Goals

If we are successful we will

Reduce by 50% the rate of new HIV diagnoses

Improve the quality of life among people living with

HIV

Increase to 80% the percentage of people living with HIV who have a suppressed viral load

Reduce by 25% the ageadjusted mortality rates among people living with HIV



Strategies

We will implement these policies and actions

Reduce Stigma

Community Mobilization of PLWH & PAHR in Black & Hispanic Communities

Implement Routine HIV Screening

> Increase Access to Transmission Barriers including PrEP & Condoms

Improve Healthcare for **Sexual Minorities**

Reduce HIV-related health

disparities among people

with HIV

Improve HIV Prevention and Care for **Substance Users** Reduce Insurance **Barriers for PLWH** & PAHR

> Increase Housing Options for PLWH

Increase PLWH & PAHR Engaged in Comprehensive Healthcare

> Improve Sexual **Health Education**

Staff DOH HIV/STD phone

Provide technical

assistance to LHJs

STD field services

programming

accuracy

Review and certify

curricula for medical

Provide integrated HIVI

Increase LGBTQ youth

sexual health education

Community **Engagement of** PAHR and PLWH Communities

Data to Care

nplement We-R- One

nplement quality nprovement to identify nd mea sure stigma.

Allocate funding for stigma project(s)

Promote inclusion of gender identity and sexual orientation into routine rnedical history

Prioritize and allocate resources to programs of, by and for the populations experiencing the greatest levels of stigma-induced disparities (TGA)

Allocate Funding (DOH) rioritize Funding (TGA for US Born Black, Foreign Born Black, & oreign Born Hispanic

Testing & Linkage program for Foreign Born Hispanics

Technical assistance on NQC disparity tool

Specific linkage to care services for justice involved PLWH

DOH & PHSKC dedicate

Position inside DOH/OID dedicated to HIV -related health disparities and

OID level SEW Foreign Born Black-Foreign Born Hispanic & US Born Black

Increase work against institutional racism

Ensure that programmatic decisions are driven by diverse PLWH and PAHR

Allocate funding for HIV esting in non-clinical

Provide guidance and esources related to the HIV Opt Screening islation (SSB 5728).

Educate patients and providers regarding HIV screening in conjunction ith STD screening

Use HIV surveillance data to optimize outreach services

Utilize Outreach and EIS to reach disproportionately ffected, historically inder:served communities and bring em into testing (TGA)

Administer PrEP DAP

Implement case nanagement for PAHR

Train external partners

referral system

Increase PrEP training and consultation

STD field services

distribution plan Convene OID level SEW for gay and bi Black men to address lack of PrEP access.

Conduct PrEP DAP evaluation as well as statewide PrFP evaluation to understand barriers, knowledge, usage, risk

Ensure that DOH funded medical services are

& PLWH

culturally relevant for

Fund Open Access

Allocate funding for

Promote/advocate for

GBT cultural competency

Provide integrated HIVI

Promote/Advocate fro

GBT safety in behavioral

health providers agencies

STD field services

PLWH & PAHR

for providers

(TGA)

Gay/Bi/Trans (GBT) PAHR

health care navigation for

Recruit PrEP providers on "Paying for PrEP"

Develop statewide PrEP

hrough Project ECHO aintain PrEP provider

Provide integrated HIVI Develop a new condom

Support Syringe Services

Allocate funding for substance abuse out patient treatment outside

Provide integrated HIV/ STD field services

Ensure ADAP formulary is nclusive of opioid replacement therapies

Allocate funding for harm reduction, pre-treatment and post-treatment support to PLWDH (TGA)

Administer Early Intervention Program

Administer PrEP DAP

Identify and link EIP (ADAP) clients who are ligible to Medicaid Provide integrated HIV STD field services

Allocate funding for health care navigation fo PLWH & PAHR.

Advocate for reduction on copayment costs for HIV and PrEP related medical care.

Ensure health plan formularies include all HIV ARVs as well as PrEP medications.

Collaborate with OIC to ensure health plans formularies, practices and fees are nondiscriminatory

Allocate PLWH funding for housing

Work collaboratively with HOPWA grantee to provide the best mix of housing options and services throughout the

Allocate funding for Stable Housing to DV Survivors living with HIV

Provide targeted nousing funding to PLHW for populations experiencing HIV related nealth disparities in Pierce County

Allocate funding for **Housing Case** Management (NMCM) in the TGA

Transitional and **Emergency Housing** (TGA)

Administer Early Intervention Program

Variable intensity case management services based on need for PLWH

Allocate funding to NMCM to locate PLWH out of care(TGA)

Allocate funding to comprehensive oral health care (TGA) Allocate funding for

Title XIX Case Management

Recruit PLWH co-infected with HCV into HCV

wraparound services

Satellite clinics for geographic diversity Provide integrated HIV/ STD field services

Provide targeted services for PLWH over 50

PAHR & PLWH

Healthcare navigation for

Convene OID level SEW Foreign Born Black-Foreign Born Hispanic & **US Born Black**

Outreach to Black & ispanic PLHW to link to EIP (ADAP) and third party insurers

mprove We-R- One Campaign

Promote leadership of PLIVH and communities disproportionately impacted by HIV

Ensure that programmatic decisions are driven by diverse, unaligned PLWH & PAHR Use HIV surveillance data to identify and locate persons not receiving optimum HIV care

Use HIV surveillance data to link or re-engage PLWH to care

Provide integrated HIVI STD field services

Health Disparities – Implement strategy specific activities related to reducing HIV-related health disparities