

# DATA TO CARE NOT IN CARE LIST ANALYSIS

Cleveland Transitional Grant Area **2022**

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# INCIDENCE AND PREVALENCE OF HIV IN REGION 3

There were 172 new diagnoses (i.e., incidence) of HIV in Region 3 of Ohio in 2022\*. Region 3 comprises several counties in northeast Ohio; they include: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina. Cases have been steadily decreasing in the last several years and were down 15% from the number of new cases in 2021. Eighty-four percent of the new cases were male; specifically, 41% of the new cases were Black/African American males. The majority of the new cases were identified in 20-24 year olds, with 43% of the new cases being under 30 years old. Thirty-one percent of the new cases were in the men who have sex with men (MSM) exposure category, while 5% were in the injection drug use (IDU) exposure category.

As of December 31, 2021, there were 6,133 people living with HIV in Region 3 (i.e., prevalence). Eighty percent of those living with HIV in Region 3 are male; specifically, 40% are Black/African American males. The majority of those living with HIV in Region 3 are 50 years old and older. Sixty-eight percent of those living with HIV are in the MSM transmission category, while 4% were in the IDU category.



# INTRODUCTION

The Cuyahoga County Board of Health (CCBH) recognizes that early entry into HIV care and consistent engagement in HIV care has an immediate impact on disrupting the transmission of HIV in the community, as well as a profound effect on the health of persons infected with HIV. As a result, CCBH has prioritized the identification of individuals who have fallen out of care, those who have never accessed care after being diagnosed with HIV, or those who are in care and not virally suppressed. One such strategy CCBH has utilized is the Data to Care (D2C) program.

D2C is an HIV prevention strategy promoted by the US Centers for Disease Control and Prevention (CDC). It uses HIV surveillance data and HIV-specific laboratory reports as markers for care to identify individuals who may have fallen out of care or who were never linked to care after being diagnosed with HIV; it also helps to identify those with HIV who are not virally suppressed. The overall goals of the D2C strategy are to:

1. Increase the number of HIV-diagnosed individuals who are engaged in HIV care; and
2. Increase the number of HIV-diagnosed individuals with an undetectable viral load.

The D2C program at CCBH utilizes a combination health department and healthcare provider model to attempt to link clients to HIV care. CCBH (i.e., the designated health department) is responsible for initiating linkage and engagement for those individuals who have never been linked to a provider since they were diagnosed, or those individuals who were last seen by a provider outside of the Cleveland Part A network. Part A providers (i.e., the healthcare provider) are responsible for linkage and engagement for those individuals who were last seen at their agency.

CCBH will also utilize data exported from the Ohio Department of Health (ODH) Enhanced HIV/AIDS Report System (eHARS) to create a more detailed HIV epidemiologic profile and geographic distribution for the Cleveland Ryan White Part A Transitional Grant Area (TGA). This information will help CCBH to form strategies and develop programmatic activities, as well as inform the community of the services provided to HIV clients.

To facilitate D2C activities, ODH creates a list annually of persons living with HIV/AIDS (PLWHA) who are potentially not in care. To be on the NIC list, a client must:



### 01. HIV+ Test Result

Have had an initial (first time diagnosis) HIV positive test result reported to the Ohio HIV surveillance database (eHARS).



### 02. Location

Last known to be living in the Cleveland Ryan White Part A TGA.



