



# 2022-2026 INTEGRATED HIV PREVENTION AND CARE PLANS

## BRIEF REVIEW

### INTRODUCTION

The Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) conducted a thematic analysis of the 2022-2026 Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statements of Need (SCSN) (hereafter referred to as IPs). The goal of this activity was to: 1) identify common technical assistance (TA) needs and trends across Ryan White HIV/AIDS Program (RWHAP) Parts A and B jurisdictions; and 2) identify innovative practices, tools, and resources that can support jurisdictions to effectively develop, implement, monitor, evaluate, and improve their IPs.

The table below provides a breakdown of 75 IPs submitted by jurisdictions by type:

TYPE OF INTEGRATED HIV PREVENTION AND CARE PLAN	#	%
<b>Total, Integrated State-only Plans</b>	<b>35</b>	<b>46.7%</b>
RWHAP Part B only (No RWHAP Part A recipients in state)	27	
RWHAP Part B only (RWHAP Part A recipients submitted separately)	8	
<b>Total, Integrated State/City Plans*</b>	<b>20</b>	<b>26.7%</b>
RWHAP Part A/Part B Plans		
<b>Total, Integrated City-only Plans</b>	<b>20</b>	<b>26.7%</b>
RWHAP Part A-only Plans		
<b>TOTAL PLANS REVIEWED</b>	<b>75</b>	

\*Note: While the joint CDC and HRSA Integrated HIV Prevention and Care Plan Guidance describes RWHAP Part A plans as “City Plans,” often the recipients are counties.

### FINDINGS

Findings from the thematic analysis activity are described below. The information is organized by IP section, and includes identified themes/innovations and challenges/barriers in each section.

#### Community Engagement and Planning

##### *Themes/Innovations*

Jurisdictions relied on or reorganized **existing planning body structures**, or **established new committees or groups** to lead IP development. Collaboration between RWHAP Part A planning councils and RWHAP Part B statewide planning bodies strengthened IP alignment and shared understanding of goals, roles, and responsibilities.

To **promote increased participation** and **engagement** jurisdictions focused on creating inclusive processes, such as holding regional listening sessions and town halls, hosting satellite locations for meetings, and expanding use of virtual collaboration platforms. Using non-stigmatizing and accessible language fostered open communication.

#### *Challenges/Barriers*

Challenges included **aligning different jurisdictional plans and planning groups** to develop the IP without duplicating efforts, and maintaining representative and reflective planning group membership and engagement.

### **Contributing Data Sets**

#### *Themes/Innovations*

Jurisdictions described **leveraging and integrating data from various sources to inform IP development**. Jurisdictions also **used public and private health insurance data** to assess HIV testing rates, uptake of pre-exposure prophylaxis (PrEP), initiation of antiretroviral therapy (ART), and targeted service delivery, particularly for foreign-born resettlement populations. To supplement existing data sources and promote accurate and effective data collection, jurisdictions **tailored their approaches to obtaining community input to diverse groups**. Together, these methods prioritized inclusivity, innovation, and a holistic approach to data collection and analysis, ensuring flexibility, consistency, and adherence to regulatory requirements.

Several jurisdictions described different approaches to **diversifying their resource landscape**, including through non-traditional funding and partnerships, to better meet comprehensive client needs. One approach is leveraging resources, such as behavioral health and housing funds, not traditionally earmarked for people with HIV to support broad services for people with HIV. Additionally, some Ending the HIV Epidemic (EHE) jurisdictions shared innovative approaches to using EHE funding for new staff roles.

Jurisdictions reported that provision of **equity-based and cultural humility training** improves data collection and service delivery. Learning opportunities facilitated collaborative knowledge sharing; jurisdictions described different approaches and topics, including delivering trainings related to anti-racism how to apply an equity lens to data analysis before initiating needs assessments.



### **JURISDICTIONAL SPOTLIGHT**

Tampa conducted a **cultural competency training series** to educate Care Council members, leadership, and the community on the importance of diversity, equity, and inclusion in decision-making and building planning council representation.

#### *Challenges/Barriers*

Jurisdictions reported challenges related to **data collection and analysis**, including identifying and accessing the most recent and reliable data—particularly for RWHAP Part A jurisdictions requesting data from the state—, interpreting data for specific audiences, updating data, obtaining complete data for outlying counties, and addressing the lack of information on specific audiences, such as transgender individuals. While seemingly unrelated, stigma and bureaucratic requirements both impede representative and efficient data collection.

Jurisdictions also expressed challenges **tracking resources and diversifying funding streams**, resulting in restricted service provision and limited healthcare access for specific communities.

Finally, **coordination and collaboration** across providers, agencies, and divisions, including effective system coordination, robust collaboration networks, data integration, PrEP uptake and delivery, equitable service delivery, and harm reduction service integration remain challenging. The lack of seamless data integration across systems and programs also posed its own challenge and perpetuated barriers related to coordination and collaboration described above.

