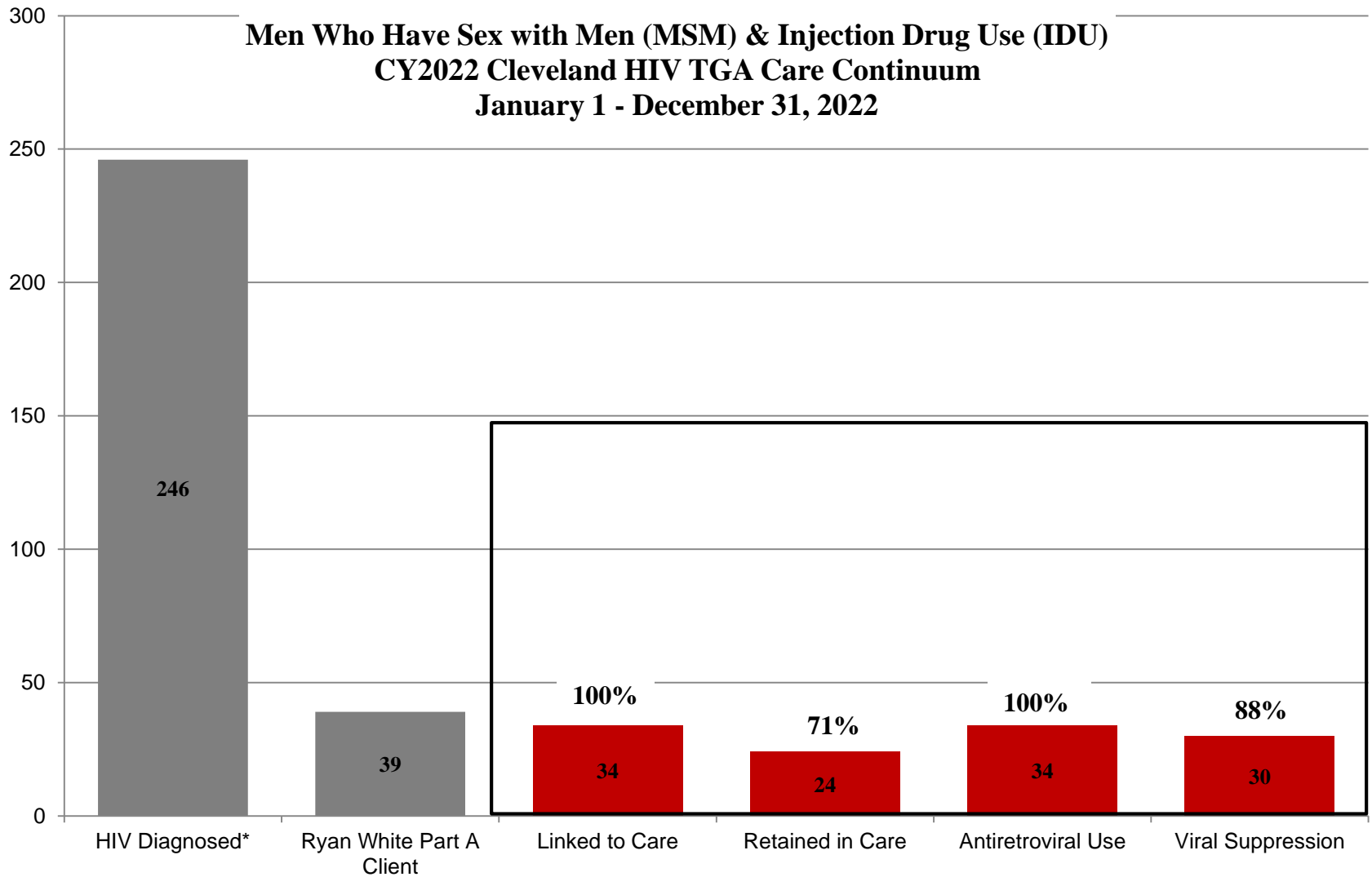
82% linked to care from those who accessed Ryan White Part A services

Injection Drug Use (IDU)
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022

90% linked to care from those who accessed Ryan White Part A services



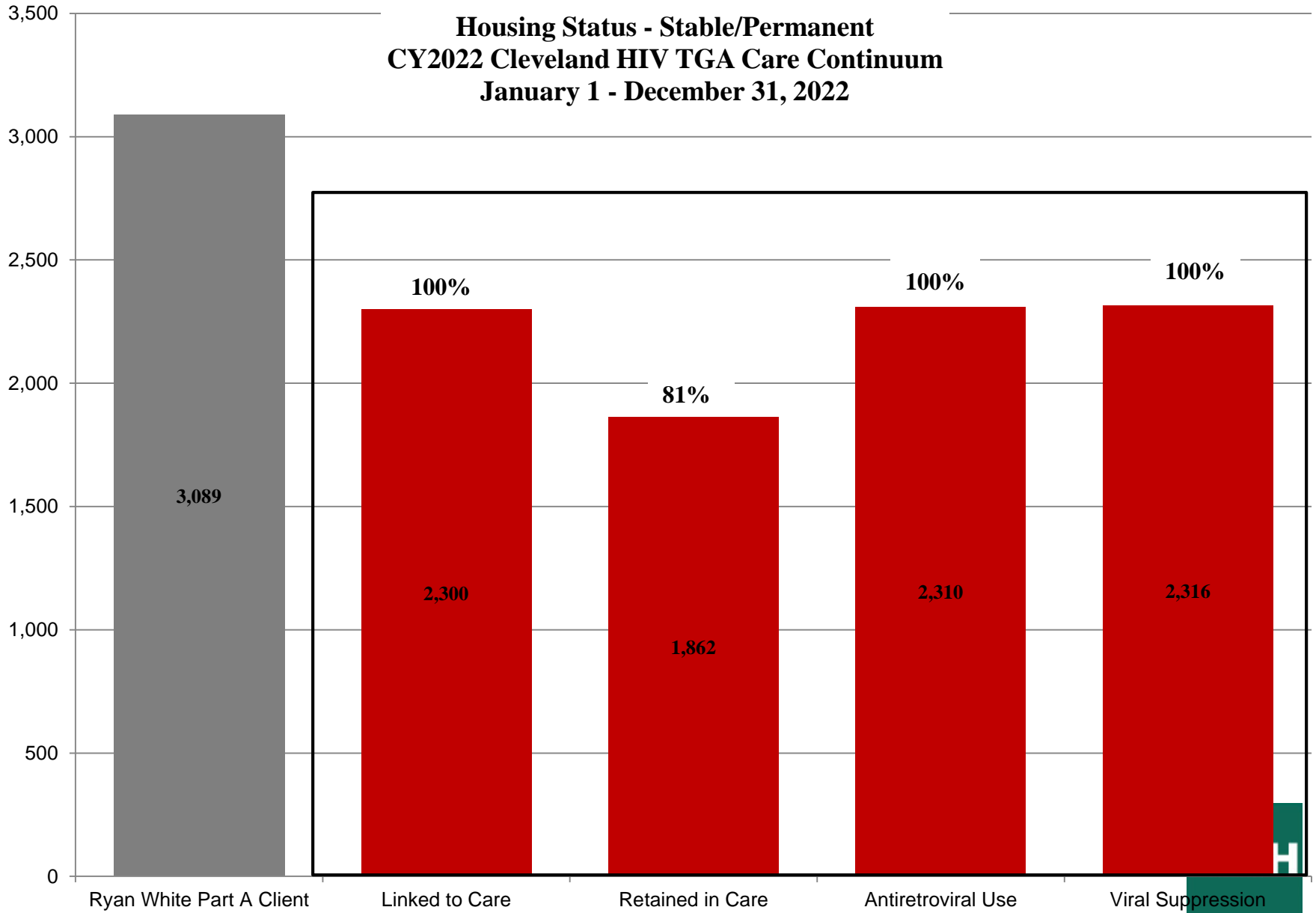
**Men Who Have Sex with Men (MSM) & Injection Drug Use (IDU)
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022**



