

Wisconsin Integrated HIV Plan 2017 – 2021

2022 Progress Report



Wisconsin Department of Health Services

P-02474 (09/2022)



1.

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

About this key element:

Human Immunodeficiency Virus (HIV) prevention and care resources should be targeted to people and areas that are most impacted by HIV. In Wisconsin, this means addressing racial inequities in HIV diagnoses and health outcomes, and inclusively and deliberately engaging community members.

Actions Taken Since the 2019 Progress Report

- **Released updated opportunity for Minority AIDS Initiative (MAI).**

MAI funding is used to improve access to HIV care and health outcomes for disproportionately affected minority populations. Program data shows Black cisgender and transwomen are disproportionately impacted by late HIV diagnoses. These populations have greater unmet needs when compared to Wisconsin as a whole, and to other subpopulations within the state.

In 2021, a Request for Proposals (RFP) was released for the MAI funding with the goal of outreach to Black cisgender and transwomen living with HIV in Milwaukee. The goal of this program is to encourage enrollment and access to the Wisconsin AIDS/HIV Drug Assistance Program (ADAP). These program resources will provide medication adherence counseling, and work to remove barriers to medication adherence.



- **Piloted Peer Navigation Program from 2020 to 2021**

In 2020, Diverse & Resilient piloted the Peer Navigation Program (PNP) in Milwaukee. The program builds on the Peers' unique lived experiences to reach people in community who are not currently engaged in HIV care. The PNP connects people to resources while providing a supportive and understanding community environment.

The PNP was funded for an additional pilot year in 2021 due to significant barriers to program function during the COVID-19 pandemic.



- **Added opioid dependency medications to the ADAP formulary**

Opioid dependency medications are used to treat opioid use disorders. They help suppress desire for opioid use and block their effects. Naloxone is used to prevent opioid overdose by reversing the toxic effects of the overdose. In 2020, the Wisconsin ADAP formulary, a listing of all medications that are covered by ADAP for active clients,



Actions Taken Since the 2019 Progress Report (continued)

- **Provided CARES Act funding to agencies for Emergency Financial Assistance (EFA)**

The CARES Act provided one-time funding to Ryan White HIV/AIDS Program recipients to prevent, prepare for, and respond to the COVID-19 pandemic. This additional funding was allocated to subrecipient agencies that provided EFA services to clients to help pay for expenses related to utilities, food, personal hygiene and protective supplies, and transportation.



- **Increased submission flexibilities for ADAP clients**

The Wisconsin ADAP increased flexibilities for clients and case managers to submit applications and other documentation during the COVID-19 pandemic. This flexibility helped clients remain active on the program, as well as maintain health coverage and access to medications during the public health emergency.



2.

Increase access to PrEP: One pill, once a day that can help prevent HIV

About this key element:

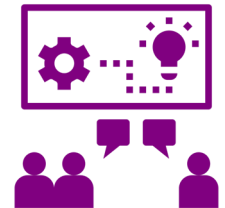
PrEP (Pre-Exposure Prophylaxis) is a prescription medication pill taken once a day that can reduce a person's risk of getting HIV by over 90%. Increasing access to PrEP in Wisconsin means:

- Growing the number of service providers offering PrEP
- Providing support to help people pay for PrEP through several financial assistance programs
- Increasing PrEP adherence
- Providing medical follow-up

Actions Taken Since the 2019 Progress Report

• Offered a PrEP Navigation and Adherence Workshop

The HIV Prevention Unit collaborated with Midwest AIDS Training and Education Center (MATEC) of Wisconsin and Washington University to offer a PrEP Navigation and Adherence Workshop from April 13 to April 15, 2021. The workshop focused on key updates to PrEP financing and shared tools to support clients facing barriers to PrEP adherence.



• Provided ongoing support to the PrEP Navigators Network

Continued to provide support to a network of 10 PrEP Navigators between seven agencies with CDC HIV Prevention grant funding. Agencies included clinical settings, AIDS service organizations, STI clinics, and community-based organizations. PrEP Navigators help clients address insurance or cost-related barriers. Clients received support over the course of the PrEP continuum, from initiation to picking up the



• Expanded TelePrEP services to Northeast Wisconsin

In 2021, Vivent Health began offering TelePrEP services in northeast Wisconsin. These services were expanded in order to increase access to PrEP for people who live in rural areas that would typically need to travel long distances to be seen at a physical site.



