2027–2031

Wisconsin Integrated HIV Prevention and Care Plan

Wisconsin Department of Health Services (DHS), Division of Public Health (DPH)
Bureau of Communicable Disease (BCD), HIV Program
P-03516 (07/2026)

WISCONSIN DEPARTMENT of HEALTH SERVICES

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Section I: Executive Summary

The Wisconsin Integrated HIV Prevention and Care Plan for 2027–2031 serves as the strategic plan for the Wisconsin HIV Program and the Wisconsin Department of Health Services (DHS) to end the HIV epidemic in Wisconsin.

The Integrated Plan expands on the previous statewide Integrated Prevention and Care Plan for 2022–2026 and fulfills funding requirements of two federal agencies—the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The Integrated HIV Prevention and Care Plan meets the federal requirement regarding HIV prevention and care planning activities, as well as the Statewide Coordinated Statement of Need (SCSN), a legislative requirement for grantees of the Ryan White HIV/AIDS Program.

The Wisconsin HIV Program is responsible for coordinating and overseeing the implementation, monitoring and evaluation of the Integrated Plan. The plan encompasses four primary goals:

- Prevent new HIV infections.
- Improve HIV-related health outcomes of people living with HIV (PLWH).
- Reduce HIV-related disparities.
- Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and interested parties.

The Integrated Plan is considered a living document that will be reviewed frequently and revised as needed. The plan covers the five-year time frame of 2027–2031 and has been informed by results from a statewide HIV prevention and care needs assessment as well as input and feedback from focus groups and members of the Statewide Action Planning Group (SAPG), Wisconsin's community planning body.

The Integrated Plan recognizes the importance of addressing the syndemics (co-occurring health conditions that can amplify each other's impact) of sexually transmitted infections (STIs), viral hepatitis, substance use, and the role each plays in the transmission of HIV and the barriers to needed services. The plan also acknowledges the importance of addressing social determinants of health, such as housing, employment, and safety in the planning, implementation, and monitoring of prevention and care services. Furthermore, the plan prioritizes reducing stigma and promoting wellness for individuals and communities in Wisconsin who are most impacted by HIV.

Vision, mission, and values

The Integrated Plan exemplifies the Wisconsin HIV Program's vision, mission, and values:

- **Vision:** Ending the epidemics of hepatitis C (HCV), HIV, and STIs.
- **Mission:** Improve quality of life, protect people, and reduce harm and health disparities associated with HCV, HIV, and STIs.
- **Values**:
    - Accountability
    - Collaboration and partnerships
    - Commitment
    - Compassion and empathy
    - Empowerment
    - Excellence
    - Integrity and trust
    - Intentionality
    - Leadership and guidance
    - Respect

Approach

The Wisconsin HIV Program, SAPG, and various other work groups used the 2022–2026 plan as a foundational document and implemented guidelines from the CDC and HRSA to guide discussion and make updates to the goals, objectives, strategies, and activities for the 2027–2031 plan.

This plan is designed to represent the strategic vision for the Wisconsin HIV Program as the steps needed to achieve the goals set forth. The plan is based upon community input and reflects the needs of communities and individuals most impacted by HIV.

Documents used to support the creation of the 2027–2031 plan include:

- 2022-2026 Wisconsin HIV Integrated Care and Prevention Plan
- Wisconsin Annual HIV Surveillance Report, 2024

Section II: Community Engagement and Planning Progress

Since the beginning of the HIV epidemic, the Wisconsin HIV Program has coordinated Wisconsin's public health response. The program's response to the epidemic has emphasized the need for collaboration and coordination among service providers from multiple disciplines, public and private agencies, individuals and communities impacted by HIV, and people living with HIV (PLWH).

In Wisconsin, there is a long and successful history of cooperation and support to build capacity among partners to respond to the HIV epidemic directly in their communities. Collaborative partnerships have been established with funded agencies, local and Tribal health departments, and community-based agencies and organizations. Relationships among community partners, such as academic, governmental, and private nonprofit organizations, are maintained through ongoing collaboration, consultation, training, and financial support (including competitive grants and contractual agreements).

Initial planning steps

The Wisconsin HIV Program began the Integrated Planning process in December 2024. Regular meetings with staff from HIV Care, HIV Prevention, and HIV Surveillance Units were used to discuss the project, including what tasks needed to occur, who would be responsible, timelines, and next steps. The initial planning process focused on compiling the resource inventory, carrying out the needs assessments, and conducting focus groups. The purpose was to identify critical areas of need, prevent gaps in service delivery systems, identify strengths, avoid service duplication, improve decision-making, and ensure the activities set forth in the plan were created from input received from the communities impacted. Two separate needs assessments were conducted, one focused on engaging community and the other on service providers.

Needs assessment

Development

During the early weeks of the planning phase, a thorough review of existing literature was completed. Items reviewed include but were not limited to the:

- 2022–2026 Wisconsin HIV Prevention and Care Integrated Plan
- Previous community needs assessment questions
- HIV National Strategy 2022–2025
- HIV prevention and care needs assessments conducted by other states

The initial draft survey tool was distributed for review to the staff of the HIV prevention and care units.

Once finalized, the survey was translated into Spanish.

Survey overview

The community needs assessment questions were based upon the respondent's HIV status. If a respondent answered affirmative to living with HIV, they received questions about HIV care and if they did not, their survey focused on HIV prevention. All surveys collected the same basic demographic information. The HIV prevention survey questions focused on at-home testing, condom use, barriers to prevention services, and HIV prevention-related services. The HIV care survey questions focused on HIV medical care and antiretroviral use, HIV core and support services, barriers to HIV care services, and HIV-related stigma.

The community needs assessment survey was available online in English and Spanish. HIV prevention and care agencies across the state, as well as SAPG members, were tasked with distributing the survey to eligible community members. The survey was open for community members to complete for three weeks in May and June 2025. Those who completed the survey received $75 incentives in the form of an emailed gift card. In total, 115 surveys were completed (79 for prevention and 36 for care).

The provider needs assessment survey collected basic demographic information, respondents' role in HIV prevention and care, experiences with telehealth, communities served, knowledge of barriers to service, and perceived comfortability and ability to address client needs. The survey was distributed by HIV prevention and care agencies, SAPG members, and the Midwest AIDS Training and Education Center (MATEC). In total, 66 providers from 37 counties and one Tribal nation completed the survey.

Once the needs assessment survey results were collected, epidemiologists within the HIV program analyzed the results and extracted common themes. Additional information was collected through virtual focus groups with community members across the state. The topics discussed were focused on the themes found within the survey results. There were separate focus groups for people living with HIV and people not living with HIV, and participants received $50 incentives in the form of an emailed gift card. In total, 20 people participated in the focus group opportunities (four for prevention and 16 for care).

In addition to HIV service providers and individuals from communities impacted by HIV who were engaged in the needs assessment process, the Wisconsin HIV Program engaged several other important groups throughout the planning process.

Wisconsin HIV/HCV/STI Statewide Action Planning Group

Community engagement is a major focus of statewide planning. The Wisconsin HIV/HCV/STI Statewide Action Planning Group (SAPG) is the primary HIV planning body that advises the Wisconsin HIV Program on the development, implementation, and prioritization of HIV prevention and care services in Wisconsin. The goal of the Wisconsin HIV community planning process is to plan for a continuum of high-quality and effective HIV prevention, care, and treatment services to meet the current and future needs of individuals and communities most impacted by HIV.

The SAPG is comprised of 25 to 30 members who broadly represent impacted communities and key partners, characteristic of Wisconsin's HIV epidemic as it relates to geography within the state, sexual

orientation, age, sex, race/ethnicity, life experiences, and HIV status. The leadership team of the SAPG is composed of the Community Co-Chair, Health Department Co-Chairs, and Community Co-Chair Elect.

The Health Department Co-Chairs include one representative from the HIV Care Unit and one representative from the HIV Prevention Unit to ensure that planning is integrated. Staff from Wisconsin's ATEC (the Midwest AIDS Training and Education Center) also attend all meetings. SAPG members are chosen by membership through a competitive application and selection process. The group meets in-person for day-long meetings five times per year to provide input to the HIV Program. SAPG members also facilitate communication and expanded engagement throughout the state.

The 2025 and 2026 meetings of the SAPG have been a major venue for facilitating community member involvement in the development of the Integrated HIV Plan. In preparation for this activity, Wisconsin HIV Program internal workgroups developed draft materials for review and discussion by the SAPG. Internal workgroups were formed based on the four goals.

During two SAPG meetings in 2025, attendees discussed aspects of each goal in the Integrated Plan. The discussions consisted of an overview of current activities and outcomes, as well as potential areas for improvement. Many members also participated in the needs assessment process.

Ryan White care providers

The Wisconsin HIV Program facilitates engagement and collaborative planning with agencies funded under Parts B, C, D, and F of the federal Ryan White HIV/AIDS Program. Wisconsin does not receive Part A funding. All Wisconsin providers who receive Ryan White funding other than Part B also receive Part B funding. Engagement with these providers occurs through contractual working relationships, membership and invitational participation in SAPG meetings, as well as grantee meetings and trainings supported by the HIV Program. All Wisconsin Ryan White grantees have been actively involved in the development of this plan through participation in needs assessments and critical input to the plan.

Grant-funded agencies

Agencies funded to provide HIV care and prevention services through indirect CDC funding, state general purpose revenue funding, or HRSA funding participated in the needs assessments and had opportunities to provide input through regular meetings and site visits.

People living with HIV

People living with HIV were engaged in all stages of the planning process, including the needs assessment, focus groups, and development of the goals and objectives. SAPG promotes consumer engagement and provides a forum for community members and partners, including PLWH, to exchange information and ideas and provide input on the priority setting and delivery of HIV prevention and care services.

Development of this plan was a priority of SAPG meetings throughout 2025. Group discussions and feedback from SAPG members helped shape and inform the development of objectives and priorities

for the plan. Additionally, staff from the Wisconsin HIV Program directly disseminated updates about the development of the Integrated HIV Plan to local consumer advisory groups comprised of consumers at Ryan White-funded agencies.

The Wisconsin HIV Program will continue engaging PLWH, people from communities impacted by HIV, and service providers throughout the life of this plan. Planned engagement activities include:

- Regular updates and presentations on progress toward the goals and objectives in the plan to SAPG, partner organizations and service providers.
- Continuous opportunities for feedback and updates to the plan, especially when new innovations in HIV prevention and care arise.
- Presentations and engagement on outcomes of the plan to key partner groups, including organizations that serve PLWH and communities impacted by HIV.
- Disseminating progress reports and conducting routine needs assessments.

Further activities related to implementation, monitoring, evaluation, and improvement are included in Section VI of this plan.

Key priorities and themes

Several key priorities emerged from the planning and community engagement processes. They were very evident in the needs assessments and focus groups. These priorities included:

Addressing barriers to care/social determinants of health

Many needs assessment respondents and focus group participants indicated communities most impacted by HIV experience major barriers in finding and using HIV services. The barriers include safe and affordable housing availability, transportation, experiences of stress and anxiety, and HIV-related stigma and discrimination.

Recognizing the importance of caregivers

Results from the needs assessment indicated that caregivers, such as doctors, nurses, and case managers, have an overwhelming impact on individuals receiving and using services. Respondents noted that caregivers who make them feel welcome and safe and who care not only about their physical health, but their overall wellbeing are driving factors to staying engaged.

Focusing on low-barrier prevention services

Convenience, privacy, and less stigma were listed as reasons for why at-home HIV testing is a well-liked approach to testing. Additionally, respondents noted that telemedicine provides flexibility and reduces coordination of other factors, such as taking time off work or finding transportation. Low-barrier access to prevention services can be a successful strategy to engage people where they are and adapt to their needs.

Improving HIV messaging and awareness of resources

There is a need for better ways of finding where services are located across the state. While many resources exist, they are not always easy to find or navigate. Additionally, respondents stated that there needs to be more variety in how HIV messaging is shared.

Increasing PrEP use

Barriers to PrEP (pre-exposure prophylaxis), including stigma and discrimination, affordable health insurance, low awareness, and limited availability, continue to deter use among individuals and communities who could benefit from it. Community members highlighted the need for normalizing PrEP use for everyone, not just priority populations, whether that be providing resources for navigating conversations about PrEP or expanding awareness of PrEP.

Section III: Data Sharing and Use

Overview of data sources and systems

AIDSVu's PrEPVu

AIDSVu is an online interactive mapping tool that visualizes granular data related to the HIV epidemic and its impact on communities across the U.S. AIDSVu was launched and has been maintained by Emory University in Atlanta, GA in partnership with Gilead Sciences, Inc. PrEPVu, launched in 2024, is a new platform from AIDSVu to offer an understanding of PrEP use in different communities across the U.S, including those with the greatest unmet need for PrEP. The release of the PrEP use data on the online platform was made possible through a data sharing agreement, in which data were obtained from IQVIA with the support of Gilead Sciences, Inc. and analyzed by Emory University.

2025 Wisconsin HIV Needs Assessment

The Wisconsin HIV Needs Assessment was completed in 2025. It consisted primarily of qualitative community survey questions that collected input from participants, including HIV prevention questions for people not living with HIV and HIV care questions for PLWH. The questions centered around the impact of a wide array of social determinants of health.

Enhanced HIV/AIDS Reporting System

The enhanced HIV/AIDS Reporting System (eHARS) is the HIV surveillance database used by all jurisdictions that receive federal funding to conduct HIV surveillance activities. Data in eHARS are used to describe the trends associated with new and existing HIV cases. The following demographic information is available for people living with HIV:

- Race/ethnicity
- Age
- County of residence
- Transmission mode
- Sex
- Other HIV diagnosis-related information

eHARS also contains laboratory test results, including CD4 counts, viral load results, and HIV-1 viral sequences. These data are used to assess HIV care outcomes, including linkage and retention to care, and viral suppression. Laboratory data and demographic data are used together to identify health disparities.

HIV Care Continuum

Wisconsin's HIV Care Continuum is primarily based on HIV surveillance data stored in eHARS.

Wisconsin Electronic Disease Surveillance System
The Wisconsin Electronic Disease Surveillance System (WEDSS) is Wisconsin's communicable disease surveillance and case management system. Data include client demographics and location information for individuals diagnosed with communicable diseases. HIV case and laboratory data were integrated into WEDSS in 2017. In early 2020, HIV Partner Services (PS) program and Data to Care (D2C) data were also integrated into WEDSS.

The WEDSS integration reduced the number of systems used for HIV-related data, enhanced follow-up initiatives for PLWH, helped improve testing efforts and the identification of individuals with co-occurring conditions (for example, HIV-HCV, HIV-TB, syphilis-HIV), and provided additional data for HIV service providers who work with PLWH. WEDSS provides important information about client location, linkage to care, transmission mode, co-occurring conditions, and client needs.

EvaluationWeb
EvaluationWeb is a web-based system developed by Luther Consulting, LLC that collects and reports state-funded HIV testing and prevention activities. Wisconsin currently uses the CDC version of EvaluationWeb. The data are used to monitor HIV prevention subrecipient performance and testing activities funded by the HIV Program in Wisconsin. EvaluationWeb is also an important source of information on the mode of transmission for people newly diagnosed with HIV.

HIV Partner Services Program
The HIV PS Program is coordinated by the Wisconsin HIV Program. All PS case assignments and PS provider notes are managed within WEDSS (early 2020 – present) and EvaluationWeb (prior to early 2020). PS outcomes include contact attempts, case notes, linkage to care, and partner elicitation and testing.

HIV Drug Assistance Program
The HIV Drug Assistance Program (HDAP) database contains information about clients currently or previously enrolled in HDAP, including demographic information, medical provider, income, and insurance status. The database is used to manage HDAP client eligibility but can also be used to locate out-of-care clients, identify new move-in clients, and monitor insurance status. The database also contains medication claims data that can serve as markers of HIV care.

Ryan White Services Report
The Ryan White Services Report (RSR) is a de-identified client-level data report required by HRSA of all agencies that provide services to clients using Ryan White funds. The Wisconsin HIV Program uses these reports to monitor service utilization, linkage and retention to care, viral suppression, and other client outcomes, such as insurance and housing status.

Recipient and subrecipient performance measures
Recipients and subrecipients that receive funds from the HIV Program are required to submit quarterly performance measures. These measures are reviewed to identify best practices and areas for improvement.

Wisconsin Medicaid Program
The Wisconsin Medicaid Program maintains claims information on medical visits, laboratory visits, and pharmaceuticals for its recipients. The Wisconsin HIV Program receives data to monitor service utilization and medication prescriptions, including HIV testing among PLWH and uptake of PrEP among people without a HIV diagnosis.

Wisconsin Youth Risk Behavioral Survey
The Wisconsin Youth Risk Behavioral Survey (YRBS) is conducted at a national level by CDC to monitor health-risk behaviors of high school students in the U.S. The Wisconsin YRBS monitors behaviors including traffic safety, weapons and violence, suicide, tobacco use, alcohol and other drug use, sexual behavior, and exercise. Survey participants are not asked for personally identifiable information.

Wisconsin Behavioral Risk Factor Surveillance System
The Wisconsin Behavioral Risk Factor Surveillance System (BRFSS) is part of national health survey system, the Behavioral Risk Factor Surveillance System. BRFSS collects data about Wisconsin residents regarding their health-related risk behaviors (for example, smoking, alcohol use, and physical activity), chronic health conditions, and the use of preventative services such as recommended cancer and cholesterol screening tests. Survey participants are not asked for personally identifiable information.

Wisconsin Interactive Statistics on Health
The Wisconsin Interactive Statistics on Health (WISH) is a site that provides information about measures of health, such as population, birth, and death information.

Birth and death ascertainments
All jurisdictions that receive funding from CDC are required to conduct routine data matching between eHARS and birth and death records. These activities maintain the most current HIV surveillance data to guide program planning and implementation. Described below are the three sources routinely used by the Wisconsin HIV Program:

- **Wisconsin Vital Records:** This office provides birth and death data.
- **National Death Index:** This index provides death record information on file in the state vital statistics office.
- **Social Security Master Death File:** The file from the Social Security Administration is created from internal records of deceased persons possessing social security numbers and whose deaths were reported to the Social Security Administration.

U.S. Census and American Community Survey
Data from the U.S. Census and American Community Survey provide demographic information at the census tract that are not available in many of the Wisconsin DHS, Division of Public Health (DPH), and HIV Program's internal data systems, including income, employment status, housing, education, and other markers commonly associated with better or worse health. These data can be used to identify geographic areas where additional HIV prevention or care services may be needed.

National HIV surveillance data
Data published by CDC are used to compare the Wisconsin and national HIV epidemics.

Data Sharing and Data Use Agreements
Currently, there is an active data use agreement (DUA) between the DHS Wisconsin HIV Program and the Medical College of Wisconsin for perinatal HIV surveillance. Additional DUAs are in place with the Division of Medicaid Services, Diverse & Resilient, and UW-Madison. The Wisconsin HIV Program is part of a bureau-level DUA with the Wisconsin Vital Records Office. For the HIV prevention and care funded subrecipients, program data reporting and sharing agreements, and confidentiality guidelines are listed in the special provision section of the standard DHS contract template. The DHS DUA template provides flexibility to strengthen the template language around data use and data sharing between DHS and the data requestors. For internal data sharing, HIV/STI/HCV epidemiologists and data staff have shared access to the surveillance databases. This has been further strengthened by HIV data integration into WEDSS, which houses all other reportable communicable diseases. There are restrictions on access to HIV laboratory, PS, and D2C data in WEDSS databases. Therefore, only a limited number of surveillance staff, epidemiologists, PS and D2C staff, and local health department PS providers/disease intervention specialists (DIS) are able to view HIV data. The epidemiologists and staff who maintain the data for these programs can do database matching and data analysis for identification of trends, co-occurring conditions, clusters, and evaluation.

There is also an active data sharing agreement (DSA) between the Wisconsin HIV Program and Georgetown University for the Black Box Project funded by CDC. This project supports routine interstate duplicate review, cumulative interstate duplicate review, and other activities required by CDC. To share person-level surveillance and PS data among inter-state jurisdictions (such as record searches) on a routine basis, the Wisconsin HIV Program staff communicate by phone and use faxes to securely share reports. State-to-state communication supports maintaining the HIV surveillance data in eHARS while ensuring the most up-to-date information. If a request for sharing person-level data is needed, a data agreement will be drafted using the DHS DUA template and reviewed by the Data Governance Board and the Office of Legal Counsel for approval. The Wisconsin HIV Program will also reference the National Alliance of State & Territorial Directors (NASTAD) source for guidance using their sample data sharing templates.

Epidemiologic snapshot: data overview

This epidemiologic overview is based primarily on HIV surveillance data derived from the Wisconsin HIV Surveillance Annual Report. HIV case and laboratory-based reporting is required by Wis. Stat. §252.15. Laboratories perform confidential name-associated HIV confirmatory testing and routine monitoring of HIV. The laboratories then report the laboratory results to the Wisconsin HIV Program for confirmed or suspect HIV cases. Once collected, Wisconsin HIV Program staff used the surveillance data to define current trends of HIV and affected populations. This information can help prevention and care staff plan and focus interventions, allocate resources, and provide essential data that determines program funding from the federal and state government.