87% linked to care who were eligible for a Ryan White Part A service

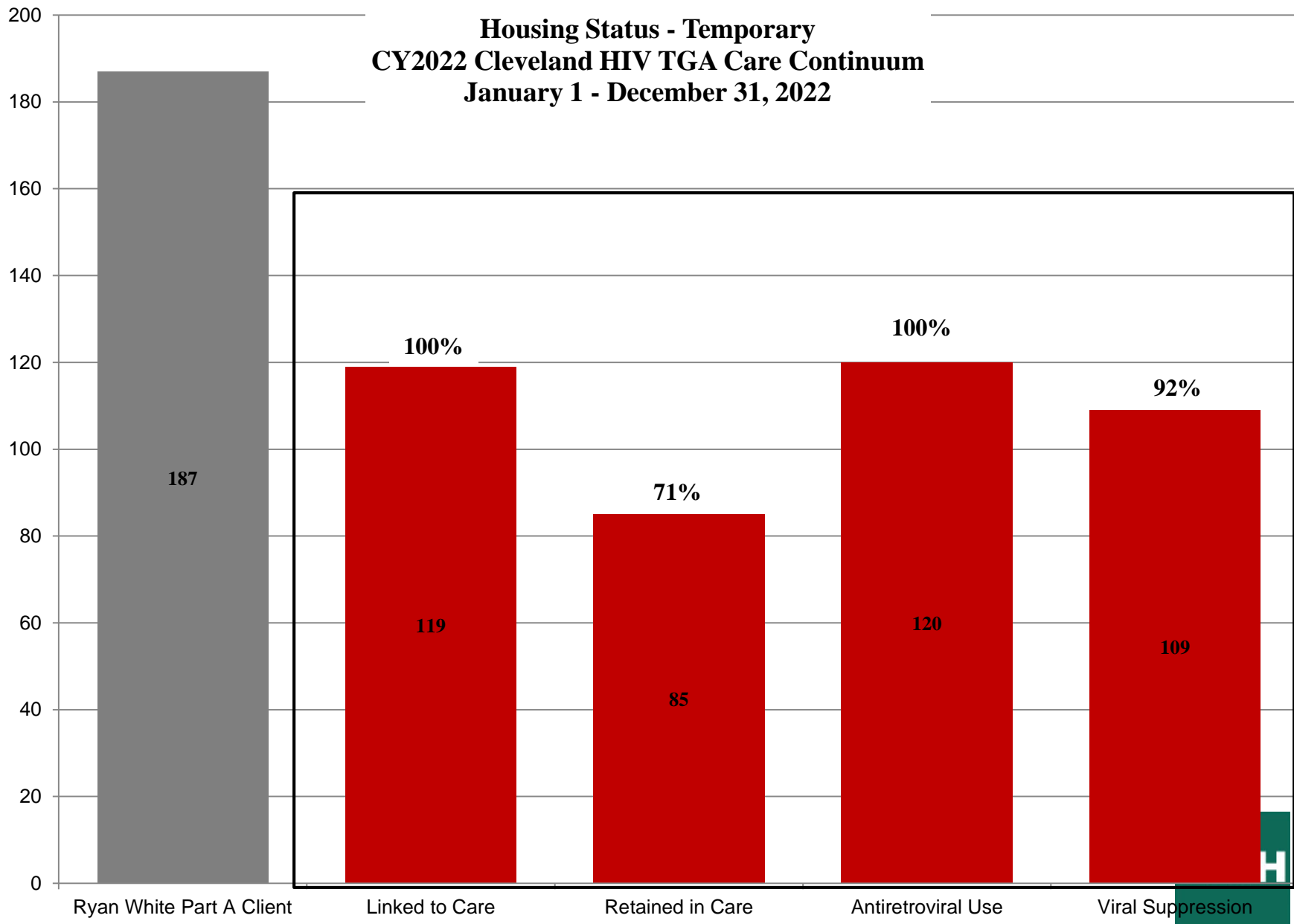


**Housing Status - Stable/Permanent
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022**



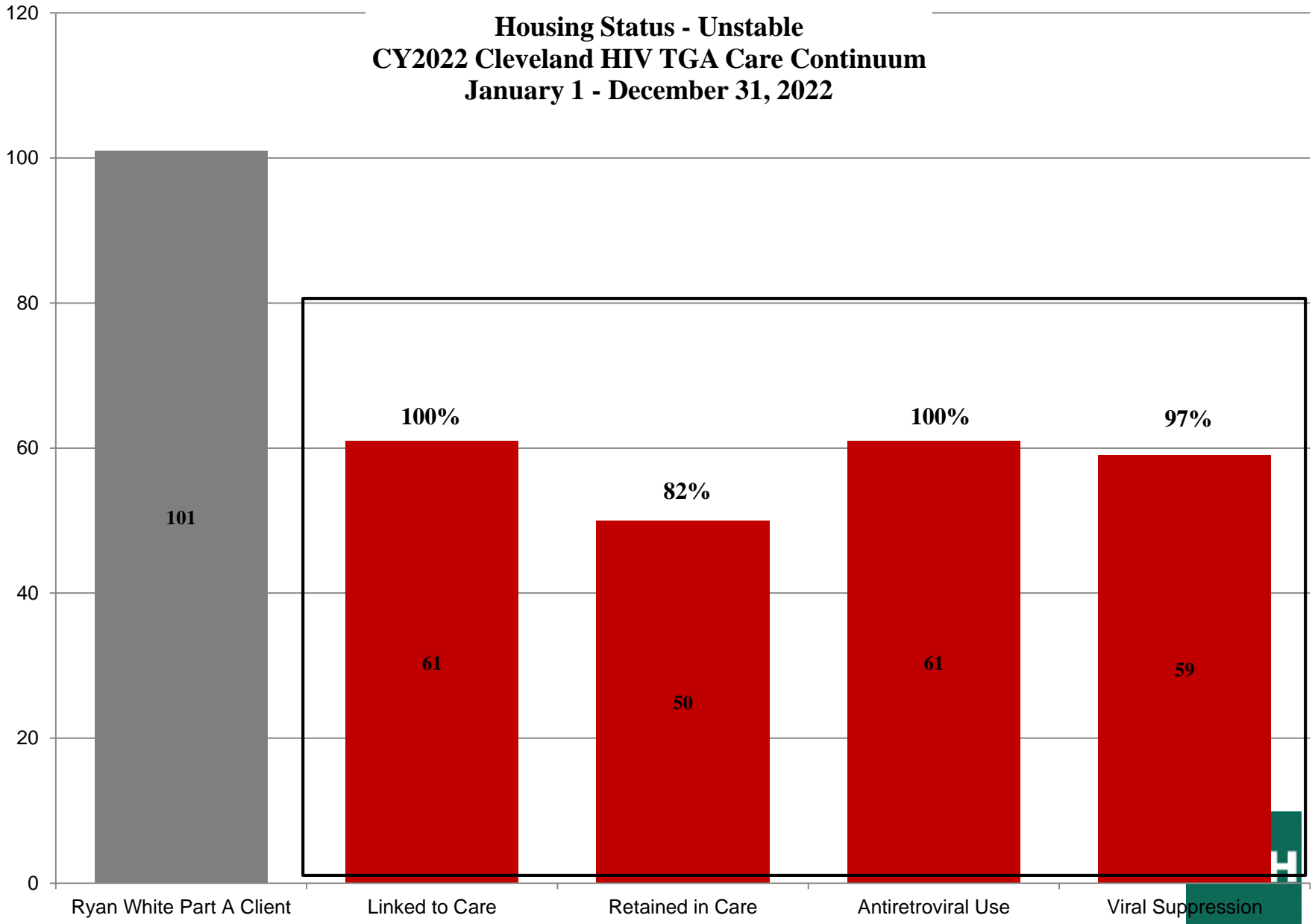
74% linked to care from those who accessed Ryan White Part A services

Housing Status - Temporary
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022



