

Wisconsin Integrated HIV Plan 2017-2021

2019 Progress Report



Introduction

This is the 2019 Progress Report on the [Wisconsin HIV Integrated Prevention and Care Plan, 2017-2021](#). The Integrated Plan outlines how the Wisconsin HIV Program and its partners are addressing the HIV epidemic in Wisconsin between 2017 and 2021. **This progress report provides a brief update on the actions we have taken toward meeting the goals in the Integrated Plan and addressing the HIV epidemic in our state.**



Methods



The Wisconsin HIV Program discussed program activities and reviewed program and grantee documents to gather information for this progress report. The Program provided descriptions of projects and initiatives started since the plan launched in 2017.



The Statewide Action Planning Group (SAPG) weighed in on activities that should be included in this progress report. Some volunteers reviewed the report and provided feedback prior to publication.



Quantitative data (numbers) were consolidated into a dashboard, or table, showing progress on the plan's objectives since 2017.

We used the [10 Key Elements in the Integrated Plan](#) to organize this progress report. The Key Elements are broad and therefore some examples listed under one Key Element may also be relevant to other Key Elements.

This progress report focuses on projects started and changes made since the plan launched in 2017.

However, due to the brevity of this report, not all the work happening to address the HIV epidemic in our state is captured here. We hope this report will provide a snapshot of statewide efforts to improve the health outcomes of people at risk for or living with HIV.

Acronyms

PrEP: Pre-exposure Prophylaxis

HCV: Hepatitis C

STI: Sexually transmitted infection

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

About this key element:

Reducing HIV in Wisconsin means addressing racial inequities in HIV cases by targeting HIV prevention and care resources to people and areas that are disproportionately impacted by HIV. It requires inclusive and deliberate community engagement with active involvement by community members in decision making. It means focusing on leadership development in communities most impacted by HIV.

Actions taken since the launch of the Integrated Plan:

1. Funded targeted HIV prevention and treatment services through a request for applications (RFA) process



In 2018, the Wisconsin HIV Program awarded funding to 18 agencies. In their applications, grantees identified how they would provide prevention and care services to specific populations impacted by HIV. Annual amounts of \$1 million for prevention and \$7.3 million for care were committed through 2022 to provide pre-exposure prophylaxis (PrEP); targeted HIV, hepatitis C (HCV), and sexually transmitted infection (STI) testing; community and behavioral health interventions; insurance cost sharing; primary care; mental health services; case management services; emergency financial assistance; and housing assistance.

2. Launched HIV testing program with Walgreens in Milwaukee



In 2018, the Wisconsin HIV Program launched a new, innovative HIV testing program in partnership with Walgreens. Pharmacists provide free, one-minute HIV tests and PrEP referrals at five Walgreens in neighborhoods with higher rates of HIV in Milwaukee. As of June 2019, pharmacists have completed 230 tests.

3. Engaged people affected by HIV through community meetings



Community meetings are a low-barrier strategy for sharing science-based information about HIV. Since 2015, Diverse and Resilient has hosted separate quarterly meetings for transgender and non-binary individuals and Black gay and bisexual men. The Black Health Coalition of Wisconsin hosts regular African American HIV Taskforce meetings. Sixteenth Street Community Health Centers holds support group meetings for Latinx transgender and non-binary individuals. In 2018, the Wisconsin HIV Program began providing additional funding to support these community meetings.

4. Received funding for capacity building with LGBTQ communities of color



In 2017, the Wisconsin HIV Program successfully applied for funding to build leadership among gay, bisexual, and transgender communities of color in Milwaukee. The goal is to address the underrepresentation of gay, bisexual, and transgender people of color at decision-making levels of the HIV workforce through a pipeline of capacity-building efforts.