### 03. ODH Definition

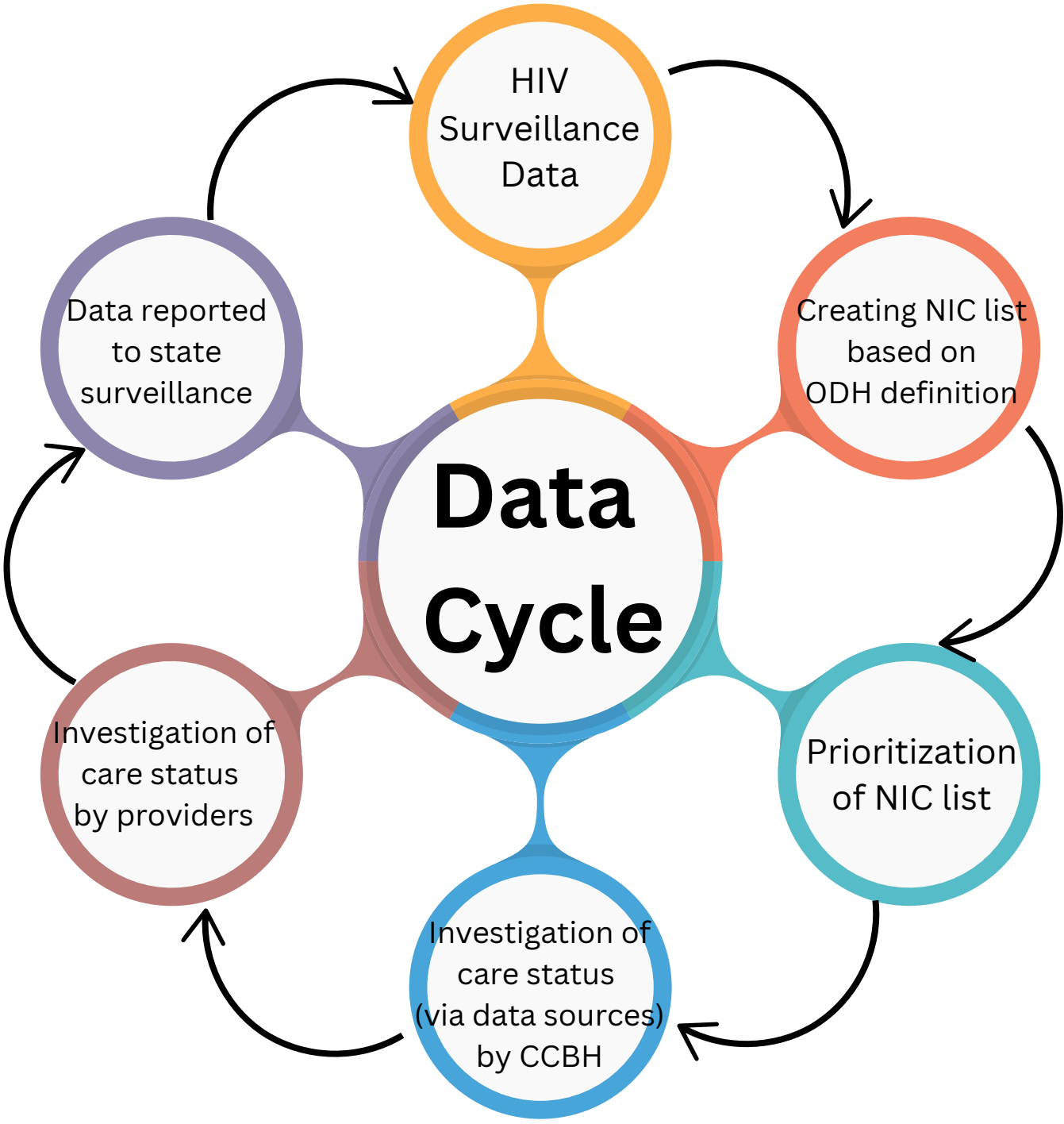
Meet the ODH definition of NIC: No routine HIV monitoring lab value (CD4 or viral load) or other care marker reported to eHARS within an 18 month period.

A client is considered to be "in care" if within the prior 365 days they had one of the following care markers: viral load value, HIV medical visit, or prescription for an anti-retroviral medication (ART).

The NIC list is provided to CCBH in May of every year. Once received, CCBH will reconcile the list with a client list from CAREWare Part A (which is an electronic health and social support services information system that is utilized by CCBH for Ryan White Part A HIV patients) and with other available databases to remove any clients who have evidence of receiving care in the last 18 months. Those who remain on the NIC list are sorted by agency where they were last seen and given to the respective agency for follow-up; those clients who have never received care are also placed on a separate list and assigned to CCBH for follow-up. Agencies must attempt to contact their clients three times before the end of the reporting period and must update the data collection system with outcomes based on outreach to the clients by October of the same year.

CCBH recognizes that the electronic reporting of HIV-specific laboratory tests in the state of Ohio is incomplete. However, CD4 and viral load results are important data sources for identifying individuals who have fallen out of care or who were never linked to care after diagnosis. Additionally, CCBH, the Ryan White Part A program, and the Ending the HIV epidemic (EHE) program consider HIV surveillance data exported from eHARS essential for establishing a successful D2C program.