HIV surveillance data provides important information for planning HIV prevention and care services. Prevention services focus primarily on new diagnosis trends and the geographic and demographic distribution of new cases. Care and treatment services consider the total population of people living with HIV in the state (prevalent cases), regardless of when or where they were first diagnosed. In addition to the data presented in this section, data on HIV, HCV, STIs, and Tuberculosis in Wisconsin can be found on the DHS website.

Population

According to Wisconsin Interactive Statistics on Health (WISH), Wisconsin's total population in 2024 was estimated to be 5.96 million. The state's 72 counties ranged in population from fewer than 5,000 to nearly one million in Milwaukee County. The southeastern region of the state was the most populous (36% of the total state population), followed by the northeastern region (22%), and the southern region (20%).

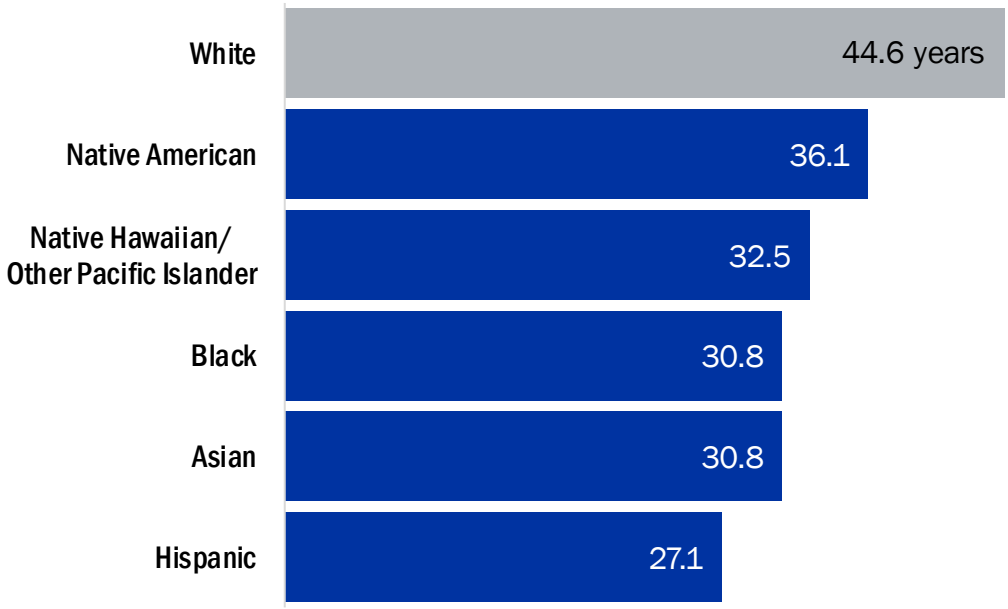
Race, ethnicity, and age

Wisconsin residents were predominantly white (79%), followed by Hispanic (9%), Black (6%), Asian (3%), multiracial (2%), and Native American (1%; Figure 1). During 2024, Black, Asian, and Hispanic residents primarily lived in the southeastern counties of the state. Native American residents primarily lived in the northeastern counties. People born outside of the United States made up 5% of all Wisconsin residents. In 2024, the median age of Wisconsin residents was 40.6 years old, with 38.7% of the residents being of reproductive age (15 to 44 years old). People who identified as Native American, Asian, Black and Hispanic were 8 to 14 years younger (median age: 27.1 to 36.1 years old) compared to non-Hispanic white people (median age 44.6 years old).

FIGURE 1

The median ages of non-white people are younger than white people.

Median age by race and ethnicity, Wisconsin, 2024



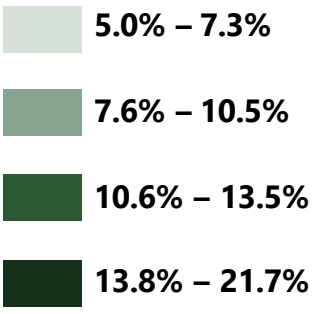
Socioeconomic status

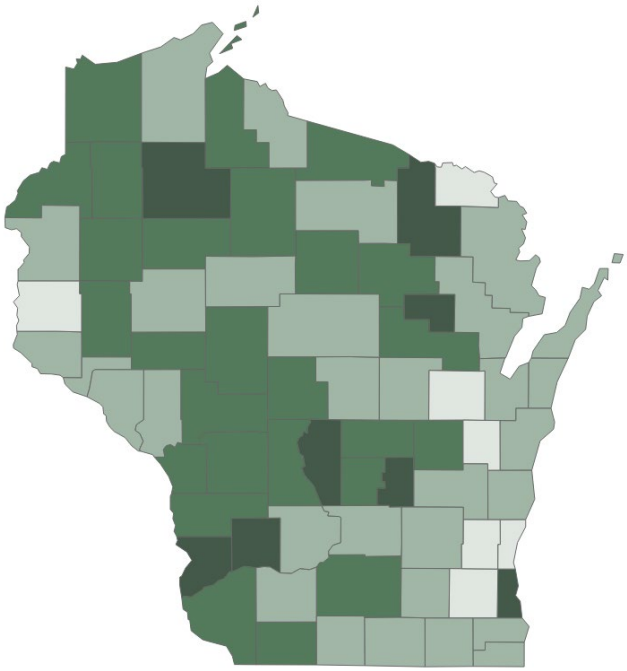
According to ACS, Wisconsin's median household income in 2024 was estimated at $77,485, closely behind the median income of the rest of the nation ($80,7344). Median household income by county in 2024 varied from $55,878 to almost twice that in the wealthiest county ($106,076; Figure 2). In 2024, an estimated 10.6% of Wisconsin residents lived in poverty compared to 12.5% nationally. Except for the three counties of Milwaukee, Menominee, and Grant, the counties with the largest percentage (>15%) of residents living in poverty are found in the western and northern regions of the state.

FIGURE 2

The counties with the largest percentage of residents living in poverty were found throughout the state of Wisconsin.

Percent living in poverty, Wisconsin, 2024





Sexual orientation

Sexual orientation was not routinely collected information. Data from 2022 to 2023 indicated that

among Wisconsin youth, 14% of students in all Wisconsin public high schools identified as lesbian, gay, or bisexual (WI YRBS, 2023).

Overview of HIV in Wisconsin

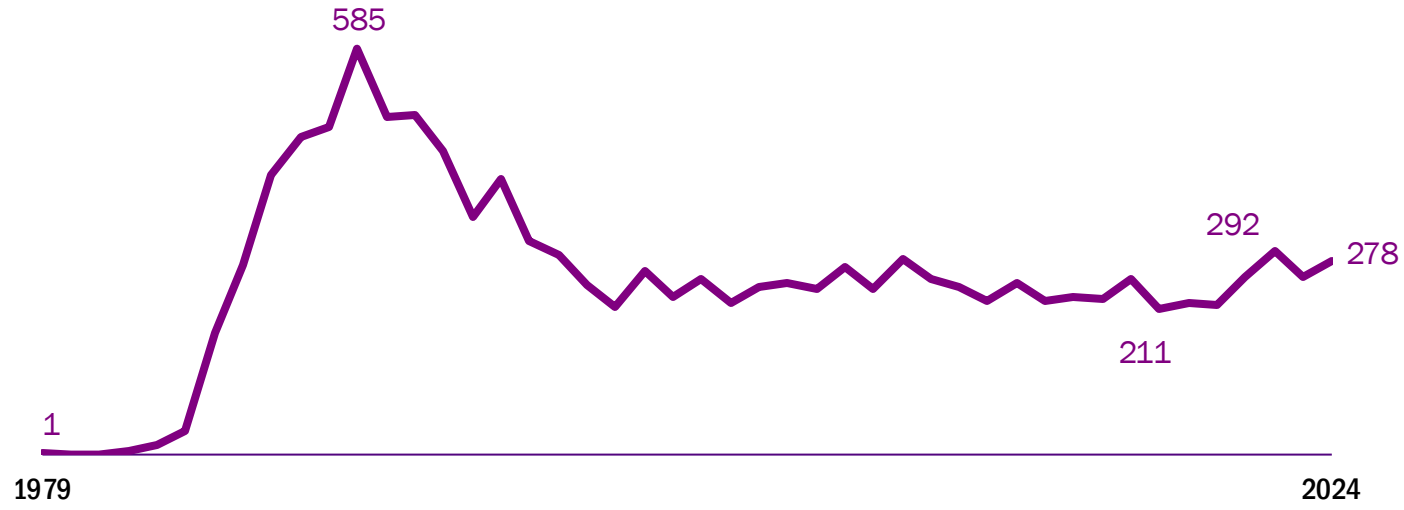
Newly diagnosed HIV

From 2015 to 2024, the number and rate of new HIV diagnoses reported each year in Wisconsin has remained stable (Figure 3; Wisconsin Annual HIV Surveillance Report, 2024). The fewest cases were reported in 2018 with 211 people who were newly diagnosed with HIV, for a rate of 3.6 per 100,000 people living in Wisconsin. From 2020 to 2024, the 5-year average was 260 new HIV diagnoses per year.

FIGURE 3

Over the past 10 years, the number of new HIV diagnoses reported each year in Wisconsin has remained stable.

Number of new HIV diagnoses, Wisconsin, 1979–2024



Men typically account for most of new HIV diagnoses, with 97% of new diagnoses identified at state-funded HIV counseling, testing, and referral (CTR) sites being men during 2024.

Race and ethnicity

From 2020 to 2024, the HIV diagnosis rates were the following compared to white men:

- Twelve times greater for Black men (26% of all new HIV diagnoses).
- Eight times greater for Hispanic men (21% of all new HIV diagnoses).

HIV **disproportionately** affects people who do not identify as non-Hispanic white in Wisconsin. This includes people who identify as Black, Hispanic, Asian, Native American, Native Hawaiian or Pacific Islander, or multiracial. The percentage of new HIV diagnoses affecting these groups rose from 20% in 1982 to 68% in 2024 (Figure 4). During 2024, these groups made up just 20% of Wisconsin's population but accounted for 68% of new HIV diagnoses.

Addressing health disparities is a priority for public health. Race or ethnicity alone does not make

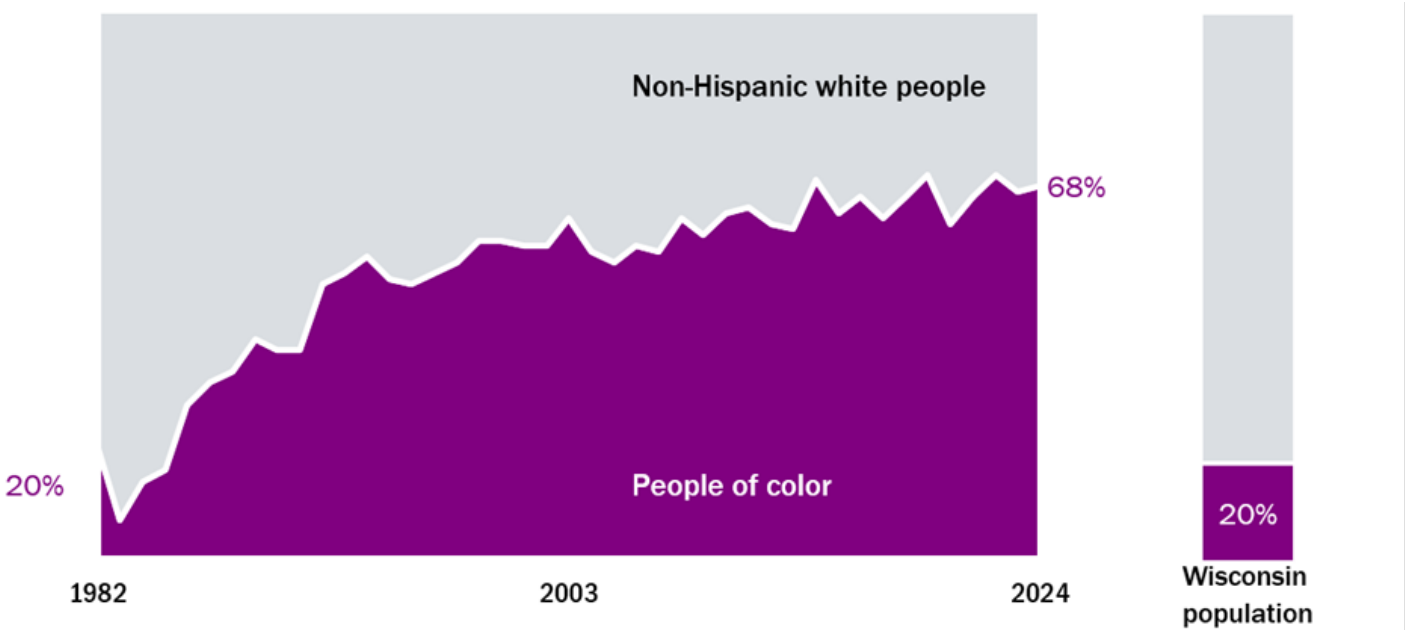
someone more or less likely to acquire HIV. People who do not identify as non-Hispanic white have a greater likelihood of acquiring HIV due to many social and economic factors that impact these groups, such as:

- Poverty
- Limited access to health care
- Lack of education
- Stigma
- Homelessness

FIGURE 4

The percentage of new HIV diagnoses among people who identified as non-white is disproportionate to Wisconsin's racial and ethnic composition.

Percentage of new HIV diagnoses among white people and non-white people, Wisconsin, 1982–2024

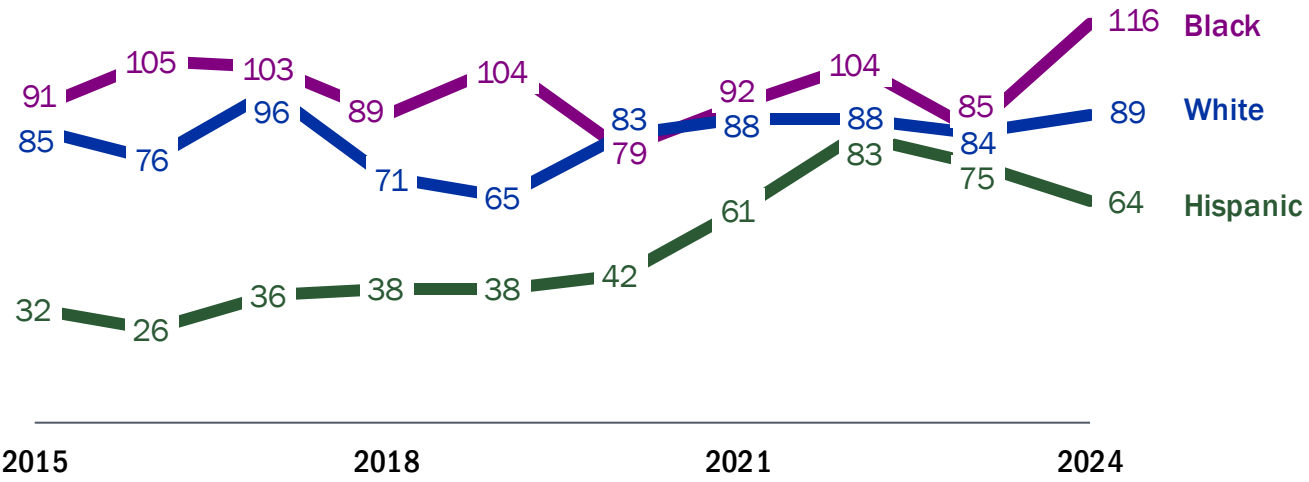


Over the past 10 years in Wisconsin, the number of new HIV diagnoses had been the highest among Black people, followed by white and Hispanic people (Figure 5).

FIGURE 5

From 2015–2024, the number of new HIV diagnoses was the highest among Black people, followed by white and Hispanic people.

Number of HIV diagnoses by race or ethnicity, Wisconsin, 2015–2024



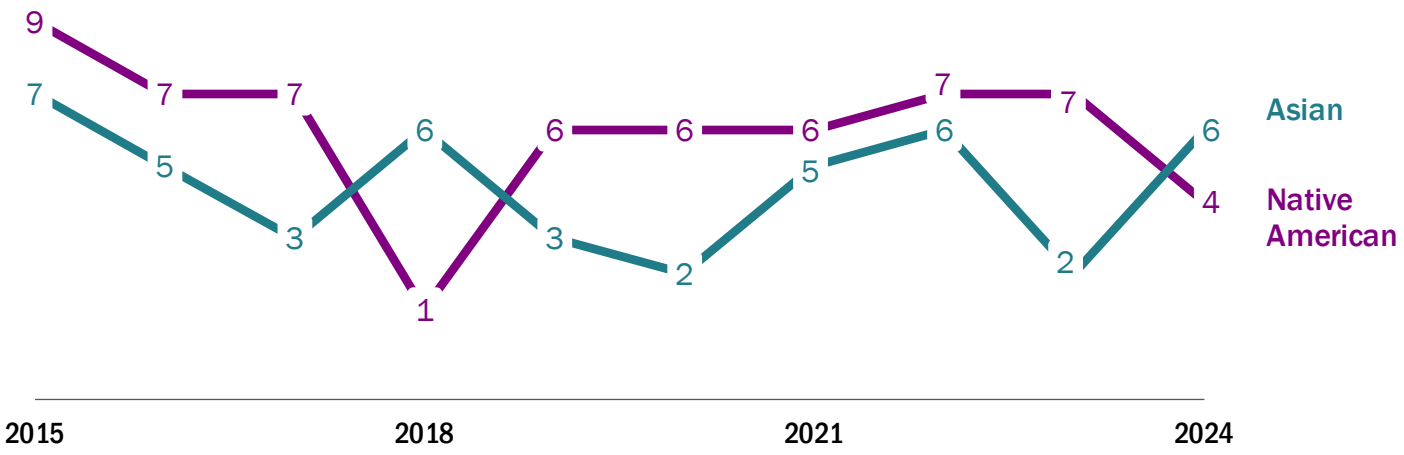
The most common method of collecting and reporting race and ethnicity data in the U.S., as used in this report, has important limitations. The race and ethnicity categories used throughout this report include Hispanic (regardless of race), non-Hispanic white, non-Hispanic Black, non-Hispanic Native American, non-Hispanic Asian, and non-Hispanic multiracial. Since racial and ethnic identities can be complex, this method of classification may not be sufficient. For people whose racial identity did not fit neatly into these categories or who identified as more than one of these groups, this method of classification may lead to underreporting of the actual burden of HIV within certain populations. This issue may affect Native American people more than other racial groups (GLITEC, 2019).

The way that race and ethnicity is classified for the purposes of this report, which mirrors the way the CDC classifies race and ethnicity, may lead to underreporting of certain racial and ethnic groups. Figure 6 includes people who ever reported as Native American, alone or in combination with other racial or ethnic identities. During 2015–2024, 60 Native American people and 45 Asian people were newly diagnosed with HIV in Wisconsin (Figure 6).

FIGURE 6

The number of new HIV diagnoses among Native American* and Asian people has fluctuated but remained low over the past 10 years.

Number of HIV diagnoses among Native Americans and Asians, Wisconsin, 2015–2024



*Native American included people who ever reported Native American, alone or in combination with other racial or ethnic identities.

While highest in comparison to other racial and ethnic groups, HIV diagnosis rates for both Black men and women varied over the past 10 years. By sex, the diagnosis rates increased for both white and Hispanic women.

This difference is more pronounced among men (Figure 7). During 2015–2024, women of all racial and ethnic groups had lower annual HIV diagnosis rates compared to men.

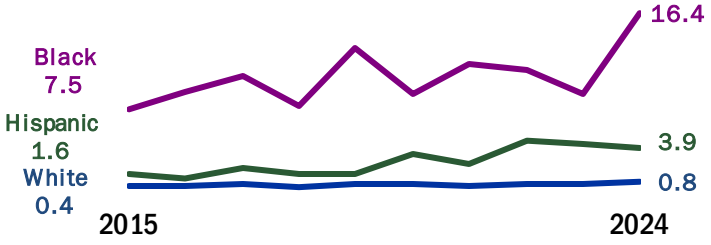
FIGURE 7

HIV diagnosis rates

The number of new HIV diagnoses per 100,000 people by sex and race or ethnicity, Wisconsin, 2015–2024

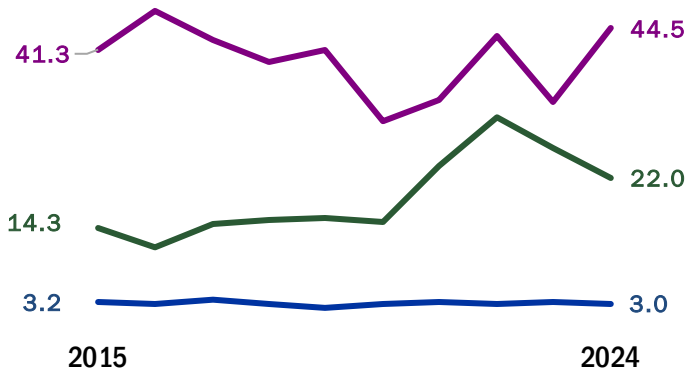
Women

The number of new HIV diagnoses per 100,000 people has varied for Black women and increased for white and Hispanic women.



Men

The number of new HIV diagnoses per 100,000 people has remained stable for white men and varied for Hispanic and Black men.