Future Plans

- Focus resources on the underlying social determinants of health impacting people's risk for HIV
- Continue to focus HIV prevention and care resources on gay and bisexual men of color, people who inject drugs, and youth

2. Increase access to PrEP: one pill, once a day that can help prevent HIV

About this key element:

PrEP is a prescription medication (one pill taken once a day) that can reduce a person's risk of getting HIV by over 90%. Increasing access to PrEP in Wisconsin includes growing the number of service providers offering PrEP, providing support to help people pay for PrEP through several financial assistance programs, increasing PrEP adherence, and providing medical follow-up.

Actions taken since the launch of the Integrated Plan:



1. Funded PrEP navigators

In 2018, the Wisconsin HIV Program provided funding for PrEP navigation services for the first time. Six agencies were funded to provide navigation to assist clients in addressing barriers to accessing PrEP. The navigators work with clients to schedule medical appointments, complete labs, and secure financial assistance if necessary. The six agencies funded are AIDS Resource Center of Wisconsin (ARCW), University of Wisconsin Health (UW Health), Sixteenth Street Community Health Center, Holton Street Clinic, Froedert and Medical College of Wisconsin, and Health Connections (formerly Greater Milwaukee Center).



2. Hosted a PrEP summit

The Midwest AIDS Training and Education Center-Wisconsin (MATEC-WI) and the Wisconsin HIV Program hosted a PrEP summit in 2018 for about 40 physicians and providers. Attendees learned about raising awareness of and expanding access to PrEP services.



3. Provided PrEP referrals through Walgreens HIV testing program

Since 2018, pharmacists providing HIV testing at Walgreens have offered 142 PrEP referrals to clients who test negative. They counsel clients about where to get PrEP and who to contact for more information.



4. Opened new PrEP clinics through partnerships

Between 2017 and 2019, ARCW, Diverse and Resilient, and the Milwaukee Health Department partnered to open new PrEP clinics. The new PrEP clinics expand access to PrEP by offering these services at agencies people are already comfortable visiting for their sexual health needs.



5. Improved PrEP data collection

In 2019, the Wisconsin HIV Program began collecting PrEP data in EvaluationWeb. The Program will be able to collect better data on awareness and PrEP use among people accessing HIV testing services.

Future Plans

- Support campaigns and outreach efforts that increase PrEP awareness in communities affected by HIV
- Train more health care providers to offer PrEP services statewide
- Remove barriers so that youth and young adults are able to access PrEP
- Develop and host a PrEP Navigator Training in 2019

3. Streamline testing, prevention, and treatment services for STIs, HCV, and HIV

About this key element:

STIs, HCV, and HIV share common risk factors. STI treatment is an important HIV prevention tool because an untreated STI can increase a person's risk of getting HIV. People who inject drugs are at risk for both HCV and HIV if they share syringes and other injection equipment. Because of these overlapping risk factors, agencies are encouraged to provide integrated, one-stop-shop services to clients based on their needs and risk factors for these diseases.

Actions taken since the launch of the Integrated Plan:



1. Streamlined HIV and STI services through community-based partnerships

Since 2017, Diverse and Resilient has partnered with Holton Street Clinic to offer STI testing and treatment on site. They also partner with ARCW to offer an in-house PrEP clinic. This way participants can access multiple services with one visit to Diverse and Resilient.



2. Expanded integrated HIV/STI/HCV testing

In 2017, agencies around the state began offering rapid syphilis testing in addition to rapid HIV and HCV testing and other STI testing. Co-located services increase client access to testing.



3. Received new funding to monitor antibiotic-resistant gonorrhea

In 2016, the Wisconsin Sexually Transmitted Diseases (STD) Program received a grant to increase gonorrhea testing and monitor cases of antibiotic-resistant gonorrhea in Milwaukee.



4. Received funding for Rural Opioid Study

In 2017, the University of Wisconsin Madison (UW Madison), in partnership with the Wisconsin HIV Program and ARCW, received funding to research a model to increase services for people who inject drugs in rural Wisconsin. The model includes integrated testing for STIs, HCV, and HIV. The study runs through 2022.



