Stop HIV Iowa Plan

Draft Goals, Objectives, and Strategies for Public Feedback

September 29, 2022

Goal 1: Prevent New HIV Infections

Objective 1.1 Increase awareness of HIV.

Strategy 1.1.1 Develop, implement, and evaluate culturally responsive campaigns, interventions, and resources to raise awareness of HIV among the general public and disproportionately impacted populations.

Strategy 1.1.2 Increase availability of, and access to, culturally responsive sexual education and outreach programs for youth.

Objective 1.2 Increase knowledge of HIV status.

Strategy 1.2.1 Implement HIV, STI, and HCV testing in places that have the potential to serve as key points of entry, including county jails, prisons, substance use prevention and treatment settings, and community-based harm reduction service organizations.

Strategy 1.2.2 Incorporate a status-neutral approach to HIV testing to include social support services for all people regardless of test result.

Strategy 1.2.3 Develop and expand implementation of effective models for testing, such as opt-out testing and conducting sexual histories in medical settings, free testing, home-based testing, express testing, incentivized testing, and service delivery outside of traditional business hours and physical locations.

Strategy 1.2.4 Increase awareness of and promote concurrent testing (HIV, STI, and HCV), preventative sexual health services (e.g., hepatitis A/B and HPV vaccination), and harm reduction among providers and the general public.

Strategy 1.2.5 Provide partner services to people diagnosed with HIV or other STIs and their sexual and/or syringe-sharing partners.

Objective 1.3 Expand and improve implementation of safe, effective prevention interventions, including treatment as prevention, PrEP, nPEP, and SSPs.

Strategy 1.3.1 Expand awareness of treatment as prevention by amplifying the Undetectable=Untransmittable (U=U) message.

Strategy 1.3.2 Increase access, uptake, and maintenance of PrEP.

Strategy 1.3.3 Increase access to nPEP.

Strategy 1.3.4 Support policy change that improves access to safe, effective prevention interventions (e.g., SSPs, pharmacists prescribing PrEP and nPEP).

Strategy 1.3.5 Maintain a condom distribution system and expand the availability of information related to efficacy and correct use.

Strategy 1.3.6 Standardize processes and procedures to identify populations and areas (geographic) experiencing a disproportionate burden of diagnoses. Prioritize these populations and locations for testing, education, and prevention intervention strategies.

Strategy 1.3.7 Implement widespread holistic trauma-informed, healing-centered approaches in those organizations that serve disproportionately impacted populations with a focus on service delivery and evaluation; physical environment; client-centered practices; workforce training and development.

Objective 1.4 Increase the diversity and capacity of healthcare delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV.

Strategy 1.4.1 Diversify the HIV workforce so that the composition of HIV care and prevention frontline staff is proportionate to the diagnosis and prevalence rates of disproportionately impacted populations and reflects their lived experience.

Strategy 1.4.2 Provide resources, training, and technical assistance to primary care providers to expand workforce and systems capacity to provide or link people to culturally responsive and linguistically appropriate HIV testing, prevention, and supportive services especially in areas with shortages that are geographic, population, or facility based.

Strategy 1.4.3 Provide training, technical assistance, certification, supervision, financing, and team-based service delivery to support the prevention workforce.

Strategy 1.4.4 Implement HIV, STI, and viral hepatitis testing and prevention education requirements into healthcare provider licensure requirements.

Goal 2: Improve Health-Related Outcomes of People Living with HIV

Objective 2.1 Link PLWH immediately after diagnosis and provide low-barrier access to treatment.

Strategy 2.1.1 Rapidly link people newly diagnosed with HIV to medical care and support services.

Strategy 2.1.2 Provide same-day or rapid start (within 7 days of HIV diagnosis) of antiretroviral therapy.

Strategy 2.1.3 Support peer support specialists to assist newly diagnosed people living with HIV and partners to navigate medical, health, and community resources.