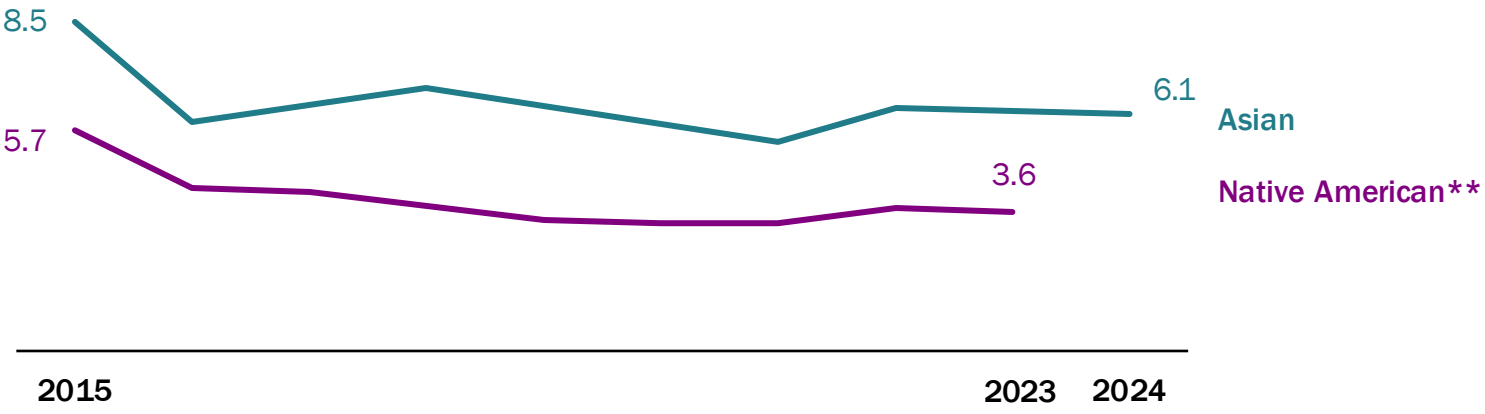


HIV diagnosis rates for Asian and Native American people decreased over the past 10 years (Figure 8).

FIGURE 8

The HIV diagnosis rates have declined for Asian and Native American* people over the past 10 years.

The number of new HIV diagnoses per 100,000 people**, Wisconsin, 2015–2024



*Native American included people who ever reported Native American, alone or in combination with other racial or ethnic identities.
**Due to small numbers, rates are not further broken down by sex for Native Americans and Asians. Rates based on counts less than five have been suppressed. All remaining rates were based on counts less than 12 and should be interpreted with caution.

HIV transmission mode

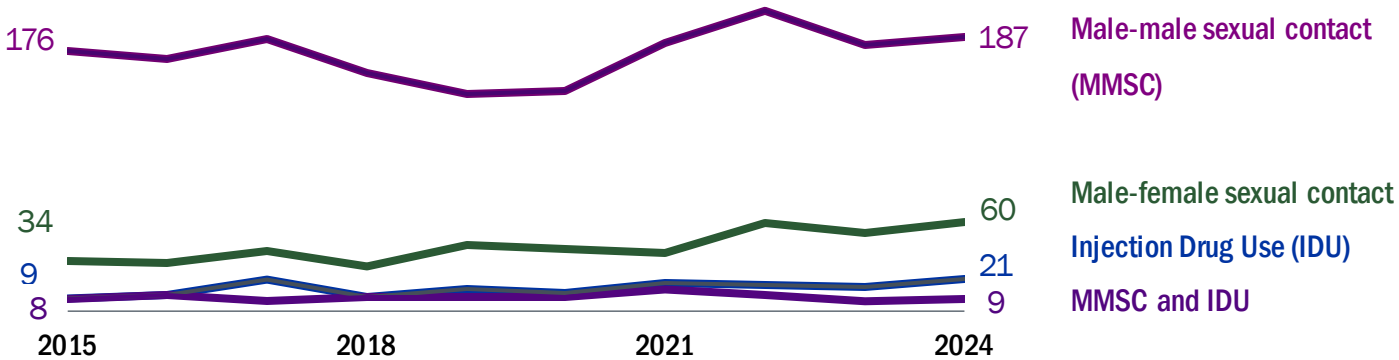
From 2020 to 2024, most new HIV diagnoses were attributed to an estimated transmission mode of male-male sexual contact (MMSC, n=953, 73%), which included 51 people also reporting injection drug use (MMSC/IDU). The remainder were attributed to male-female sexual contact (MFSC, n=255, 20%) and injection drug use only (IDU, n=87, 7%).

During 2015–2024, the estimated number of new diagnoses attributed to male-female sexual contact increased, while male-male sexual contact, injection drug use alone, and male-male sexual contact and injection drug use combined varied (Figure 9).

FIGURE 9

Male-male sexual contact is the most common HIV transmission mode.

New HIV diagnoses by estimated transmission category*, Wisconsin, 2015–2024



*Data have been statistically adjusted to account for those with unknown transmission category.

Age

From 2020 to 2024, young people aged 15 to 29 represented two in five new HIV diagnoses in Wisconsin. The intersection of young age and race showed that young Black people were more likely to be newly diagnosed with HIV than young white people. Additionally, among all ages, male-male sexual contact was the most reported transmission mode. During 2024, people who reported male-male sexual contact as a possible mode of transmission tended to be younger (Figure 10).

FIGURE 10

People who reported male-male sexual contact tended to be younger at HIV diagnosis than those who reported male-female sexual contact or injection drug use.

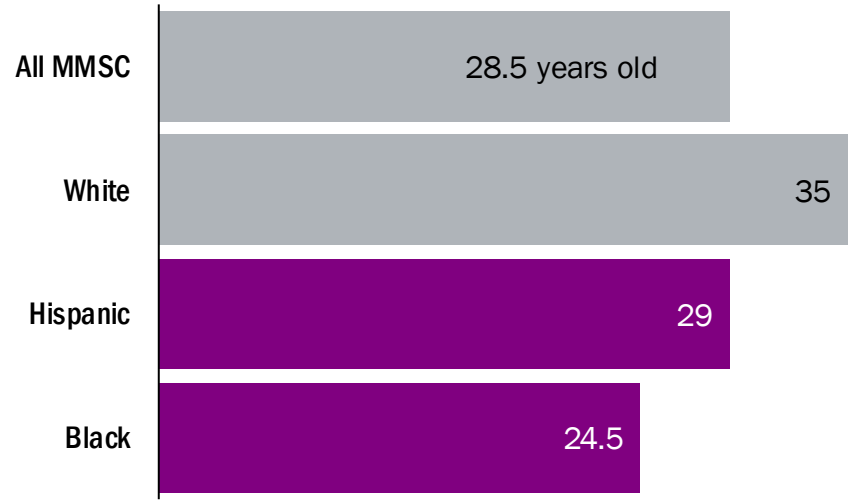
Median age at HIV diagnosis by transmission mode, Wisconsin, 2024

Of people newly diagnosed with HIV who reported MMSC in 2024, Black and Hispanic people tended to be younger at diagnosis compared to white people (Figure 11).

FIGURE 11

Of those who reported male-male sexual contact, Black and Hispanic people were younger at HIV diagnosis than white people.

Median age at HIV diagnosis by race and ethnicity for people reporting male-male sexual contact, Wisconsin, 2024



Geographic distribution of new HIV diagnoses

From 2020 to 2024, there were 1,298 new HIV diagnoses throughout Wisconsin. Two in five people were diagnosed in Milwaukee County (44%). Additionally, one in 10 people were diagnosed in Dane County (12%).

During 2024, Milwaukee and Dane Counties had the highest and second highest numbers of new HIV diagnoses in Wisconsin respectively. The counties with the highest number of new diagnoses are not always the same counties with the highest diagnosis rate. In 2024, Milwaukee County had the highest HIV diagnosis rate, followed by Rock, Racine, and Kenosha counties.

HIV stage at diagnosis

Recent and acute HIV diagnoses

Recent HIV infections are those diagnosed during the six months after HIV was acquired as evidenced by a documented or self-reported negative HIV test during this period.

Acute HIV infections are those diagnosed during the two to four weeks after HIV exposure. People in the acute stage of HIV have a high viral load, and as a result are able to more easily transmit HIV to others. Rapid linkage of people with acute HIV diagnoses to partner services ensures that exposed partners receive timely HIV testing.

During 2024, 28 people received a recent or acute HIV diagnosis. Of those, 18 people were considered acute HIV diagnoses based on laboratory testing algorithms or presence of acute symptoms, and the remaining 10 people were considered recent HIV diagnoses.

Late (Stage 3) HIV diagnoses

A late diagnosis occurs when a person living with HIV progresses to Stage 3 (AIDS) at the time of receiving their initial HIV diagnosis or within one year of their initial diagnosis. During 2014, the CDC's Stage 3 surveillance definition changed to exclude people with a Stage 3-defining CD4 count (<200 cells/mL) if a negative HIV test in the previous six months had been documented.

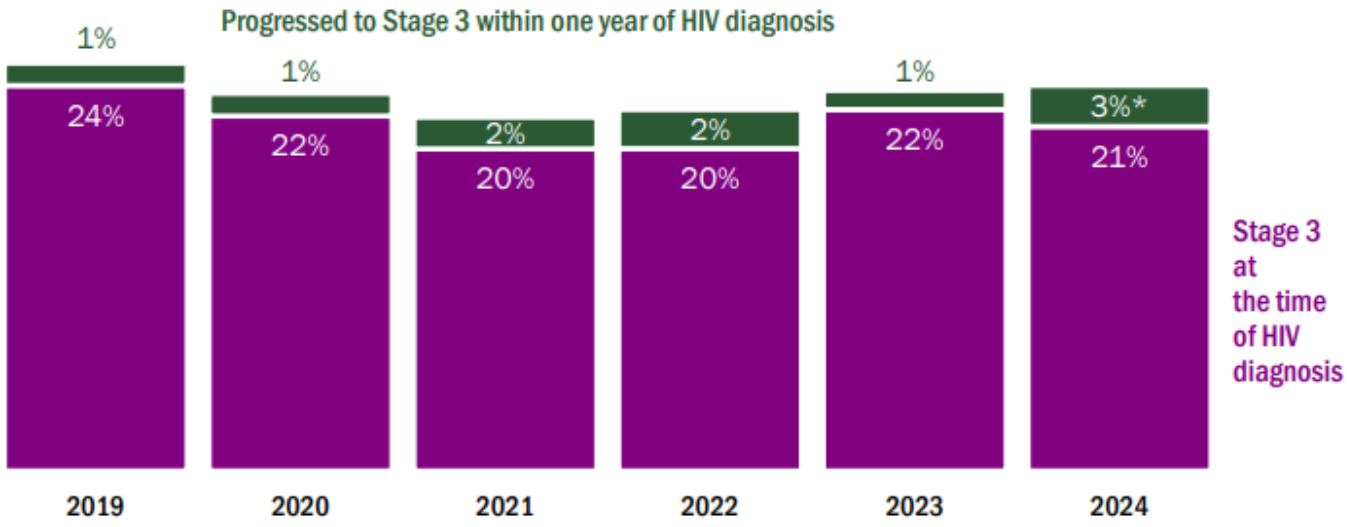
Without treatment, progression to Stage 3 typically occurs eight to 10 years after HIV was acquired. Stage 3 status is clinically defined by having a very low CD4 white blood cell count or a Stage 3-defining opportunistic infection. Early diagnosis and access to HIV care can prevent progression to Stage 3 so that people living with HIV have longer and healthier lives.

The proportion of individuals who progressed to Stage 3 within 12 months of HIV diagnosis varied from 1% in 2019 to 3% in 2024 (Figure 12). The percentage of new HIV diagnoses that had progressed to Stage 3 by the time they were first identified varied from 22% to 25% during 2019 to 2024.

FIGURE 12

The percentage of people who progressed to Stage 3 at the time of HIV diagnosis varied from 2019 to 2024.

Percentage of people who progressed to Stage 3 of HIV within one year of diagnosis, Wisconsin, 2019–2024



*Those diagnosed with HIV during 2024 have not had one full year to evaluate progression to Stage 3 at the time of figure creation. The provisional 2024 data should be interpreted with caution.

Prevalent cases

In 2024, PLWH had the following characteristics:

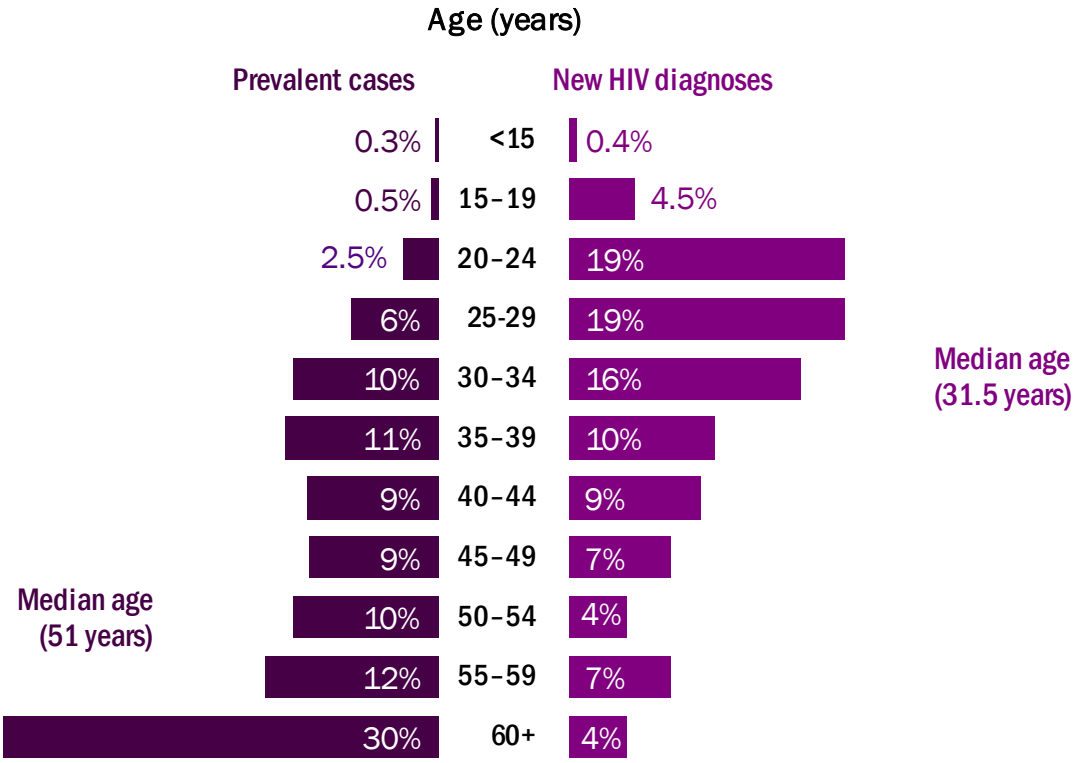
- The majority (78%) were men.
- While the majority (91%) were over age 30 at the time of diagnosis, 52% were over age 50.
- Three out of seven (40%) were white, 35% were Black, and 19% were Hispanic.
- Three out of five (65%) reported a transmission mode of male-male sexual contact, 13% reported male-female sexual contact, and 11% reported injection drug use or both injection drug use and male-male sexual contact.
- Nearly half (44%) of PLWH in Wisconsin resided in Milwaukee County, 13% lived in Dane County, and 4% lived in Racine County.

PLWH are living longer and healthier lives. This has resulted in a shift in the average age of prevalent cases (median age=51 years) compared to those being newly diagnosed (median age=31.5 years; Figure 13). Services for PLWH need to address health conditions associated with aging in addition to HIV, while prevention efforts need to focus on younger age groups.

FIGURE 13

The population of all people living with HIV in Wisconsin tended to be older than people newly diagnosed with HIV during 2024.

Age distribution of people currently living with HIV in Wisconsin (prevalent cases) compared to age at diagnosis for people newly diagnosed during 2024



HIV unaware

Not everyone living with HIV is aware of their diagnosis. According to the CDC, awareness of HIV status may be substantially lower for younger people and slightly lower for some racial and ethnic minorities due to barriers to HIV testing. Based on the 2024 data, the estimated number of people unaware of their HIV status was 1,127 people, making the total estimated prevalence of PLWH in Wisconsin approximately 8,805 people. PLWH who are unaware of their HIV status are estimated to be younger, with most people likely being 25–34 years of age (n=483; Figure 14). By race and ethnicity, Black and white PLWH (n=383 and n=376, respectively) are more likely to be unaware of HIV status, followed by Hispanic people (n=273), multiracial people (n=35), Asian people (n=9), and Native American people (n=9; Figure 15).

FIGURE 14

Younger people are likely to be less aware of their HIV status.

Estimated number unaware of their HIV status, using CDC national estimates, by age (years), Wisconsin, 2024

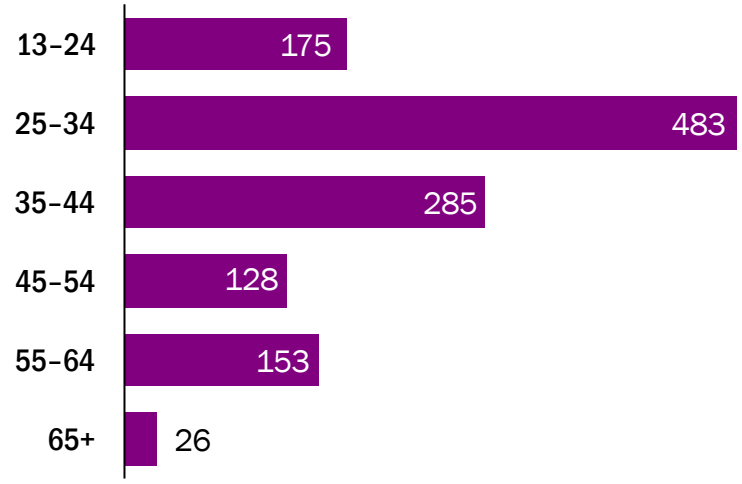
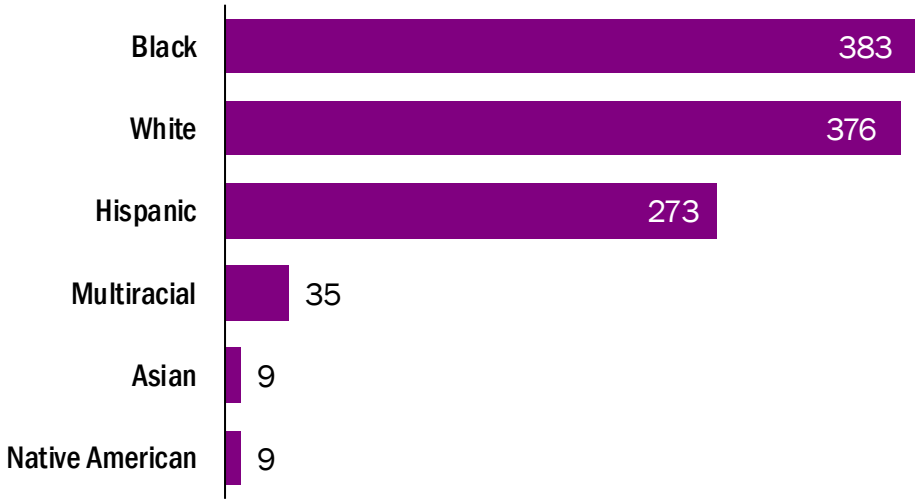


FIGURE 15

Black and white people living with HIV are more likely to be unaware of their HIV status.

Estimated number of people unaware of their HIV status, using CDC national estimates, by race or ethnicity, Wisconsin, 2024

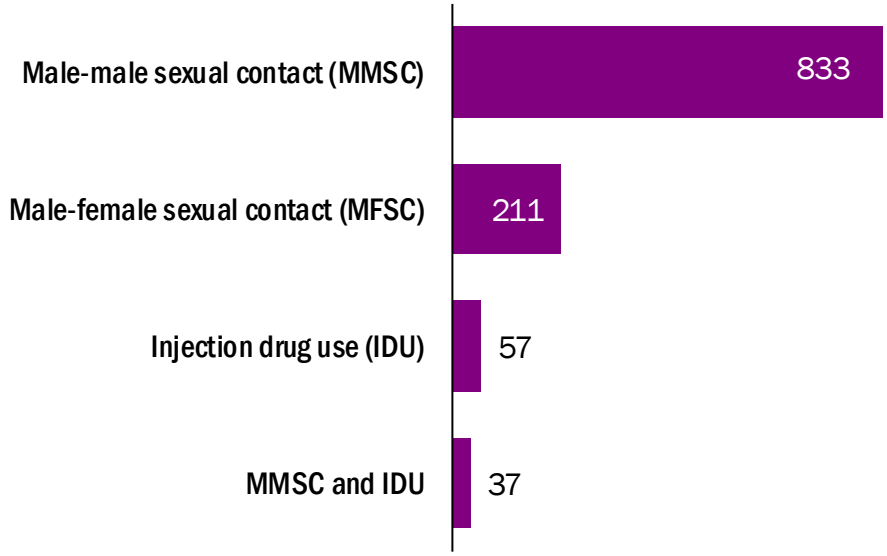


Male-male sexual contact is likely the primary mode of HIV transmission among PLWH who are unaware of their HIV status (Figure 16). People who know their HIV status can reduce behaviors that increase the risk of HIV transmission, receive necessary medical care, and achieve viral suppression. Viral suppression improves the health of PLWH and prevents them from transmitting HIV to sexual partners.