5. Reintroduced biannual blood draw trainings for point-of-care testing services

In 2018, the Wisconsin HIV Training System again began offering biannual blood draw trainings for front-line staff providing HIV, STI, and HCV point-of-care testing. With more staff trained on drawing blood, agencies can serve more participants, shorten wait times, and reduce the number of visits to the agency for the participants.

Future Plans

- Promote HIV and HCV testing in emergency departments
- Increase routine HIV and HCV testing in Federally Qualified Health Centers and tribal clinics
- Increase HIV testing of partners and social networks of people living with HIV by disease intervention specialists and Partner Services

4. Promote the health of gay and bisexual men

About this key element:

Gay and bisexual men are more likely to experience certain adverse health outcomes and to face discrimination. There is a need for community-based, comprehensive health services that are culturally and linguistically appropriate for gay and bisexual men. Services should promote positive sexual health, focus on screening and prevention, and promote general physical and mental well-being.

Actions taken since the launch of the Integrated Plan:



1. Conducted the Intersectionality Among Men program

Since 2017, Diverse & Resilient has coordinated the Intersectionality Among Men (IAM) HIV prevention program. The IAM program works with same-gender-loving Black and Latinx men to enhance their interpersonal skills to maintain healthy and lasting relationships with their peers.



2. Opened the Inclusion Clinic

In 2018, Froedtert and the Medical College of Wisconsin opened the Inclusion Clinic in Milwaukee. The clinic provides comprehensive medical care specifically designed to meet the needs of LGBTQ individuals.



3. Increased presence at Milwaukee PrideFest

In 2019, the HIV in Real Life campaign hosted a booth at PrideFest Milwaukee. Volunteers at the booth connected with community members about the campaign and promoted local resources. The HIV in Real Life campaign increases the visibility of gay and bisexual men through media ads, while also addressing HIV stigma. Sharing real stories of people impacted by HIV and promoting local resources can help to create safer spaces and encourage gay and bisexual men to access the health services they need.

Future Plans

- Increase the availability of training on best practices for serving LGBTQ populations in health care settings throughout the state

5. Promote drug user health and harm reduction services

About this key element:

Harm reduction services improve the health of people who use drugs. They are in high demand because of the growing opioid crisis in our state and nationwide. The goal of these services is to reduce the stigma associated with drug use, increase access to health services, and decrease the negative health impacts of using drugs.

Actions taken since the launch of the Integrated Plan:



1. Expanded access to naloxone, an overdose reversal drug

In 2018, ARCW trained almost 9,000 people to administer naloxone around the state. More than 1,500 overdose reversals were reported to ARCW that year.



2. Started new syringe services program in Milwaukee

In 2018, UMOS started a new syringe services program to expand the availability of services for people who use drugs in the Milwaukee area, particularly in the Latinx community.



3. Expanded medication-assisted treatment (MAT) and opioid funding

In 2018, the Wisconsin Department of Health Services (DHS) partnered with the Wisconsin Society of Addiction Medicine to support medication-assisted treatment by training more health care providers to prescribe buprenorphine. In 2018, DHS also awarded \$1 million in Public Health Crisis Response Grants to 36 local and regional partners to tackle the state's opioid crisis.



4. Other actions

- In 2017, the Wisconsin HIV Training System started providing harm reduction trainings to syringe services staff and public health nurses.
- The UW Madison Rural Opioid Study aims to improve care for people who use drugs in rural Wisconsin.
- In 2018, ARCW started a pilot program to distribute fentanyl test strips to people through their syringe services program.

Future Plans

- The Rural Opioid Study research team is conducting a vulnerability assessment to identify where more harm reduction, prevention, and treatment resources are needed in Wisconsin for people who use drugs.
- Train more health care providers to screen regularly for HCV among people who can become pregnant, and particularly among people who are pregnant.
- Collaborate with local health departments to establish more syringe services programs and to provide HCV testing.