Objective 2.2 Identify, engage, or re-engage PLWH who are not in care or who are not virally suppressed.

Strategy 2.2.1 Prioritize engaging and re-engaging Black/African Americans and Hispanic/Latinx people into care.

Strategy 2.2.2 Quickly detect and respond to rapid transmission of HIV among Iowans.

Strategy 2.2.3 Utilize historical and current data to improve re-engagement and direct future programming (e.g., reasons individuals fall out of care, methods/resources that are most successful in helping individuals re-engage and stay in care, etc).

Strategy 2.2.4 Expand programming and services for individuals who are incarcerated and/or transitioning out of incarceration.

Strategy 2.2.5 Increase collaborative efforts with Ryan White Part B and Part C agencies to identify individuals who are lost to care or at high risk of falling out of care earlier (case consultations, investigations, etc.).

Objective 2.3 Increase retention in care and adherence to HIV treatment to achieve and maintain viral suppression.

Strategy 2.3.1 Develop and implement, expand, and/or maintain interventions and supportive services such as telehealth, community health workers, peer navigators, and underutilized Ryan

White service categories to improve retention in care.

Strategy 2.3.2 Implement effective, evidence-based biomedical solutions such as long-acting injectables and at-home testing for routine laboratory tests.

Strategy 2.3.3 Develop and implement holistic, culturally responsive, effective strategies and activities to ensure the most disproportionately affected populations receive tailored approaches to increase achievement and maintenance of viral suppression.

Strategy 2.3.4 Improve health literacy among people living with HIV to improve health outcomes related and unrelated to HIV diagnosis status.

Objective 2.4 Provide integrative HIV services for HIV-associated comorbidities, coinfections, and complications, including STIs.

Strategy 2.4.1 Implement widespread holistic trauma-informed, healing-centered approaches in those organizations that serve Iowans living with HIV with a focus on service delivery and evaluation; physical environment; client-centered practices; workforce training and development.

Strategy 2.4.2 Address the mental health needs of PLWH through innovative and collaborative approaches.

Strategy 2.4.3 Address the substance use disorder needs of PLWH through innovative and collaborative approaches.

Strategy 2.4.4 Address aging-related issues (e.g., social isolation, multiple complex medical issues, memory-related issues/dementia, benefit coordination with long-term care facilities, etc) through innovative and collaborative approaches.

Strategy 2.4.5 Increase screenings for STIs, cancer (anal and cervical), mammograms, colonoscopies, etc. and increase availability and coordination of care for co-morbidities including STIs, cardiovascular disease, diabetes, etc.

Objective 2.5 Increase the capacity of the HIV workforce to provide holistic care and treatment for people living with HIV.

Strategy 2.5.1 Diversify the HIV workforce so that the composition of HIV care and prevention frontline staff is proportionate to the diagnosis and prevalence rates of disproportionately impacted populations and reflects their lived experience.

Strategy 2.5.2 Provide resources, training, and technical assistance to expand the knowledge and openness of Iowa primary care providers to provide primary care to PLWH.

Strategy 2.5.3 Increase capacity to provide or link clients to culturally responsive and linguistically appropriate care, treatment, and supportive services with a trauma-informed, healing-centered approach, especially in areas with shortages that are geographic, population, or facility based.

Strategy 2.5.4 Develop and implement strategies to increase capacity and reduce turnover of HIV medical care and supportive services workforce, such as increasing paraprofessional positions, capacity building programming, workforce wellness, and leadership programs.

Goal 3: Reduce HIV-related Disparities and Health Inequities

Objective 3.1 Reduce HIV-related stigma and discrimination.

Strategy 3.1.1 Monitor and address stigma associated with Iowa's criminal transmission law, Iowa Code 709D.

Strategy 3.1.2 Secure and protect public health data and information to ensure they are used only for public health purposes.

