

DATA TO CARE NOT-IN-CARE LIST ANALYSIS

Cleveland Transitional Grant Area **2024**



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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral medication
CCBH	Cuyahoga County Board of Health
CD4	A type of white blood cell that is commonly tested in people with HIV
CDC	Centers for Disease Control and Prevention
D2C	Data to Care
DIS	Disease Intervention Specialist
eHARS	Enhanced HIV/AIDS Reporting System
EHE	Ending the HIV Epidemic
EIS	Early Intervention Services
HIV	Human Immunodeficiency Virus
IDU	Injection drug use
MSM	Men who have sex with men
NIC	Not in care
ODH	Ohio Department of Health
ODRS	Ohio Disease Reporting System
PWH	People previously diagnosed with HIV
TGA	Transitional Grant Area

INCIDENCE AND PREVALENCE OF HIV IN REGION 3

Region 3 counties in Northeast Ohio -

Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina

Cases have been steadily decreasing over the past several years, however, there has been an 8% increase since 2022.

182 new diagnoses (i.e., incidence) of HIV were made in Region 3 during 2024.*

- 87% of the new cases were male
- 46% of the new cases were Black/African American males
- The majority of the new cases were identified in those 30-34 years-old - 18%
- Average age of new cases - 35 years-old
- 34% of the new cases in men who have sex with men (MSM) exposure category
- 2% - injection drug use (IDU) exposure category

As of June 30, 2024:

6,010 people previously diagnosed with HIV in Region 3 (i.e., prevalence)

80% of those previously diagnosed with HIV in Region 3 are male

39% of those previously diagnosed with HIV in Region 3 are Black/African American males

The majority of those previously diagnosed with HIV in Region 3 - 50 years old and older - 53%

68% of those previously diagnosed with HIV - MSM transmission category

5% - 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:

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

The D2C program utilizes a collaborative approach that includes the health department (i.e., CCBH) and healthcare providers (i.e., Part A medical provider). A designated CCBH Disease Intervention Specialist (DIS), with support from Part A medical providers, is responsible for investigating the care status of persons identified as not being in care for their HIV and initiating linkage and engagement into care.

CCBH will 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.

The D2C initiative is in line with current Early Intervention Services (EIS) programming in the Cleveland TGA. D2C provides support to EIS to improve linkage to care, retention in care, and viral load suppression throughout the Cleveland TGA.

To facilitate D2C activities, ODH creates a list annually of people previously diagnosed with HIV (PWH) 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 the first half of the year annually. Once received, CCBH will reconcile the list with a client list from CAREWare Part A, 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.

If an individual is noted to be in care, evidence is recorded and the investigation is complete for that individual. All remaining individuals are sorted by the last agency to have contact with them and added to a separate agency-specific NIC list in order to encourage collaborative linkage between CCBH and partnering agency clinic staff.

CCBH DIS will investigate the care status of persons identified on the NIC list using internal data sources, such as CAREWare Part A, CliniSync, the Ohio Disease Reporting System, and direct contact with clients to determine their care status. After reconciling the database, the DIS will follow up with individuals who were never linked to care after diagnosis, or presumed to be out of care, to facilitate linkage to care.