# D2C WORKFLOW



# HIGHLIGHTS OF 2022 NIC LIST

## 318 clients on 2022 NIC list

↳ **Seventy-nine (24.8%)** were found to already be in care for their HIV before D2C activities began.

↳ **Nine (2.8%)** were able to be contacted and were confirmed to be not in care for their HIV.

↳ Of those, **7 (77.8%)** clients accepted linkage support.

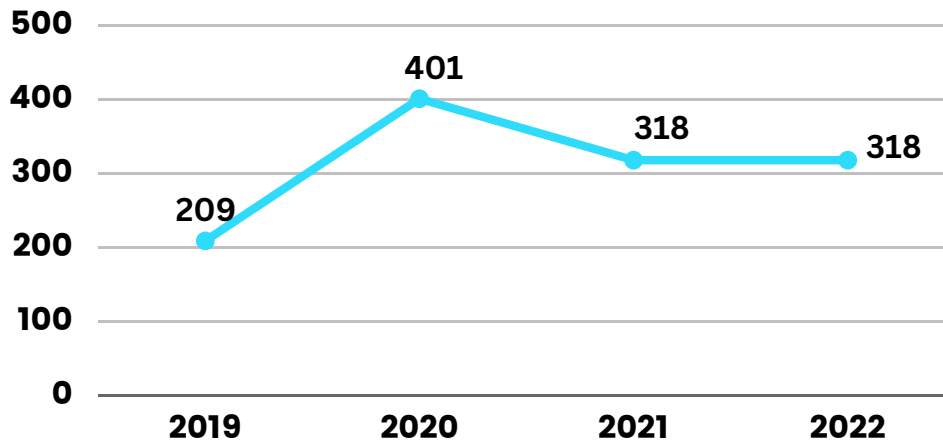
↳ Of those who accepted linkage support, **2 (28.6%)** were actually linked to care.

# D2C Activities

There were 318 clients who were previously diagnosed with HIV who were found to be not in care in 2022. This number has remained steady from those found not to be in care in 2021.

## Total Clients on NIC List

Number of clients found not to be in care, 2019-2022



79

Number of clients who were found to actually be in care upon further investigation

9

Number of clients confirmed to not be in care

### Key findings from D2C activities:

- Outreach efforts were initiated on 205 (65%) of clients
- CCBH made phone contact with 22 (7%) of clients on the first phone call attempt. CCBH also made contact via email with 2 (1%) clients on the first email attempt.
- Among those clients who were able to be contacted or their information was found through electronic medical record search, 79 (25%) were found to be in care before D2C intervention was offered
- 9 (3%) of the total 2022 NIC list were confirmed to be not in HIV care
- 7 (78%) of those confirmed to not be in HIV care accepted support to be linked to care and were referred to a provider
- 29% of those referred to a provider were linked to care as a result of D2C activities

2

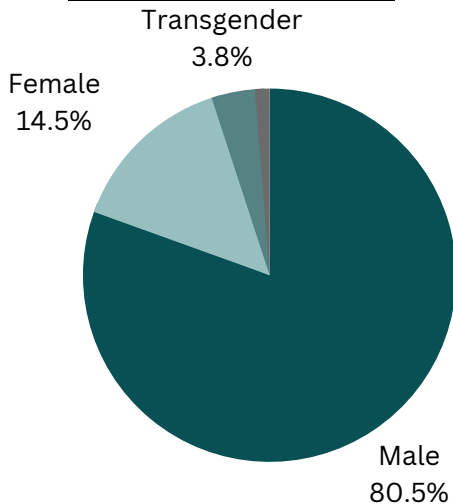
**Number of clients who were actually linked to care from D2C activities**



