

Integrated HIV Prevention and Care Plan 2022-2026

District of Columbia Eligible Metropolitan Area

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Disclosures

- ▶ I have no conflicts of interest to disclose.
- ▶ I am an employee of the Government of the District of Columbia.

Presentation Objectives

- ▶ Describe the Washington, DC Eligible Metropolitan Area (DC EMA) Integrated HIV Prevention and Care Plan (Integrated Plan) planning process and purpose
- ▶ Describe the DC EMA Integrated Plan goals, objectives, and strategies through 2026

Background

Integrated Plan Components

Five-year roadmap to reach HIV prevention and care goals

- I. Executive Summary
- II. Community Engagement and Planning Process
- III. Contributing Data Sets and Assessments
- IV. Situational Analysis
- V. Goals and Objectives for 2022-2026
- VI. Implementation, Monitoring, and Follow Up

DC EMA Integrated Plan, 2022-2026

- Integrated Plan 2022-2026 Approach
 - National HIV/AIDS Strategy (NHAS), 2022-2025
 - DC Health's 95/95/95 goals, 2020
 - DC Ends HIV (DC EHE)
 - Washington, DC Regional Planning Commission on Health and HIV (COHAH)

DC EHE Five Strategies

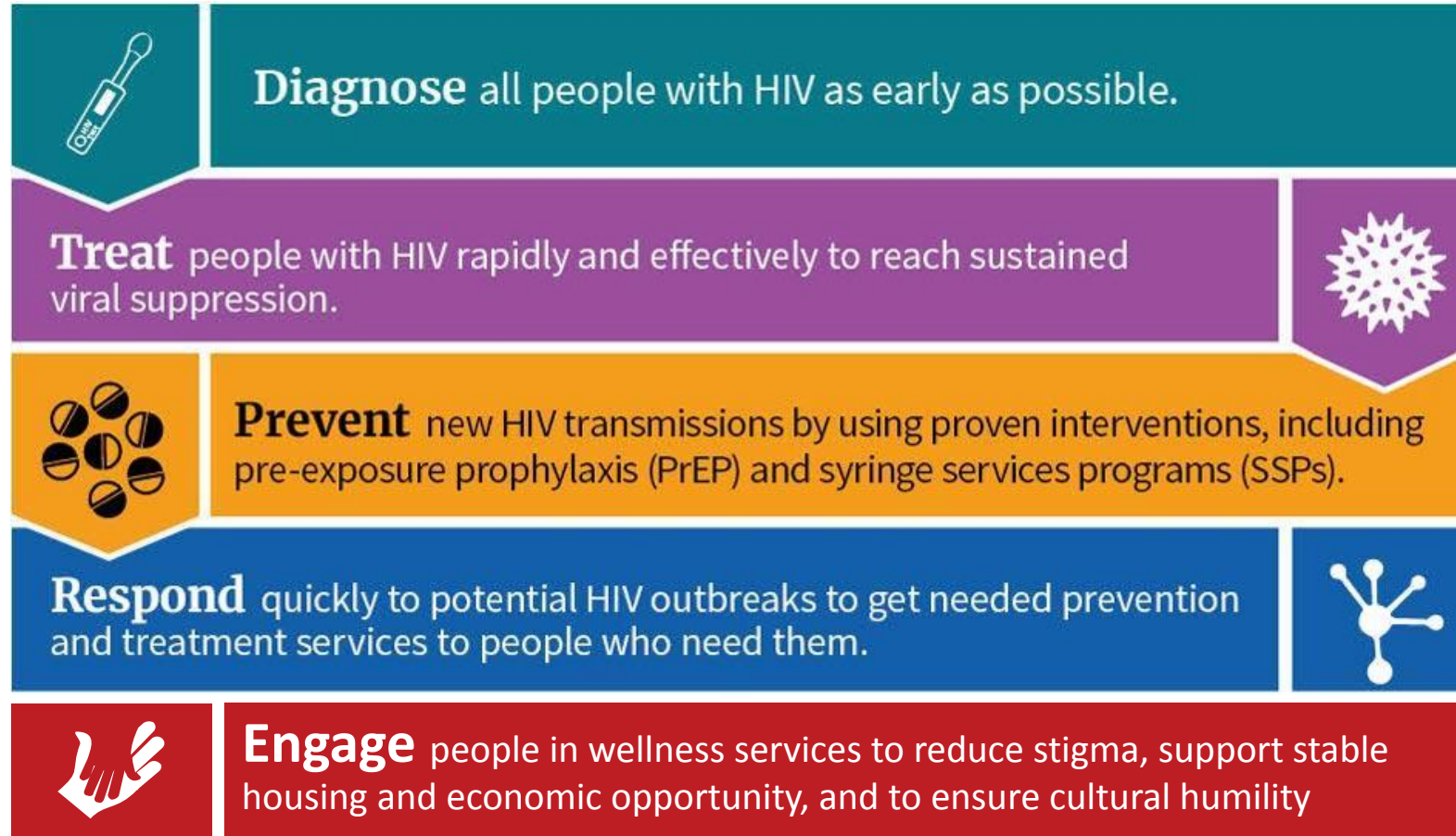


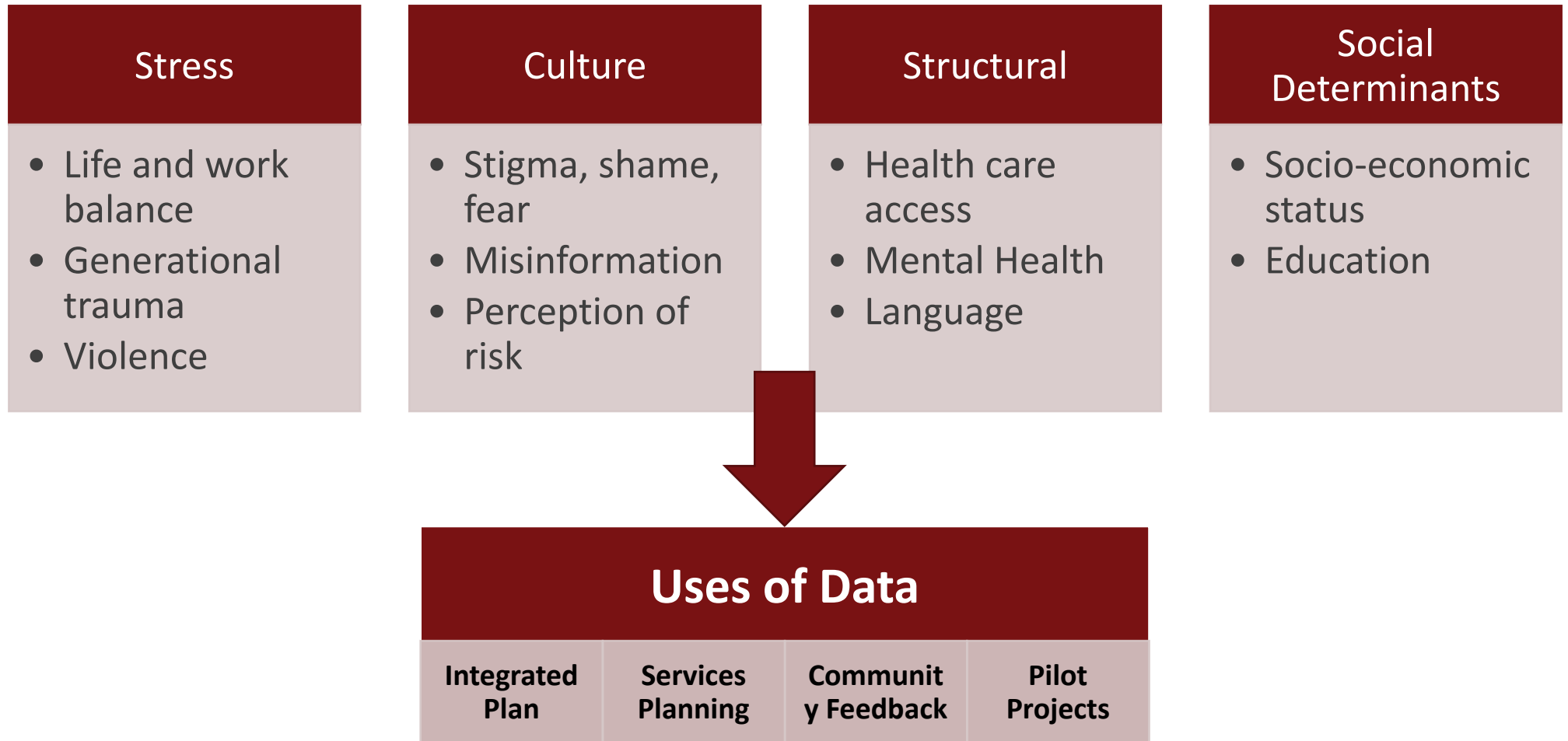
Image Source: HIV.gov, [Key EHE Strategies \(hiv.gov\)](https://www.hiv.gov); Julie Orban, MPH