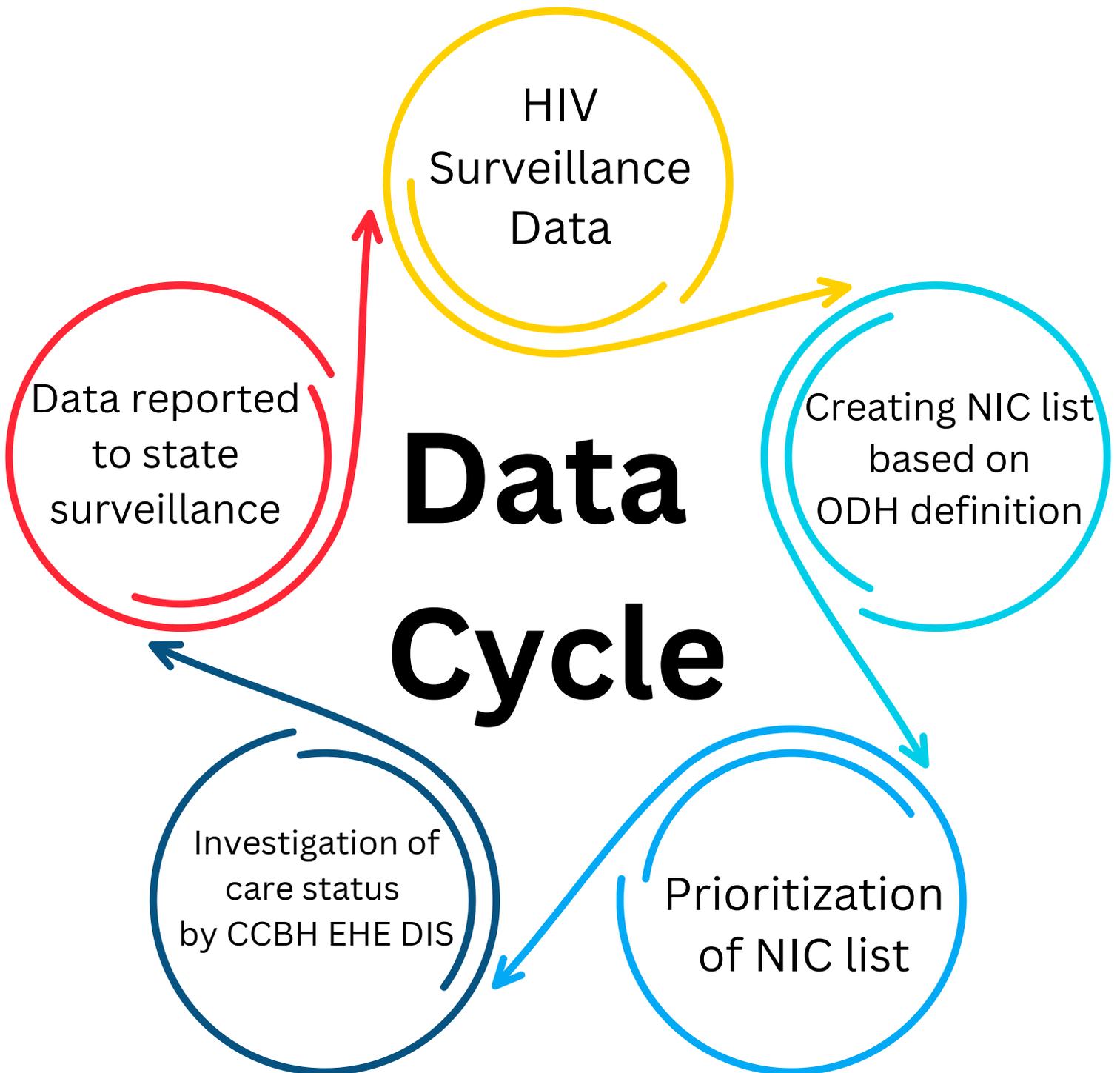
If the DIS determines that a client is not in care, they will provide the client with provider options located within the Cleveland TGA. If a client indicates they would like to connect with a particular Part A provider, the DIS will facilitate contact with the agency to establish linkage. The DIS will also assist the client with any other support services or referrals needed.

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.

The NIC List is a time-sensitive document and client investigations should occur as quickly as possible. Once the NIC list is received, CCBH staff take approximately two weeks to reconcile the list with their available data sources to create the agency-specific NIC lists. After the agency-specific NIC lists are created, the DIS take approximately five months to determine care status of clients and conduct outreach. All individuals who are unable to be investigated and/or linked to care will remain on the NIC list for the subsequent year.



D2C WORKFLOW



HIGHLIGHTS OF 2024 NIC LIST

204 clients on 2024 NIC list

↳ **Six (3%)** were able to be contacted and were confirmed to be not in care for their HIV.

↳ Of those, **2 (40%)** clients accepted linkage support.