• Expanded PrEP accessibility in rural Wisconsin

MATEC Wisconsin provided training and technical assistance to the Healthfirst Network so they could begin offering PrEP services. The Healthfirst Network is a family planning provider with clinics in nine counties of central and northern Wisconsin. This expansion increases PrEP accessibility in rural parts of the state and helps reach clients who may not have known PrEP was an option for them.



3.

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

About this key element:

Sexually transmitted infections (STIs), viral hepatitis (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 2019 Progress Report

- **Provided integrated testing**

Integrated testing options are available at agencies around the state to increase client access to rapid HIV, HCV, and syphilis testing. Testing options for other STIs, such as gonorrhea and chlamydia are also available.



- **Increased rapid HCV testing capacity at outreach sites**

In 2021, outreach HCV testing capacity grew when three additional sites were added. Outreach HCV testing provides access to both rapid testing (point of service) and lab-based RNA testing through the Wisconsin State Laboratory of Hygiene (WSLH).



- **Increased access to Syringe Service Programs (SSPs) across Wisconsin**

SSPs are available at the majority of HIV and STI testing sites and all HCV testing sites. Services available at SSPs include the exchange of used injection equipment for sterile equipment and have expanded to include overdose prevention education, naloxone and Narcan distribution, and HCV, HIV, and STI testing.



Actions Taken Since the 2019 Progress Report (continued)

- **Introduced at-home HIV testing during the COVID-19 pandemic**

At-home testing is another way for people to get tested and learn their HIV status if they don't feel comfortable or aren't able to come into an agency for testing. During the COVID-19 pandemic, four testing sites offering at-home rapid HIV testing were introduced. Over 350 OraQuick HIV tests were distributed in 2020 and 2021.



- **Strengthened telehealth services**

Telehealth services for HIV and STI testing as well as tele-PrEP navigation to gay and bisexual men were offered by subrecipient agencies. Participating agencies included UW Health, Vivent Health, Diverse & Resilient, and Sixteenth Street Community Health Center.



4.

Promote the health of gay and bisexual men

About this key element :

Gay and bisexual men are more likely to face discrimination and experience certain adverse health outcomes. Community-based and comprehensive health services are critical to promote the health of people within such communities. These services should focus on screening and prevention and promote positive sexual, physical, and mental health in a manner both culturally and linguistically appropriate for gay and bisexual men.

Actions Taken Since the 2019 Progress Report

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- **Formed partnerships to increase linkage to PrEP in Milwaukee**

Brady East STD Clinic partnered with Medical College of Wisconsin to increase linkage to PrEP for gay and bisexual men in Milwaukee. This partnership allows people who come in for routine STI or HIV testing to be linked directly to a PrEP appointment.



- **Coordinated webinar series focused on Black gay and bisexual men's health**

The HIV Prevention Unit coordinated the "Improving Community Health" webinar series which focused on sexual health, testing, PrEP, COVID-19, and holistic health for Black gay and bisexual men. This series brought in national speakers such as Dr. David Malebranche, Dr. Stephaun Wallace, Jennifer Barnes-Belanciaga, and Martez Smith as well as local leaders and alumni from the Wisconsin Health Leaders Fellowship.



5.

Promote drug user health and harm reduction services

About this key element :

Harm reduction services improve the health of people who use drugs. These services are in high demand because of the growing opioid epidemic in both Wisconsin and nationwide. Goals of these services include:

- Reducing the stigma associated with drug use
- Treating substance use disorder (SUD) as a health care need
- Increasing access to health services
- Decreasing the negative health impacts of using drugs

Actions Taken Since the 2019 Progress Report

• Created the Harm Reduction Unit

A Harm Reduction unit was created within the Communicable Diseases Harm Reduction Section in October 2021. This unit includes harm reduction response teams, a drug user health coordinator, the HCV prevention and surveillance staff, and a trauma and resilience coordinator.

The Harm Reduction unit expands the Division of Public Health's capacity to provide training and technical assistance to harm reduction programs statewide. The goal of the unit is to promote harm reduction principles in public health programming.



• Implemented prevention navigators in northern Wisconsin

Narcan and overdose prevention and reversal trainings were implemented at existing Syringe Service Programs (SSPs) and fentanyl test strips and other supplies were shared at each training. Existing SSPs also participated in the UW Rural Opioid Study, which involved the implementation of overdose prevention navigators throughout northern Wisconsin.



