Wisconsin Integrated HIV Prevention & Care Plan 2017-2021

Statewide Action Planning Group
February 2017
Background

• A plan for the entire state

• What does “integrated” mean?
  o HIV Prevention and Care
  o Co-Infections – HIV, hepatitis C (HCV), and sexually transmitted infections (STIs)
  o Fostering coordination among public and private sectors and affected communities

• Community input
  o Statewide Action Planning Group (SAPG)
  o Needs Assessment – Interviews
• Required to create the plan for federal funding Integrated HIV Plan.
Ten Key Elements:
Envisioning an End of the HIV Epidemic

1. Target HIV resources to the right people, in the right places, and with the right action.

2. Increase access to PrEP (pre-exposure prophylaxis).
Ten Key Elements:
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3. Streamline testing, prevention and treatment services for sexually transmitted infections (STIs), viral hepatitis, and HIV.

4. Promote health of gay and bisexual men.
Ten Key Elements:
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5. Promote drug user health.

6. Grow HIV/Hepatitis C/ STI Partner Services
Ten Key Elements: 
Envisioning an End of the HIV Epidemic

7. Support patient-centered care which focuses on the patient’s basic needs, such as housing.

8. Educate community members about their health insurance options and help underserved populations sign up for health care coverage.
Ten Key Elements:
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9. Increase use of data to improve HIV health outcomes.

10. Promote policies and practices that reduce discrimination and stigma.
SMART Objectives

- Objectives for the *Integrated Plan* were designed to be SMART
- S = Specific
- M = Measurable
- A = Achievable
- R = Realistic
- T = Time-phased
Four Goals

• Goal 1: Reduce New Infections
• Goal 2: Increase Access to Care and Improve Health Outcomes for People Living with HIV (PLWH)
• Goal 3: Reduce HIV-Related Disparities and Health Inequities
• Goal 4: Achieve a More Coordinated Response to the HIV Epidemic
Goal 1: Reduce New Infections

By 2020:

Objective 1.1: Increase the percentage of PLWH who know their serostatus to at least 90%.

Objective 1.2: Reduce the number of new HIV diagnoses by at least 25%.
Goal 1: Reduce New Infections

Selected Strategies

• Increase HIV testing

• Increase number of people reached by Partner Services (PS) and improve PS integration with STI testing

• Expand availability of PrEP and increase number of testing staff trained in making PrEP referrals
Goal 1: Reduce New Infections

Selected Strategies

• Provide comprehensive health services for gay and bisexual men

• Promote injection drug user health

• Use individual-level data to improve health outcomes (Data to Impact)
Data to Impact

1. Includes those infected with gonorrhea or chlamydia
2. Includes those infected with syphilis
3. Wisconsin estimates as of December 2015
5. Approximate number of HIV diagnoses per year, Wisconsin
Goal 2: Increase Access to Care and Improve Health Outcomes for PLWH: Objectives

By 2020:

Objective 2.1: Increase percentage of newly diagnosed persons linked to medical care within one month of their HIV diagnosis to at least 85%.

Objective 2.2: Increase percentage of persons with diagnosed HIV infection who are retained in medical care to at least 90%.

Objective 2.3: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.
Goal 2: Increase Access to Care and Improve Health Outcomes for PLWH: Objectives

By 2020:

Objective 2.4: Reduce percentage of persons with diagnosed HIV infection who are homeless to no more than 5%.

Objective 2.5: Decrease death rate among persons with diagnosed HIV infection by at least 33%.
Goal 2: Selected Strategies

• Improve medical case management and linkage to HIV care
• Continue Data to Care initiative to improve health outcomes and reduce HIV transmission
• Promote access to health insurance and use of drug assistance program
• Ensuring access to and retention in HIV medical care to promote positive health outcomes and reduce transmission
Goal 3: Reduce HIV-Related Disparities and Health Inequities: Objectives

By 2020:

Objective 3.1: Reduce new diagnoses by at least 33% in
- Men who have sex with men, ages 15-59, statewide
- Young Black MSM, ages 15-29, statewide
- Black women, ages 15-59, statewide
- Milwaukee County residents, ages 15-59

Objective 3.2: Reduce health care disparities experienced by
- Blacks (compared to Whites)
- People who inject drugs (compared to MSM and high risk heterosexual contact)
- Young people, ages 15-29 (compared to people age 30 and over)
Goal 3: Reduce HIV-Related Disparities Framework

- Prioritize access to timely treatment for the medically underserved; repeal HIV criminalization statutes
- Increase capacity of local community based organizations to deliver prevention services; provide resources for sustainable community infrastructure
- Integrate sexual health education in schools; increase medical provider competency and diversity; implement ongoing efforts to combat discrimination
- Leverage social and sexual networks to promote HIV testing and retention
- Scale up interventions that promote condom use, pre-exposure prophylaxis (PrEP), etc.

Matthews et al. Reconciling Epidemiology and Social Justice in the Public Health Discourse Around the Sexual Networks of Black Men Who Have Sex With Men, AJPH, 2/18/2016
Goal 3: Reduce HIV-Related Disparities

Selected Strategies

• Reach social and sexual networks through social media and peer leader models
• Utilize culturally and linguistically appropriate services (CLAS)
• Increase workforce diversification
• Support public policy leadership from community partners
Goal 4: Achieving a More Coordinated Response to the HIV Epidemic: Objectives

Objective 4.1: Increase the coordination of HIV programs across the prevention and care continuum and enhance collaboration among the state and local health agencies (e.g., Medicaid, mental health, substance abuse services, and community-based organizations, health care providers, local public health departments.)

Objective 4.2: Develop improved mechanisms to monitor and evaluate progress in achieving the goals and objectives of the Plan.
Goal 4: Achieving a More Coordinated Response

Selected Strategies

• Community planning and coordination with other planning processes
• Workforce and leadership development, capacity-building
• Program integration (e.g., between HIV and STI state programs)
Monitoring and Improvement

• Progress will be measured using quantitative indicators from HIV surveillance and other data

• Progress will also be evaluated using qualitative input from SAPG (Statewide Action Planning Group), grantee site visits, and stakeholder meetings
Links


• Documents that describe the Integrated HIV Plan:
  o One page infographic  
  o Program notes  

• Epidemiologic Profile  

• AIDS/HIV, HCV, STD Program websites:
  o AIDS/HIV Program  https://www.dhs.wisconsin.gov/aids-hiv/index.htm
  o Hepatitis C Program  https://www.dhs.wisconsin.gov/viral-hepatitis/hcv-program.htm
  o STD Program  https://www.dhs.wisconsin.gov/std/index.htm
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