



Summary of Wisconsin's Integrated HIV Prevention and Care Plan



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Overview

The [Wisconsin Integrated HIV Prevention and Care Plan for 2022–2026](#) is a living document that outlines what the HIV epidemic looks like in Wisconsin, and highlights statewide priorities, goals, objectives, strategies, and activities to end the HIV epidemic.

The contents of the plan were developed in collaboration with the [Statewide Action Planning Group](#) (SAPG) and informed by a comprehensive needs assessment and various community engagement activities. These included discussions with existing partner organizations, and sharing a brief summary of the plan for public comment and input from Local and Tribal Health Department staff across Wisconsin. Future community engagement opportunities will inform updates to the plan throughout the five-year period.

The State of Wisconsin receives funding for HIV Care and Prevention activities from both the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA). The CDC and HRSA jointly require the development and submission of an Integrated HIV Prevention and Care Plan from each recipient every five years.

The Wisconsin Integrated HIV Prevention and Care Plan 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 Wisconsin HIV Program is responsible for coordinating and overseeing the implementation, monitoring, and evaluation of the plan.

This document, the Summary of Wisconsin’s Integrated HIV Prevention and Care Plan, provides a brief overview of the plan, including priority themes and populations. Please use this document as a resource to reference key information and inform conversations about strategic planning and implementation of programs and initiatives.

Through the integrated planning process and collaboration with SAPG, four priority themes had overwhelming support and significance and were chosen in efforts to ground all those engaged with shared values and direction. The **priority themes** are:

- Health Equity
- Status-Neutral Approaches
- Stigma Reduction
- Workforce Development

These four priority themes highlight the need for intersectional and cross-cutting initiatives, and must be in the forefront of our minds throughout all steps moving forward.

Furthermore, while the plan intends to reach and engage all people living with and impacted by HIV, populations disproportionately impacted must be prioritized and engaged throughout planning, implementation, monitoring, and evaluation.

Priority populations include:

- Black and Brown people of trans experience and non-binary/gender non-conforming persons
- Black women
- People living in the southeastern region of Wisconsin
- Same-gender loving men of color
- Black, Brown, Hispanic/Latinx, and Indigenous people
- People who use drugs
- Youth (people ages 13 to 29 years old)

The unique experiences and collective well-being of the individuals who make up or identify within or across these priority populations must be valued and appreciated. While some strategies may work well for one group or individual, others may work better for another. Being aware of and responsive to the needs and voices of all community members will guide our strategy and inform our actions.

Language Disclaimer: The Wisconsin HIV Program honors the diversity of our communities and strives to use inclusive language to reflect that diversity. This document uses language based on partner input, and still we recognize that the language used may not resonate with every individual. We value and affirm each individual's identity and language used to communicate about themselves and their communities. As language evolves, so will we.

Goal 1: Prevent New Infections

Objectives

Objective 1.1: By the end of 2026, reduce new HIV diagnoses by at least 40%. In 2021, there were 227 new diagnoses.

Objective 1.2: Increase the percent of people living with HIV who know their status from 87% in 2019 to at least 95% by 2026.

Objective 1.3: Increase PrEP coverage from 19% in 2019 to at least 50% of all people who could benefit from the medication by the end of 2026.

Strategies

Strategy 1: Promote comprehensive HIV, STI, and HCV Testing.

Activity 1A: Increase outreach testing in bars, clubs, mobile units, and other non-clinical community gathering sites. Outreach testing ensures that HIV/STI/HCV testing is more available and accessible to communities most impacted.

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

- Expanding availability of free at-home HIV and STI testing to all Wisconsin residents.
- Implementing a dual-rapid HIV testing algorithm at all publicly funded HIV testing sites to improve efficiency and linkage to care.

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

- Increase capacity of HIV testing providers to screen for HCV and STIs, including three-site extragenital testing for gonorrhea and chlamydia.
- Increase testing for STIs among PLWH.
- Offer testing at festivals and other large gatherings.
- Increase availability of testing at treatment and recovery centers.
- Increase the capacity of testing providers at university health services and college campuses.

Activity 1D: Expand routine HIV testing following CDC recommendation that everyone aged 13-64 years get tested for HIV at least once as part of routine health care, and that people with specific risk factors be tested annually.

- Expand routine testing in emergency rooms and urgent care settings.
- Increase awareness of primary care clinicians of the benefits of routine testing.

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

Activity 2A: Partner with the Department of Public Instruction (DPI), school districts, and community-based organizations to promote ongoing, age-appropriate, LGBTQ+-inclusive, comprehensive sex education in schools and community-based settings for adolescents and young adults.

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

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

Activity 2D: Work with the Midwest AIDS Training and Education Center (MATEC) and other partners to educate and increase capacity of primary care clinicians to provide HIV education, testing, PrEP, linkage to PEP, and treatment.

Activity 2E: Hold a Wisconsin HIV, STI, and Harm Reduction Summit.

Activity 2F: Organize a series of trainings for HIV providers regarding various topics beyond HIV.