• Increased staffing at local health departments

Public Health Madison Dane County created a Harm Reduction and Drug User Health position. Efforts to prevent overdoses and reduce drug harm are critically important strategies to improve the health of people who use drugs, reduce the transmission of HIV and HCV, and increase access to prevention, care and treatment services.



Actions Taken Since the 2019 Progress Report (continued)

- **Expanded Syringe Service Programs (SSP)**

In 2021, United Migrant Opportunity Services (UMOS) began a new SSP. UMOS distributed 23,000 syringes, collected 19,000 syringes, and delivered harm reduction supplies in the Milwaukee area. This expansion is important because UMOS serves people in the Latinx community at high risk for HCV and overdose, and services were provided in a setting that is trusted by the community.



- **Formed partnerships to increase services for marginalized women**

The HIV Prevention Unit partnered with the Benedict Center to increase services for marginalized women living in Wisconsin, such as women who are engaged in street-based sex work and/or involved with the justice system.

The Benedict Center advocates for social justice and provides treatment, support, and assistance with navigating the criminal justice system. Center programs focus on harm reduction, living healthy and safe lives, and the successful return to community after incarceration.



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 encourages them get tested. Expanding Partner Services will offer more integrated services, such as HIV, STI, and HCV testing. This program also prioritizes linkage to PrEP or care and treatment for partners.

Actions Taken Since the 2019 Progress Report

- **Increased Disease Intervention Specialist staffing across Wisconsin**

The COVID-19 pandemic highlighted the need for increased funding to build capacity in public health infrastructure. In response, federal grants were awarded to all states, including Wisconsin, to hire, train and utilize disease intervention specialists in areas with high social vulnerability indexes.



- **Integrated HIV Partner Services into the Wisconsin Electronic Disease Surveillance System (WEDSS)**

This integration improved HCV and/or STI co-diagnosis review. HIV and STI disease intervention specialists are now able to view all data in one place which improves effectiveness in service delivery.



- **Piloted Peer Navigation Program from 2020 to 2021**

In 2020, Diverse & Resilient piloted the Peer Navigation Program (PNP) in Milwaukee. The program builds on the Peers' unique lived experiences to reach people in community who are not currently engaged in HIV care. The PNP connects people to resources while providing a supportive and understanding community environment.



The PNP was funded for an additional pilot year in 2021 due to significant barriers to program function during the COVID-19 pandemic.

Actions Taken Since the 2019 Progress Report (continued)

- Incorporated Partner Services in Cluster Detection and Outbreak Response Plan**

The Wisconsin HIV Cluster Detection and Outbreak Response Plan was approved by CDC in 2021. It includes partner services providers and disease intervention specialists for STIs and HIV. Both units act as key staff in the event of an HIV cluster or outbreak. The plan was developed with input from local health department staff who provide partner services.



- Improved data visualization for HIV/HCV co-diagnoses and cluster detection**

In 2021, the HIV/HCV co-diagnosis monitoring team began creating interactive Tableau dashboards. The dashboards provide an enhanced view of the geographic and demographic distributions of HIV/HCV co-diagnoses and disparities. The improved visualizations will help identify these trends and support routine co-diagnosis and cluster detection and response activities.



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 stay consistent with their treatment.

Actions Taken Since the 2019 Progress Report

- **Piloted Peer Navigation Program from 2020 to 2021**

In 2020, Diverse & Resilient piloted the Peer Navigation Program (PNP) in Milwaukee. The program builds on the Peers' unique lived experiences to reach people in community who are not currently engaged in HIV care. The PNP connects people to resources while providing a supportive and understanding community environment.

The PNP was funded for an additional pilot year in 2021 due to significant barriers to program function during the COVID-19 pandemic.



- **Began funding Emergency Financial Assistance (EFA), Housing, and Food services**

Starting in 2018, the Wisconsin Ryan White Part B program began funding EFA, Housing, and Food Services. Subrecipient agencies then began implementing programs and policies to utilize these services. Over the course of the integrated plan, feedback from subrecipients and clients have highlighted the importance of these services in achieving positive outcomes for clients.



- **Provided CARES Act funding to agencies for Emergency Financial Assistance (EFA)**

The CARES Act provided one-time funding to Ryan White program recipients to prevent, prepare for, and respond to the COVID-19 pandemic. This additional funding was allocated to subrecipient agencies who provided EFA services to clients. EFA services help pay for expenses related to utilities, food, personal hygiene and protective supplies, and transportation.