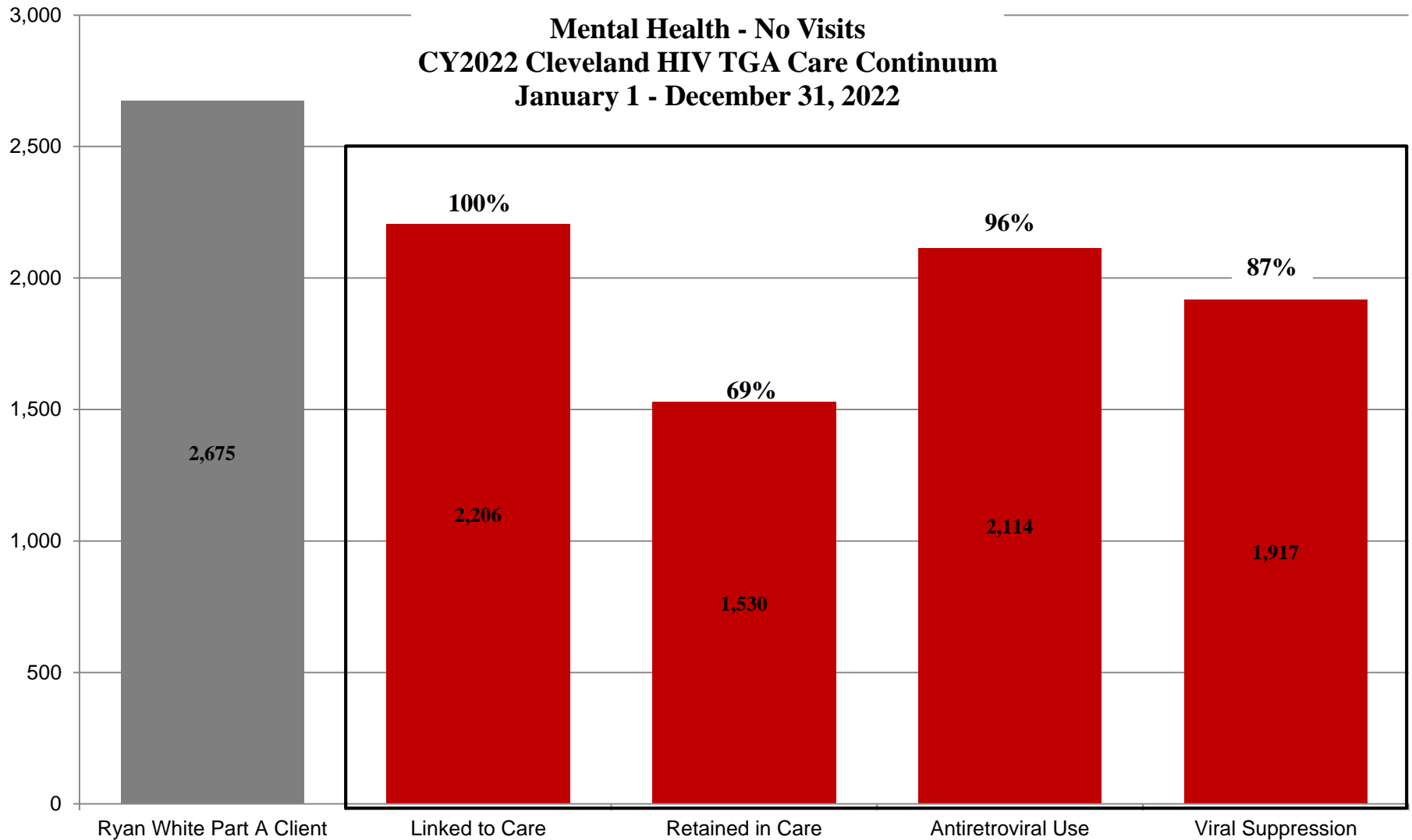
63% linked to care from those who accessed Ryan White Part A services

Housing Status - Unstable
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022



60% linked to care from those who accessed Ryan White Part A services

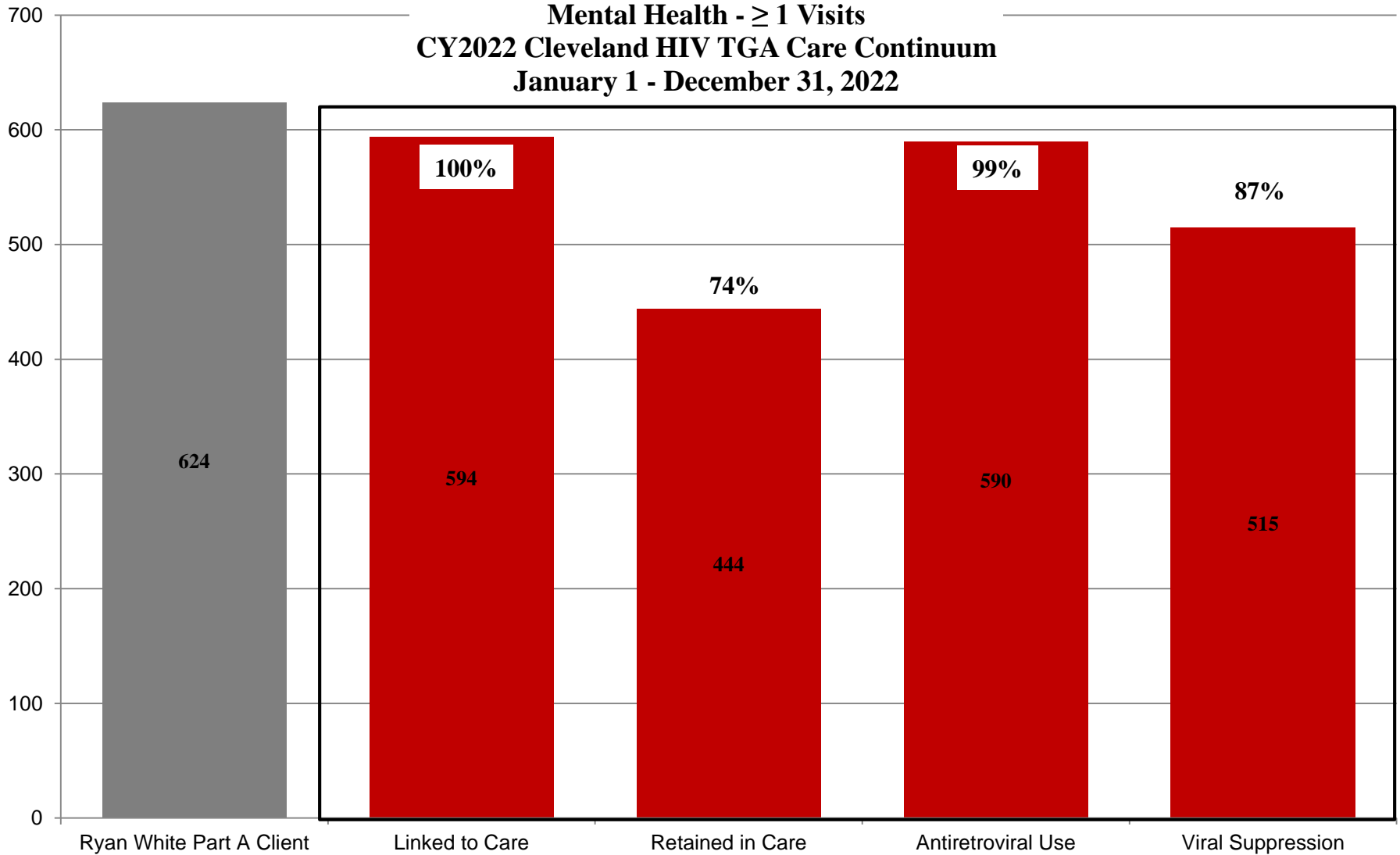
Mental Health - No Visits
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022



82% linked to care from those who accessed Ryan White Part A services



Mental Health - ≥ 1 Visits
CY2022 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2022



