

Wisconsin Integrated HIV Prevention and Care Plan 2022-2026

SAPG Meeting September 29, 2022



Agenda

- Review of Integrated Plan Process
- Draft Goals, Objectives, Strategies, Activities
- Feedback/Input
- Agreement/Concurrence

National HIV Goals, Vision, and Priority Populations



Goals

The Strategy focuses on four goals to guide the nation toward realizing this vision:



GOAL 1

Prevent New HIV Infections.



GOAL 2

Improve HIV-Related Health Outcomes of People with HIV.



GOAL 3

Reduce HIV-Related Disparities and Health Inequities.



GOAL 4

Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.

Strategy Vision

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the life span.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstances.

Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- · Transgender women
- · Youth aged 13-24 years
- People who inject drugs



Learn more about the National HIV/AIDS Strategy at HIV.gov/topics/nhas

Integrated HIV Prevention and Care Plan Timeline

- Required by CDC and HRSA every 5 years
- Current plan was developed in 2016- in place from 2017-2021
- Guidance for new plan released in June 2021
- Needs Assessment: December 2021-April 2022
- Feedback and input from SAPG and External Partners: April 2022-September 2022
- Public Comment Period: September-October 2, 2022
- Internal Goal: Finalize draft of integrated plan by October
 10, 2022 for internal review
- Final plan due to be submitted to CDC and HRSA
 December 9, 2022

Why Integrated Planning?

- Ensures collaboration among HIV prevention, care, STI, and harm reduction public health staff
- Creates opportunity for alignment of strategies and plans-STI, HIV, and HCV
- Ensures input from community partners in our planning efforts:
 - SAPG
 - Local Health Departments
 - Agencies funded to provide services
 - Communities impacted by HIV, STIs, HCV
 - Organizations that provide HIV, STI, and Harm Reduction Services

Integrated Plan Sections

- Section I: Executive Summary
- Section II: Community Engagement and Planning Process
- Section III: Contributing Data Sets and Assessments
 - Epidemiologic Snapshot
 - Needs Assessment
 - Resource Inventory
- Section IV: Situational Analysis
- Section V: 2022-2026 Goals and Objectives
- Section VI: 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow-Up
- Section VII: Letters of Concurrence

Integrated Plan Goals

- Wisconsin goals will mirror goals in the National HIV/AIDS Strategy (NHAS)
 - Goal 1: Prevent new HIV infections
 - Goal 2: Improve HIV-related health outcomes of people with HIV
 - Goal 3: Reduce HIV-related disparities and health inequities
 - Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic among all partners

Goal Workgroup Tasks

- Responsible for developing objectives, strategies, and activities for each goal for inclusion in the Integrated Plan (Section V)
- Responsible for gathering input from SAPG specific to the goal
- Responsible for getting feedback on objectives, strategies, and activities from external partners and community members

Integrated Needs Assessment

- Diverse & Resilient contracted to complete Integrated HIV Prevention and Care Needs Assessment- report delivered on April 11, 2022
- Two surveys- a community survey (126 respondents) and a provider survey (83 respondents)
- Focus group- 26 participants

Our Process Today

- Each Goal Workgroup lead will present their workgroup's proposed objectives, strategies and activities (using the 'Overview' document sent via email or printed out for in-person attendees)
- In small groups, SAPG members will have focused discussions
- After discussions, SAPG will vote on whether they approve of the objectives, strategies, and activities or want to make changes

Letter of Concurrence

- CDC and HRSA require a 'Letter of Concurrence' with the submission of the Integrated Plan in December, signed by SAPG Community Co-Chairs and State Health Department Co-Chairs
- This letter represents SAPG's agreement with the proposed goals, objectives, strategies, and activities in the plan

Accountability

How will we know the strategies and activities proposed are happening? How will we monitor progress towards objectives?

- Two workgroups:
 - Workgroup of HIV Program staff meets quarterly to monitor implementation of the plan and create annual progress reports
 - Workgroup of external partners, community members, providers, SAPG members meets regularly to monitor activities and make recommendations for updates to the plan

Questions?

Let's get started!