Actions Taken Since the 2019 Progress Report (continued)

- **Continued revisions to the Wisconsin Acuity Index (WAI)**

The Wisconsin Acuity Index (WAI) is a tool used to assess the level of care that is appropriate for a client's needs and address barriers they are experiencing. The WAI tool has been undergoing revisions to include more elements of basic human needs and person-centered care. People who use the tool each day, like nurses, case managers and linkage to care specialists, are providing feedback to ensure the updates are user-friendly, accurate, and objective.



- **Expanded use of Medical Transportation service funds**

Historically, the use of Medical Transportation funds has been limited to providing clients with pre-paid bus tickets. In 2019, the Ryan White program expanded services to include the use of funds for rides via cab companies or app-based ride services. This expansion included non-cash mileage reimbursement options, such as gas cards.



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 care. Supportive navigation services help people enroll in and maintain health insurance. These services increase access to HIV treatment and other preventive services, such as PrEP.

Actions Taken Since the 2019 Progress Report

- **Began hosting quarterly technical assistance meetings**

The Wisconsin AIDS/HIV Drug Assistance Program (ADAP) began hosting quarterly meetings with HIV Care staff across subrecipient agencies in 2020. The meetings address ADAP policies and procedures, and updates related to health insurance and health care coverage. They also provide opportunities for collaborative problem-solving and Q&A.



- **Expanded health care premium coverage options**

The ADAP provides active clients with health insurance premium coverage for a variety of health insurance options. In 2021, the program expanded premium coverage to Medicare Part C (or Medicare Advantage) plans. Reducing the barriers to coverage and services is cost-effective and improves health outcomes.



- **Developed partnerships with Medicare and Medicaid stakeholders**

Ryan White program staff renewed an existing affinity group with Medicaid specialists in Wisconsin. This partnership allows for increased data sharing and opportunities to compare Ryan White data to statewide indicators of health outcomes.

ADAP staff developed a relationship with Medicare experts at the Wisconsin's State Health Insurance Program (SHIP). These partners are engaging with Wisconsinites to enroll in health coverage and assist with insurance-related issues and questions. They have since attended quarterly ADAP technical assistance meetings to present their work and share knowledge and experience of navigating health insurance complexities.



Actions Taken Since the 2019 Progress Report (continued)

- **Removed barriers for ADAP and Ryan White clients**

The Wisconsin ADAP and the Ryan White program eliminated the requirement for clients to complete eligibility verification every six months. Additional changes allowed staff at HIV care subrecipient agencies to utilize client enrollment in governmental assistance programs reducing burden on staff and clients to complete repeated eligibility determinations.



- **Provided staffing relief to subrecipients during open enrollment**

Ryan White's Part B grant funding was used to hire limited-term employees at a subrecipient agency. These employees assisted and supported clients with enrolling in health care coverage during open enrollment periods. This was especially important during the pandemic as many clients were eligible to enroll in new insurance options, like BadgerCare+ (Wisconsin Medicaid) and/or through the federal marketplace.



9.

Increase the use of data to improve HIV health outcomes

About this key element :

Data is central to monitoring population health and improving health outcomes. It 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 state and local levels can help improve HIV health outcomes.

Actions Taken Since the 2019 Progress Report

- **Integrated HIV Partner Services into WEDSS**

This integration improved HCV and/or STI co-diagnosis review. HIV and STI disease intervention specialists are now able to view all data in one place, improving effectiveness in service delivery.



- **Created Data-to-Care module within WEDSS**

This module helps assign cases of people living with HIV who have fallen out of care to the correct staff at local health departments. This connection allows for patient follow-up, which helps get more people linked to care.



- **Released updated opportunity for Minority AIDS Initiative (MAI)**

MAI funding is used to improve access to HIV care and health outcomes for disproportionately affected minority populations. Program data shows Black cisgender and transwomen are disproportionately impacted by late HIV diagnoses. These populations have greater unmet needs when compared to Wisconsin as a whole, and to other subpopulations within the state.



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- **Incorporated Partner Services in Cluster Detection and Outbreak Response Plan**

The CDC approved the Wisconsin HIV Cluster Detection and Outbreak Response Plan in 2021. It includes Partner Services providers and Disease Intervention Specialists for STIs and HIV. Both units act as key staff in the event of an HIV cluster or outbreak. The plan was developed with input from local health department staff who provide partner services.