6. Grow HIV/STI/HCV Partner Services

About this key element:

Partner Services is a program that helps people diagnosed with HIV notify their partners of a possible exposure and encourage them to access testing. Expanding Partner Services includes offering more integrated services, such as HIV, STI, and HCV testing and linkage and treatment for partners.

Actions taken since the launch of the Integrated Plan:



1. Increased Disease Intervention Specialist capacity in Dane County

In 2018, Public Health Madison and Dane County hired additional Disease Intervention Specialists (DIS) and began offering syphilis testing and follow-up in Dane and surrounding counties.



2. Trained DIS on STIs, HCV, and PrEP to improve the quality of services provided to people living with HIV

Since 2016, the Wisconsin HIV Training System has invited DIS staff to attend various trainings to improve the quality of services provided to people affected by HIV. Training topics have included HCV, PrEP, and STIs.

Future Plans

- HIV laboratory reporting transitioned into the Wisconsin Electronic Disease Surveillance System (WEDSS) in 2018. Partner Services data will transition to WEDSS in 2019. This integration will increase efficiency for Partner Services providers who will be able to report HIV, STI, and HCV data in a single place.
- Increase scope of services offered by local DIS to include syphilis follow-up, identification and linkage of people with HIV who are out of care, and PrEP navigation.
- Ensure that local health departments have adequate resources for Partner Services and staff matched to community needs.

7. Support patient-centered care that focuses on patients' basic needs, such as housing

About this key element:

Enhancing patient-centered, supportive services is key to ending the HIV epidemic in Wisconsin. These include access to housing, food, and mental health services. Stable housing is one of the greatest unmet needs of people living with HIV. A lack of housing can result in negative physical and mental health outcomes, making it harder for someone living with HIV to be adherent to their treatment.

Actions taken since the launch of the Integrated Plan:



1. Developed a peer specialist program

In 2019, the Wisconsin HIV Program and the Medical College of Wisconsin started developing a peer specialist pilot program. The program will hire peer specialists (people living with HIV) to provide support to other people living with HIV who are out of care.



2. Began offering mental health telehealth services

In 2017, ARCW implemented a telehealth mental health program. The program allows clients to access mental health services at any ARCW office across the state. The program increases access to mental health services for people living with HIV in rural Wisconsin.



3. Increased housing funding for people living with HIV

In 2018, the Wisconsin HIV Program increased funding for housing services for people living with HIV throughout the state. The increased funding supports up to one year of rent assistance, emergency financial assistance for short-term assistance, first month rent assistance, and housing navigation case management.



4. Increased food pantry funding

In 2018, the Wisconsin HIV Program increased funding for food pantry services for people living with HIV throughout the state. The increased funding supports additional food pantry locations, which reduces travel time for participants.



5. Increased training for HIV case managers

In 2018, the Wisconsin HIV Training System began supporting training for HIV case managers in motivational interviewing. The goal of this training is to improve the quality of patient-centered and trauma-informed care for people living with HIV.

Future Plans

- Launch a peer specialist pilot program in Milwaukee by the end of 2019 to support people living with HIV who are out of care.

8.

Educate community members about their health insurance options and help underserved populations sign up for health care coverage

About this key element:

Health insurance is key for anyone who needs medical treatment. Educating people on their health insurance options and reducing barriers to insurance enrollment increases access to medical care. Supportive navigation services help people get health insurance, which increases access to HIV treatment and other preventive services, such as PrEP.

Actions taken since the launch of the Integrated Plan:



1. Simplified AIDS Drug Assistance Program recertification process

In 2017, the AIDS Drug Assistance Program (ADAP) simplified its six-month recertification application. They reduced the application to one page written in plain language. This change reduced the burden on ADAP participants and increased access to medication and insurance coverage for people living with HIV.