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

Strategy 3: Expand partnership between and capacity of CTR providers, PS providers, and DIS.

Activity 3A: Expand partner services to include partnerships with community-based settings and health care providers in clinical settings.

Activity 3B: Promote awareness of PS and DIS among health care providers in clinical settings.

Activity 3C: Incorporate the use of HIV and STI disease intervention specialists in D2C response activities.

Activity 3D: Incorporate D2C into Wisconsin's existing linkage to care model, including the use of peer navigators to perform D2C activities.

Activity 3E: Develop and diversify the workforce of partner services providers and disease intervention specialists.

Activity 3F: Facilitate cross-training opportunities for partner services providers.

Activity 3G: Explore at-home testing engagement strategies.

Activity 3H: Provide hybrid networking and collaboration opportunities.

Strategy 4: Expand and improve implementation of proven HIV prevention interventions, including:

- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- Treatment as Prevention (TasP, U=U)
- Condom Distribution
- Syringe Services and Harm Reduction Programs

Activity 4A: Expand awareness of PrEP among primary care clinicians, including proper billing and coding procedures to ensure that no patients are charged for clinical services, labs, or PrEP medication.

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

Activity 4C: Expand availability and accessibility of PEP.

Activity 4D: 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 4E: Expand evidence-based harm reduction services for people who use drugs, including syringe services programs (SSPs) and integrate them with HIV prevention services.

Activity 4F: Increase awareness of the role that medication adherence and viral suppression plays in preventing the spread of HIV in both the general public and among medical providers.

Goal 2: Improve HIV-related Health Outcomes of People with HIV

Objectives

Objective 2.1: By the end of 2026, increase the percentage of **newly diagnosed people linked to HIV medical care** within one month of their diagnosis to 95% and provide low-barrier **access to HIV treatment**. In 2021, 75% of newly diagnosed people were linked within one month.

Objective 2.2: By the end of 2026, **increase the percentage of PLWH in care** to 95% by identifying, engaging, or reengaging people who are not in care. In 2021, 88% of PLWH were engaged in care.

Objective 2.3: **Increase retention in care and adherence to HIV treatment** in order to achieve and maintain longterm viral suppression of 95%. In 2021, 90% of PLWH were virally suppressed.

Objective 2.4: By the end of 2026, **increase the capacity of public health, health care delivery systems, and the health care workforce** in order to increase retention in care to 90%. In 2021, 60% of PLWH were considered “retained in care.”

Strategies

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

Activity 1A: Increase capacity of Linkage To Care Specialists (LTCS) across Wisconsin.

Activity 1B: Develop and share Linkage To Care resources.

Activity 1C: Connect LTCS with pharmacies and pharmacists across Wisconsin.

Activity 1D: Advance and improve data sharing practices with partners to ensure appropriate access to data for care and prevention.

Activity 1E: Increase outreach capacity across Wisconsin.

Activity 1F: Support routine opt-out HIV testing in emergency departments throughout Wisconsin.

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

Activity 2A: Increase social medial presence.

Activity 2B: Provide consumer-facing transparency and education about medication access.

Activity 2C: Foster partnership and collaboration between the Wisconsin HIV Program and other DHS programs.

Activity 2D: Expand opportunities for telehealth.

Activity 2E: Increase access to and awareness of housing resources.

Activity 2F: Address barriers to accessing care for older adults living with HIV.

Strategy 3: Promote participation in ADAP.

Activity 3A: Develop and implement and ADAP online portal.

Activity 3B: Establish an ADAP Advisory Committee.

Activity 3C: Improve ADAP webpages to include additional resources for people using ADAP.

Strategy 4: Encourage trauma-informed approaches that retain and sustain the HIV workforce.

Activity 4A: Explore innovative strategies to reduce burnout.

Activity 4B: Create agency-specific plans to implement trauma-informed approaches.

Activity 4C: Offer routine training on trauma-informed approaches, trauma-informed care, and harm reduction strategies.

Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objectives

Objective 3.1: Reduce disparities in new HIV infections. Between 2017 and 2020, new diagnoses were more likely to occur amongst those with lower income compared to those with higher income, those with less than a high school diploma compared to those with a high school diploma or higher education, and those without health insurance compared to those with health insurance.

Objective 3.2: Reduce disparities along the HIV Care Continuum. In 2017, there was a difference in retention in care between white men who have sex with men compared to Hispanic/Latinx men who have sex with men, and younger people compared to older people. Also, in 2017, there was a difference in viral suppression between Black men who have sex with men compared to white men who have sex with men, and younger people compared to older people.

Objective 3.3: Address social determinants of health that impede access to HIV services and exacerbate HIV-related disparities. When PLWH face greater negative impact from social determinants of health, their engagement in care and viral suppression decreases. Additionally, as the negative impacts of social determinants of health increase, new HIV diagnoses increase.

Strategies

Strategy 1: Engage peer programs and promote community-led and community-based initiatives.

Activity 1A: Utilize community leaders and other models for paid peer engagement by people from communities most impacted to educate, support, advocate, and link people who have been mistreated by public health and health care systems to care.