FIGURE 16

Male-male sexual contact is the leading HIV transmission mode among people living with HIV who are unaware of their HIV status.

Estimated number of people unaware of their HIV status, using CDC national estimates, by HIV transmission mode, Wisconsin, 2024



Migration and Deaths

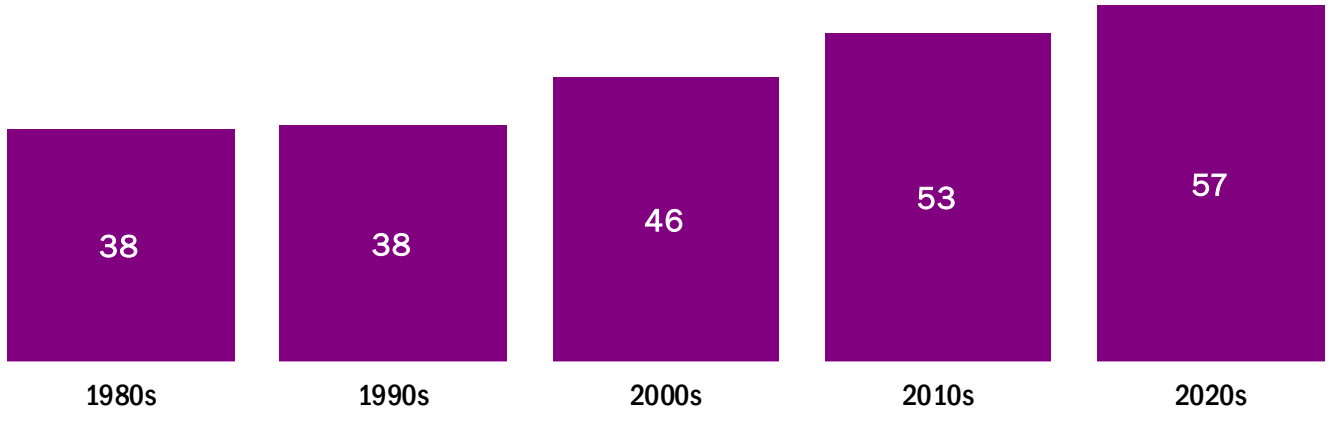
The 2024 migration data showed that more PLWH moved out of Wisconsin or were identified to be no longer residing in Wisconsin (n=333) compared to PLWH moving into the state (n=297).

In 2023, 106 deaths occurred among PLWH. Of 105 people with known causes of death, 21% had HIV listed as the primary cause of death. The remaining 79% were related to other causes in line with the national leading causes of death (National Center for Health Statistics, 2022). The median age at death of PLWH in Wisconsin has increased substantially since 1982 from 38 years of age to 57 years of age in the 2020s (Figure 17).

FIGURE 17

People living with HIV are living longer and healthier lives.

Median age at death of people living with HIV in Wisconsin by decade, 1982–2023



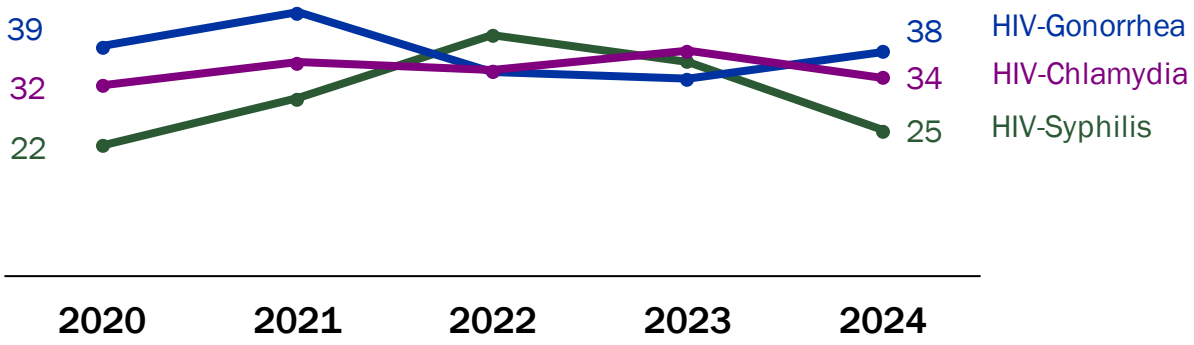
Co-occurring conditions (STIs, HCV, and TB)

In this document, a co-occurring condition is defined as a sexually transmitted infection (STI), tuberculosis (TB), or hepatitis C virus (HCV) report within 30 days of, or any time after, the date of HIV diagnosis. PLWH are more severely impacted by co-occurring conditions compared to the general population (Figure 18).

FIGURE 18

People living with HIV are likely to be impacted by STIs.

Rate of sexually transmitted infection per 1,000 people living with HIV*, Wisconsin, 2020–2024



*People may be diagnosed with an STI more than once. This data is at the person level per year.

HCV affected 7% of PLWH. Injection drug use was the most common risk factor for people with HIV-HCV co-occurring conditions (33%), followed by male-male sexual contact (31%) and both injection drug use and male-male sexual contact (16%; Figure 19). People with HIV-HCV were mostly men (77%) and 40 years old or older (62%). By race, white (42%) and Black people (31%) were most affected (Figure 20).

FIGURE 19

The most reported transmission mode among HIV-HCV co-diagnoses was injection drug use (IDU).

Percent of people living with HIV and HCV by reported transmission mode

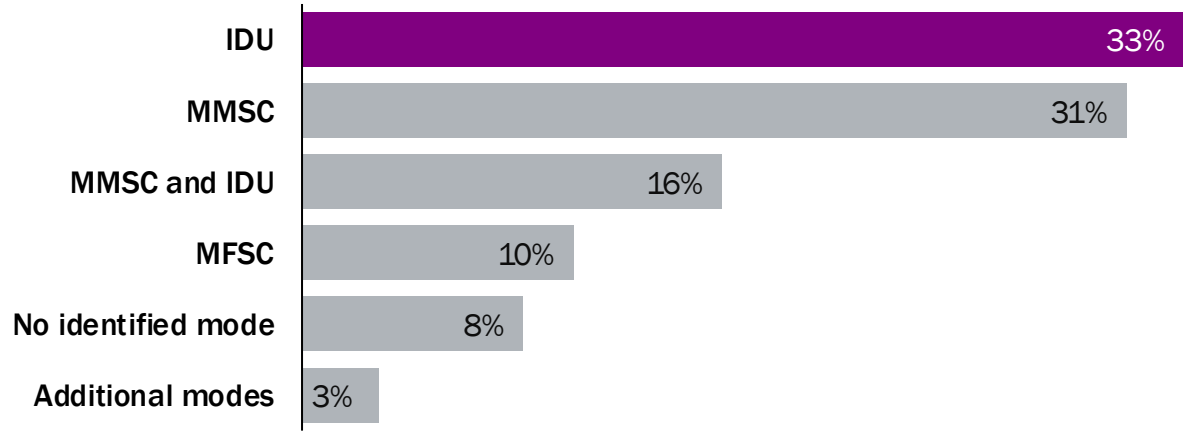
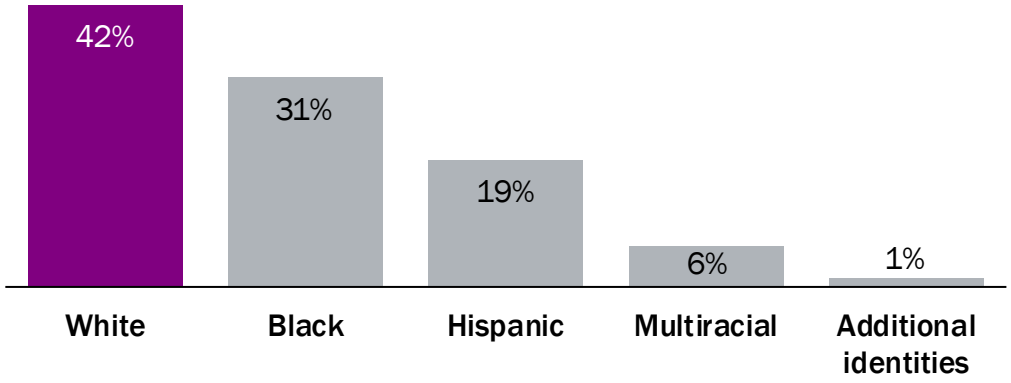


FIGURE 20

Most people co-diagnosed with HIV-HCV identified as white.

Percent of people living with HIV and HCV by race or ethnicity

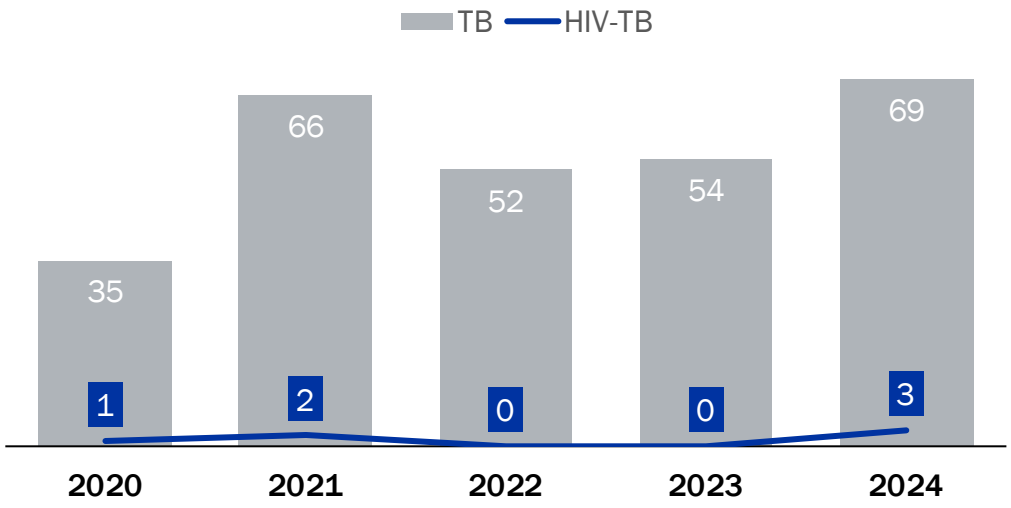


The rate of TB-HIV was low in Wisconsin (4%). From 2020 to 2024, 276 people in Wisconsin were diagnosed with TB, but only 6 were diagnosed with both TB and HIV. (Figure 21)

FIGURE 21

Co-diagnoses with HIV and TB were a small proportion of all TB cases.

Number of all TB cases and number of HIV-TB co-diagnoses.



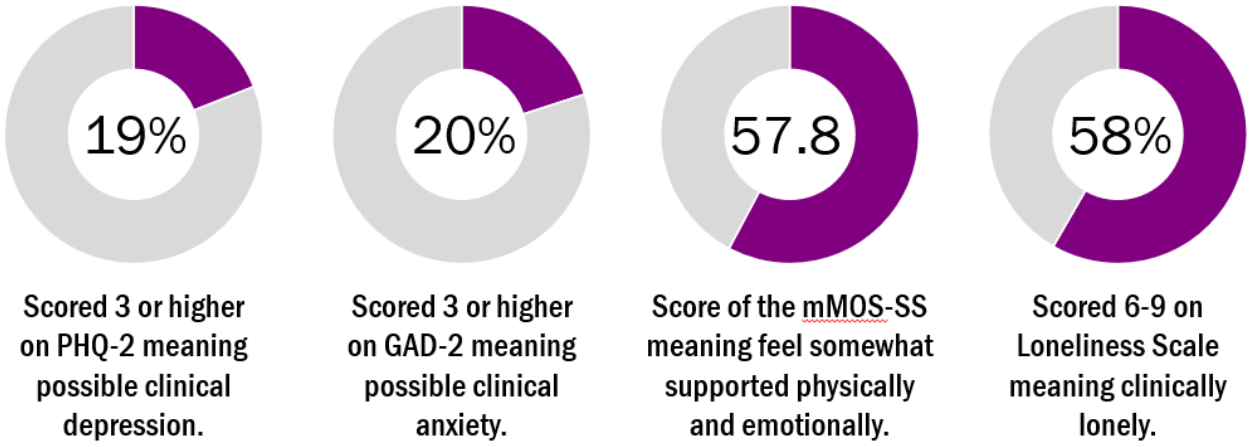
Mental health and substance use

Mental health and substance use were significant conditions impacting PLWH (Figure 22). According to the provider survey in the 2025 Wisconsin HIV Needs Assessment, more than half of HIV service providers (65%) responded that poor mental health is a barrier to seeking health care for their patients. Additionally, two in three respondents of the prevention community member survey in the Needs Assessment reported stress or anxiety at least a couple days per week (65%). Self-harm was common. One out of three, or 37%, of community members without an HIV diagnosis reported thoughts of suicide or self-harm and 25% have attempted suicide. Of people living with HIV who were surveyed, 50% reported thoughts of suicide or self-harm and 42% have attempted suicide.

FIGURE 22

Survey respondents living with HIV reported prevalent stress, anxiety, and depression.

Needs Assessment, Wisconsin, 2025

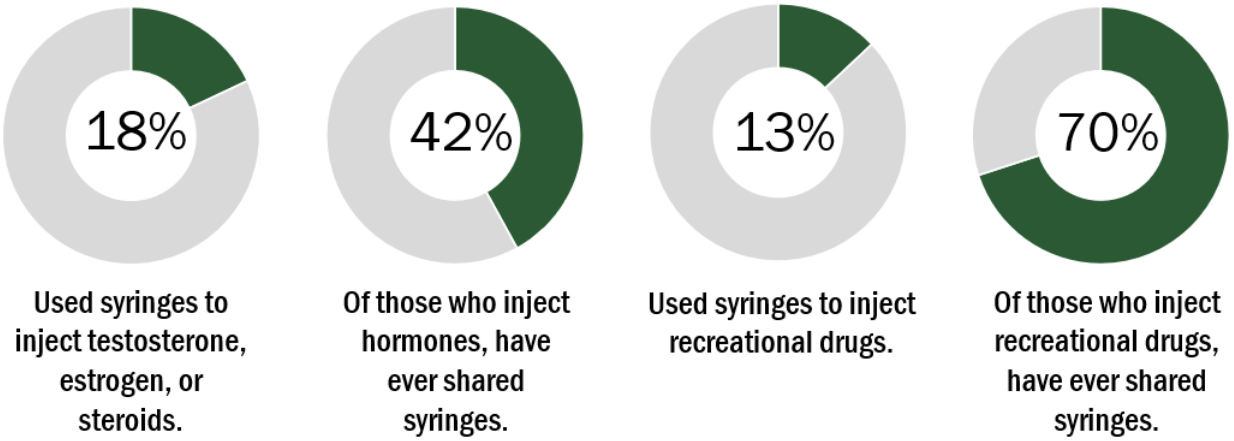


Substance use was also common among respondents of the prevention community survey, with 57% reporting ever using drugs or medication to cope with stress. Forty-one percent of these respondents said substance use impacted their ability to carry out responsibilities such as work, childcare, family, or social responsibilities. Additionally, respondents of the prevention community survey reported using syringes to inject hormones or steroids (16% use, 42% ever shared needles) and recreational drugs (13% use, 70% ever shared needles; Figure 23).

FIGURE 23

Survey respondents without an HIV diagnosis reported syringe use and sharing practices to inject hormones and recreational drugs.

Needs Assessment, Wisconsin, 2025



Social determinants

By census tract area, HIV diagnosis increased with an increasing percentage of those living below the federal poverty level (<6% below federal poverty level= 2.0, ≥ 18% below federal poverty level=12.4). The rate of HIV diagnosis also increased as the percentage of residents without health insurance coverage increased (<5% without health insurance=2.1, ≥14% without health insurance=10.0).

Cluster detection

There were no clusters of concern detected from 2020 to 2024 that required elevated response by the Wisconsin HIV Program at DHS and our partners. Detecting a cluster or outbreak of related HIV cases indicates increased and rapid HIV transmission among a group of people in an area or in a sexual or social network. When an HIV cluster or outbreak is identified, public health agencies engage the network of health care providers, advocates, and other community leaders to address the community's specific needs (Figure 24).

FIGURE 24

Detecting and prioritizing HIV clusters is a dynamic and iterative process.

Review of data and collaboration with partner agencies

One way that clusters or outbreaks can be identified is when frontline health workers report an increase in HIV diagnoses among a specific group of people in their community. Another way that clusters or outbreaks are identified is by analyzing HIV surveillance data to identify areas where HIV diagnoses are increasing. Three methods used by the Wisconsin HIV Program are time-space analysis, molecular cluster detection, and monitoring of HIV-HCV co-occurring conditions.

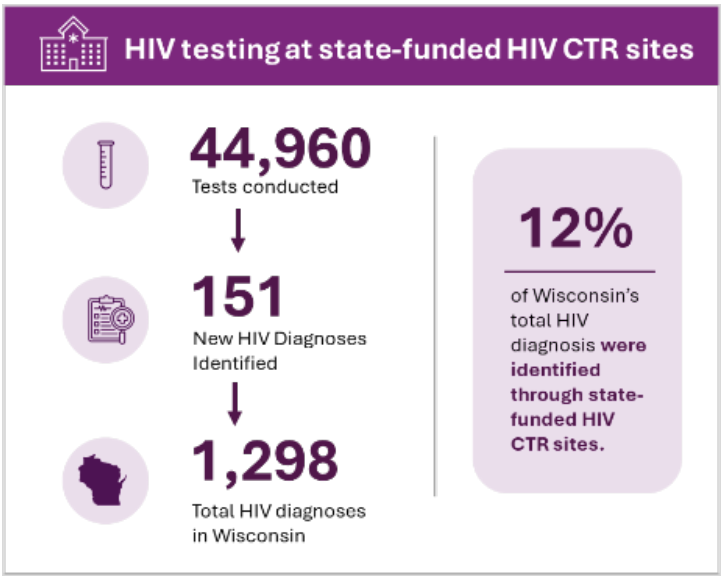
Program outcomes

In 2024, 57% of patients 15 through 65 years of age served by community health centers awarded by HRSA were tested for HIV (HRSA, 2024). From 2020 to 2024, state-funded HIV counseling, testing, and referral (CTR) sites performed 44,960 HIV tests, of which 151 tests were reported as new HIV diagnoses (Figure 25). These CTR sites detected 12%, or one out of eight of Wisconsin's total HIV diagnoses (n=1,298).

Men received the most testing (70%) and represented the majority of new diagnoses (91%). By exposure risk, people who reported male-female sexual contact, including those who also reported IDU, received more HIV testing at the HIV CTR sites (55%), but male-male sexual contact, including those who also reported IDU, accounted for most new HIV diagnoses (35% of HIV tests, and 83% of HIV diagnoses).

State-funded HIV CTR sites diagnosed one out of every eight new HIV diagnoses in Wisconsin during 2020–2024.

Number of tests at WI CTR sites, 2020–2024



HIV partner services

Between February 2020 and December 2024, 1,432 index clients were assigned to HIV partner services providers for follow-up. Of these, 67% completed an interview with a partner services provider. During these interviews, 37% of the clients named at least one partner. While a total of 517 partners were named, 69% had contact information provided. Of those 357 named partners with contact information, 55% were notified of their exposure to HIV by a partner services provider. Reasons which the named partners were not notified include not having sufficient contact information available or being unable to locate, residing outside of Wisconsin, declining partner services, and reporting safety concerns.

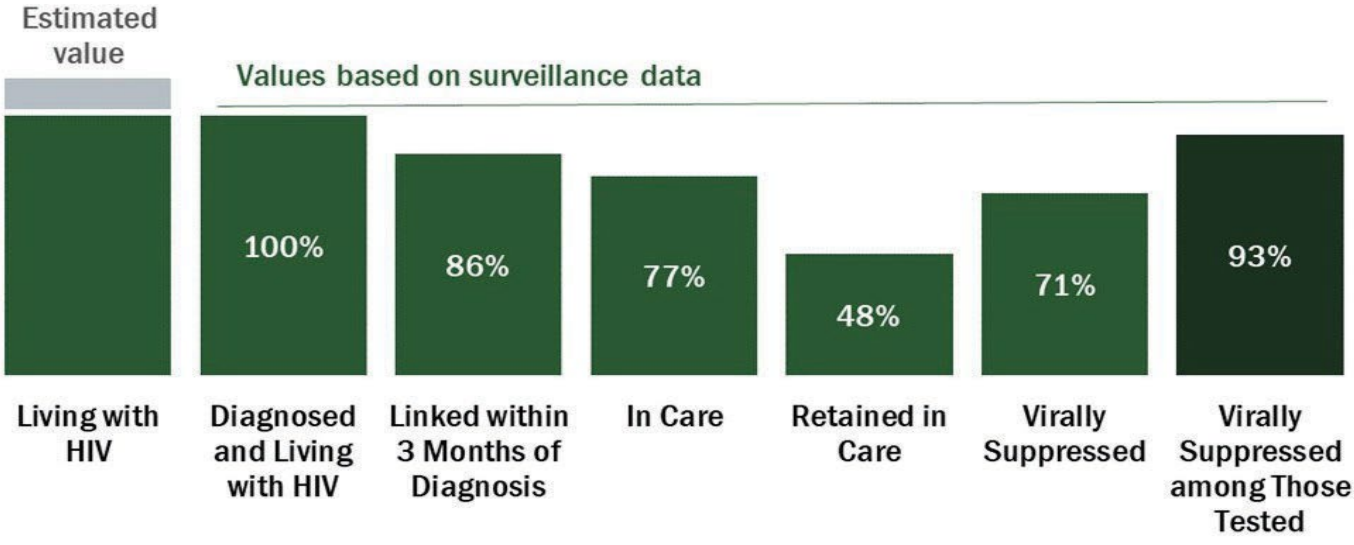
HIV Care Continuum

The HIV Care Continuum continues to be an important framework for understanding and assessing the status of HIV care and treatment in the United States as well as prevention efforts directed at early detection and prevention of transmission (treatment as prevention) (Figure 26). The HIV care continuum illustrates the stages through which PLWH can progress in their HIV management.