↳ **Eight (4%)** were linked to support services

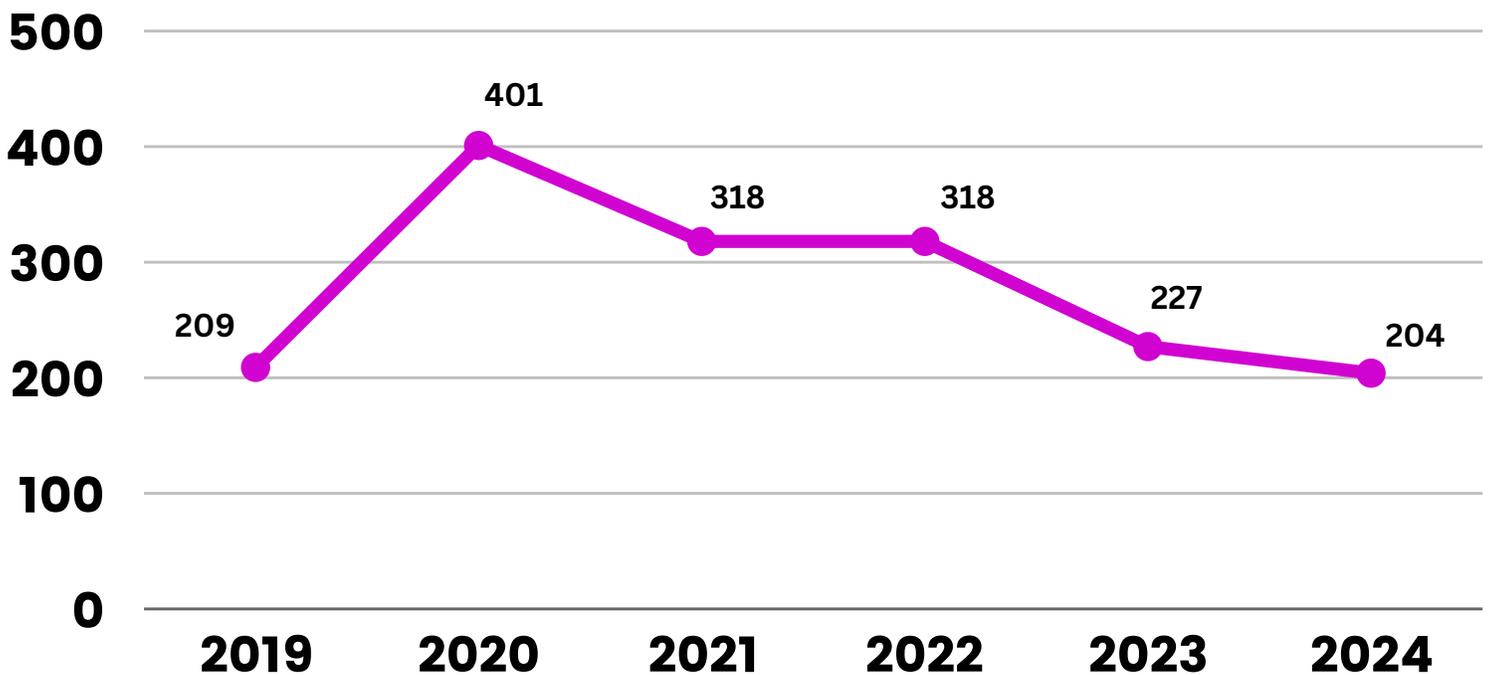


D2C Activities

There were 204 clients who were previously diagnosed with HIV who were found to be not in care in 2024. This number decreased from 2023 by 10%.

Total Clients on NIC List

Number of clients found not to be in care, 2019-2024



66

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

6

Number of clients confirmed to not be in care

Key findings from D2C activities:

- Outreach efforts were initiated on all (n=204) clients
- Among those clients who were able to be contacted or their information was found through electronic medical record search, 66 (32%) were found to be in care before D2C intervention was offered
- Six (3%) of the total 2024 NIC list were able to be contacted and confirmed to not be in care
- Eight (4%) clients were linked to support services as a result of investigation
- 33% of those confirmed to not be in care had linkage/re-engagement activities initiated