2. Funded Affordable Care Act enrollment staff

In 2017 and 2018, the Wisconsin HIV Program funded agencies to hire Affordable Care Act enrollment support staff during the annual enrollment period. These staff improve access to health insurance enrollment.



3. Medicaid expansion

Legislation was recently introduced to expand Medicaid in Wisconsin. If enacted, the expansion would provide coverage to 82,000 additional Wisconsin residents, increasing access and decreasing the cost of medical care.

Future Plans

- Offer training for front-line staff on health insurance options for clients
- Incorporate training on insurance and benefits into PrEP navigation trainings in 2019

9. Increase the use of data to improve HIV health outcomes

About this key element:

The use of data is central to monitoring population health and improving health outcomes. Data is used for surveillance, program planning, quality improvement and evaluation, clinical management, and research. Data informs funding and impacts access to services. Enhancing the use of data at the state and local levels can help improve HIV health outcomes.

Actions taken since the launch of the Integrated Plan:



1. Hired HIV Data to Care Coordinator

In 2019, the Wisconsin HIV Program hired an HIV Data to Care Coordinator. This new role will develop a Data to Care protocol, collaborate with community partners and health care providers, and increase the use of data to identify people who are out of HIV care.



2. Integrated HIV prevention and surveillance funding

In 2018, CDC combined its HIV prevention and surveillance grants to state and local health departments for the first time. The integrated funding is designed to increase coordination in addressing the HIV epidemic at the state and local levels.



3. Increased collaboration to improve HCV outcomes

In 2018, the Wisconsin HCV Program began partnering with the Wisconsin Medicaid Program to share data to monitor and improve HCV care outcomes. This new partnership aims to increase access to HCV treatment and improve health outcomes for people living with HCV who are enrolled in Medicaid.



4. Integrated HIV data into the Wisconsin Electronic Disease Surveillance System (WEDSS)

In 2018, the Wisconsin HIV Program transitioned HIV laboratory reporting into WEDSS. Partner Services data will transition to WEDSS in 2019. Once completed, Partner Services providers will have improved access to laboratory data, contact information, and coinfection data to guide client follow-up. Partner Services providers will be able to more efficiently link clients to care and provide testing to partners.



5. Updated data and reporting policies to be more inclusive of transgender individuals

Since 2017, the Wisconsin HIV Program has worked to change data collection policies and procedures regarding transgender persons living with HIV in order to improve data quality. These data guide programming and funding decisions at the state level.

Future Plans

- Use opioid overdose, HCV, and social services data to identify areas of Wisconsin that need additional prevention and treatment resources
- Increase use of available PrEP data to improve quality of HIV prevention services
- Review options to better integrate AIDS Drug Assistance Program (ADAP) and Ryan White care data to improve client care

10.

Encourage policies and practices that reduce discrimination and stigma

About this key element:

Stigma and discrimination impact people living with HIV, LGBT communities, and communities of color. Stigma and discrimination are barriers to effective HIV prevention, care, and support services. State and local governments, service providers, policy makers, and community leaders should actively support policies and practices that eliminate all forms of discrimination and stigma.

Actions taken since the launch of the Integrated Plan:



1. Launch of the Wisconsin Health Leaders Fellowship

The Wisconsin HIV Program launched the fellowship in 2016 to build leadership capacity among gay, bi, and queer men of color working in HIV and other social services. The long-term goal of the fellowship is to have leadership in the HIV field that better reflects those impacted by HIV.



2. Launch of the Empowering Community Action Institute

In 2017, the Wisconsin HIV Program established the Milwaukee-focused institute to build capacity among same-gender-loving men of color new to the HIV field. The institute provides training, mentorship, and social support to help participants succeed in their roles and prepare them for further leadership development.



3. Created stigma infographic and increased use of person centered language

In 2017, the Wisconsin HIV Program created and disseminated an infographic on strategies to reduce HIV stigma, including using person-centered language. The infographic offers service providers simple steps they can take to be more inclusive in their interactions with clients. Person-centered language will be incorporated into future handouts, posters, infographics, presentations, and reports.