FIGURE 26

Most people living with HIV who are engaged in care were virally suppressed.

HIV Care Continuum, Wisconsin, 2024



- **Living with HIV:** The CDC estimated that 12.8% of individuals living with HIV in the U.S. were unaware of their status. In Figure 14, this bar shows both those aware and diagnosed and those unaware of their HIV diagnosis.
- **Diagnosed and living with HIV:** All people reported living with HIV in Wisconsin by the end of 2023 who were still alive and living in Wisconsin by the end of 2024 and had HIV care in Wisconsin in the last 10 years (6,772 people).
- **Linked within three months of diagnosis:** Of 278 people diagnosed with HIV in Wisconsin during 2024, 86% (239 people) were linked to care within three months of diagnosis. Eight out of ten (226 people or 81%) newly diagnosed people were linked to care within one month of diagnosis. Linkage is defined as one or more CD4 or quantitative viral load or genotype test on or after the date of diagnosis.
- **In care:** Of 6,772 people diagnosed and living with HIV in Wisconsin during 2024 who had HIV care in Wisconsin in the last 10 years, 87% had at least one medical visit that included one or more laboratory tests that were available in the HIV surveillance system as evidence of receiving care.
- **Virally suppressed:** Of 6,772 people living with HIV in Wisconsin during 2024 who had HIV care in Wisconsin in the last 10 years, 81% had viral loads (a test that documents the number of virus copies in the blood) that were less than 200 copies/mL, indicating attainment of viral suppression. People whose last viral load test was prior to 2024 or who did not have a viral load test recorded were considered to have unsuppressed viral loads. See Appendix I: Detailed Objectives for more details.
- **Virally suppressed among those tested:** Of 5,877 people who had a viral load test during 2024, 93% were virally suppressed at their last measurement. This suggests that most people receiving some medical care achieve viral suppression. Viral suppression improves the health of the people living with HIV and prevents them from transmitting HIV sexually to partners.

The following differences in these important health indicators were observed:

- Among people who reported a transmission mode of male-male sexual contact, white men were more likely to be engaged in care and virally suppressed than Black men.
- Young people aged 15–29 were less likely to be engaged in care and virally suppressed than adults aged 30 and older.

Needs assessment

Strengths of existing programming

HIV prevention

- Condoms are widely available and accessible.
    - 96% of survey respondents who use condoms sometimes or always have easy access to them.
- Community is open to at-home testing.
    - 80% of survey respondents who have never used an at-home test said they would or

potentially would use one. Respondents cited convenience, privacy and less stigma as reasons for why they would use it.

    - Focus group participants agreed that at-home testing is a good option. One participant said, "I like the availability of at-home testing…even taking an at-home test before a blood draw or confirmatory testing helps with anxiety."

- Telemedicine is widely accepted.
    - 96% of respondents said seeing a doctor virtually via telemedicine would be a good option or potentially a good option for them. Respondents cited convenience, more accessible options, flexibility, and not having to take time off work or find transportation as reasons why they would use it.
- There is a high awareness of both HIV PrEP and HIV post-exposure prophylaxis (PEP) among survey respondents receiving HIV prevention services.
    - 76% of respondents had heard of HIV PrEP.
    - 61% of respondents had heard of HIV PEP.
- There are high levels of community knowledge and comfort with safe syringe services.
    - All ten (100%) of the survey respondents who said they use drugs knew where to get sterile or new supplies (such as needles and syringes) in their area.
    - 80% of survey respondents felt moderately to extremely comfortable utilizing safe syringe services.
- Service providers offer a welcoming space that leads clients to want to come back.
    - When agencies offer a welcoming space, it fosters trust, confidence and improved health outcomes. One focus group participant said, "They are compassionate, empathetic, supportive, and have resources for everything. The HIV testing is private and confidential; they are so welcoming and make you feel okay that you are a drug addict when the rest of the world does not see you that way." Another said, "What makes me continuously go back again is the sense of community they give you."

HIV care

- There is a high engagement in HIV medical care.
    - All survey respondents are currently receiving HIV care.
    - 69% of survey respondents had not missed an appointment in the last year.
- Service providers are the backbone of HIV care.
    - Overwhelmingly, when asked why they stay in medical care, people said they like their caregivers. Other reasons given were that they care about their health, their caregivers make them feel welcome and safe, and they have reliable transportation to get to appointments.
    - Healthcare is complicated to navigate and when things go wrong, it makes a difference that there are people to help. One focus group participant said, "My medicine got lost

and I had anxiety about the situation. My insurance had me only pick up my medication from one pharmacy. The staff at the clinic helped me figure it out and supported me. I think that is the most important thing; without having someone to help you through those things is a different scenario."

    - Good communication was a theme that was brought up consistently. One focus group participant said, "The way you communicate with someone really matters. Having someone be there and just listen to me was useful. I had a lot of thoughts going through my head when I was diagnosed. They took in everything I said before responding. It was not a 'form, cut and paste' response. It was calming."

- There is high adherence to HIV antiretroviral medications (ARVs).
    - Only 5% of survey respondents reported stopping their ARVs for more than three to four days citing reasons of either running out or losing their medication.
    - Due to high adherence to ARVs, 89% of survey respondents have an undetectable viral load.
    - Research shows that clients are significantly more likely to adhere to medications when they are part of the decision-making process. One focus group participant stated, "I have a great team that helped me with my regimen for HIV. They are trying to see if I can get the injectable."
- Community is open to at-home testing.
    - 72% of survey respondents who have never used an at home HIV or STI test would be interested in doing so citing convenience, confidentiality, ease of not having to travel and learning of results quickly, and less stigma with no judgement or embarrassment.
- Telemedicine is widely accepted.
    - 86% of survey respondents said being able to see a doctor virtually via telemedicine would be or potentially would be a good option for them citing privacy, convenience, not having to travel, and flexible scheduling if something comes up.

Program gaps and barriers

HIV prevention

- Although there was high awareness of where to get condoms, there was low usage.
    - When asked "how often do you use condoms for anal or vaginal sex?" only 13% said they use them every time.
    - 23% of respondents said they never use condoms for anal or vaginal sex.
- While free HIV testing exists through community-based organizations (CBOs) and counseling, testing and referral (CTR) sites, only half of respondents (52%) were tested within the last year.
    - Reasons for not being tested included not thinking they are at high risk for HIV transmission, not having health insurance, not being able to find transportation, and having other priorities take precedence.

- Even though testing at CBOs and CTR sites is free, more people were tested at their primary health provider (41%) than CBOs (30%).
- Some only go to CBOs and CTR sites for testing because they need to do regular testing for PrEP. One focus group participant said, "I go to the local health department for testing for HIV and STIs there. I am not sure if they would be okay with at-home HIV tests to prove that I am okay to take the PrEP medication."

- There are high levels of needle sharing among those who inject hormones and other drugs.
  - 42% of the 12 respondents who inject hormones have ever shared needles.
  - 70% of the 10 respondents who inject drugs have ever shared needles.
  - While syringe service programs exist in most areas of the state, some are not utilized regularly because clients do not feel comfortable going there. One focus group participant stated, "There is a needle exchange that I would not be comfortable with because it is not discreet. There are too many eyes on you, and it does not feel safe, I would not go there."
- There are high levels of discrimination and stigma against Black, Indigenous, Hispanic, Asian and other people of color.
  - 80% of respondents reported they were treated differently because of their race, ethnicity, or country of origin.
  - 28% of respondents reported they were denied services because of their race, ethnicity, or country of origin.

HIV care

- While there is high engagement in HIV medical care, 31% of survey respondents said they had missed at least one HIV medical appointment in the last year.
  - Reasons for missing an appointment included they had a scheduling conflict like work, they had no transportation to get to the appointment, they were experiencing an illness, they forgot, or did not want to go.
  - Sometimes, it is the lack of safety and comfortability that can lead to missing appointments. One focus group participant said, "The clinic I go to is not personalized…I still feel the stigma after 12 years of care services, even from providers. I feel nervous about being judged…"
- As people are aging with HIV, their concerns have turned more to health, how to manage HIV, and the long-term effects of HIV medications.
- Ryan White funding offers a wide range of core and support services but there is still an outstanding need for services.
  - Almost half of all survey respondents reported needing housing and counseling services for mental health.
  - About one third of survey respondents said they need financial help paying their bills and assistance with food pantry or meals.

- Almost half of all survey respondents (44%) said cost and insurance are factors when deciding to seek medical care.

- There were high levels of unemployment and underemployment. Employment instability contributes to missed appointments and inconsistent care, as well as impacts on other social determinants of health, particularly housing, transportation, and mental well-being.
  - Almost half of respondents (44%) said they have a job right now. Of those:
    - Almost half (47%) said their pay isn't enough to cover regular expenses.
    - For half, their job does not provide health insurance.
    - For half, their job does not provide paid time off or sick time.
    - 13% of respondents cannot get time off when needed to make appointments.
- Inconsistent or unreliable transportation is a barrier to regular and consistent healthcare for survey respondents.
  - Over half (56%) of survey respondents report that transportation is an issue in getting to work or meeting other needs. Most have ways around that:
    - 56% have their own car or a car available when needed.
    - 42% rely frequently on public transportation.
    - 34% rely frequently on ride shares.
    - 57% can get rides from family or friends when needed.
- There were high levels of housing instability among survey respondents.
  - 48% of respondents who rent were always or usually worried or stressed about having enough money to pay rent in the last year.
  - 46% of respondents who rent found it very or moderately difficult to afford rent in the last year.
  - 76% of respondents who rent missed at least one month of rent in the last year.
- Almost half of survey respondents said they feel stress or anxiety every day.
  - 19% scored three or higher on the PHQ-2 meaning possible clinical depression.
  - 20% scored three or higher on the GAD-2 meaning possible clinical anxiety.
  - Survey respondents scored 57.8 on the modified Medical Outcomes Study – Social Support Survey meaning they feel somewhat supported physically and emotionally.
  - 58% scored six to nine points on the Loneliness Scale meaning they are clinically lonely.
- Stigma still plays a role in finding and using services.
  - Beyond HIV stigma, there is stigma around using drugs. One focus group participant said, "If you have drug use in your history along with this disease, stigma is still there. They look down upon you."
  - There is also a view of 'us versus them.' One focus group participant said, "Agencies

cater more to their people most of the time based on location. It depends on where you live and the culture. They are more compassionate to their own."

Opportunities and recommendations for program improvements

Focus group participants and community survey respondents provided recommendations to address the following areas.

- Increasing HIV messaging and awareness of where resources are located:
    - There is a need for better ways of finding where services are located across the state. One focus group participant said, "It would be nice to have a Wisconsin specific repository for resources, a one-stop-shop, for communities. Something that has things like 'what are the PrEP options.'" Another said, "It would be helpful knowing how to navigate the systems, like a website that I can put in my zip code to know where those services are would be helpful."
    - There also needs to be more variety in how HIV messaging is shared. One focus group participant said, "I would like to see more spots on TV that normalizes HIV and care organizations showing what services are." Respondents to the prevention community survey said they are primarily getting their HIV messaging from their healthcare providers (57%), social media (55%), and school (34%).
- Increasing use of PrEP:
    - While 76% of the prevention community survey respondents said they had heard of PrEP, only 15% were currently taking it.
    - Over half (56%) of those prevention community survey respondents not taking PrEP said they don't feel like it's a good HIV prevention option for them, citing they don't feel like they are at risk because they are not currently sexually active or are in a monogamous relationship, they use condoms, they don't like taking pills or medicine, or they don't know enough about it to make an informed decision.
    - While community knows that PrEP exists, there remains a lot of stigma around taking it. One focus group participant said, "Expanding on PrEP so that is not stigmatizing, saying that PrEP is not just for gay people."
    - There could be better ways of normalizing PrEP use. One focus group participant said, "Navigating conversations with family member, friends, and partners about PrEP use…having a guide or short little video around how people handle this situation and taking ownership of their own health."
- Stigma as barrier to health care:
    - Providers who are non-judgmental, empathetic, and unbiased can greatly increase a person's engagement in care and positively benefit their health behaviors. A focus group participant stated, "Cultural awareness and education of staff at organizations would be helpful." Another focus group participant said that "Hiring a variety of different case managers that are knowledgeable and relatable to different races of people living with HIV, not just one race."

    - "When it comes to dealing with insurance and pharmacy, there are complications for young people on their parents' insurance, like when to tell parents of diagnosis. I have friends that have concerns about PrEP and were afraid to be outed to their parents. We should know what policies and laws there are to protect them."

- Telehealth expansion:
    - More than 65% of the care community survey respondents would use telehealth services if they were more available. However, some people do not have the technology (mobile devices, computer, Wi-Fi, etc.) needed to use telehealth.
- More availability of HIV care services:
    - While there are a robust number of Ryan White services available in Wisconsin, not every agency provides every service in every region. Only 11% of the care community survey respondents said they don't need additional services at this time.
    - This was felt by focus group participants as well with one stating, "I wish there were more availability to services instead of having one place for services. We are limited to the area of what the services might be." Another focus group participant suggested, "Trying to do your best to integrate care to other care services as well; like how my clinic is a part of a massive care services organization." Overall, people want to be able to get all of their core and support services in one place.
- PLWH would like to see more support and connectedness:
    - Over half (58%) of those who took the care community survey scored 6-9 points on the UCLA Loneliness Scale meaning they meet the definition of lonely.
    - Support groups offer essential emotional, social, and peer-to-peer support to help manage living with HIV and reduce isolation. One focus group participant said, "We had support groups for people…they were packed…you could have open discussions…that human component and that everyone wants to be connected to something."

Section IV: Situational Analysis

This section will provide a summary of the strengths, challenges, and identified needs in Wisconsin with respect to each of the four "Ending the HIV Epidemic" (EHE) pillars: Diagnose, Treat, Prevent, and Respond. Supporting contextual data for the strengths, challenges, and identified needs can be found in Section II: Community Engagement and Planning Process and Section III: Contributing Data Sets.

Demographic highlights

Wisconsin has 5.96 million residents living in 72 counties. The most populous county is Milwaukee County in the southeastern part of the state, with nearly 1 million residents. In 2024, 79% of Wisconsin residents were non-Hispanic White, 9% were Hispanic, 6% were Black, 3% were Asian, and 1% were Native American. The median age among white people in Wisconsin is 44.6, while the median age among all other racial and ethnic groups is between 27 and 36. One out of 10 (10.3%) Wisconsin residents lived in poverty. According to the WI YRBS data from 2023, 14% of students in Wisconsin high schools identified as lesbian, gay or bisexual.

Overview of HIV in Wisconsin

Over the past 10 years, the number and rate of new HIV diagnoses have remained stable. Wisconsin has a relatively low diagnosis rate compared to other states. From 2020 to 2024, male-male sexual contact (MMSC) continued to be the most common mode of HIV transmission in Wisconsin. Approximately 953 (73%) of the 1,298 new HIV diagnoses in Wisconsin between 2020–2024 reported MMSC, including 51 people who also injected drugs. Diagnosis trends varied by other population characteristics:

- **Age:** In 2024, the median age at HIV diagnosis was younger for people who reported MMSC (29 years) than all new diagnoses (31.5 years). Of people newly diagnosed with HIV who reported MMSC in 2024, Black and Hispanic people tended to be younger at diagnosis compared to white people. The median age for Black people who reported MMSC was 24.5 years, 29 years for Hispanic people who reported MMSC, and 35 years for white people who reported MMSC.
- **Race and ethnicity:** During 2024, racial and ethnic minorities made up just 20% of Wisconsin's population but accounted for 68% of new HIV diagnoses. From 2020 to 2024, the HIV diagnosis rate among Black men was 12 times greater than white men. Additionally, the HIV diagnosis rate among Hispanic men was 8 times greater than white men.

- **Geographic location:** From 2020 to 2024, there were 1,298 new HIV diagnoses throughout Wisconsin. Two in five people were diagnosed in Milwaukee County (44%). Additionally, one in 10 people were diagnosed in Dane County (12%).

A total of 7,678 people known to be living with HIV resided in Wisconsin at the end of 2024. An estimated 1,127 additional people may have been living with HIV in Wisconsin but were not aware of their status. The estimated HIV prevalence was 8,805 people when those who were not aware of their status were considered. See Appendix I: Detailed Objectives for more details.

Situational analysis: Based on Ending the HIV Epidemic in the U.S. pillars

Pillar 1: Diagnose

- Strengths
    - Rapid HIV testing is available at 15 community-based sites and 12 local health departments.
    - Most sites that offer rapid HIV testing also offer testing for hepatitis C, syphilis, gonorrhea, chlamydia, and mpox.
    - There are multiple funding sources for HIV testing in Wisconsin including CDC's PS24-0047 grant and Wisconsin's general-purpose revenue (GPR).
    - Froedtert/Medical College of Wisconsin offers universal opt-out HIV testing in their emergency departments.
    - Statewide at-home HIV and STI testing or self-collected specimen strategies are available through collaboration with a third-party service.
    - PrEP navigation services and PEP are readily available.
- Challenges
    - At-home HIV testing is still not widely available statewide. Due to limited funding, DHS has implemented comprehensive at-home testing for short periods of time, usually determined by the amount of funds available.
    - There are gaps in services, particularly in rural areas.
    - Stigma remains a barrier for those who would benefit from testing.
    - Misinformation about HIV is widespread in the general public.
    - Implementation of CDC's recommendation that all people between the ages of 13 and 64 be tested for HIV at least once in their lifetime as part of routine care is not widespread in clinical settings.
    - Too many people from communities disproportionately impacted by HIV continue to be unaware of their HIV status.
- Identified needs
    - Increased awareness of availability of at-home HIV and STI testing or self-collected

specimen opportunities for residents throughout the state.
    - Expansion of the dual-rapid testing algorithm to facilitate faster linkage to care.
    - Expansion of integrated HIV, STI, and hepatitis C testing in non-clinical sites.
    - Expansion of routine HIV testing in clinical settings.

Pillar 2: Treat

- Strengths
    - There are multiple sources of funding for HIV care and treatment services in Wisconsin, including HRSA's Ryan White Part B grant and Wisconsin's GPR.
    - State-funded HIV care services are available in all five regions of the state.
    - Most people who are newly diagnosed with HIV are linked to HIV care services within one month of diagnosis (81% in 2024).
    - 81% of PLWH in Wisconsin were virally suppressed during 2024.
    - Wisconsin HDAP is serving more clients than ever before, and clients can apply for services online.
    - There is an ongoing project to implement the state's first centralized database for HIV care services.
    - Multiple funded agencies are offering treatment through injectable antiretroviral medications.
- Challenges
    - PLWH experience higher rates of health disparities and greater impacts from social determinants of health.
    - Based on the CDC estimate that 12.8% of PLWH do not know their status nationwide, it's estimated that 1,127 people in Wisconsin may be living with HIV without knowing it.
    - Stigma, misinformation, and medical mistrust contribute to late diagnoses and too many people living with HIV not seeking care or adhering to treatment.
- Identified needs
    - Affordable housing and housing supports remain a critical need among PLWH.
    - The shortage of reliable transportation options impacts access to care and support services.
    - Staff need additional training in cultural responsiveness to meet the needs of communities most impacted.

Pillar 3: Prevent

- Strengths
    - A solid network of PrEP navigators exist in community-based organizations and clinical

sites across the state.

  - Most HIV counseling, testing, and referral sites funded by the Wisconsin HIV Program offer linkage to PrEP, HIV PEP, condoms, STI testing, and other supportive services for people seeking HIV testing.
  - 93% of PLWH who had a viral load test during 2024 were virally suppressed in Wisconsin.
  - Several local health departments and community-based organizations across the state offer syringe exchange and other harm reduction services, including referrals or navigation to substance use disorder services for PWID.

- Challenges
  - PrEP uptake in Wisconsin is still low overall. In 2020, it was estimated that only 17.5% of the 12,980 people who could benefit from PrEP are using it.
  - HIV PEP services are not widely available to people who could benefit in Wisconsin, especially in rural areas.
  - Overall, condoms are not widely used.
  - Stigma, misinformation, and medical mistrust continue to be barriers for people who could benefit from PrEP and other proven HIV prevention interventions.
- Identified needs
  - Increased education opportunities for primary care and other non-infectious disease clinicians around PrEP and PEP.
  - Widespread implementation of the US Preventive Services Task Force and CMS guidance that PrEP medication, labs, and ancillary services should be covered by insurance with no cost-sharing.
  - Wider availability and accessibility of HIV PEP statewide.
  - Education to communities disproportionately impacted by HIV and the general public about biomedical HIV prevention interventions (PrEP, PEP, Treatment as Prevention).