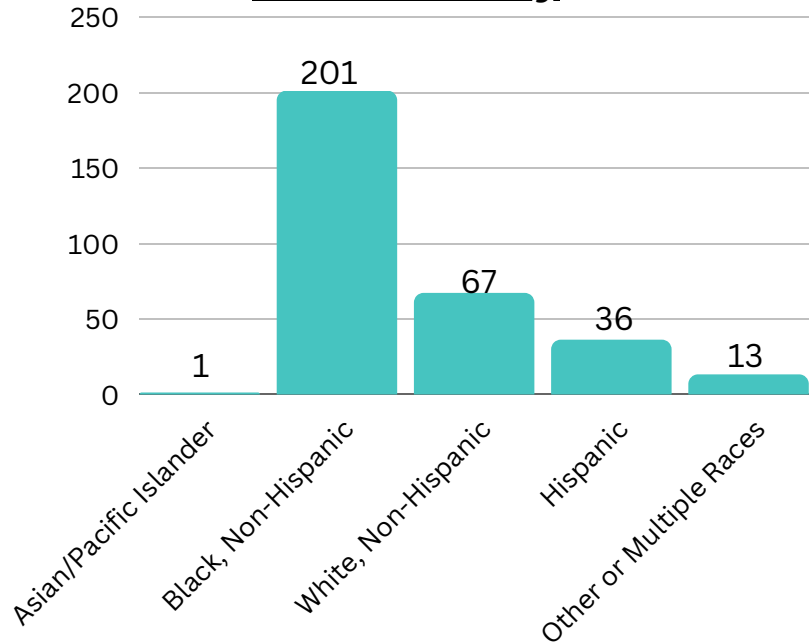
# NIC LIST DEMOGRAPHICS

Characteristics of those who were on the 2022 NIC list. Many of the variables are self-reported. There were a total of 318 clients on the 2022 NIC list.

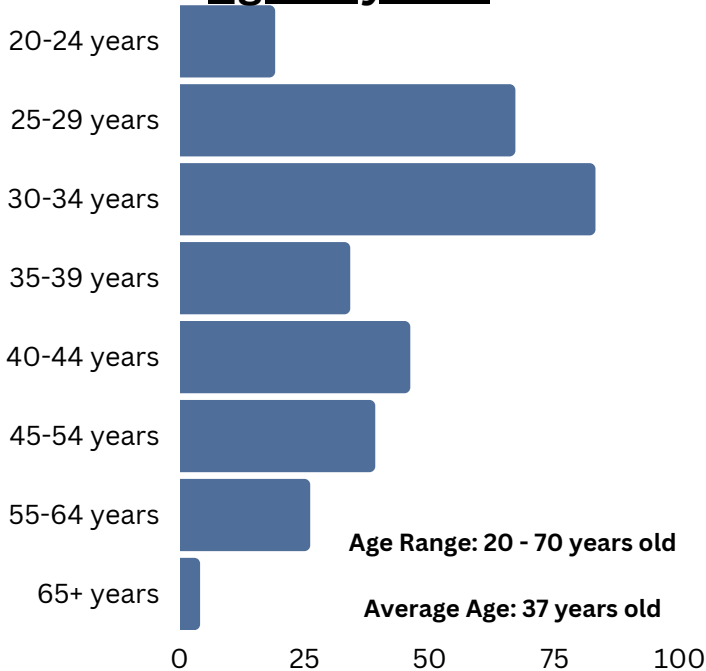
## Current Gender



## Race/Ethnicity



## Age (in years)



## Highlights

- 80% of clients on 2022 NIC list located in Cuyahoga County
- 75% of clients diagnosed with HIV, 25% diagnosed with AIDS, <1% had a perinatal HIV exposure
- 52% of clients were in the MSM transmission category; 4% had IDU; 4% were MSM and had IDU

# CONCLUSION

This was the 4th year of the NIC list in Region 3, and progress has been shown through the decrease and leveling off of those found not to be in care. Areas to focus on include linking those who have accepted linkage support to care and outreach to the entire NIC list.

**318**

**Number of clients on 2022 NIC list**

No change from 2021 list

**79**

**Found to be in care before D2C activities began**

**07**

**Accepted linkage support**

Nine clients found to not be in care

**02**

**Linked to care**

29% of those referred to a provider and actually linked to care

## DIAGNOSE - TREAT - PREVENT - RESPOND



# ACKNOWLEDGEMENTS

Data Sources:

- Ohio Disease Reporting System (ODRS)
- Enhanced HIV/AIDS Reporting System (eHARS)

\*Region 3 HIV data from 2022 as of 5/16/2023. Data is considered preliminary and subject to change.

**We thank you for your continued support in our efforts to End the HIV Epidemic!**

## Contact

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[www.loveleadshere.org](http://www.loveleadshere.org)  
[www.ccbh.net/endinghiv/](http://www.ccbh.net/endinghiv/)

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