95% linked to care from those who accessed Ryan White Part A services



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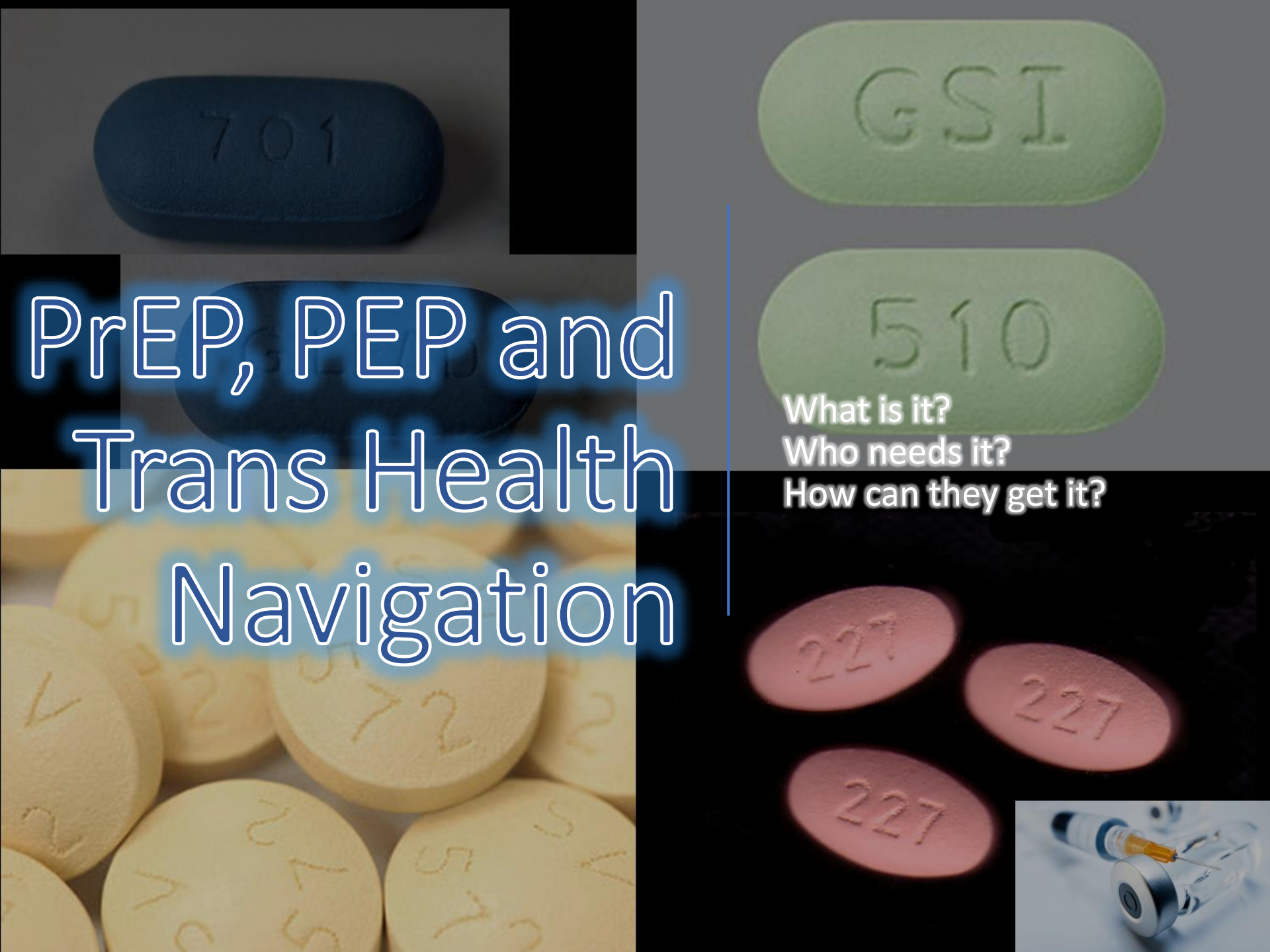


Break



SHARE





PrEP, PEP and Trans Health Navigation

What is it?
Who needs it?
How can they get it?





PrEP

What is it? What's it do? Who needs it?

PrEP

Pre-Exposure Prophylaxis

Truvada or Descovy

- Daily pill OR “event based” pill (intermittently) for anal sex (Truvada)
- Up to 99% effective
- Maintains same efficacy if taken 4x/week

Apretude

- Gluteal Intramuscular Injection
- Cabotegravir

Combination of 2 HIV Medications

- **Tenofovir disoproxil fumarate and Emtricitabine (Truvada)**

Tenofovir alafenamide and Emtricitabine (Descovy)

“PrEP”; the drug+ Regular 3 month follow ups+ Labs

*Note: Descovy has not been approved for receptive vaginal sex

Future for PrEP?

Testing and Trials

PrEP Implant

- Islatravir (MK-8591; MERCK & Co.) trial
- Small phase trial; 3 months
- Current projections: may last well over a year or more
- More extensive trials must be done (NIH trials not started)

Future for PrEP?

Testing and Trials

Vaginal Ring

- Dapivirine
- REACH, DREAM, ASPIRE and HOPE Trials
- Polymer ring capable of releasing meds over time
- One month; three month ring in development
- ★ Currently approved and being used in parts of Sub-Saharan Africa ★

Antibody

- bNAbs – broadly neutralizing antibodies; 3BNC117 and 10-1074
- HIV Specific
- Trials are currently underway (AMP study; in Cleveland)

Future for PrEP?

NIAID is funding research on 4 types of long-acting HIV prevention.

INTRAVAGINAL RING (IVR)



Polymer ring inserted into the vagina releases antiretroviral drug over time.

IMPLANT



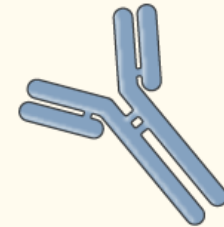
Device implanted in the body releases antiretroviral drug over time.

INJECTABLE



Long-acting antiretroviral drug is injected into the body.

ANTIBODY



Antibody is infused or injected into the body.

Who PrEP is for?

Priority Populations

MSM [Men-who-have-Sex-with-Men (especially Men of Color)]

Multiple sex partners

- Or with partners who have multiple partners (polyamorous, open relationship, etc.)

People who have had Sexually Transmitted Infections (especially syphilis)

Share needles

Sex workers

Survival sex exchange

HIV- women trying to conceive with an HIV+ partner

Who PrEP is for?

Epi-Data

**Cuyahoga County
Data 2021:**

Total Cases
165

Black
125 (75.7%)

Female (SAB)
15 (11% of total; 12% of Black people)

Male (SAB)
110 (66.6% total; 88% of all Black people)

Under 35
95 (57.6% of total; 76% of Black people)

Highest risk populations:

- Black MSM
- Black Transwomen
- Under 35



PEP

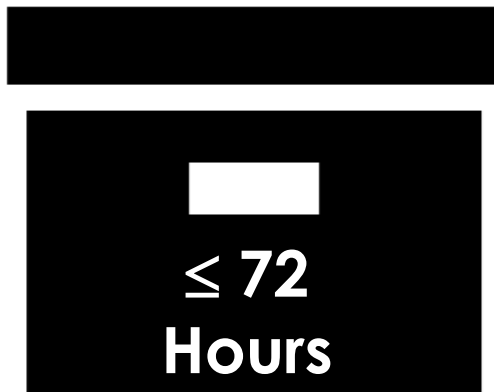
What is it? What's it do? Who needs it?

What is PEP?

Post-Exposure Prophylaxis

- A month long (28-day 13+; 30-day for 2-12) antiretroviral regimen

**Recommended
(Effective)**



**Not
Recommended
(Not
Effective)**



What is PEP?

Post-Exposure Prophylaxis

Three medications in TWO Pills
USUALLY

Truvada or Descovy

- Tenofovir disoproxil fumarate and Emtricitabine (**Truvada**)
- ⑩ Tenofovir alafenamide and Emtricitabine (**Descovy**)

Tivacay or Isentress or Genvoya

- Dolutegravir (**Tivacay**)
- Raltegravir (**Isentress**)
- Elvitegravir, Cobicistat, Emtricitabine, Tenofovir alafenamide (**Genvoya**)

What is PEP?

Post-Exposure Prophylaxis

OR One Pill
Once a Day

Biktarvy

- Bictegravir/emtricitabine/tenofovir alafenamide



Doses

nPEP Doses for 13+

Truvada: 200 mg
emtricitabine/ 300
mg tenofovir
disoproxil fumarate

Descovy: 200 mg
emtricitabine/ 25
mg tenofovir
alafenamide

Tivacay:
50 mg
dolutegr
avir

Genvoya: 150 mg
elvitegravir, 150 mg
cobicistat, 200 mg
emtricitabine, 10 mg
tenofovir alafenamide

Isentress:
400 mg
raltegravir
(2/day)

Isentress: 600
mg raltegravir
(2/day)

Biktarvy:
50 mg biktgravir/
200 mg
emtricitabine/ 25
mg tenofovir
alafenamide



Navigation

Costs, Assistance Programs, MetroHealth Clinics

PrEP Navigation

What we do

- Past, Present, Future Patients
- Gilead/Merck/ViiV/MyGoodDays/PAF/PAN
 - Patient Assistance Programs
 - Co-pay cards
- PAPI
 - (Patient Assistance Program Intervention - ODH)
- Insurance
- Prior Authorizations
- EPIC (Medical Record System)
- Education
- Counseling



Trans Health Navigation

Why do we have it?

- Relatability
- Access to care
- Transparency in Insurance
- Navigating healthcare systems **Black & Hispanic trans women**
need **MORE** access to PrEP

Trans Health Navigation

Tips for healthcare providers

- Educate yourselves.
- Be sensitive.
- Don't assume based on appearance.
- Listen attentively.
- Focus on the whole person.