Pillar 4: Respond

- Strengths
  - Wisconsin's HIV Cluster Detection and Response Plan has been in place since 2021.
  - Wisconsin has a strong network of local health departments that provide PS.
  - Several local health departments and community-based organizations offer syringe exchange services for PWID.
  - There are HIV Program-funded locations throughout the state to offer assistance in the event of an HIV cluster.
- Challenges
  - Local and Tribal Health Departments (LTHDs) in rural areas of the state may have little or

no experience in addressing sexual health or HIV.

- Identified needs
    - Training and technical assistance are needed for LTHDs regarding Wisconsin's HIV Cluster Detection and Response Plan.

Priority populations

The priority populations identified for this plan are in line with the populations identified in the un-met need analysis conducted as part of Ryan White grant activities, needs assessments, and informed by recommendations from community members through the community engagement process outlined in Section II of this plan.

These populations are also reflective of communities most impacted by HIV in Wisconsin, particularly those experiencing health disparities related to HIV or co-occurring health conditions with HIV. The goals and objectives outlined in Section V were developed to address the needs of these populations.

The priority populations for this plan are:

- People living with HIV.
- Black gay, bisexual, and other men who have sex with men.
- Latin American/Hispanic individuals.
- People who use drugs.
- Women who report only heterosexual sex.

Section V: Goals, Objectives, Strategies, and Activities

Goal 1: Prevent new HIV infections.

Objective 1.1:

Reduce the number of new HIV diagnoses by at least 14% from 2024 to 2031. In 2024, the three-year average of the number of new HIV diagnoses was 275.

Objective 1.2:

Reduce the number of new late HIV diagnoses from 24% in 2024 to 20% by 2031.

Objective 1.3:

Increase the number of people who receive PrEP to reduce their chances of getting HIV by 5% per year, using as baseline 4,523 people reported receiving PrEP to prevent HIV in 2024.

Strategy 1: Promote comprehensive HIV, STI, and HCV testing

Knowing your HIV, STI, and HCV status is the best way to take control of your health and be linked to prevention, care and treatment services successfully. According to the CDC, an estimated 12.8% of PLWH did not know their HIV status nationwide. Evidence shows that people who test positive for HIV, STIs, or HCV take steps to keep others from being exposed, while people who are unaware of their status miss out on the benefits of treatment and may unintentionally expose others to HIV, STIs, or HCV. Conversations with and feedback from communities most impacted by HIV tell us that for testing efforts to truly be effective, they must be:

- **Integrated:** A person seeking testing services should be able to receive testing for HIV, STIs and HCV, all in one visit. There should be implementation in clinical settings of routine universal screening for people who are 13–64 years of age regardless of risk.
- **Comprehensive:** When appropriate, syphilis and multi-site gonorrhea and chlamydia testing should be offered in tandem with HIV testing. Specimen collection should be based on the sexual practices reported by the person seeking testing. Hepatitis C testing should be offered to all adults at least once in their lifetime, and more frequently for people with current or past substance use.

- **Efficient:** Rapid tests should be used whenever possible to reduce the wait time to receive results. Clinical sites should have a protocol to deliver results to clients in a timely manner.
- **Community-based:** Testing services should be made available where communities are based to reduce the burden of traveling to receive services. At-home testing should be available for people who cannot visit or have concerns around testing at provider's office or other sites.

Activity 1A: Ensure HIV testing is reaching priority populations where they are located in a variety of settings to decrease the incidence of late HIV diagnoses. This includes creating partnerships and offering HIV testing through outreach activities in non-traditional settings, including:

- Bars and clubs.
- Mobile units and street outreach.
- Shelters, day centers, food pantries, warming and cooling shelters, and encampments for people experiencing homelessness.
- Correctional facilities including detention sites, jails, prisons, and transitional housing for people involved in the justice system.
- Tattoo parlors, barbershops and coffee shops.

Activity 1B: Develop new or implement existing effective, evidence-based or evidence-informed models for HIV testing that improve access.

- Expand availability of free at-home HIV and STI testing to all Wisconsin residents who are unable to easily access or have concerns about getting tested at a provider's offices or testing sites.
- Continue to provide guidance and technical assistance (TA) to partner agencies on implementation of the dual-rapid HIV testing algorithm and utilize their input for evaluation purposes and improvement of the HIV CTR protocol. This will improve efficiency and expedite linkage to care.
- Evaluate capacity to implement newly FDA-approved testing technologies and provide training and technical assistance to partner agencies for implementation.

Activity 1C: Increase the availability of comprehensive HIV, STI, and HCV testing in both clinical and non-clinical settings by:

- Offering TA to providers to increase capacity to test clients for HCV and STIs, including multi-site specimen collection.
- Expanding provider ability to conduct extragenital testing for gonorrhea and chlamydia.
- Increase testing for STIs and HCV among PLWH and other priority populations.
- Continue offering testing at festivals and other large gatherings that bring together priority populations.

- Offer testing at warming and cooling centers, shelters, barbershops, and coffee shops.
- Increase availability of testing at substance use treatment and recovery centers.
- Increase capacity of testing providers at university health services sites and college campuses.

Activity 1D: Integrate HIV testing into routine health care to the CDC recommendation that everyone ages 13 to 64 years get tested for HIV at least once in their lifetime, and that people with specific risk factors be tested annually to reduce the incidence of late HIV diagnoses.

- Explore opportunities to expand awareness of the model for routine testing in emergency rooms and urgent care settings among health systems, through written communication and presentations including webinars, in-person meetings, summits, and conferences.
- Increase awareness of the benefits of routine testing among primary care clinicians through trainings and community of practice opportunities.

Strategy 2: Increase awareness of HIV and dispel misinformation in communities most impacted by HIV and in the public.

Despite over four decades passing since the first diagnosis of HIV occurred in Wisconsin, too many people are still unaware of or have misinformation about HIV transmission, risk, and prevention. There must be a commitment to provide accurate, easily accessible information to communities impacted by HIV and to the public with a recognition that messaging must be updated and changed as knowledge about HIV care, prevention, and treatment continues to evolve.

Advances in HIV prevention and care, including biomedical interventions like PrEP, PEP, and treatment as prevention (U=U), are mostly unknown to the public. Misinformation has led to a lack of trust in the science behind these advances within populations most impacted by HIV. The resulting misperception of self-risk and perpetuation of HIV-related stigma and misinformation can discourage people from learning their status and receiving PrEP, PEP, or HIV treatment. Misinformation and stigma in the public can also lead to a lack of support for PLWH among their friends and family members.

Misinformation and stigma among health care providers can also lead to missed opportunities for HIV testing, receiving PrEP/PEP, or patients being prescribed outdated or ineffective treatments. More must be done to increase HIV awareness among all people, but especially within communities where HIV is most heavily concentrated. Messaging must be clear, specific, consistent, and culturally and linguistically relevant. Further, it must reflect today's scientific knowledge of advances in HIV treatment and prevention. It is crucial that messaging is delivered from trusted sources in the communities most impacted by HIV, and awareness campaigns are reflective of the communities they are trying to reach.

Schools must also play a role in providing comprehensive and inclusive sex education to young people. Primary prevention should be a part of comprehensive sexual education, particularly for youth, including non-judgmental and affirming information about safer sexual activity for those who are sexually active.

Activity 2A: Partner with the education institutions, school boards, and community-based organizations to promote ongoing, age-appropriate, inclusive, comprehensive sex education, including HIV testing recommendations in schools and community-based settings for adolescents and young adults.

Activity 2B: Dependent on funding availability, create and disseminate community-appropriate awareness campaigns that promote HIV facts, proven HIV prevention methods (PrEP, PEP), and HIV treatment (U=U).

Activity 2C: Continue integration of HIV messaging into existing campaigns and other activities pertaining to STIs, HCV, behavioral health, mental health, harm reduction, and the health of people who use drugs.

Activity 2D: Work with MATEC, the Wisconsin Public Health Association (WPHA), and other partners to educate and increase capacity of primary care clinicians to provide HIV education, universal and status-neutral testing, prescription of PrEP, linkage to PEP, and HIV treatment.

Activity 2E: Hold a Wisconsin HIV Summit that provides integrated HIV prevention and care information.

Activity 2F: Facilitate the delivery of a series of trainings for HIV providers regarding various topics beyond HIV by collaborating with national TA organizations.

Activity 2G: Facilitate HIV-specific trainings and development opportunities for students in medical and health professional schools and non-HIV care providers.

Strategy 3: Expand partnership and capacity of HIV partner services (PS) providers and disease intervention specialists (DIS) to support timely and appropriate partner follow-up, risk reduction, and HIV prevention counseling, and linkage to HIV care and support services.

DIS and HIV PS providers at local and Tribal health departments play a critical role in preventing HIV in Wisconsin. DIS and PS providers contact people newly diagnosed with HIV and offer linkage to care and support services. They also offer the opportunity to discuss and offer risk reduction counseling and referral services, as well as confidentially contact sex or substance-use sharing partners and other social contacts that may benefit from testing and status-neutral services.

Activity 3A: Expand PS to include partnerships with community-based organizations and health care providers in HIV care and prevention settings.

Activity 3B: Expand PS knowledge for providers who diagnose, treat, and care for PLWH.

Activity 3C: Continue the use of HIV PS response activities.

Activity 3D: Continue to expand the workforce of PS providers and DIS to include people with culturally appropriate expertise working with priority populations.

Activity 3E: Facilitate cross-training opportunities for PS providers and DIS including training in other possible co-morbidities to include TB, STIs, and hepatitis C.

Activity 3F: Provide networking and collaboration opportunities among disease surveillance, HIV prevention, DIS, and PS providers.

Strategy 4: Expand and improve the capacity for implementation of proven HIV prevention interventions including:

- **PrEP**
- **HIV-PEP**
- **U=U**
- **Doxy-PEP**
- **Condom distribution**
- **Syringe services and harm reduction programs**

Currently, a range of highly effective prevention methods are available for use in combination or on their own. However, they still do not reach everyone who needs them. The needs assessment indicated that most people who could benefit from **PrEP** are aware of what PrEP is but are not currently taking it. Similarly, respondents indicated that they have heard of **PEP** and would ask for PEP in a health care setting.

Syringe services and harm reduction programs are strong in Wisconsin, with people who use drugs indicating that they know where to go to get sterile injection equipment or supplies in their area and are comfortable going to a syringe services program. It is crucial to maintain these programs to prevent hepatitis C, overdoses, and future outbreaks of HIV among people who use drugs in Wisconsin.

Condom distribution is a proven method of HIV and STI prevention as well, and the needs assessment showed that respondents have easy access to condoms when they need them. At the same time, few reported using condoms during vaginal or anal sex every time, and some reported never using condoms for vaginal or anal sex. This speaks to the need to maintain the easy availability of condoms as well as other proven prevention methods like PrEP and PEP. These interventions must be available to people who need them in a variety of traditional health care and public health settings, as well as non-traditional settings.

Doxy-PEP is a biomedical prevention method used to help prevent STIs. We must engage more providers in prescribing Doxy-PEP to avoid STI and HIV infections, particularly because having an STI can increase the chances of acquiring HIV.

Public health and health care settings can better meet the HIV prevention needs of the people they serve by developing or adopting culturally relevant, linguistically appropriate, and convenient approaches and protocols for service design and delivery.

It is also important for systems to be adaptable to new and emerging technologies for PrEP that are currently available or are being developed and researched, as these could prove to be more acceptable than the current methods to some people in communities disproportionately impacted by HIV.

Activity 4A: Continue to expand awareness of PrEP among primary care clinicians, including proper billing and coding procedures to ensure that patients are not mistakenly charged for clinical services, labs, or PrEP medication.

Activity 4B: Increase implementation and navigation of alternative PrEP options, such as long-acting injectables for PrEP, "on-demand" PrEP dosing, and other PrEP options that are currently being researched and developed.

Activity 4C: Continue to expand availability and accessibility of PEP for HIV by training providers on how to screen and prescribe PEP in clinical settings and maintain a PEP provider directory showing where a person could receive PEP if they needed it.

Activity 4D: Maintain readily available educational and resource information for providers and community members on PEP, PrEP and other harm reduction strategies.

Activity 4E: Support low- or no- barrier condom education and distribution in both clinical and non-clinical, community-based settings, including in schools and mobile units.

Activity 4F: Continue to expand capacity of evidence-based harm reduction services for people who use drugs, including Syringe Services Programs (SSPs), and integrate them with HIV and viral hepatitis prevention services.

Activity 4G: Increase awareness of Undetectable=Untransmittable (U=U) and the role that medication adherence and HIV viral suppression play in preventing the transmission of HIV in both the public and among medical providers.

Goal 2: Improve HIV-related health outcomes of people living with HIV (PLWH).

Objective 2.1:

By the end of 2031, increase the percentage of newly diagnosed people linked to HIV medical care within one month of their diagnosis to 90% and provide low barrier access to HIV treatment. In 2024, 81.3% of newly diagnosed PLWH were linked within one month.

Objective 2.2:

By the end of 2031, increase the percentage of PLWH in care to 92% by identifying, engaging, or re-engaging people who are not in care. In 2024, 89.2% of PLWH were engaged in care.

Objective 2.3:

By the end of 2031, increase adherence to HIV treatment to achieve and maintain long-term viral suppression of 90%. In 2024, 82.5% of PLWH were virally suppressed.

Strategy 1: Implement initiatives to identify PLWH who are out of care and promote linkage to care programs.

Improved health for PLWH begins with ensuring that they are promptly linked to effective HIV care and treatment upon diagnosis. Linkage to HIV care and treatment immediately or as early as possible following HIV diagnosis leads to clients reaching viral suppression more quickly, remaining in care, maintaining viral suppression over time, and living longer, healthier lives. We must continue to support and build capacity in Linkage to Care programs, including fostering relationships with community partners and sharing resources that ensure all PLWH in Wisconsin can begin receiving care and treatment within hours or days of their diagnosis regardless of geography. Clients who are successfully linked and retained in medical care and achieve viral suppression are less likely to pass on HIV than PLWH who are not engaged in medical care. HIV medical care includes:

- Diagnostic testing.
- Risk assessment.
- Preventive care and screening.
- Diagnosis of common physical and mental health conditions.
- Education and counseling on health issues.
- Continuing care and management of chronic conditions.
- Prescribing and managing medication therapies, including antiretroviral therapy.

Pharmacies and pharmacists are an example of community partners with whom Linkage to Care programs and providers can connect to increase capacity. Pharmacists' knowledge and

position in both urban and rural communities throughout Wisconsin can be leveraged as part of a comprehensive HIV prevention and care strategy to expand care availability and improve population health. As trusted health care professionals, pharmacists develop a strong rapport with patients and serve as essential liaisons between patients and other members of the multidisciplinary care team. In addition, studies have shown that engaging pharmacists as key players in a care team can increase retention in care and adherence to antiretroviral therapy and maintain viral suppression.

Activity 1A: Develop methods to identify and reach out to Wisconsinites who are out of care.

Activity 1B: Increase awareness of Linkage to Care Specialists and programs.

Activity 1C: Create and provide education and resources to emergency department staff about Linkage to Care programs and how to discuss them with patients.

Strategy 2: Increase access to core and support services by promoting existing resources.

Barriers and obstacles to accessing available resources and support limit the number of individuals that use services despite a high level of need. Barriers include: an unclear understanding or explanation of resources; lack of convenient, clear steps to receive services; lack of awareness of available resources; lack of transportation or childcare; information being presented in a different language than spoken or read; confusing or demanding paperwork and procedures. To address these barriers and meet the needs of those seeking resources, we must work to increase access and promote resources that already exist.

The strategies we have identified to increase access to core and support services focus on creating a statewide resource inventory, promoting existing resources through partnership with non-governmental organizations, and building relationships among care providers. A statewide resource inventory will provide an up-to-date listing of what is available and how to get connected. Additionally, partnership with non-governmental organizations such as community centers, clinics, after school programs, and food pantries will provide opportunities to distribute promotional materials and information across a variety of audiences. Furthermore, collaboration and relationship building among care providers allows for easy referrals and promotes a holistic approach to addressing needs.

Activity 2A: Create a statewide resource inventory.

Activity 2B: Partner with non-governmental organizations, including community centers, clinics, after school programs, and food pantries, to distribute promotional materials and information.

Activity 2C: Promote collaboration and relationship building among care providers.

Strategy 3: Leverage data sources to improve medication accessibility.

Access to medication, particularly for PLWH, is essential for improving health outcomes, reducing suffering, and saving lives. Unfortunately, barriers such as cost, insurance, and social factors, are far too common and have major impacts on both an individual and population level. These barriers must be addressed to ensure adequate treatment and prevention efforts can take place. Improved data collection around medication refills will provide an understanding of the factors that influence adherence and accessibility. Such information can be used to develop and implement specific and tailored interventions, such as check-ins with clients to give reminders about taking and refilling medication or to discuss any barriers clients are experiencing. Furthermore, by revitalizing an affinity workgroup with Medicaid that previously existed, we can work together across DHS to share data, best practices, and resources.

Activity 3A: Enhance medication refill data collection methods.

Activity 3B: Collaborate with providers to implement check-in reminders for clients.

Activity 3C: Explore the revitalization of the affinity workgroup with Medicaid.

Strategy 4: Foster connections within the community of those who support PLWH.

The community of individuals and organizations that work to support PLWH do vital work to ensure the health and wellbeing of Wisconsinites. Despite the positive impact this work has, it can come with a mental, physical, and emotional toll. As a result, there are high turnover and low retention rates in many HIV care and prevention spaces. This leads to a lack of continuity in care and can make it difficult for PLWH to develop meaningful relationships with their providers.

Currently, there are few programs aimed at supporting this valuable workforce. We must focus on promoting the wellbeing of the HIV care and prevention workforce to ensure positive outcomes for workers and those receiving their services. An important aspect of this is connecting with service providers to identify how partnerships and services can be created and mobilized to provide an array of support and to recruit and retain staff. We are hopeful we can aide in creating a community of support for staff through coalition building and connecting them to communities of practice – which will provide a space to discuss challenges and success and process the impacts of the field. Further, we will work to promote the voices and accomplishments of the HIV service workforce to ensure the community is aware of the positive impact of the work they are doing.

Activity 4A: Connect and collaborate with HIV service providers and staff to develop methods of workplace support and retain staff.

Activity 4B: Connect staff to coalitions and communities of practice.

Activity 4C: Highlight the strengths and accomplishments of workforce members in accessible spaces.

Goal 3: Reduce HIV-related disparities.

Objective 3.1:

By ensuring prevention and care agencies offer a welcoming and safe environment, the rate of new HIV diagnoses will decrease by at least 25% by 2031 in young Hispanic men, men aged 30–59, and Black women aged 13–59. In 2024, the diagnosis rate per 100,000 was 37.8 for Hispanic men aged 13–29, 8.7 for men aged 30–59, and 22.9 for Black women.

Objective 3.2:

By strengthening partnerships of funded agencies and ensuring access to wrap-around services, disparities along the HIV care continuum will decrease by 2031. In 2024, among people who reported a transmission mode of male-male sexual contact, there was a difference between Black and white men that were in care and virally suppressed. Also in 2024, there was a difference between younger and older people that were in care and virally suppressed.

Objective 3.3:

Through expanded training and education efforts, disparities in late diagnoses will decrease by 15% by 2031 in men aged 30–59, people residing in the western region of the state, and Black women. From 2021–2023, 30% of new diagnoses in men aged 30–59, 40% of new diagnoses in western region, and 17% of new diagnoses in Black women were considered late diagnoses.

Strategy 1: Strengthen training to improve HIV prevention and care service delivery.

Training is essential to ensuring consistent, high-quality HIV prevention and care services across Wisconsin. As clinical guidance and prevention strategies evolve, providers and funded agencies must have current, evidence-based training to implement programs effectively. Aligning training with CDC and HRSA guidance supports fidelity to national best practices and promotes consistency in service delivery. Using program data, monitoring activities, and feedback to guide training priorities strengthens workforce capacity and supports continuous quality improvement.

Activity 1A: Provide standardized, evidence-based training for HIV prevention, care, and support service providers and agency staff, aligned with HRSA & CDC guidance of national best practices.

Activity 1B: Use program data, monitoring activities, site visits, and client feedback to identify training needs and guide targeted TA.

Activity 1C: Assess and strengthen workforce capacity through ongoing learning opportunities, TA, and evaluation of training effectiveness.

Strategy 2: Strengthen partnerships and create opportunities for improved collaboration among organizations.

While we have made many advances, people continue to struggle with access to needed health care services and resources. The community needs assessment showed that there are still numerous barriers to care including, but not limited to, transportation, employment, housing, benefits enrollment, and mental health. To ensure proper and supportive health care for everyone living in Wisconsin, we must remove barriers to care, with a focus on serving people less likely to seek care in clinical settings. Because no single organization can meet every single need, it is critically important that organizations collaborate to facilitate referrals for these services.