Strategy 3.1.3 Provide more opportunities for social support and networking among PLHIV as a way of building community resilience and advocacy to end stigma and discrimination.

Strategy 3.1.4 Develop, implement, and evaluate culturally responsive campaigns, interventions, and resources to reduce stigma that affects populations that are most affected by HIV, STIs, and viral hepatitis.

Strategy 3.1.5 Participate in national anti-stigma training, learning collaboratives, and initiatives to ensure transformational change (e.g., Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)).

Strategy 3.1.6 Reduce stigma that prevents people who use drugs from seeking harm reduction and other needed services.

Strategy 3.1.7 Ensure that the HIV service-delivery workforce completes education and training on stigma, discrimination, and unrecognized bias.

Objective 3.2 Reduce Disparities along the HIV Continuum.

Strategy 3.2.1 Prioritize populations for prevention and care regularly using data to identify the populations most affected and those that have barriers to achieving optimal viral suppression and health outcomes.

Strategy 3.2.2 Ensure resources are focused on the communities and populations where the need is greatest, especially Black, Latino, and American Indian/Alaska Native and other people of color, particularly those who are also gay and bisexual men, transgender people, people who use substances, sex workers, and immigrants.

Strategy 3.2.3 Identify and build relationships with culturally responsive referral sources and networks for Black and Latinx clients including mental health, and substance use institutions/professionals to expand access to culturally responsive services and resources.

Strategy 3.3.4 Provide funding, capacity building, and technical assistance opportunities to community organizations to reach people in disproportionately affected populations.

Strategy 3.3.5 Address social determinants of health and co-occurring conditions that impede access to HIV services and exacerbate disparities.

Objective 3.3 Develop meaningful opportunities for collaboration, decision making, and service delivery including people with lived experience.

Strategy 3.3.1 Ensure disproportionately affected populations are engaged in the HIV and Hepatitis Community Planning Group (CPG) and other decision-making bodies, with 50% representation of priority populations, by the end of 2025.

Strategy 3.3.2 Develop and implement a plan to maintain the community engagement planning process, including participatory budgeting processes and community-driven decision-making.

Strategy 3.3.3 Establish and institutionalize an anti-racism advisory group that is led by people with lived experience.

Objective 3.4 Increase the diversity and capacity of healthcare delivery systems, community health, public health, and the health workforce to improve cultural responsiveness and access to services.

Strategy 3.4.1 Diversify the HIV workforce so that the composition of HIV care and prevention frontline staff is proportionate to the diagnosis and prevalence rates of disproportionately affected populations and reflects their lived experience.

Strategy 3.4.2 Engage, employ, and provide public leadership opportunities at all levels for people living with or from communities disproportionately affected by HIV.

Strategy 3.4.3 Promote the development of mentoring programs, community-based participatory research practices, social networking approaches, and other initiatives designed to increase recruitment of BIPOC and other professionals with lived experience.

3.4.4 Ensure the implementation of best practices to support equity in hiring, recruitment, and

promotion within the HIV service delivery system.

Strategy 3.4.5 Address prejudice and discrimination in the workforce (racism, ethnocentrism, homophobia, transphobia) by incorporating social justice into programming and other public health work.

Strategy 3.4.6 Educate healthcare professionals and front-line staff on stigma, discrimination, and bias toward populations living with or disproportionately affected by HIV, STIs, and viral hepatitis.

Strategy 3.4.7 Ensure health equity is incorporated into the planning, implementation, and content of bureau conferences.

Objective 3.5 Address healthcare mistrust and misinformation.

Strategy 3.5.1 Develop, implement, and evaluate culturally appropriate campaigns, interventions, and resources in a variety of languages and platforms to raise awareness of HIV, STIs, and viral hepatitis among the general public and disproportionately impacted populations.

Strategy 3.5.2 Address medical bias and build mutual trust between providers and priority populations.

Strategy 3.5.5 Utilize a community-based participatory research model to assess levels of healthcare mistrust and misinformation throughout Iowa and to develop action steps to improve the relationship between community members and public health.