How to get PrEP

😊 Any provider can prescribe PrEP 😊

Patient must be >77 lbs

PrEP Clinic

- Main Campus [Every Tuesday Afternoon+ Tele-health]

Pride Clinics

- LGBT Center
- Rocky River
- Middleburg
- Brecksville
- Cleveland Heights
- Brooklyn

ID Clinics

- Cleveland Heights
- Main Campus
- Parma Medical Center

Morning/Afternoon/Evening Hours Available at CDPH Clinics (MCC and JGLEN)

How to get PrEP

- Medicaid covers
- *Most insurance covers
- P.A.P. and M.A.P. (Gilead)
- Prevention Assistance Program Interventions (P.A.P.I.)
- *Co-pay cards
- Metro Financial Assistance
- Prior Authorizations

**Uninsured
2,000/
MONTH!?**



OR \$0

**Reasonably Good
Insurance
\$20/month**

*co-pay cards available for private insurance only

The background features a repeating pattern of light blue, diamond-shaped icons with a question mark inside, set against a teal background. The icons are arranged in a staggered grid. In the top right corner, there is a white speech bubble with a green border containing the text 'Questions? Comments? Concerns?'.

**Questions?
Comments?
Concerns?**

obrigado

Dank U

Merci

mahalo

Köszi

спасибо

Grazie

Thank
you

mawuuru

Takk

Gracias

Dziękuję

Děkuju

danke

Kiitos



MetroHealth



Project DAWN Expanded Mobile Unit

Stephanie Shorts, CDCA

Project DAWN & Syringe Exchange Program Coordinator

Project DAWN Expanded Mobile Unit

- The need for the mobile unit developed during COVID-19 when many of the sites for our Project DAWN clinics were closed or operating limited hours
- We wanted to be able to provide MAT services to our clients recently released from jail as well as those who didn't have access to resources such as naloxone and sterile syringes during COVID-19
- The Office of Opioid Safety was approved by the Health Department to operate a Syringe Exchange Program alongside our Project DAWN Program
- New RV was built during 2021 and finished January 2022



PREVENT

Syringe services programs help protect communities by preventing the spread of blood borne/ infectious disease outbreaks, wounds and abscesses, while facilitating the safe disposal of used syringes.

(nida.nih.gov)

Syringe Services Programs: More than Just Needle Exchange

What is an SSP? A community-based program that ideally provides comprehensive services

- Free sterile needles and syringes
- Safe disposal of needles and syringes
- Referral to mental health services
- Referral to substance use disorder treatment, including medication-assisted treatment
- Overdose treatment and education
- Hepatitis A and B vaccination
- HIV and hepatitis testing and linkage to treatment
- Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)

SSPs DON'T increase illegal drug use or crime **but DO** reduce HIV risk.

Syringe services programs: <http://bit.ly/2dhkAsq> Find an SSP: <http://bit.ly/2dhktgB>

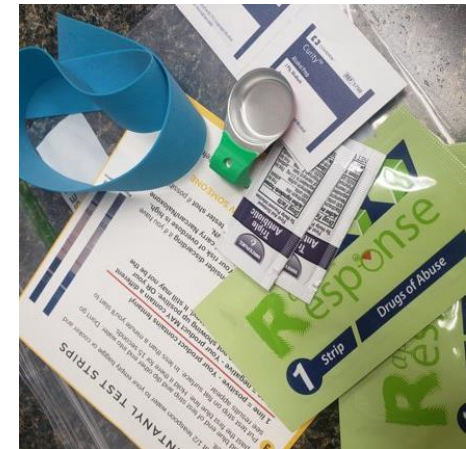
HIV diagnoses are down among PWID. More access to SSPs could help reduce HIV further.

SOURCE: Vital Signs, December 2016 3

Services Available on The Mobile Unit

Project DAWN kits: We offer 4mg Narcan, 8mg Kloxxado, & Intramuscular Naloxone

- **Safe Injection Supplies including:**
 - Fentanyl & Xylazine Test Strips
 - Sterile Syringes
 - Alcohol & Antibiotic Ointment
 - Condoms & Lube
 - Cookers & Tourniquets
 - Band-aids & Cotton
 - Sterile water bottles
 - Wound Care Kits
- Linkage to Care and Other Resources for Treatment/Detox
- Access to MAT services for clients recently released from jail by EXAM Program
- Rapid Confidential HIV & HCV testing
- Weekly Foodbank Donations & Clothing Donations
- Assistance with Medicaid Enrollment
- COVID-19 Vaccinations & Influenza Vaccines (during COVID)



Our Project DAWN Team

- Cindy Morrow, Roger Lowe, Frank Scialabba, Rebecca Mason, Stephanie Shorts, Matt Famiano & Joan Papp



Project DAWN & Exchange Data

In 2021:

- Syringes Exchanged: 450,000+
- Client Encounters: 12,500+
- Project DAWN Kits Distributed: 6,400+ from all sites
- COVID-19 Vaccinations Administered since July: 80+
- HIV/HCV Tests Administered: 18+

In 2022:

- Syringes Exchanged: 370,000+
- Client Encounters: 9,100+
- Project DAWN Kits Distributed: 7,000+ from all sites
- Tests Administered on RV: HIV: 40+/HCV: 30+



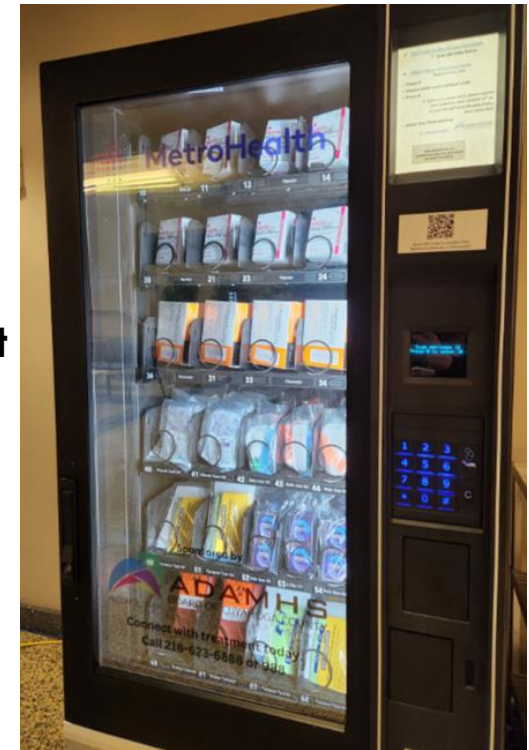
***Since 2013 over 6,780 overdose reversals reported with known dates**

Additional Harm Reduction Initiatives



Harm Reduction Vending Machine:

- **FREE 24/7 Access Outside of Metro Main Campus Emergency Department**
 - Offers naloxone and other harm reduction supplies



Naloxboxes/ Naloxone Emergency Cabinets:

- 190+ installed in high-risk public housing locations
- 140+ installed in treatment centers, homeless shelters, county buildings, convenient stores, & gas stations



PODCAST: <https://soundcloud.com/metrohealth/its-somebodys-child-out-there>

WEBSITE: [Project DAWN | The MetroHealth System](#)

FACEBOOK: [Project DAWN MetroHealth in Cuyahoga County](#)



Adriana Whelan, DNP, CNP
Medical Director Of HIV and
Harm Reduction



THE CENTERS

Health. Family. Work. **Hope.**

Harm Reduction in a Community HealthCare Setting

Agenda

- History of SEP Programs in OH
- Opioid Crisis update
- EHE: Ending the HIV Epidemic
- Harm Reduction Services
- Locations
- What's new



History of Syringe Exchange Services

- 1995: Emergency Declaration: Cleveland utilized Home rule authority granted by Ohio's Constitution that allowed city health districts to declare a public health emergency related to blood-borne pathogens to create a Syringe exchange program in partnership with the Free Clinic of Greater Cleveland.
- The Free Clinic (now Circle Health Services) served as the only Syringe exchange program within the tri-state region up until 2011 when other cities in Southern Ohio developed their own Syringe exchange programs using Ohio's Emergency Home Rule Authority statute.
- 2016: State budget bill, Amended Substitute House Bill 64, changed Ohio law to allow local boards of health to establish a blood borne infectious disease prevention program to reduce the transmission of infectious diseases without declaring a public health emergency.
 - As of 2022, there are currently 22 Syringe Exchange programs operating in the state of Ohio.