Activity 2A: Build strong collaborative relationships among community agencies providing wraparound services by establishing formal interagency referral arrangements.

Activity 2B: Reach and train diverse community-based organizations to support benefits enrollment including providing access to benefit enrollment toolkits.

Activity 2C: Maintain an easily accessible and unified directory of services by region that will include but is not limited to biomedical interventions, testing, harm reduction, peer support and other support services.

Strategy 3: Provide education and guidance to reduce HIV-related stigma.

DHS recognizes that stigma significantly impacts the lives of individuals living with HIV, affecting their access to care and overall well-being. Education and strategic initiatives are essential tools for combating stigma, which can manifest discrimination and fear. By providing educational resources, DHS empowers partners, including healthcare providers and community-based organizations, to challenge misconceptions and promote understanding. These efforts are crucial, as studies show that reducing stigma can lead to increased testing rates, earlier diagnosis, and improved health outcomes.

Activity 3A: Produce training that highlights alternative language and strategies to promote status-neutral services, policies, and messaging related to HIV, HCV, and STI services.

Activity 3B: Promote complementary HIV prevention tools such as Undetectable = Untransmittable (U=U) and PrEP to enhance education of HIV treatment and prevention.

Activity 3C: Provide education and training for health care staff on stigma, discrimination, unconscious bias, HIV, and identity topics.

Activity 3D: Ensure images and language used in communications show diverse and accurate depictions of communities that do not reinforce stereotypes and biases.

Activity 3E: Expand the use of social media to promote stigma-reduction and reach communities most impacted by HIV, HCV, STIs, and people who use drugs.

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

Objective 4.1:

Ensure voices of lived experience guide system-level improvements and inform best practice and decision making within HIV programs across governmental, public, private, faith-based, clinic-based, community-based, and academic spaces.

Objective 4.2:

Support 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.

Objective 4.3:

Enhance mechanisms to measure, monitor, evaluate, report progress, and make changes to achieve the goals and objectives set forth.

Strategy 1: Achieve effective and holistic community engagement, leadership, and capacity building.

To holistically achieve effective community engagement, we must understand its importance and ability to enhance day-to-day realities of populations most impacted by HIV. This includes hosting ongoing meetings and creating spaces for meaningful conversations on ways to uplift and elevate the voices of community. While doing so, we can start to identify effective ways to address barriers to HIV prevention, care, and treatment. This also creates opportunities to unfold underlying social determinants of health and expand opportunities for personal and professional development.

Activity 1A: Continue work to build SAPG membership and enhance their capacity while ensuring their participation and engagement in public health planning, both within SAPG spaces and beyond.

- Continue outreach efforts to raise awareness of SAPG member application opportunities and selection processes, including youth leaders, to maintain strong representation of communities impacted by HIV.
- Equip SAPG members with needed data, including but not limited to data visuals and talking points, and external partnerships to serve as a conduit for community voice, including promoting involvement in listservs that offer external training opportunities.
- Leverage relationships with state and local public health entities to support SAPG members extension into other professional spaces.
- Improve the process of communicating SAPG activities and goals to the community to promote the success of the Integrated Plan.

Activity 1B: Support and enhance collaborative efforts among community partners in addressing social determinants of health and factors that contribute to HIV-related disparities.

Activity 1C: Create a statewide HIV Community Advisory Board (CAB).

- Utilize relationships with clinics, local and Tribal health departments (LTHDs), and community organizations to recruit Wisconsinites that have experience in the HIV space and are interested in contributing to prevention and care efforts.
- Establish the role the CAB will have in planning, implementing, and evaluating HIV care and prevention activities.
- Create and maintain regular meetings which involve CAB members and DHS staff.
- Meaningfully and consistently involve PLWH, HCV, and STIs in local and statewide planning, decision-making, and service delivery.

Strategy 2: Support program integration and coordination.

To address the syndemics of HIV, STIs, viral hepatitis, substance use, and mental health disorders we must work to better integrate programs and support cross-sector coordination. Local, state, and national governmental and non-governmental entities offer services to address barriers to HIV care and prevention access. Often, there is a lack of collaboration and communication between these groups. As a result, community members often cannot access the breadth of services available due to lack of awareness. Additionally, issues with data sharing and communication can impact on the continuum of care and prevent access to fast, effective care and prevention. We must work to build connections and promote program integration to increase care access and improve the continuum of care.

Activity 2A: Collaborate with existing state, federal, and local partners to promote systems-level

improvements to coordinated services.

- Elevate priority populations at the systemic level to have optimal impact and improved health outcomes.
- Develop and disseminate guidance for local and regional-level providers to abide by state, federal, and funding requirements, while following best-practice and evidence-based recommendations.
- Avoid repeating or competing efforts across units, sections, bureaus, and divisions within DHS, while supporting cross-state agency work to align programming that is negatively impacted by duplicative efforts.

Activity 2B: Foster public and private, non-profit, and community partnerships across the HIV prevention and care continuum.

- Maintain virtual meeting and collaboration opportunities, introduced over the course of the pandemic, to continue improved engagement.
- Address organizational barriers, such as detrimental workplace culture or biases, that prevent open communication between an array of agencies.

Activity 2C: Identify and address funding, policy, data, workforce capacity, and programmatic barriers to remove silos and effectively address the syndemics.

- Engage with providers, PLWH, people impacted by HCV or STIs, and others in the care and prevention space to determine barriers to information sharing and access.
- Facilitate communication between governmental and non-governmental entities which provide services to enhance coordination and identify barriers to providing wraparound services.
- Train system partners on the crosswalk and referral process when working directly with clients to ensure accurate contact information and action steps are provided.
- Integrate HIV, STI, and HCV awareness and education into all services that reach disproportionately affected populations.
- Identify crossover services, such as Naloxone distribution or HCV medication, to expand services that HIV prevention and care service providers offer the communities they serve.

Strategy 3: Enhance the quality, accessibility, sharing, and uses of data.

Access to and the subsequent mobilization of high-quality data ensures the wants and needs of community members are accurately reflected in programmatic decisions at all levels of HIV care and prevention interventions. Current data collection methods should be expanded to represent the priorities of those beyond existing partners. This will provide pathways to identify needs and create new partnerships to implement programming. Additionally, data must be user-friendly and disseminated to community partners to promote its utilization and ensure universal understanding.

Activity 3A: Conduct needs assessments or focus groups to guide and update HIV prevention and care priorities.

- Expand the feedback gathered beyond currently engaged partners and identify opportunities to survey impacted communities.
- Use a variety of outreach and data collection methods to survey priority populations' needs.
- Ensure providers, SAPG members, and community members are a part of the planning and results analysis and dissemination process of needs assessments.

Activity 3B: Maximize the system-change recommendations of evidence-based findings by integrating larger public health and social determinants of health data.

- Ensure spaces exist across all levels of government, community-based organizations, the private sector, academic partners, and the community for sharing of best practices and evidence-based initiatives.
- Ensure health disparity data is captured, summarized, and disseminated to contracted agencies and partners.
- Present and re-introduce findings in relevant initiatives to promote system-level changes.

Activity 3C: Enhance accessibility to data to bolster community partner abilities to prioritize special provisions in contracts.

- Present data in interactive ways (for example, with Tableau and Power BI) in comparison to traditional spreadsheet tracking.
- Partner with community partners to create data visualization and dissemination tools which will be most useful for their community.
- Deliver area and community specific data reports to providers.

Strategy 4: Ensure accountability.

Project monitoring and improvement, in conjunction with strengthening the data infrastructure of Wisconsin, will be necessary to track progress, outcomes, and quality improvement recommendations for HIV prevention and care services across the state.

Activity 4A: Ensure processes to allocate funding and resources are data-driven and inclusive of input from members of communities most impacted by HIV.

- Analyze resource allocation at the state level to ensure it reflects needs assessments and available data.
- Communicate with service providers to determine if fiscal and resource support they receive is reflexive of their relative need.
- Develop methods to systemically assess resource allocation at the state level.

Activity 4B: Apply data to make and implement programmatic decisions.

- Offer training and TA for contracted agencies to utilize epidemiological and program data to improve program design.
- Identify new sources of data which may highlight new areas of need or perspectives that can be applied to plan for and implement activities.
- Ensure selected priorities are supported by statistical and narrative evidence from the community.
- Implement guidelines which require agencies to create and report progress on SMARTIE goals and performance measures.
- Work with partner organizations to ensure both internal and external data security.
- Partner with providers to collect data on populations served and their needs.

Activity 4C: Implement the HIV prevention and care continuum by establishing coordinated processes that enhance accessibility, ensure clarity in communication and language, and strengthen triage systems for community members.

- Create plans to ensure funded entities fulfill the terms of the contracts and appropriately serve their community.
- Incorporate client feedback and satisfaction survey results to improve accountability within the assessment and program improvement process.
- Assist contracted agencies in the creation of quality improvement plans to correct any identified deficiencies.
- Strive for consistency and integration within the HIV prevention and care units regarding contracts, scopes of work, and other agreements with external organizations.

Section VI: Implementation, Monitoring, and Jurisdictional Follow Up

Achieving the goals described in this plan requires engagement and commitment from partners and people across Wisconsin including:

- State agencies.
- Local and Tribal health departments.
- Health care systems and providers.
- Schools and other academic institutions.
- Community-based organizations and clinics.
- People and communities living with and impacted by HIV.

This section outlines our commitment to implement the goals, objectives, strategies, and activities described earlier in this plan. Additionally, it outlines our plan to consistently monitor, evaluate, and share our progress. These activities are necessary to make sustainable impacts, improve the wellbeing of PLWH and people impacted by HIV, and ensure programs and activities are promoting the health and wellbeing of communities that are disproportionately impacted. Building on lessons learned and valuable input from partners, community members, and providers, we can end the HIV epidemic in Wisconsin. The information in this section outlines the ways that we intend to monitor, evaluate, and improve along the way.

Implementation

The Wisconsin HIV Program will be responsible for coordinating activities with partners and identifying opportunities to align and accelerate efforts. We will apply lessons learned from the statewide needs assessment and input received from SAPG and focus groups to ensure that actions reflect the knowledge gained and the needs of people most impacted by HIV.

To engage with partner organizations and service providers, we will discuss Integrated Plan goals, strategies, and objectives within spaces and during meetings that already bring such audiences together. The program plans to utilize regional meetings that take place quarterly as well as other regularly occurring meetings that bring together topic-specific audiences to strategize implementation and discuss opportunities to get involved.

To engage with people living with HIV and communities disproportionately impacted by HIV, we will participate in community planning body meetings and seek input through progress report outs and routine needs assessments. Additionally, the program will meet monthly to discuss the implementation of the plan. The various strategies, activities, and objectives listed throughout the plan will be outlined within an Integrated Plan workplan with responsible parties and timelines included.

Any funding opportunities administered by the Wisconsin HIV Program during the timeline of the Integrated Plan will be informed and guided by the plan's goals and objectives. Such opportunities determine which organizations and services receive funding, what amounts of funding are awarded, and what requirements and expectations are placed on those receiving the funding.

Monitoring

The Wisconsin HIV Program will be responsible for monitoring and documenting progress on the Integrated Plan goals and objectives. These activities will be added to the agenda of program-wide monthly meetings to ensure consistent discussion is occurring and all program staff are aware of the progress made. Progress will be documented within the previously mentioned Integrated Plan workplan. This includes dedicated space for status and timeline updates as well as progress notes. Information gathered from external engagement opportunities, including progress made by collaborators, will be documented within the workplan.

Evaluation

The activities detailed in the plan are ultimately intended to help meet the objectives set for each goal. Analysis of the progress made for each objective will take place annually and be shared with partner organizations, people living with HIV, and planning group during engagement opportunities. In addition to the objectives, many activities outlined within the goals have associated data indicators. These will be used to analyze and document progress. Many of the indicators are process measures and therefore may more directly reflect the actual implementation of the plan's activities. These indicators will play a crucial role in documenting successes.

The HIV Care Continuum is also a direct indicator of the success of the plan's implementation and the status of HIV care in Wisconsin. Wisconsin's HIV Care Continuum is updated annually and is included in the annual HIV surveillance report and many other presentations each year. Not only will the HIV Care Continuum data be used to evaluate progress overall, but particularly when looking at improving access to care and improving health outcomes.

Improvement

Data that is collected through monitoring and evaluation processes will be utilized to make revisions and improvements to the Integrated Plan. The Integrated Plan will be considered a "living document" and revisions can be made at any time throughout the years covered in the plan. The Wisconsin HIV Program will determine what revisions will be made and present changes to the SAPG for input.

Furthermore, we intend to complete routine needs assessments to ensure the needs of the most impacted communities are prioritized and the Integrated Plan reflects activities and strategies that are

relevant and effective towards meeting the goals set forth.

Reporting and dissemination

Information gathered during implementation, monitoring, and evaluation processes will be distributed through widely shared progress reports. These will include progress towards goals and objectives, indicators for activities that best describe the work that has been done to implement the Integrate Plan's activities, and any updates made to the plan.

Progress reports will be used to highlight accomplishments as well as facilitate conversations with collaborators around areas of improvement, innovative activities to consider, and new partners to engage in effort to meet the plan's goals and objectives.

Appendix I: Detailed Objectives

Goal 1: Prevent new HIV infections.

Objective 1.1: Reduce the number of new HIV diagnoses by at least 14% from 2024 to 2031. In 2024, the three-year average of the number of new HIV diagnoses was 275.

Baseline Year: 2024

Numerator: The three-year average of the number of new HIV diagnoses among people of all ages during the calendar year and two preceding years.

Denominator: None

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV diagnosis data may not be representative of all people living with HIV in Wisconsin, as not all people have been tested or diagnosed.

Annual Targets:

2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
255*	268*	275*	269	262	257	252	247	242	237

*Calculated based on known reported values.

Objective 1.2: Reduce the number of new late HIV diagnoses from 24% in 2024 to 20% by 2031.

Baseline Year: 2024

Numerator: Number of people with a late HIV diagnosis (progressed to Stage 3 at the time of receiving their initial HIV diagnosis or within one year of their initial diagnosis) during the calendar year.

Denominator: All new HIV diagnoses during the calendar year.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV diagnosis data may not be representative of all people living with HIV in Wisconsin, as not all people have been tested or diagnosed.

Annual Targets:

2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
22%*	23%*	24%**	23.5%	23%	22.5%	22%	21.5%	21%	20%

*Calculated based on known reported values.

**Calculated based on preliminary data.

Objective 1.3: Increase the number of people who receive PrEP to reduce their chances of getting HIV by 5% per year, using as baseline 4,523 people reported receiving PrEP to prevent HIV in 2024.

Baseline Year: 2024

Numerator: Estimated number of people with indications for PrEP in the calendar year.

Denominator: None

Data Source: AIDSVu's PrEPVu

Data Limitations: There is currently no single entity or data source that collects data on all users of PrEP across the U.S. Because IQVIA does not directly collect data on every prescription in the US, they have to estimate for those they do not collect; however, they use national estimates of prescription fills to estimate PrEP prescriptions and only have to do this for the small percentage of US prescriptions they do not track. AIDSVu' s PrEP dataset excludes prescriptions for TDF/FTC, and TAF/FTC, and cabotegravir that were made for other known indications, such as, post-exposure prophylaxis, chronic hepatitis B management, and treatment for HIV and other opportunistic infections.

Annual Targets:

2022	2023	2024	2025	2026	2027	2028	2029
3,258*	3,788*	4,523*	4,749	4,986	5,235	5,497	5,772

*Calculated based on known reported values.

Goal 2: Improve HIV-related health outcomes for people with HIV.

Objective 2.1: By the end of 2031, increase the percentage of newly diagnosed people linked to HIV medical care within one month of their diagnosis to 90% and provide low-barrier access to HIV treatment. In 2024, 81.3% of newly diagnosed people were linked within one month.

Baseline Year: 2024

Numerator: Number of people newly diagnosed with HIV in Wisconsin during the calendar year that were linked to care within one month of their diagnoses date (as measured by a documented test result for a CD4 count, viral load, or HIV genotype).

Denominator: Number of people newly diagnosed with HIV in Wisconsin during the calendar year.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV medical care data are dependent on comprehensive laboratory result reporting. Comprehensive CD4 and viral load reporting began in Wisconsin in 2011. While the HIV program is unaware of any labs in the state who are not reporting these results, it is possible that there are missing data.

Annual Goals:

2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
87.5%*	87.9%*	81.3%*	84.9%**	84.7%	85.8%	86.9%	88.0%	89.1%	90.0%

*actual value
**preliminary data

Objective 2.2: By the end of 2031, increase the percentage of PLWH in care to 92.0% by identifying, engaging, or re-engaging people who are not in care. In 2024, 89.2% of PLWH were engaged in care.

Baseline Year: 2024

Numerator: Number of PLWH in Wisconsin at the end of the calendar year (excluding people newly diagnosed and people who moved into Wisconsin in the calendar year) that had any HIV-related laboratory test in the most recent five calendar year period and had at least one medical visit that included one or more laboratory tests in the current calendar year that were available in the HIV surveillance system.

Denominator: Number of PLWH in Wisconsin at the end of the calendar year (excluding people newly diagnosed and people who moved into Wisconsin in the calendar year) that had any HIV-related laboratory test in the most recent five calendar year period.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV medical care data are dependent on comprehensive laboratory result reporting. Comprehensive CD4 and viral load reporting began in Wisconsin in 2011. While the HIV program is unaware of any labs in the state who are not reporting these results, it is possible that there are missing data.

Annual Goals:

2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
87.5%*	89.9%*	89.2%*	87.5%**	89.2%	89.7%	90.3%	90.8%	91.3%	92.0%

*actual value
**preliminary data

Objective 2.3: By the end of 2031, increase adherence to HIV treatment in order to achieve and maintain long-term viral suppression of 90%. In 2024, 82.5% of PLWH were virally suppressed.

Baseline Year: 2017

Numerator: Number of people living with HIV in Wisconsin at the end of the calendar year (excluding people newly diagnosed and people who moved into Wisconsin in the calendar year) that had any HIV-related laboratory test in the most recent five calendar year period and whose most recent viral load test in the past 12 months showed a result of less than 200 copies/mL. People without a viral load test within the past 12 months were considered unsuppressed.

Denominator: Number of people living with HIV in Wisconsin at the end of the calendar year (excluding people newly diagnosed and people who moved into Wisconsin in the calendar year) that had any HIV-related laboratory test in the most recent five calendar year period.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV medical care data are dependent on comprehensive laboratory result reporting. Comprehensive CD4 and viral load reporting began in Wisconsin in 2011. While the HIV program is unaware of any labs in the state who are not reporting these results, it is possible that there are missing data.

Annual Goals:

2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
79.9%*	82.9%*	82.5%*	80.6%*	83.5%	84.8%	86.0%	87.3%	88.5%	89.8%

*actual value
**preliminary data

Goal 3: Reduce HIV-related disparities.

Objective 3.1: By ensuring prevention and care agencies offer a welcoming and safe environment, the rate of new HIV diagnoses will decrease by at least 25% by 2031 in the following populations:

- Young Hispanic men aged 13–29. In 2024, there were 37.8 new diagnoses per 100,000 Hispanic men aged 13–29.
- Men aged 30–59. In 2024, there were 8.7 new diagnoses per 100,000 men aged 30–59.
- Black women aged 13–59. In 2024, there were 22.9 new diagnoses per 100,000 Black women aged 13–59.

Baseline Year: 2024

Value: The number of new diagnoses in each population divided by the total number of people in Wisconsin in that population times 100,000 to get the rate per 100,000 people.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV diagnosis data may not be representative of all PLWH because not all people

living with HIV have been tested. Anonymous tests, though rare in Wisconsin, are also not reported.

Annual Goals:

Population	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Hispanic men aged 13–29	37.5*	39.0*	37.8*	35.4**	34.7	33.4	32.2	30.9	29.6	28.4
Men aged 30–59	11.6*	9.4*	10.1*	8.7**	9.0	8.7	8.4	8.1	7.8	7.5
Black women aged 13–59	15.9*	13.3*	22.9*	15.5**	21.3	20.5	19.6	18.8	18.0	17.2

*actual value
**preliminary data

Objective 3.2: By strengthening partnerships of agencies and ensuring access to wrap-around services, disparities along the HIV care continuum will decrease by 2031. Specifically:

- Among people who reported a transmission mode of male-male sexual contact, reduce the difference of Black men that are in care and white men that are in care by at least 50%. In 2024, the difference in white and Black men in care was 3.7 percentage points.
- Reduce the difference of youth (aged 15–29) who are in care and adults (aged 30 and older) who are in care by at least 50%. In 2024, the difference in youth and adults in care was 4.0 percentage points.
- Among people who reported a transmission mode of male-male sexual contact, reduce the difference of Black men that are virally suppressed and white men that are virally suppressed by at least 33%. In 2024, the difference in white and Black men who were virally suppressed was 10.3 percentage points.
- Reduce the difference of youth (aged 15–29) who are virally suppressed and adults (aged 30 and older) who are virally suppressed by at least 50%. In 2024, the difference in youth and adults who were virally suppressed was 8.5 percentage points.

Baseline Year: 2024

Value: The absolute difference for the percentage in care or virally suppressed for the populations listed above.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: HIV medical care data are dependent on comprehensive laboratory result reporting. Comprehensive CD4 and viral load reporting began in Wisconsin in 2011. While the HIV program is unaware of any labs in the state who are not reporting these results, it is possible that there are missing data.