4. Launched the HIV in Real Life media campaign

The Wisconsin HIV Program launched the HIV in Real Life media campaign in 2018 in Milwaukee. The campaign aims to address HIV-related stigma by sharing positive images and stories of people impacted by HIV. It consists of a website and print and online ads visible throughout Milwaukee County.

Future Plans

- Fund trainings focused on reducing implicit bias and improving cultural responsiveness for leadership in the Wisconsin HIV Program and partner agencies.
- Review hiring processes within the Wisconsin HIV Program to make them more inclusive
- Fund an assessment of capacity building needs in the transgender and non-binary community in Milwaukee with a focus on transgender people of color.

Progress Toward Objectives of the Wisconsin HIV Integrated Prevention and Care Plan, 2017-2021



| Goal | Objective | Data by Year | | | 2018 Target | 2018 Progress | 2020 Target |
|------|--|-----------------------|-------------------|-------------------|-------------------|---------------|-------------------|
| | | Baseline ^a | 2017 | 2018 | | | |
| 1 | Increase the percentage of people living with HIV who know their status to at least 90% by 2020 | 83.9% | 85% ^b | 85% ^b | 88.6% | | 90% |
| | Reduce the number of new HIV diagnoses by at least 25% by 2020 | 253 ^c | 237 ^c | 233 ^c | 209 ^c | | 197 ^c |
| 2 | Increase the percentage of newly diagnosed people linked to HIV medical care within one month of their HIV diagnosis to at least 85% by 2020 | 63.3% | 75% | 81% | 79.3% | | 85% |
| | Increase the percentage of people living with HIV who are retained in HIV medical care to at least 90% by 2020 | 50.8% | 53% | 53% | 77.1% | | 90% |
| | Increase the percentage of people living with HIV who are virally suppressed to at least 80% by 2020 | 48.6% | 66% | 65% | 71% | | 80% |
| | Reduce the percentage of people living with HIV who are homeless to no more than 5% by 2020 | 10.2% | 10.5% | 9.9% | 6.2% | | 5% |
| | Reduce the proportion of HIV-attributable deaths among people living with HIV to 20% by 2020 | 56.8% | 28% | ^d | 34.7% (2017) | | 20% |
| | Reduce new HIV diagnoses by at least 33% by 2020 in men who have sex with men, ages 15-59, statewide | 188 ^c | 179 ^c | 175 ^c | 146 ^c | | 126 ^c |
| 3 | Reduce new HIV diagnoses by at least 33% by 2020 in young Black men who have sex with men, ages 15-29, statewide | 51 ^c | 52 ^c | 51 ^c | 39 ^c | | 34 ^c |
| | Reduce new HIV diagnoses by at least 33% by 2020 in Black women, ages 15-59, statewide | 20.2 ^e | 17.3 ^e | 17.3 ^e | 13.5 ^e | | 13.5 ^e |
| | Reduce new HIV diagnoses by at least 33% by 2020 in residents of the City of Milwaukee ages 15-59 | 136 ^c | 106 ^c | 105 ^c | 97 ^c | | 91 ^c |
| | Are there disparities in care outcomes for Black people compared to White people? ^f | YES | YES | YES | N/A | | NO |
| | Are there disparities in care outcomes for young people, ages 15-29, compared to people ages 30 and older? ^f | YES | YES | YES | N/A | | NO |

a. Baseline data comes from 2010, 2011, or 2012.

b. This is an estimate of the number of people who know their HIV status.

c. This is a three year rolling average.

d. 2018 data not available because mortality data has not been released yet.

e. The baseline was calculated using a 6-year average and 2016-2020 data was calculated using a 5-year average.

f. If there are disparities for the specified population at any stage of the continuum, the value is "yes."