Update

Opioid crisis

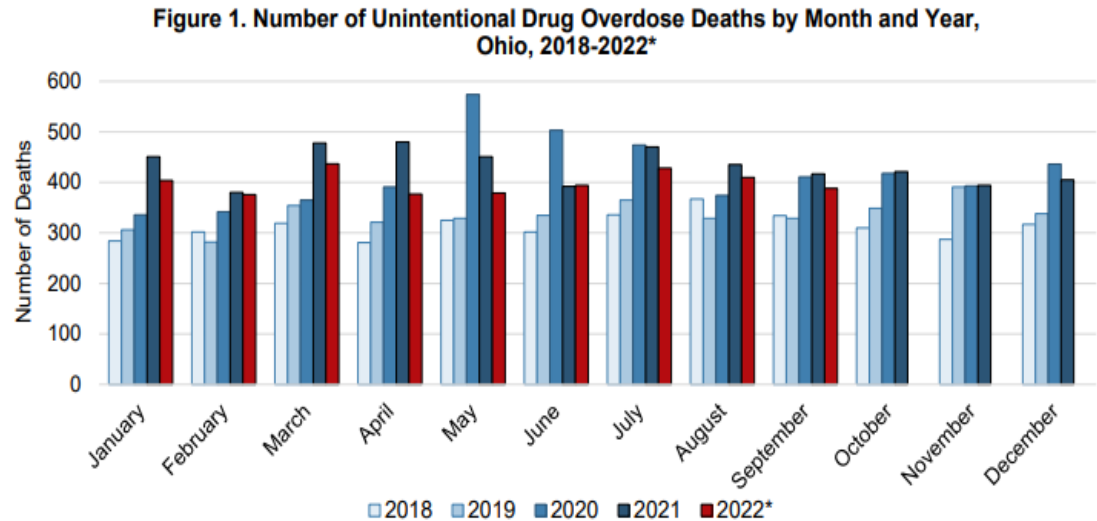
More than 93,000 people died of drug overdoses in the U.S. in 2020, a nearly 30% surge from 2019 and the most ever recorded in a single year, according to recently released data by the CDC.

Ohio: Ohio remains significantly impacted by the Opioid crisis.

- 2020 surpassed 2017 as the highest year for unintentional drug overdose deaths in Ohio, with 5,017 deaths
- 2021, the total overdose deaths increased to 5300.
- The final overdose death count for 2022 won't be available until late 2023. However, **4,746 deaths** have been confirmed and reported so far in Ohio for 2022

Unintentional Drug Overdose

Monthly Trends



- The figure above shows the number of unintentional drug overdose deaths by month and year and illustrates how overdose deaths fluctuate from month to month.
- May 2020 had the highest number of deaths per month ever recorded in Ohio (574 deaths).
- For the months presented above, 2022 is trending lower than 2021.



Update

Fentanyl:

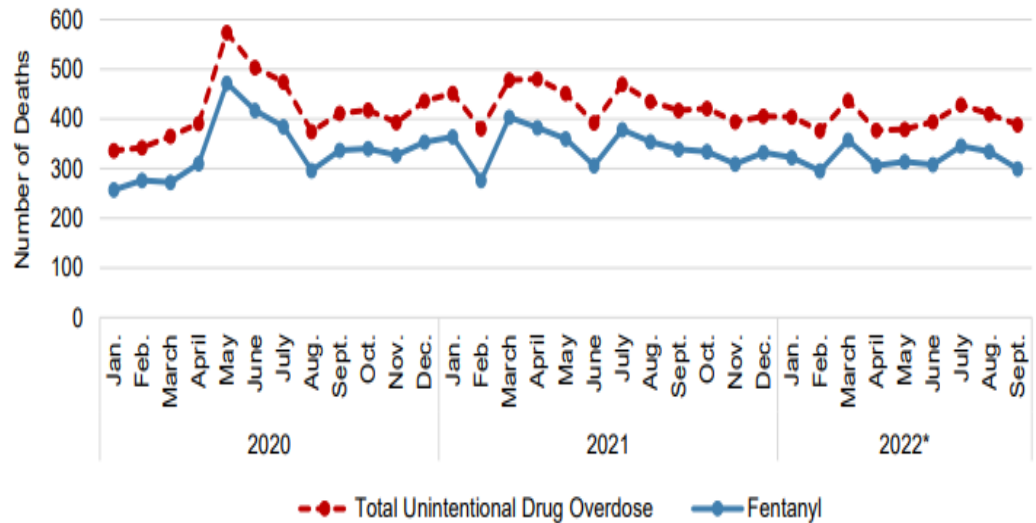
Accounts for nearly 80% of drug overdose deaths in Ohio. In 2021, **Fentanyl** was involved in 83% of all heroin-related **overdose** deaths, 80% of all cocaine-related **overdose** deaths, and 79% of all psychostimulant/methamphetamine-related **overdose** deaths.

Xylazine:

-Sharp rise in the trafficking of fentanyl mixed with xylazine, non-opioid, animal sedative tranquilizer, also known as "tranq."The combination has been found in 48 states — including Ohio — and has been linked to an increasing number of overdose deaths nationwide, in part because the addition of the non-opioid xylazine makes Naloxone, a medication that can reverse an overdose from opioids, far less effective.

-Overdose deaths involving xylazine have increased each year in Ohio since 2019, with 15 overdose deaths in 2019, 45 in 2020, and 75 in 2021, according to the Ohio Department of Health

Figure 2. Number of Unintentional Drug Overdose Deaths Involving Fentanyl by Month, Ohio, 2020-2022*



- The number of unintentional drug overdose deaths in Ohio continues to be driven by fentanyl, often in combination with other drugs.
- Fentanyl-related deaths follow the same pattern as the overall number of unintentional drug overdose deaths.



Who Do We Serve

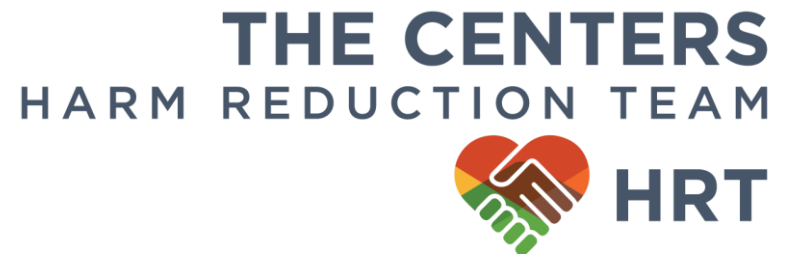
We Serve Our Community

- This can mean people who use drugs, people who have loved ones who use drugs. People who have sex, people who have loved ones who have sex... So pretty much, everyone.
- *Accidental drug overdose is now the number one cause of death among adults 18-45 in North America.*
- As of Dec. 31, 2021, there were 25,568 persons living with diagnosed HIV in Ohio. *In 2021, there were 5240 people living with HIV in Cuyahoga County.* In 2021, there were 912 reported new diagnoses of HIV in Ohio. In Cuyahoga County, *165 people were newly diagnosed with HIV in 2021 (18%).* Seventy-eight percent of new diagnoses were among males and 50% of new diagnoses were among Black/African American people.
- *There are approximately 89,600 people living with Hepatitis C in Ohio.*



Principles of Harm Reduction

Harm reduction is a public health principle designed to decrease the harm associated with behaviors through education, support, and resources.



HEALTH >



What is Harm Reduction

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Minimize harmful effects of a high-risk activity by "meeting people where they're at"

Harm Reduction

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Affirms people who use drugs themselves as the primary agents of reducing the harms of their drug use and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

USING PEOPLE'S VOICES TO KEEP PEOPLE ALIVE
HARM REDUCTION IS MEETING PEOPLE WHERE THEY ARE
HARM REDUCTION IS CHECKING PERSONAL BIAS
HARM REDUCTION IS CHANGING OLD SYSTEMS
HARM REDUCTION IS NO JUDGMENT



Community Benefits

•Reduction in HIV Infection:

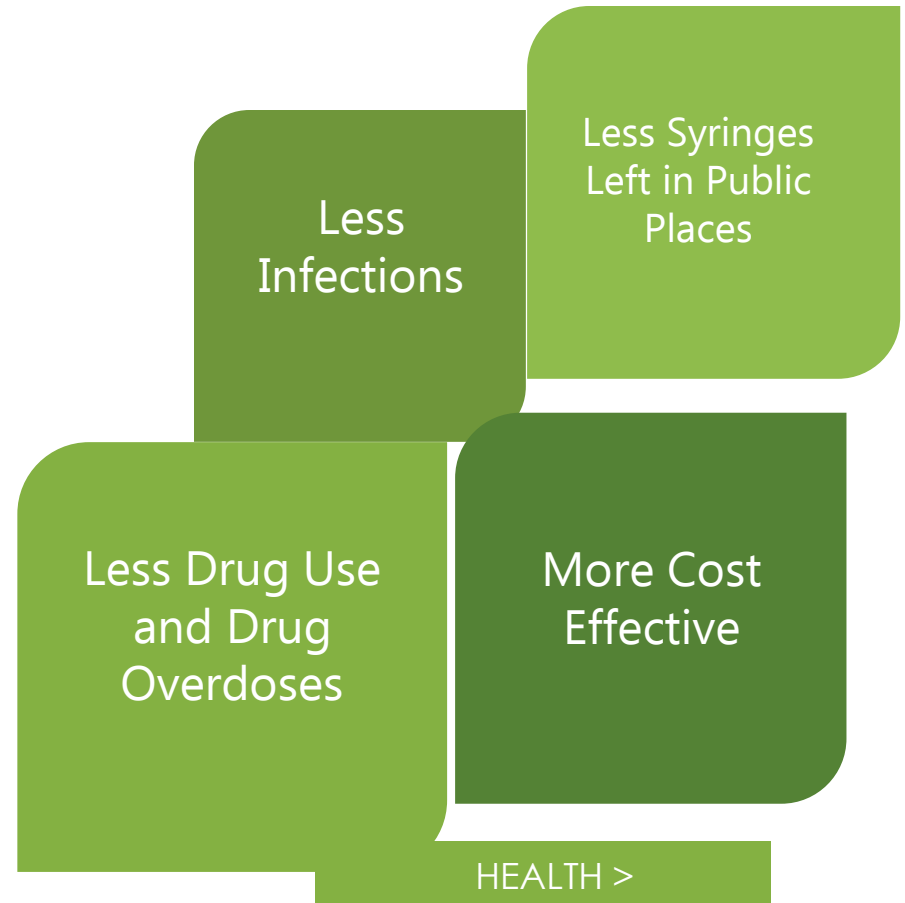
- In 1995, IVDU accounted for more than 17% of new HIV infections when Cleveland first allowed syringe exchanges.
- In 2009, new HIV infections related to IVDU in Cleveland fell to 3.4% while the national rate averaged around 12%.
- In 2020, the rate of new HIV infections related to IVDU in Ohio is 5.6%. Nationally, the rate of new HIV infections related to IVDU is 10% (2020).

•Cost effectiveness:

- SSPs reduce health care costs by preventing HIV, viral hepatitis, and other infections, including endocarditis, a life-threatening heart valve infection. The estimated lifetime cost of treating one person living with HIV is more than \$450,000.¹⁶ Hospitalizations in the U.S. for substance-use-related infections cost over \$700 million each year. SSPs reduce these costs and help link people to treatment to stop using drugs.

•Safety:

- Studies show that SSPs protect the public and first responders by providing safe needle disposal and reducing the presence of needles in the community.



Our Harm Reduction Services

Gender
Affirming
Care

Harm
Reduction
Education
and
Supplies

Fentanyl
Strips and
Xylazine
Strips

Infectious
Disease: HIV
and Hep C
Screening &
Treatment

Safe sex
supplies

Linkage to
Care and
Service
Referrals

Naloxone
& Kloxxado

PEP
(take w/in 72
hours of HIV
exposure) and
PREP (daily HIV
Prevention
medication)

Prevention
counseling

Syringe
Exchange
(mobile &
on-site)

Walk-In Nurse
Visits, including
Wound Care
and Vaccination
for Hep A & B

HEALTH >



Harm Reduction supplies

- Safe injection kits
- Safer smoking kits
 - Stem
 - Bubbler
- Sharps containers
- Safe sex kits (condoms, lubricant)
- Pregnancy Tests
- Wound care kits
- Home STI kits
- Home HIV test kits



What's New?

- At each of our sites, HIV testing is offered through our Clinical Pharmacy Teams.
- Xylazine strips.
- Harm Reduction Vending Machines in partnership with ADAMHS Board. In development are plans for an outdoor vending machine at West.
- Safer Smoking kits for persons who use crack cocaine and methamphetamine.
- Lay Distribution: We now have permissions from the Cleveland Board of Health to contract with community partners to distribute out harm reduction materials.
- Drop-in Center in collaboration with Neighborhood Pets in Development.
- New East-side location on Superior.



Vending Machines

- Available at Gordon Square, Uptown, and East Health & Wellness Centers.
- All clients can access Naloxone products with code 0000.
- To access other supplies (condoms, safer smoke kits, etc.), they would call 216-721-4010 x 6.



HEALTH >



Locations

UPTOWN (UNIVERSITY CIRCLE)

12201 Euclid Avenue
Cleveland, OH 44106
(216) 721-4010

- SYRINGE EXCHANGE:
9:00 a.m. – 5:00 p.m. M – F
- HIV SCREENINGS:
9:00 a.m. – 5:00 p.m. M – F
NOTE: HIV screenings stop 30 mins. prior to the end of services.

WEST OFFICE (KAMM'S CORNER)

3929 Rocky River Drive
Cleveland, OH 44111
(216) 252-5800

- SYRINGE EXCHANGE:
9:00 a.m. – 5:00 p.m. M, W, F
NOTE: Stop in by 4:45 p.m. for Syringe Exchange services.
- HIV SCREENINGS:
9:00 a.m. – 5:00 p.m. M, W, F
NOTE: HIV screenings stop 30 mins. prior to the end of services.

THE CENTERS VAN

The Mead House

4909 Mead Avenue
Cleveland, OH 44127

8:30 a.m. – 3:00 p.m.
M, W, F

The Pet Shoppe

3711 E. 65 Street
Cleveland, OH 44105

8:30 a.m. – 3:00 p.m. Th



HIV & HARM REDUCTION SERVICES STAFF

<p>Adriana Whelan, CNP, DNP <i>Medical Director of HIV Services and Harm Reduction</i></p>	<p>Christina Jackson, BSN, RN, <i>Director of Intergrated Harm Reduction & Llnkage to Care</i></p>	<p>Chico Lewis <i>Supervisor of Outreach Services</i></p>	<p>Sonya Thomkins, <i>VP of SUD Services</i></p>	<p>Ahlem Zaaed, BSN, RN <i>Coordinat or</i></p>	<p>Jessie Hoehnen, <i>HCV DIS Outreach Specialist</i></p>	<p>Robert Schmidt, Khalid Sabir, Rahim Bryant <i>Peer Support Specialists</i></p>	<p>Ann McDermott, BSN, RN, <i>Outreach RN</i></p>	<p>Evelyn Velez Karen Nieves Zenja Harris Jeffrey Mixon <i>Outreach Specialists</i></p>
<p>Serves as the Medical Director of HIV and Harm Reduction. Sees patients needing: Primary Care, Women's Health HIV, Hepatitis C, PreP/PEP, Gender-affirming care. <i>Spanish speaking</i></p>	<p>Program management & registered nurse. Experience in harm reduction and nursing in med/surg, home care, clinic, and ACT team. <i>Japanese speaking</i></p>	<p>Has been working harm reduction for over 25 years. Successfully connected clients in the community to harm reduction services and resources & supporting clients who are ready to stop using substances.</p>	<p><i>Oversees Substance Use Disorders program and Peer Support services.</i></p>	<p>Coordinate s patient care and leads HIV testing initiative. Serves as lead for data managemen t and reporting. <i>Arabic speaking</i></p>	<p>Coordinates care for clients testing positive for Hepatitis C. Conducts HIV and Hep C Testing. Provide clients with harm reduction education and supplies.</p>	<p>Utilizes lived experience and certification to connect clients to services within the agency and community through harm reduction lens.</p>	<p>Coordinates patient care. Provides wound care assessment. Provides vaccination. Conducts HIV and Hepatitis C testing. Provides harm reduction education and supplies.</p>	<p>Conduct HIV and Hep C Testing. Provide clients with harm reduction education and supplies. Connect clients to SUD and Ancillary Services <i>Spanish speaking Evelyn and Karen</i></p>



Questions? Want to Know More?

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Adriana Whelan, DNP, CNP

Adriana.Whelan@thecentersohio.org

(216) 325-9410

Email the Team:

Exchange@thecentersohio.org

Other Resources:

<https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

<https://harmreduction.org/>



I care about my life & I care
about your life



Loosely based on international PAR
(Participatory Action Research)
project called Photovoice

EHE Prevention Pillar

- Increase opportunities for school age youth and young adult MSM to understand how behavior interacts with HIV & Sexual Health
- ICAML & ICAYL uses a method of engagement with youth and young adults that helps to utilize protective factors to help with risk reduction for HIV.
- ICAML & ICAYL uses visual Art and descriptive text by participants

Alternative Prevention Strategy

- **ICAML & ICAYL considers some of the factors associated with social behaviors.**
- **Risk factors:** Favorable attitude towards drugs, low self esteem, Anxiety,
- **Protective factors:** Emotional Self-Regulation, Engagement and connections with school, peers, good coping skills, High self esteem
- **Prompt:** What does HIV prevention look like to you and how would you describe it in writing?