Community Engagement

Community Engagement Findings

POPULATION	THEME
Black Women	<ul style="list-style-type: none">• Life and work balance• Generational trauma• “Super Woman Syndrome”• Violence
Returning Citizens- Men	<ul style="list-style-type: none">• Structural Barriers• System broken, doesn’t allow for real connections
Returning Citizens- Women	<ul style="list-style-type: none">• Shame, guilt of leaving family behind
Black Gay Men	<ul style="list-style-type: none">• Don’t see themselves at risk• Transplant isolation• Transplant vs. natives
Latina Women	<ul style="list-style-type: none">• Isolation• Fear• Language• Family/Gender Roles
Transgender Individuals	<ul style="list-style-type: none">• Violence

Common Themes and Uses of Data



Situational Analysis

Needs

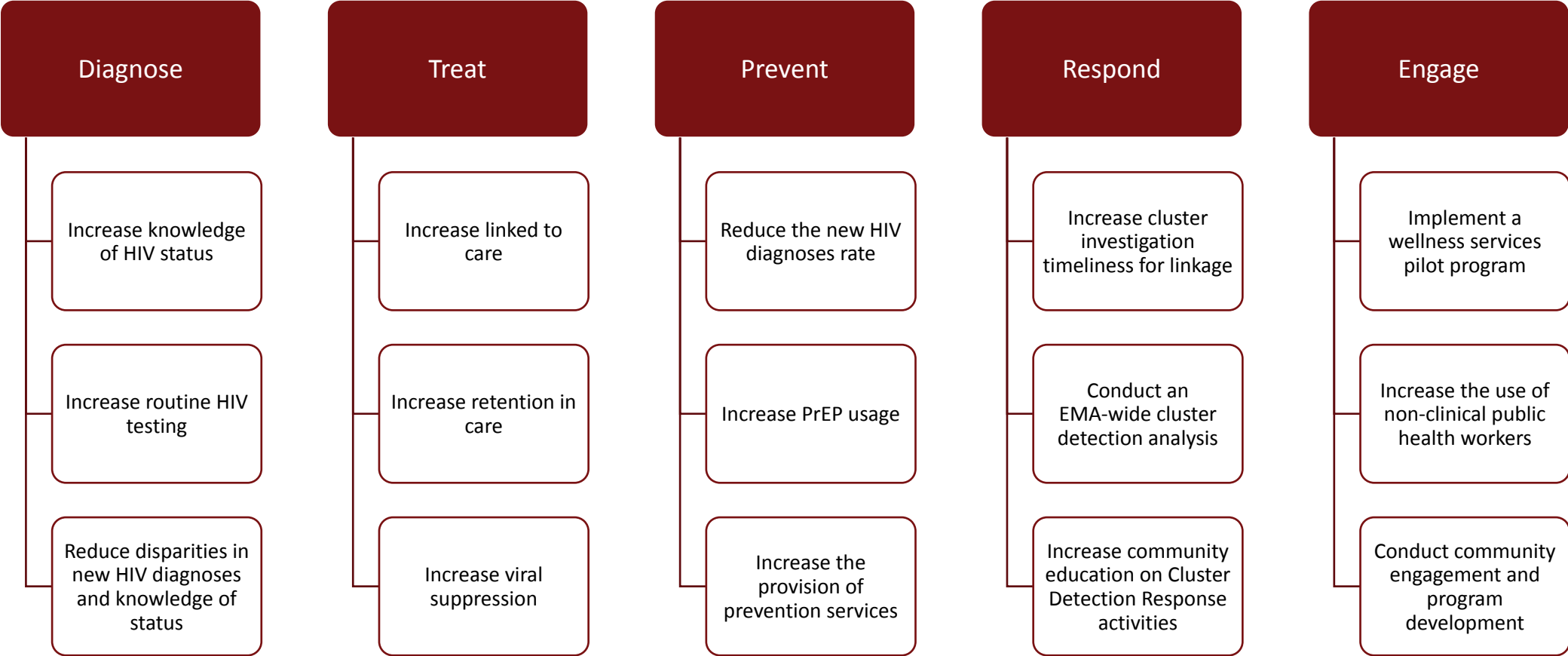
- Education to reduce HIV stigma and HIV-related risk behaviors
- Education to prevent the spread of sexually transmitted infections (STIs)
- Improve youth-focused efforts to prevent HIV
- Engage young people in youth programming
- Increase PrEP/PEP programming
- Increase wellness support