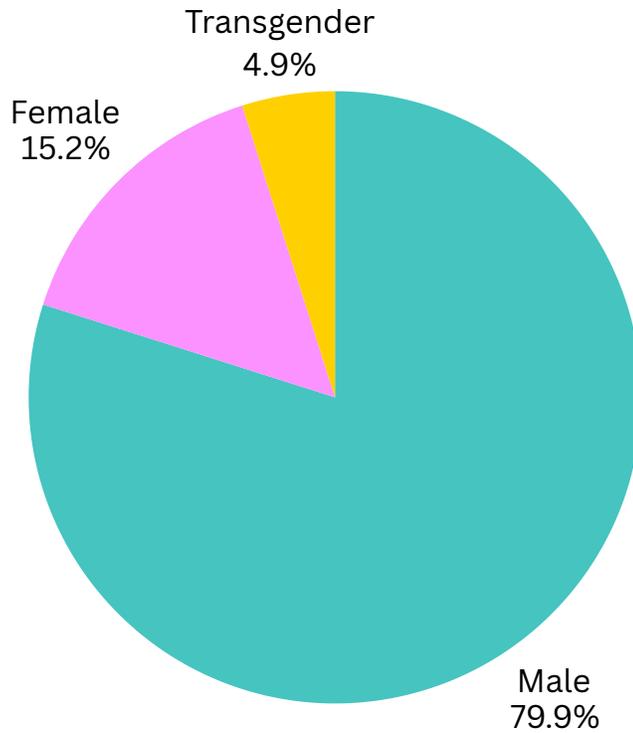


Number of clients who had linkage/re-engagement activities initiated because of D2C

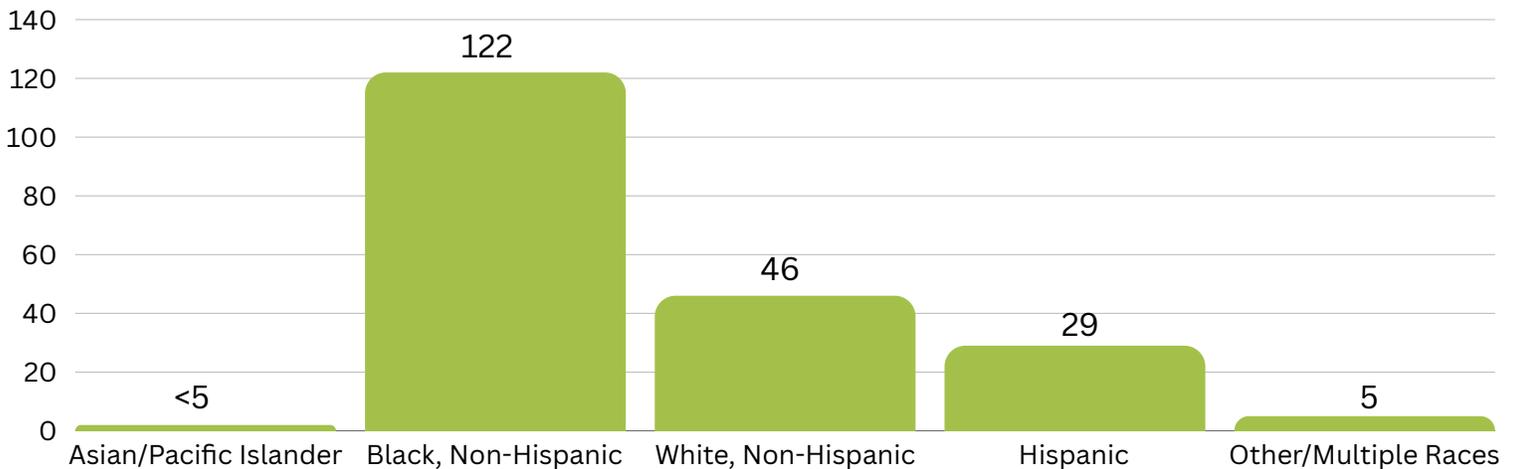
NIC LIST DEMOGRAPHICS

Characteristics of those who were on the 2024 NIC list. Many of the variables are self-reported. There were a total of 204 clients on the 2024 NIC list.