Proposed Goals, Objectives, Strategies, Activities

Goal 1: Prevent New Infections

- Objective 1.1: By the end of 2026, reduce the number of new HIV diagnoses by at least 50%
- Objective 1.2: By the end of 2026, increase the percent of people living with HIV who know their status to at least 95%
- Objective 1.3: By the end of 2026, increase PrEP coverage to at least 50% of all people who could benefit from the medication

Goal 1: Prevent New Infections

- Strategy 1: Expand Comprehensive HIV, STI, and HCV Testing
- Strategy 2: Raise awareness of HIV and dispel misinformation in the general public and communities most impacted by HIV
- Strategy 3: Expand disease interventions (Partner Services, Data to Care, Linkage to Care)
- Strategy 4: Expand and improve the implementation of proven HIV prevention interventions, including
 - PrFP
 - PEP
 - Treatment as Prevention (U=U)
 - Condom Distribution
 - Syringe Services and Harm Reduction Programs

Goal 1 Discussion

- What are your thoughts on the objectives and strategies?
 - Is anything missing?
 - What should we add?
 - What should we take out?
- Do you approve?

- Objective 2.1: By the end of 2026, increase the percentage of newly diagnosed people linked to HIV medical care within one month of their diagnosis to 95% and provide lowbarrier access to HIV treatment
- Objective 2.2: By the end of 2026, increase the percentage of people living with HIV in care to 85% by identifying, engaging, or reengaging people who are not in care

- Objective 2.3: Increase retention in care and adherence to HIV treatment in order to achieve and maintain long-term viral suppression of 90%
- Objective 2.4: By the end of 2026, increase the capacity of the public health, health care delivery systems, and health care workforce to help increase retention in care to 75%

- Strategy 1: Promote Linkage to Care
- Strategy 2: Expand capacity of Partner Services to promote linkage, retention, and reengagement in medical care
- Strategy 3: Implement status-neutral approaches
- Strategy 4: Promote community-led and community-based approaches
- Strategy 5: Promote already-available resources

- Strategy 6: Develop and implement initiatives to identify PLWH who are out of care
- Strategy 7: Promote participation in the AIDS/HIV Drug Assistance Program (ADAP)
- Strategy 8: Increase access to core and support services
- Strategy 9: Facilitate activities that reduce stigma
- Strategy 10: Expand partnership and development between Counseling, Testing, and Referral (CTR), Partner Services, and HIV Workforce
- Strategy 11: Expand provider training opportunities
- Strategy 12: Encourage trauma-informed approaches that retain and sustain the HIV workforce

Goal 2 Discussion

- What are your thoughts on the objectives and strategies?
 - Is anything missing?
 - What should we add?
 - What should we take out?
- Do you approve?

Goal 3: Reduce HIV-related Disparities and Health Inequities

- Objective 3.1: Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum
- Objective 3.2: Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities

Goal 3: Reduce HIV-related Disparities and Health Inequities

- Strategy 1: Engage in stigma reduction practices
- Strategy 2: Promote cultural competency and cultural humility
- Strategy 3: Expand popular opinion leaders and peer programs
- Strategy 4: Promote healthcare access for all
- Strategy 5: Build community engagement
- Strategy 6: Promote economic justice

Goal 3 Discussion

- What are your thoughts on the objectives and strategies?
 - Is anything missing?
 - What should we add?
 - What should we take out?
- Do you approve?

Goal 4: Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and interested parties

 Objective 4.1: Build upon the progress and momentum of the Wisconsin Statewide Action Planning Group (SAPG), ensuring the voices of lived experience guide system improvement through the elevation of diverse leadership and representation of communities that are disproportionately affected by HIV over the course of the next five years

Goal 4

 Objective 4.2: Improve coordination of HIV services through cross-public health sector collaboration, elevate the HIV workforce through professional development and capacity-building strategies, and increase partner accountability through data collection and analysis over the course of the next five years

Goal 4

- Strategy 1: Promote community engagement and planning
- Strategy 2: Support community leadership and capacity building
- Strategy 3: Promote workforce development
- Strategy 4: Support program integration and coordination
- Strategy 5: Engage in research
- Strategy 6: Ensure accountability

Goal 4 Discussion

- What are your thoughts on the objectives and strategies?
 - Is anything missing?
 - What should we add?
 - What should we take out?
- Do you approve?

Next Steps

- Public Comment Period for Goals, Objectives, Strategies, and Activities open until October 2, 2022
- Feedback will be incorporated for final draft by mid-October
- Plan submitted to CDC and HRSA in December

Questions?

Thank you for your valuable input!