## Situational Analysis

Themes/Innovations

### Prevention

Innovations in **PrEP provision** highlight the different approaches jurisdictions are taking to status neutral and whole person HIV service provision.

- Several jurisdictions described **PrEP Drug Assistance Programs** that are similar to AIDS Drug Assistance Programs. Some programs pay for medications only, while the most robust programs cover office visits, labs, and medications<sup>1</sup>.
- Several jurisdictions implemented **PrEP Navigation** services similar to services provided through HIV linkage to care programs. Services include assistance navigating the healthcare environment, accessing insurance and other payment programs, linking to other support services, and obtaining peer support.
- To expand PrEP access, some jurisdictions offer **telePrEP services**.



### JURISDICTIONAL SPOTLIGHT

Washington D.C. has developed an innovative **PrEP housing program** for Black gay, bisexual, and other men who have sex with men. This program provides non-medical and medical case management services alongside temporary housing to support PrEP adherence.

As the pandemic restricted access to in-person HIV testing, several jurisdictions launched or expanded **HIV self-testing programs** through online HIV home testing order forms. Other jurisdictions developed and implemented **harm reduction vending machines** in various communities. Vending machines may include HIV and hepatitis C (HCV) test kits, safer use kits, naloxone, and hygiene kits.

### Care

Many jurisdictions now implement **Rapid Start programs** for people newly diagnosed with HIV or who are out of care to decrease the time to viral suppression, promote retention in care, and reduce HIV transmission.



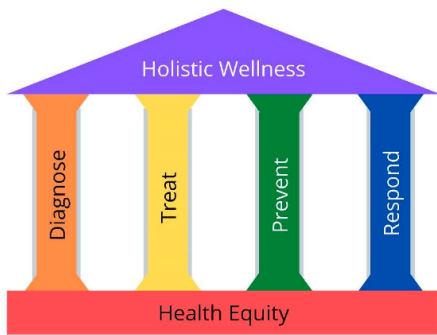

### JURISDICTIONAL SPOTLIGHT

In Orange County, California, when all individuals newly diagnosed with HIV regardless of insurance type gained access to **Rapid ART**, the disparities among people of color in achieving viral load suppression decreased.

In Miami-Dade County, Florida, the Test & Treat Rapid Access Program aims to **connect people to ART** within three days of a positive HIV test result and is now a standard of care for all Miami-Dade County RWHAP Part A subrecipients.

**Whole person care** seeks to meet people's needs beyond their HIV-related care. In some jurisdictions, this approach focuses on specific populations.

<sup>1</sup> For more information about how to find PrEP payment assistance, check out this NASTAD resource


### JURISDICTIONAL SPOTLIGHT

California developed Project Cornerstone, a program focused on **whole person care for people with HIV who are 50 years or older.**

**Health equity underpins the four EHE pillars** in Maryland's Integrated Plan, all of which support holistic wellness.

### Stigma

Nearly every plan mentioned **HIV stigma** as a major barrier to effectively meeting the goals of the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic in the U.S. (EHE).



### JURISDICTIONAL SPOTLIGHT

The New York State Stigma and Resilience Coalition is a collaborative effort involving agencies and other stakeholders who are committed to **reducing stigma** that works against optimal HIV prevention, care, and treatment provision. The project includes **public health education campaigns, provider training, and town halls.**

Newark, New Jersey implements a **mobile health unit program** that offers a wide range of reproductive health services in addition to HIV prevention and care services, helping reduce the stigma of accessing HIV-only services.

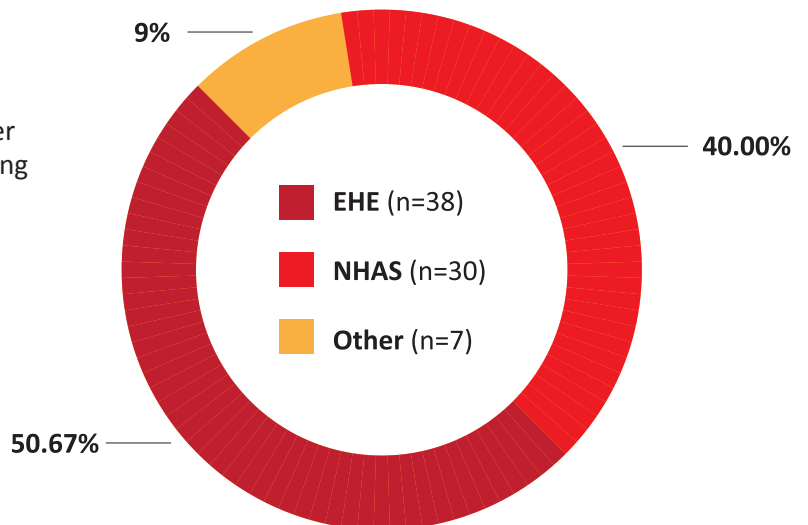
### Challenges/Barriers

- **HIV stigma, racism, transphobia, and other -isms** that generate less than optimal health outcomes for people most affected by HIV and other syndemics.
- An ongoing **lack of education and misinformation about biomedical interventions** among populations most affected by HIV, coupled with a lack of support and/or knowledge of these interventions among providers.