Priority Populations

- Black and Latino MSM
- Black heterosexual men and women
- People who inject drugs
- Transgender individuals
- Youth 13-24

Goals and Objectives

DC EMA Goals by Strategy, 2022-2026



Diagnose

Goal 1. Increase the number of people living with HIV who know their status in the DC EMA from a baseline of 87% to a target of 95%

Objective 1A. Develop and expand new HIV testing models

- Increase routine HIV screening within clinical settings
- Expand the syndemic approach where all clients are screened and/or linked to services
- Refresh medical provider education on routine HIV screening

Objective 1B. Develop and implement educational campaigns, interventions, and resources

- Develop new outreach campaigns

Treat

Goal 1. Increase the percentage of persons testing positive for HIV who are linked to care within 30 days of diagnosis in the DC EMA

Objective 1A. Link people to care immediately

- Increase rapid linkage to HIV care and ART initiation
- Conduct analysis to determine demographic group gaps for rapid linkage

Objective 1B. Increase the capacity of the health care delivery system

- Review and access all HIV services partner protocols
- Expand provider community of practice
- Convene an inter-jurisdictional surveillance workgroup to discuss best practices and opportunities

Prevent

Goal 1. Reduce the rate of new HIV diagnoses in the DC EMA

Objective 1A. Increase community awareness of HIV

- Expand PrEP social marketing and educational materials

Objective 1B. Expand and improve prevention interventions

- Expand PrEP telehealth by training providers, sharing protocols, and identifying and addressing telehealth barriers

Respond

Goal 1. Increase the timeliness of cluster investigations to link individuals to HIV care or prevention services

Objective 1A. Improve cluster investigation processes

- Establish new protocols and timeframes to process the diagnosis
- Conduct and report on ongoing expanded review of both molecular and time/space clusters
- Improve the timeliness of molecular cluster detection
- Establish a Cluster Response Committee to review cluster data
- Integrate and centralize HIV and STD surveillance activities

Engage

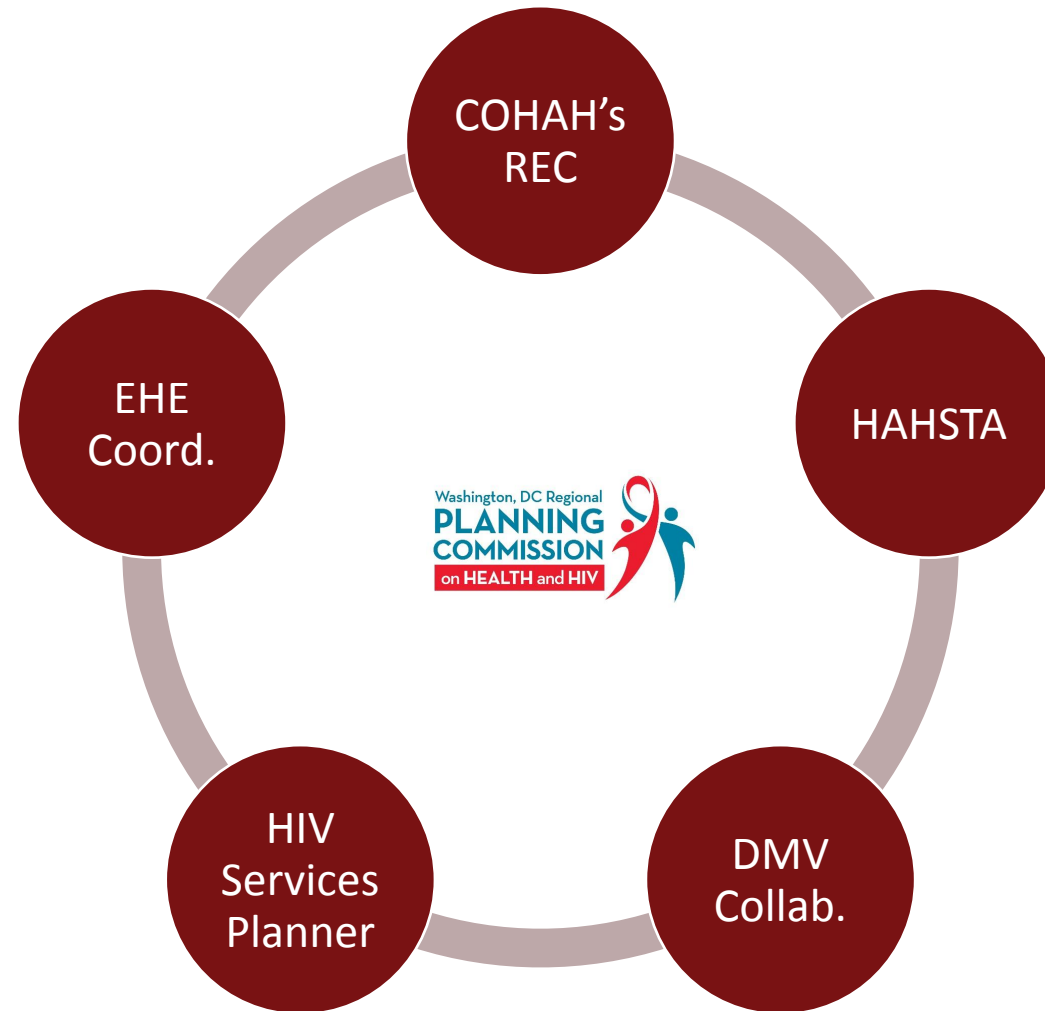
Goal 1. Implement a wellness services pilot program guided by an HIV status-neutral approach