Goal 4: Achieve Integrated, Coordinated Efforts That Address The HIV Epidemic Among All Partners And Interested Parties

Objective 4.1 Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, substance use, and mental health disorders.

Strategy 4.1.1 Coordinate service delivery, data collection, and program implementation among ITS, CBSS, and other programs providing sexual health services.

Strategy 4.1.2 Coordinate efforts with internal and external partners, including harm reduction service organizations, to address the syndemic and improve health outcomes for people who use drugs.

Strategy 4.1.3 Identify and address funding, policy, data, workforce capacity, and programmatic barriers to remove silos and effectively address the syndemics.

Strategy 4.1.4 Integrate HIV, STI, and viral hepatitis awareness and education into all services that reach disproportionately affected populations (substance use, mental health, housing, correctional settings).

Strategy 4.1.5 Coordinate strategic planning across disciplines.

Strategy 4.1.6 Ensure meaningful involvement of people with lived experience in developing programs, practices, and policies.

Objective 4.2 Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private healthcare payers, faith-based and community-based organizations, the private sector, academic partners, and the community.

Strategy 4.2.1 Collaborate with organizations and agencies that serve adolescents (e.g., schools, community organizations, state/local programs) to increase access to sexual health education, risk reduction, and clinical services. Prioritize these efforts for BIPOC and other disproportionately affected populations.

Strategy 4.2.2 Collaborate with local, grass roots, social and community power-building

organizations to share power and resources with communities that are most disproportionately affected by health inequities.

Strategy 4.2.3 Partner with societies, boards, and internal partners to disseminate information to healthcare providers (e.g., USPSTF/CDC testing recommendation, referral information, Ryan White services, disease reporting, partner services).

Strategy 4.2.4 Provide opportunities for collaboration and coordination of efforts by providers across the HIV continuum of care.

Strategy 4.2.5 Coordinate across partners to quickly detect and respond to HIV, STI, and viral hepatitis outbreaks.

Strategy 4.2.6 Expand use of Expedited Partner Therapy (EPT) for treatment of STIs by providers to reduce co-factors of HIV transmission.

Objective 4.3 Enhance the quality, accessibility, sharing, and uses of data, including HIV prevention and care continua data and social determinants of health data.

Strategy 4.3.1 Expand the data to care program to utilize STI data to identify individuals who may benefit from PrEP intervention and facilitate linkage to care.

Strategy 4.3.2 Implement and maintain data sharing agreements with key data sets and stakeholders.

Strategy 4.3.3 Maximize utility of case management data systems for service delivery.

Objective 4.4 Foster private-public-community partnerships to identify and scale up best practices and accelerate HIV advances.

Strategy 4.4.1 Increase partnerships and collaboration between public health and its partners in education, justice, housing, urban and regional planning, tribal nations, among others, to expand access to resources among disproportionately affected populations.

Strategy 4.4.2 Establish relationships with Native American nations/tribal leadership from Iowa and surrounding states to discuss trends related to HIV, hepatitis and other STIs, and identify areas of future collaboration and growth.

Strategy 4.4.3 Improve technology and broadband infrastructure to improve access to HIV prevention and care services.

Strategy 4.4.4 Establish relationships and develop buy-in from organizational and senior-level healthcare administration to support funding for, and access to resources for addressing health-related social needs (HRSNs) and SDOH.

Objective 4.5 Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the plan's goals.

Strategy 4.5.1 Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.

Strategy 4.5.2 Monitor, review, evaluate, and regularly communicate progress on this plan.

Strategy 4.5.3 Utilize QI framework to evaluate and make recommendations for improvements

Strategy 4.5.4 Identify opportunities to incorporate the priorities of this plan in funding opportunities.

Strategy 4.5.5 Ensure resources are focused on communities, populations, and geographic areas where the need is greatest.

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