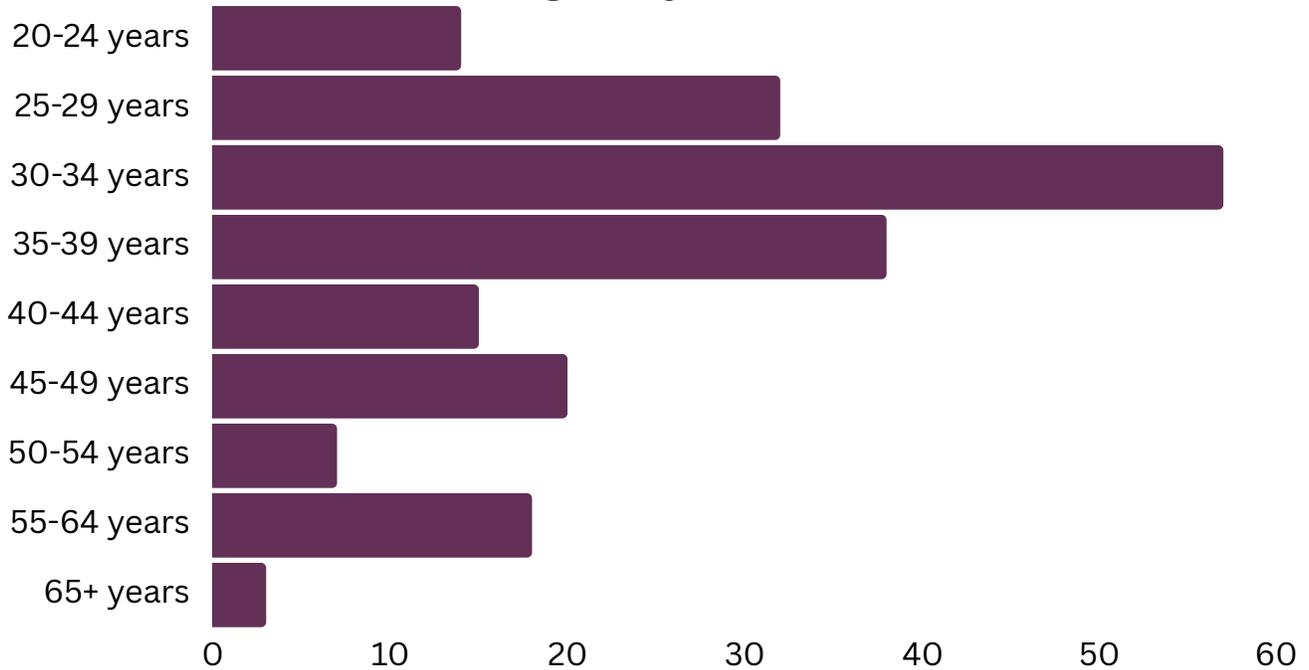
Current Gender



Race/Ethnicity



Age (in years)



Age Range: 21-68 years old

Average Age: 37 years old

Highlights

- 81% of clients on 2024 NIC list located in Cuyahoga County
- 76% of clients diagnosed with HIV
- 24% progressed to AIDS
- 51% of clients were in the MSM transmission category
- 4% were IDU
- 3% were MSM and had IDU

CONCLUSION

This was the 6th year of the NIC list in Region 3. Progress has been shown through the decreased number of people found not to be in care. Areas to focus on include linking those who have accepted linkage support to care and continuing to offer support services.

204

Number of clients on 2024 NIC list

10% decrease from 2023 NIC list

66

Found to be in care before D2C activities began

06

Accepted linkage support

Clients confirmed to not be in care

02

Linked to care

33% of those had linkage/re-engagement activities initiated

DIAGNOSE - TREAT - PREVENT - RESPOND



ACKNOWLEDGEMENTS

Special thanks to EHE DIS Sonji Deal for all her efforts to get clients back into HIV care!

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



www.loveleadshere.org
www.ccbh.net/endinghiv/

Data Sources:

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

*Region 3 HIV data from 2024 as of 7/9/2025. Data is considered preliminary and subject to change.

Analysis completed by the department of Epidemiology, Surveillance, and Informatics at the Cuyahoga County Board of Health.

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