Shaw High School 44112



Pic taken by fellow student

Text from Student 15 yrs. old

- Mental health issues are a big problem. I can see a young girl looking off at a window. She is sitting in a room with a plant in the picture. You can tell that something is mentally wrong when you see her. She feels like there is nothing she can do to feel better.
- HIV prevention to me means that if you don't get mental illness help you might do something that puts you at risk for HIV.
- That plays a big role in getting HIV

Result



Shaw High School 44112



Text from Student 14 yrs. old

- Talk to someone!
- Talk to someone when you feel like no one is talking to you then you need to talk the most. Don't be ashamed to say something you're, not alone. I myself experienced it and I talked to someone and feel better.

Euclid High School



Text from 17 year old

- I see HIV prevention as a comparison between bottles of milk. The fresh milk represents HIV prevention and the spoiled milk is what can happen to you if you don't use prevention.

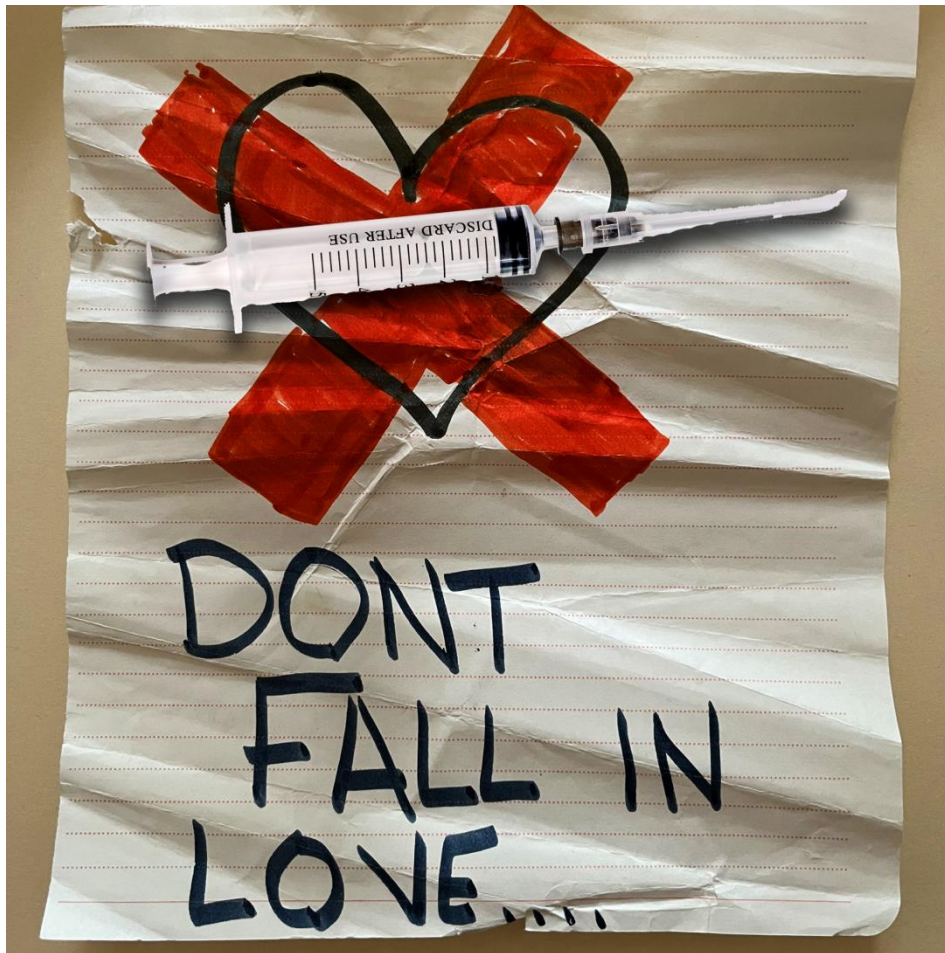
LGBT Center



Text from 18 year old

- HIV prevention for me means getting the message out that HIV has not gone away. I think we should have more posters and bill boards and things like that.
- I think a good ideas is to have posters on all of the bus stop shelters to maker sure people continue to understand that it has not gone away.

Street Outreach



Text from 22 yr. old

- HIV prevention to me relates to my drug addiction and love for my boyfriend. I needed them both and that put me at risk in two different ways. I thought I couldn't live without him and drugs. I was in love with both of them. I knew he was cheating and didn't care. He was the one that introduced me to drugs and because I loved him I wanted to be part of his world. But I realized that drugs were not healthy and because we shared needles it got worse. I ended up in prison and that's when I got treatment.
- Now I know that I can stop putting myself at risk for HIV by not using drugs and I should look for real love.

Street outreach



Text from 24 year old

- When I woke up I realized that what I had done is what they had achieved. (Parents committed suicide) After my suicide attempt I woke to the sunlight and spots of colors coming through the window, there was I nurse in the room and I had an IV in my arm.
- I had been having survival sex for drugs and shelter and I have an HIV positive boyfriend. But this is when I realized that I was still alive and will not put myself in position again to get HIV.

Street Outreach



Text from 24 year old

- HIV prevention for me currently is celibacy. For as long as I can remember, I've been handing over the container to men, expecting them to replenish what usually stayed empty. I'm learning how to develop strong healthy boundaries by taking the time to get to know myself and build a healthy relationship with myself. Mutual agreement, handing over control. Who would want to wear a chastity device, for what purpose, humiliation, avid reminder?

Questions etc.?

- These stories and exhibitions are a major part of the SHOWED method, adapted from the National Association of City and County Health Officials.
- **S**: What is **s**how here?
- **H**: What is really **h**appening here?
- **O**: How does this relate to **o**ur prevention efforts
- **W**: **W**hy are things this way?
- **E**: How could this image **e**ducate people?
- **D**: What should be **d**one about this?

Contact

- <https://www.icareaboutmylife.com/>

Break



BUILD



CCBH

Condom Distribution	Equitable PrEP/PEP Access	Protective Factors & Risk Reduction	Empowering Youth & Young Adults	Sex Positive Education for PLWH
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Prevention Strategies to End the HIV Epidemic

Expand, sustain and promote access to condoms.	Provide equitable access to PrEP and PEP throughout Cuyahoga County.	Expand and sustain safe, secure and equitable community spaces that encourage HIV risk reduction including support for Syringe Services Programs.	Increase opportunities for school age youth & young adult MSM to understand how behavior interacts with HIV & sexual health.	Continue to provide opportunities for PLWH to learn about and embrace their role in HIV prevention.
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Snowflake



- Team up into a group of 4.
- Review the Prevent Pillar.
- Step 1. **START-CONTINUE-STOP**
 - Decide what actions need to be stopped, what actions need to continue, and what actions need to be started.
- Step 2. Explain how to begin this new action
- Step 3. Explain how it would be evaluated.
 - Use the guiding questions on your worksheet.

Snowball

- Pair your team of 4 with ***another*** team of 4 (a total of 8 people).
- Step 1. Share what you've worked on so far.
- Step 2. Combine the ideas. Take the good, leave the rest.



Avalanche

- Pair your team of 8 with ***another*** team of 8 (16 total people).
- Follow the same directions as Snowball. Combine ideas. Take the good, leave the rest.



Ice Age

- Take your group of 16 and share with ***another*** group of 16 (32 total).
- If the total number of participants allows for only one whole group, then share as a whole group and combine together.



SHARE



Thank you for participating!

- CCBH plans to review & reflect on what was learned here as we assess programmatic needs in our jurisdiction.
- Not all ideas generated from this activity can be put into action.
- We appreciate your feedback on ways to fill in gaps from start-to-finish through a community lens.

Upcoming CAG Meeting Dates

- Wednesday, October 11, 2023
- Calendar Year 2024 TBA

**GETTING TO
ZERO**



Agency Announcements



Questions?

- Our contact info:
 - Zach Levar
 - zlevar@ccbh.net
 - Erin Lark Turcoliveri
 - elark@ccbh.net
 - Brian Lutz
 - blutz@ccbh.net
 - Erin Janowski
 - ejanowski@ccbh.net

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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216-201-2000 www.ccbh.net