Objective 1A. Pilot a status-neutral approach to HIV programs

- Implement status-neutral Wellness Initiative

Monitoring and Evaluation

Tracking Progress



Monitoring and Evaluation

- Ongoing data collection efforts
- Quarterly/bi-annual presentations
- Share findings for feedback
- Annual progress report

Acknowledgements

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▶ Additional Participants

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- Nestor Rocha
- Brittani Saafir

Status-Neutral Consumer Needs Assessment



Launched in 2022 by the COHAH



Data collection extended to June 2023



\$15 Walmart Gift Card for completing the survey

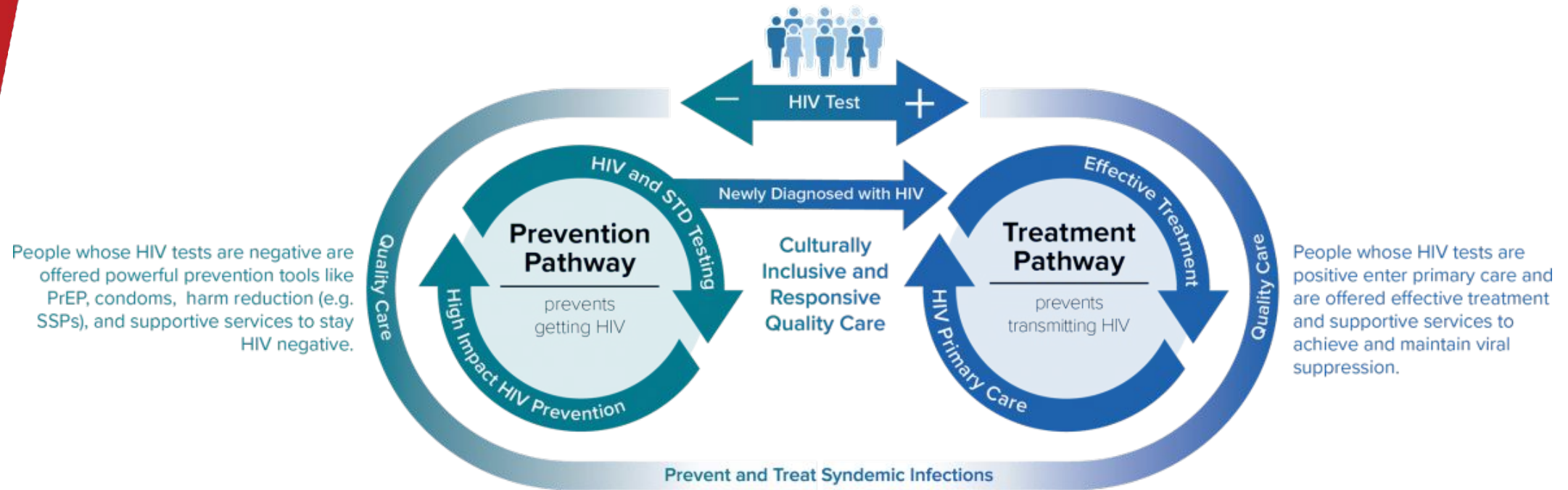


<https://bit.ly/cohahna>



Please share!

Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Image Source: [Issue Brief: Status Neutral HIV Care and Service Delivery | Policy and Law | HIV/AIDS | CDC](#)

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**Link: [DC EMA Integrated HIV
Prevention and Care Plan 2022-2026](#)**


QUESTIONS?

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