Annual Goals:

Population	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
In Care										
White MMSC vs Black MMSC	6.6*	3.5*	3.7*	3.4	3.2	2.9	2.7	2.4	2.2	1.9
Youth vs older adults	6.4*	5.9*	4.0*	3.5	3.3	3.0	2.8	2.5	2.2	2.0
Viral Suppression										
White MMSC vs Black MMSC	11.3*	8.3*	10.3*	9.8	9.3	8.8	8.4	7.9	7.4	6.9
Youth vs older adults	9.1*	8.0*	8.5*	7.9	7.3	6.7	6.1	5.5	4.9	4.3

*actual value

Objective 3.3: Through expanded training and education efforts, disparities in late diagnoses will decrease by 15% by 2031 in the following populations:

- Men aged 30–59. From 2021–2023, 30.0% of new diagnoses in men aged 30–59 were considered late diagnoses.
- People residing in the western region of the state. From 2021–2023, 39.5% of new diagnoses in the western region were considered late diagnoses.
- Black women. From 2021–2023, 16.7% of new diagnoses in Black women were considered late diagnoses.

Baseline Years: 2021–2023 (combined 3 year)

Numerator: Number of people in each population that were considered a late HIV diagnosis (progressed to Stage 3 at the time of receiving their initial HIV diagnosis or within one year of their initial diagnosis) in a rolling three-year period.

Denominator: Number of people diagnosed with HIV in each population in a rolling three-year period.

Data Source: Wisconsin HIV Surveillance System

Data Limitations: Because a person can be considered a late diagnosis within one year of their HIV diagnosis, this measure will lag a year behind.

Annual Goals:

Population	2021–2023	2022–2024	2023–2025	2024–2026	2025–2027	2026–2028	2027–2029	2028–2030
Men aged 30–59	30.0%*	29.4%	28.7%	28.1%	27.4%	26.8%	26.1%	25.5%
Western region	39.5%*	38.6%	37.8%	36.9%	36.1%	35.2%	34.4%	33.5%
Black women	16.7%*	16.3%	16.0%	15.6%	15.3%	14.9%	14.6%	14.2%

*actual values

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

Objective 4.1: Ensure voices of lived and living experience guide system-level improvements and inform best practice and decision making within HIV programs across governmental, public, private, faith-based, clinic-based, community-based, and academic spaces.

Objective 4.2: Support 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.

Objective 4.3: Enhance mechanisms to measure, monitor, evaluate, report progress, and make changes to achieve the goals and objectives set forth.

Appendix II: Ending the HIV Epidemic in the U.S. (EHE) Pillars Crosswalk

Pillar 1: Diagnose

- Goal 1: Prevent new HIV infections.
    - Objective 2: Reduce the number of new late HIV diagnoses from 24% in 2024 to 20% by 2031.
    - Strategy 1: Promote comprehensive HIV, STI, and HCV testing.
- Goal 3: Reduce HIV-related disparities.
    - Strategy 3: Provide education and guidance to reduce HIV-related stigma.

Pillar 2: Treat

- Goal 2: Improve HIV-related health outcomes of people living with HIV (PLWH).
    - Objective 1: By the end of 2031, increase the percentage of newly diagnosed people linked to HIV medical care within one month of their diagnosis to 90% and provide low-barrier access to HIV treatment. In 2024, 81.3% of newly diagnosed PLWH were linked within one month.
    - Objective 2: By the end of 2031, increase the percentage of PLWH in care to 92% by identifying, engaging, or re-engaging people who are not in care. In 2024, 89.2% of PLWH were engaged in care.
    - Objective 3: By the end of 2031, increase adherence to HIV treatment to achieve and maintain long-term viral suppression of 90%. In 2024, 82.5% of PLWH were virally suppressed.
    - Strategy 1: Implement initiatives to identify PLWH who are out of care and promote linkage to care programs.
    - Strategy 3: Leverage data sources to improve medication accessibility.
- Goal 4: Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and interested parties.
    - Strategy 2: Support program integration and coordination.

Pillar 3: Prevent

- Goal 1: Prevent new HIV infections.
    - Objective 1: Reduce the number of new HIV diagnoses by at least 14% from 2024 to 2031. In 2024, the three-year average of the number of new HIV diagnoses was 275.
    - Objective 3: Increase the number of people who receive PrEP to reduce their chances of getting HIV by 5% per year, using as baseline 4,523 people reported receiving PrEP to prevent HIV in 2024.

- Strategy 2: Increase awareness of HIV and dispel misinformation in communities most impacted by HIV and in the public.
- Strategy 3: Expand partnership and capacity of HIV partner services (PS) providers and disease intervention specialists (DIS) to support timely and appropriate partner follow-up, risk reduction and HIV prevention counseling, and linkage to HIV care and support services.
- Strategy 4: Expand and improve the capacity for implementation of proven HIV prevention interventions

- Goal 4: Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and interested parties.
  - Strategy 1: Achieve effective and holistic community engagement, leadership, and capacity building.

Pillar 4: Respond

- Goal 2: Improve HIV-related health outcomes of people living with HIV (PLWH).
  - Strategy 2: Increase access to core and support services by promoting existing resources.
  - Strategy 4: Foster connections within the community of those who support PLWH.
- Goal 3: Reduce HIV-related disparities.
  - Strategy 1: Strengthen training and learning to improve HIV prevention and care service delivery.
  - Strategy 2: Strengthen partnerships and create opportunities for improved collaboration among organizations.
- Goal 4: Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and interested parties.
  - Objective 1: Ensure voices of lived experience guide system-level improvements and inform best practice and decision making within HIV programs across governmental, public, private, faith-based, clinic-based, community-based, and academic spaces.
  - Objective 2: Support 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.
  - Objective 3: Enhance mechanisms to measure, monitor, evaluate, report progress, and make changes to achieve the goals and objectives set forth.
  - Strategy 3: Enhance the quality, accessibility, sharing, and uses of data.
  - Strategy 4: Ensure accountability.

Appendix III: References

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Appendix IV: Resource Inventory

The resource inventory was developed in collaboration with partners and funded agencies to assess service capacity across the state. All recipients of HIV Program funding were asked to outline details of any funding they receive for HIV care and prevention services using a provided template. The information provided was combined with information on grants the HIV Program receives and compiled to create the resource inventory.

Funder: 340B Rebate
Funding Source: 340B Rebate
Funding Recipient: UW HIV Care and Prevention Program
Annual Award Amount: $3,700,000
Subrecipients: Public Health Madison and Dane County
Services Delivered: Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, Home and Community-Based Health Services, Home Health Care, Medical Case Management, Treatment Adherence Services, Oral Health Care, Outpatient and Ambulatory Health Services, Substance Abuse Outpatient Care, Emergency Financial Assistance, Housing, Medical Transportation, Outreach Services, Referral for Health Care and Support Services, Clinical Quality Management

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☒ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: City of Milwaukee
Funding Source: City HOPWAS
Funding Recipient: Vivent Health
Annual Award Amount: $1,358,000
Subrecipients: N/A
Services Delivered: Housing

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Antonia Foundation
Funding Source: Antonia Foundation
Funding Recipient: Vivent Health
Annual Award Amount: $40,000
Subrecipients: N/A
Services Delivered: Food Bank/Home Delivered Meals

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: City of Milwaukee
Funding Source: HIV/STI Testing and Treatment
Funding Recipient: Diverse & Resilient
Annual Award Amount: $50,000
Subrecipients: N/A
Services Delivered: Testing

☒ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☒ Diagnose ☐ Treat ☐ Prevent ☐ Respond

Funder: Dane County
Funding Source: Dane County Outreach
Funding Recipient: Vivent Health
Annual Award Amount: $99,864
Subrecipients: N/A
Services Delivered: HIV, STI, and hepatitis C Prevention Services

☒ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of antiretroviral therapy (ART) ☐ Viral Suppression
☒ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: Dane County
Funding Source: Dane County Syringe Support Program
Funding Recipient: Vivent Health
Annual Award Amount: $63,864
Subrecipients: N/A
Services Delivered: HIV, STI, hepatitis C Prevention Services, Syringe Services Programs

☒ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: Eau Claire Community Foundation
Funding Source: Eau Claire Community Foundation
Funding Recipient: Vivent Health
Annual Award Amount: $500

Subrecipients: N/A
Services Delivered: HIV, STI, hepatitis C Prevention Services

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Frank L Weyenberg Charitable Trust
Funding Source: Frank L Weyenberg Charitable Trust
Funding Recipient: Vivent Health
Annual Award Amount: $5,000
Subrecipients: N/A
Services Delivered: Food Bank/Home Delivered Meals

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Froedtert & the Medical College of Wisconsin
Funding Source: Froedtert & the Medical College of Wisconsin
Funding Recipient: Vivent Health
Annual Award Amount: $15,000
Subrecipients: N/A
Services Delivered: Mental Health Services

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: Greater Milwaukee Foundation
Funding Source: Greater Milwaukee Foundation
Funding Recipient: Vivent Health
Annual Award Amount: $15,000
Subrecipients: N/A
Services Delivered: Food Bank/Home Delivered Meals

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Hope House

Funding Source: Better Ways to Cope MKE
Funding Recipient: Vivent Health
Annual Award Amount: $200,000
Subrecipients: N/A
Services Delivered: Syringe Services Programs

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☒ Prevent ☒ Respond

Funder: HRSA
Funding Source: Ryan White Part C
Funding Recipient: Vivent Health
Annual Award Amount: $831,422
Subrecipients: N/A
Services Delivered: Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Clinical Quality Management, Administration

☐ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: HUD
Funding Source: HaRTSS
Funding Recipient: Vivent Health
Annual Award Amount: $1,387,961
Subrecipients: N/A
Services Delivered: Housing

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: HUD
Funding Source: SCHIPS
Funding Recipient: Vivent Health
Annual Award Amount: $1,263,091
Subrecipients: N/A
Services Delivered: Housing

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Jane Bradley Pettit Foundation
Funding Source: Jane Bradley Pettit Foundation
Funding Recipient: Vivent Health
Annual Award Amount: $5,000
Subrecipients: N/A
Services Delivered: Food Bank/Home Delivered Meals

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Milwaukee County
Funding Source: Milwaukee County Harm Reduction
Funding Recipient: Vivent Health
Annual Award Amount: $294,022.30
Subrecipients: N/A
Services Delivered: HIV, STI, and hepatitis C Prevention Services

☒ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☒ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: Program Income
Funding Source: Program Income
Funding Recipient: Sixteenth Street Community Health Centers
Annual Award Amount: $463,000
Subrecipients: N/A
Services Delivered: Early Intervention Services (EIS), Medical Case Management including Treatment Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Emergency Financial Assistance

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☒ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: Program Income
Funding Source: Program Income
Funding Recipient: Vivent Health
Annual Award Amount: $3,275,925
Subrecipients: N/A

Services Delivered: Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, Medical Case Management, including Treatment Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Substance Abuse Outpatient Care, Food Bank/Home Delivered Meals, Legal Services, Non-Medical Case Management Services, PrEP clinical and laboratory services, Clinical Quality Management, Administration

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☒ Diagnose ☒ Treat ☒ Prevent ☒ Respond

Funder: Program Income
Funding Source: Program Income
Funding Recipient: Medical College of Wisconsin
Annual Award Amount: $85,000
Subrecipients: N/A
Services Delivered: Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, Mental Health Services, Referral for Health Care and Support Services

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: Racine Community Foundation
Funding Source: Racine Community Foundation
Funding Recipient: Vivent Health
Annual Award Amount: $25,000
Subrecipients: N/A
Services Delivered: Non-Medical Case Management Services, HIV, STI, and hepatitis C Prevention Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☐ Prevent ☐ Respond

Funder: S.C. Johnson & Son, Inc.
Funding Source: S.C. Johnson & Son, Inc.
Funding Recipient: Vivent Health
Annual Award Amount: $10,000
Subrecipients: N/A
Services Delivered: Non-Medical Case Management Services, HIV, STI, and hepatitis C Prevention Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☐ Prevent ☐ Respond

Funder: 340B Rebate
Funding Source: 340B Rebate
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $20,000,000
Subrecipients: Diverse & Resilient, Medical College of Wisconsin, UW HIV Care and Prevention Program, Vivent Health
Services Delivered: AIDS Drug Assistance Program Treatments, Early Intervention Services (EIS), Mental Health Services, Outpatient/Ambulatory Health Services, Medical Transportation, Outreach Services, Referral for Health Care and Support Services

☐ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: State of Wisconsin
Funding Source: Mike Johnson Life Care and Early Intervention Services
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $4,000,000
Subrecipients: City of Racine Public Health Department, Diverse & Resilient, HealthFirst Network, Holton Street Clinic, Medical College of Wisconsin, Milwaukee Health Services Inc., UW HIV Care and Prevention Program, Vivent Health
Services Delivered: Early Intervention Services (EIS) , Medical Case Management, including Treatment Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Substance Abuse Outpatient Care, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Legal Services, Non-Medical Case Management Services, PrEP navigation, PrEP clinical and laboratory services

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☒ Diagnose ☒ Treat ☒ Prevent ☒ Respond

Funder: HUD
Funding Source: State HOPWA
Funding Recipient: Vivent Health
Annual Award Amount: $1,074,131
Subrecipients: N/A
Services Delivered: Housing

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☐ Respond

Funder: HRSA
Funding Source: Ryan White Part B
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $8,976,297
Subrecipients: Diverse & Resilient, Medical College of Wisconsin, Milwaukee Health Services Inc, Sixteenth Street Community Health Centers, UW HIV Care and Prevention Program, Vivent Health
Services Delivered: AIDS Drug Assistance Program Treatments, Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals , Medical Case Management including Treatment Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation, Non-Medical Case Management Services, Psychosocial Support Services , Referral for Health Care and Support Services, Provider Education, Clinical Quality Management

☐ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☒ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: HRSA
Funding Source: Ryan White Part C
Funding Recipient: Milwaukee Health Services Inc
Annual Award Amount: $470,282
Subrecipients: N/A
Services Delivered: AIDS Pharmaceutical Assistance, Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, Medical Case Management including Treatment Adherence Services, Oral Health Care, Outpatient/Ambulatory Health Services, Substance Abuse Outpatient Care, Medical Transportation, Outreach Services, Clinical Quality Management

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: HRSA
Funding Source: Ryan White Part C
Funding Recipient: Sixteenth Street Community Health Services
Annual Award Amount: $372,403
Subrecipients: N/A
Services Delivered: Early Intervention Services (EIS) , Medical Case Management including Treatment

Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Non-Medical Case Management Services

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☒ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: HRSA
Funding Source: Ryan White Part C
Funding Recipient: UW HIV Care and Prevention Program
Annual Award Amount: $637,707
Subrecipients: Emplify Health
Services Delivered: Early Intervention Services (EIS) , Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals , Medical Case Management, including Treatment Adherence Services, Outpatient/Ambulatory Health Services, Referral for Health Care and Support Services , Clinical Quality Management

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☒ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: HRSA
Funding Source: Ryan White Part D
Funding Recipient: Medical College of Wisconsin
Annual Award Amount: $922,890
Subrecipients: Children's Wisconsin, UW HIV Care and Prevention Program
Services Delivered: Outpatient/Ambulatory Health Services, Perinatal HIV Prevention and Surveillance, Clinical Quality Management , Part D Support Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☐ Prevent ☐ Respond

Funder: United Way Blackhawk Region
Funding Source: United Way Blackhawk Region
Funding Recipient: Vivent Health
Annual Award Amount: $25,000
Subrecipients: N/A
Services Delivered: Medical Case Management including Treatment Adherence Services, HIV, STI, and hepatitis C Prevention Services

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☒ Respond

Funder: United Way Fox Cities
Funding Source: United Way Fox Cities
Funding Recipient: Vivent Health
Annual Award Amount: $66,848
Subrecipients: N/A
Services Delivered: Medical Case Management including Treatment Adherence Services, HIV, STI, and hepatitis C Prevention Services

☒ HIV Diagnosis ☒ Linkage to Care ☒ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☒ Respond

Funder: United Way Greater Milwaukee & Wakesha County
Funding Source: United Way Greater Milwaukee & Wakesha County
Funding Recipient: Vivent Health
Annual Award Amount: $174,245
Subrecipients: N/A
Services Delivered: Oral Health Care, Food Bank/Home Delivered Meals, HIV, STI, and hepatitis C Prevention Services

☒ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☒ Diagnose ☐ Treat ☒ Prevent ☒ Respond

Funder: United Way of Dane County
Funding Source: United Way of Dane County
Funding Recipient: Vivent Health
Annual Award Amount: $25,000
Subrecipients: N/A
Services Delivered: Oral Health Care

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☒ Treat ☐ Prevent ☒ Respond

Funder: United Way Greater Milwaukee & Wakesha County
Funding Source: United Way Greater Milwaukee & Wakesha County
Funding Recipient: Diverse & Resilient

Annual Award Amount: $36,590
Subrecipients: N/A
Services Delivered: HIV, STI and hepatitis C Prevention Services

☒ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☒ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: Waukesha County Community Foundation
Funding Source: Waukesha County Community Foundation
Funding Recipient: Vivent Health
Annual Award Amount: $5,000
Subrecipients: N/A
Services Delivered: Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

☐ HIV Diagnosis ☐ Linkage to Care ☒ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: Waukesha County Department of Human Services
Funding Source: Waukesha County Department of Human Services
Funding Recipient: Vivent Health
Annual Award Amount: $34,364
Subrecipients: N/A
Services Delivered: Syringe Services Programs

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: Wisconsin Trust Account Foundation, Inc
Funding Source: Wisconsin Trust Account Foundation, Inc
Funding Recipient: Vivent Health
Annual Award Amount: $12,500
Subrecipients: N/A
Services Delivered: Legal Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☐ Prevent ☒ Respond

Funder: Wood County
Funding Source: Wood County Harm Reduction
Funding Recipient: Vivent Health
Annual Award Amount: $36,874.74
Subrecipients: N/A
Services Delivered: Syringe Services Programs

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression
☐ Diagnose ☐ Treat ☐ Prevent ☐ Respond

Funder: HRSA
Funding Source: ADAP Emergency Relief Funding
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $3,303,106
Subrecipients: N/A
Services Delivered: AIDS Drug Assistance Program Treatments, HIV, STI, and hepatitis C Prevention Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: HRSA
Funding Source: Ryan White Part B Supplemental
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $3,736,492
Subrecipients: N/A
Services Delivered: AIDS Drug Assistance Program Treatments

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care
☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression
☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: CDC
Funding Source: High Impact HIV Prevention and Surveillance
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $2,488,548
Subrecipients: Benedict Center, Brady East STD Clinic, City of Racine Public Health Department, Diverse & Resilient, Empowering Community Action Initiative, OutReach Inc, Planned Parenthood of Wisconsin, UW HIV Care and Prevention Program, Eau Claire City-County Health Department, Wisconsin HIV Tribal Coordinators, University of Wisconsin Department of Continuing Studies, Brown

County Health Department, Kenosha County Health Department, La Crosse County Health Department, Marathon County Health Department, City of Milwaukee Health Department, Public Health Madison Dane County, Price County Health Department, Rock County Health Department, Waukesha County Health Department, Winnebago County Health Department
Services Delivered: Capacity Building/Technical Assistance, Community Engagement, Condom Distribution, Partner Services, PrEP Navigation, Social Marketing Campaigns, Testing

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☒ Respond

Funder: State of Wisconsin
Funding Source: HIV Drug Assistance
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $1,306,200
Subrecipients: N/A
Services Delivered: AIDS Pharmaceutical Assistance

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☒ Prescription of Antiretroviral Therapy (ART) ☒ Viral Suppression

☐ Diagnose ☒ Treat ☐ Prevent ☐ Respond

Funder: State of Wisconsin
Funding Source: HIV Prevention IDU
Funding Recipient: Vivent Health
Annual Award Amount: $395,780
Subrecipients: N/A
Services Delivered: Syringe Services Programs, HIV, STI, and hepatitis C Prevention Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: State of Wisconsin
Funding Source: State HIV Prevention
Funding Recipient: State of Wisconsin Department of Health Services
Annual Award Amount: $430,000
Subrecipients: Diverse & Resilient, UMOS, Sixteenth Street Community Health Centers, Holton Street Clinic
Services Delivered: Testing, HIV, STI, and hepatitis C Prevention Services

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: State of Wisconsin
Funding Source: Overdose Date to Action
Funding Recipient: Vivent Health
Annual Award Amount: $250,000
Subrecipients: N/A
Services Delivered: Syringe Services Programs

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☒ Respond

Funder: State of Wisconsin
Funding Source: DCTS IDU Treatment
Funding Recipient: Vivent Health
Annual Award Amount: $88,032
Subrecipients: N/A
Services Delivered: Syringe Services Programs

☐ HIV Diagnosis ☐ Linkage to Care ☐ Engagement of Retention in Care

☐ Prescription of Antiretroviral Therapy (ART) ☐ Viral Suppression

☐ Diagnose ☐ Treat ☒ Prevent ☐ Respond

Funder: State of Wisconsin
Funding Source: DCTS IDU Treatment
Funding Recipient: Vivent Health
Annual Award Amount: $528,380
Subrecipients: N/A
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