10.

Encourage policies and practices that reduce discrimination and stigma

About this key element :

Stigma and discrimination impact people living within HIV, LGBTQ+ 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 2019 Progress Report

- **Expanded use of inclusive language throughout HIV and HCV-related resources**

Over the course of the Integrated Plan, the HIV and HCV staff within the Communicable Disease Harm Reduction (CDHR) Section have updated language in forms, publications (e.g., reports, presentations, and guidance) and webpages to be more inclusive and client centered. Staff incorporated feedback from a variety of audiences including the Statewide Action Planning Group (SAPG) members, HIV tribal coordinators, and community members.



- **Provided and participated in destigmatizing trainings**

Staff within the CDHR Section and subrecipient agencies participated in a variety of trainings and development opportunities. Trainings were related to health and racial equity, health disparities, trauma and resilience, reflective supervision, and cultural humility.



- **Corrected surveillance data to accurately reflect people of Trans experience who are living with HIV**

HIV surveillance at the state level is passive through laboratory and case reporting. Sex and gender identity data are collected from reporting providers or come from HIV case report forms and laboratory reports. As new information is reported, the HIV surveillance team updates the data to reflect the most accurate information of people of Trans experience who are living with HIV in Wisconsin.

In 2021, HIV care subrecipient partners started a collaborative quality assurance effort by providing lists of their clients of Trans experience. This collaboration helps ensure people of Trans experience's records are up-to-date and accurate.



Actions Taken Since the 2019 Progress Report (continued)

- **Participated in DHS's Workforce Development Employee Recruitment and Retention Subgroup**

Staff within CDHR participated in DHS's Workforce Development Employee Recruitment and Retention Subgroup. The subgroup worked with the DPH Administrator's Office to create an exit interview survey. Subgroup members created resources to use when updating and posting job positions for hire and collecting information on existing mentorship programs at DPH. This collaboration allowed staff to develop recruitment and retention strategies that address workforce diversity and capacity to improve the public health system.



- **Modified CDHR hiring requirements to advance equity and increase staff diversity**

Hiring practices and procedures within CDHR were modified to advance equity and increase diversity of staff. This process included removing education-based requirements and prioritizing lived experiences when possible.



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



ANNUAL TARGET MET



ANNUAL TARGET NOT MET
Progress in the expected direction



ANNUAL TARGET NOT MET
No progress made



NO ANNUAL TARGETS

Goal	Objective	Data by Year					2020 Progress	2020 Target
		Baseline ^a	2017	2018	2019	2020 ^b		
1	Increase the percentage of people living with HIV who know their status to at least 90% by 2020	83.9% ^c	85.0% ^c	85.0% ^c	85.5% ^c	86.2% ^c		90%
	Reduce the number of new HIV diagnoses by at least 25% by 2020	253 ^d	237 ^d	233 ^d	228 ^d	214 ^d		197 ^d
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%	80%	79%		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%	60%	48% ^b		90%
	Increase the percentage of people living with HIV who are virally suppressed to at least 80% by 2020	48.6%	66%	65%	75%	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%	10.2%	9.3%		5%
	Reduce the proportion of HIV-attributable deaths among people living with HIV to 20% by 2020	56.8%	28%	34%	29%	27%		20%
3	Reduce new HIV diagnoses by at least 33% by 2020 in men who have sex with men, ages 15-59, statewide	188 ^d	179 ^d	175 ^d	164 ^d	155 ^d		126 ^d
	Reduce new HIV diagnoses by at least 33% by 2020 in young Black men who have sex with men, ages 15-29, statewide	51 ^d	52 ^d	51 ^d	43 ^d	41 ^d		34 ^d
	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	18.3 ^e	16.8 ^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 ^d	106 ^d	105 ^d	104 ^d	97 ^d		91 ^d
	Are there disparities in care outcomes for Black people compared to White people? ^f	YES	YES	YES	YES	YES		NO
	Are there disparities in care outcomes for young people, ages 15-29, compared to people ages 30 and older? ^f	YES	YES	YES	YES	YES		NO

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

b. Due to COVID-19, it is unclear if the declining data trends in 2020 are true decreases.

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

d. This is a three year rolling average.

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."