### Integrated Plan Goals and Objectives

#### Themes/innovations

Slightly over half (51%) of IPs organized the goals and objectives using the EHE strategies, while a smaller percentage used the NHAS goals (40%.) An even smaller percentage used a different organizing method, including the Fast Track Cities initiative, the HIV care continuum, and the local "HIV services portfolio" (9%).





## JURISDICTIONAL SPOTLIGHT

West Virginia identified **13 key performance indicators** that align with the goals and objectives and will be used to measure improvements across the care continuum during the planning period.

Many jurisdictions incorporated equity, social determinants of health, or workforce into their goals and objectives.



## JURISDICTIONAL SPOTLIGHT

Colorado made all of their goals **SMARTIE** (specific, measurable, achievable, realistic, timely, inclusive, and equitable).

Los Angeles added **three strategies to the established four EHE strategies**. These included HIV workforce capacity; system and service integration; and equity, social determinants of health, and co-occurring disorders.

### *Challenges/Barriers*

Challenges to implementation of activities to achieve objectives include lack of access to up-to-date and reliable data, engaging private sector healthcare providers, coordination or braiding of disparate funding streams, and limited funding and lack of personnel.

## Monitoring and Improvement

### *Themes/innovations*

Multiple jurisdictions presented a comprehensive work plan with publicly available online dashboards that include activities, responsible parties, and metrics/outcomes. Several jurisdictions engaged various stakeholders and community members in committee work to implement, monitor, and evaluate their IP. In some jurisdictions, the monitoring/evaluation committee is part of the overall larger planning group; in others, responsibilities were added to a clinical quality management (CQM) committee; and in other jurisdictions, they created an entirely new group for the IP.



## JURISDICTIONAL SPOTLIGHT

Vermont's **HIV Performance Dashboard** aligns with IP goals and is populated from subrecipient Quarterly Status Report data. It functions as a communication tool to internal and external partners, and to regularly update the Community Advisory Group.

### *Challenges/Barriers*

Challenges to implementation, monitoring, and evaluation include: 1. Continuity in stakeholder engagement, especially in a "real-time", ongoing manner, and 2. Integration of the IP with other HIV plans such as Getting to Zero, Fast Track Cities, CQM, and RWHAP Part A and B implementation work plans.

## Integration of Racial Equity, Status Neutral, and Syndemic Approaches

### Themes/Innovations

Approximately two-thirds of the IPs **emphasized and included activities related to racial equity, implementation of a status neutral approach, and/or implementation of a syndemic approach to HIV services delivery.**

### Racial Equity

Among the plans, racial equity may be related to issues discussed in the **situational analysis, data collection and analysis** related to racial disparities, **goals or objectives** that specifically address racial equity goals, or a combination of these. Some jurisdictions centered their plan around racial equity.



### JURISDICTIONAL SPOTLIGHT

In Minnesota, they diversified racial/ethnic categories so that data could reflect specific local populations of color.

### Status Neutral Approach

Status neutral systems - or whole person approaches - are strongly tied to integrated planning. Jurisdictions recognize the need to build systems of care for people regardless of HIV status, prompting different approaches to status neutral service delivery.



### JURISDICTIONAL SPOTLIGHT

Maryland implemented a "Status Neutral Needs Assessment."

The Ft. Worth-Arlington TGA committed to adopting the status neutral approach for future service delivery. Ft. Worth also developed a status neutral continuum of care and plotted all HIV planning activities along the continuum.

Virginia said it already provides status neutral care using its Status Neutral Service Navigation. In its new plan, Virginia will merge its Community HIV Testing (CHT) and Status Neutral Service Navigation (SNSN) grant programs to improve linkage to HIV care, PrEP and support services.

### Syndemic Approach

A number of jurisdictions included STIs and hepatitis C (HCV) as part of their IP, recognizing the broader benefit of taking a syndemic approach to integrated planning. For example, Tennessee named its plan "End the Syndemic Tennessee" and used statewide data to explain why a syndemic approach was needed. California developed the Integrated Statewide Strategic Plan for addressing HIV, HCV, and STIs and launched an Ending the Epidemics Implementation Blueprint.

## JURISDICTIONAL SPOTLIGHT

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Chicago has reorganized the HIV/STI Bureau and **created the Syndemic Infectious Disease Bureau (SIDB)**.

West Virginia developed its West Virginia **HIV and Hepatitis C (HCV) Elimination Plan** using a syndemic approach