Activity 1B: Support and strengthen peer programs.

Activity 1C: Explore community engagement strategies led by SAPG.

Activity 1D: Prioritize collaboration with community partners outside of HIV systems to provide holistic and comprehensive care.

Strategy 2: Improve health care access for all.

Activity 2A: Coordinate trainings for staff and providers that focus on addressing social determinants of health and other barriers that exacerbate HIV-related disparities.

Activity 2B: Increase visibility and access to care statewide through telemedicine, mobile health care, and at-home testing programs.

Strategy 3: Prioritize economic justice.

Activity 3A: Create pathways to employment for people from communities most impacted by HIV, HCV, and STIs, including but not limited to offering paid internships, reducing barriers like unnecessary educational requirements, and entry-level positions with clear opportunities for professional advancement.

Activity 3B: Prioritize funding for programs that employ people with lived experience in the communities served, programs that demonstrate frontline staff are paid a living wage, and/or programs that have BIPOC serving in meaningful leadership positions.

Activity 3C: Examine state and local health jurisdiction hiring practices to promote equity and inclusion, to remove barriers such as advanced degree requirements, to offer extra pay to people who speak languages other than English, or who have lived experience with HIV, HCV, STIs, substance use, mental health challenges, and/or housing insecurity.

Goal 4: Achieve Integrated and Coordinated Efforts that Address the HIV Epidemic Among All Partners and Interested Parties

Objectives

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: Improve 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: Improve mechanisms to measure, monitor, evaluate, report progress, and make changes in order to achieve the goals and objectives set forth.

Strategies

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

Activity 1A: Recruit, retain, and support current and emerging leaders of disproportionately affected communities to apply for and serve as SAPG members, while simultaneously building public awareness of SAPG.

- Continue outreach efforts to raise awareness of SAPG member application opportunities and selection processes.
- Promote SAPG opportunities through statewide and local events, such as PrideFest, as well as social media and marketing campaigns.
- Identify passive education opportunities, such as newsletters, to build awareness and disseminate updates to partners.
- Engage youth leaders and elevate youth voices in new ways.
- Incorporate stigma-reduction strategies in awareness-building and engagement opportunities.
- Equip SAPG members with the data, resources, and tools they need to best serve and report-out to their communities.

Activity 1B: Participate in external partnerships to bolster the professional development of SAPG members and other community leaders.

- Identify external funding opportunities to support travel and conference registration for SAPG members and other non-state staff.
- Promote involvement in NASTAD, AIDSUnited, National Minority AIDS Council (NMAC), and HealthHIV listservs to offer external training opportunities.
- Offer mental health resources, in conjunction with more traditional professional development, to SAPG members and community leaders. Coordinate and integrate SAPG-related planning with other public health planning processes

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

Activity 1D: Meaningfully and consistently involve PLWH, HCV, and/or STIs in local and statewide planning, decision-making, and service delivery. Equip SAPG Members with advocacy tools and communication channels that elevate the vision and mission within and outside of SAPG spaces.

Activity 1E: Collaborate and engage with faith-based organizations and initiatives to address disparities within communities of color.

Activity 1F: Continue momentum and engagement practices of the SAPG.

- Maintain the SAPG venue to actively engage with and collect input from HIV prevention and care experts across the state.
- Maintain strong representation of communities impacted by HIV that serve as SAPG members.
- Improve the process of reporting-out SAPG meeting minutes to a larger audience of state staff, specifically the Harm Reduction Section staff and Division of Public Health (DPH) leadership team.
- Streamline meeting notes and sharing to all SAPG Members that are unable to attend a meeting, ensuring their feedback is incorporated into all decision making.
- Restore SAPG subcommittees and work groups.

Activity 1G: Coordinate and integrate SAPG planning with other public health planning processes.

Take advantage of the unique opportunity to merge planning SAPG planning processes with other coordinating bodies and strategic planning processes that include, but are not limited to:

- Wisconsin DHS State Health Improvement Plan
- Wisconsin DHS Hepatitis Elimination Planning
- Wisconsin DHS Drug User Health Plan
- Wisconsin State Council on Alcohol and Other Drug Abuse
- Wisconsin DHS National Sexually Transmitted Infection strategies

- Wisconsin DHS Harm Reduction strategy development
- Statewide Trauma-Informed Care planning
- Summarize parallel planning processes annually to SAPG Members and communities to raise awareness of the supporting strategic plans and resources that exist in Wisconsin.
- Actively invite and engage other public health partners, faith-based communities, and Tribal leaders to incorporate relatable topic area expertise into SAPG planning and vice versa.
- Monitor how public funding aligns with the larger strategic plans of multiple public health areas.

Activity 1H: Equip SAPG members with advocacy tools and communication channels that elevate the vision and mission within and outside SAPG spaces.

- Identify opportunities for SAPG members to extend the SAPG work into other professional spaces through sub-committee creation and access to larger public health communication channels.
- Foster relationships with non-SAPG allies across the HIV prevention and Care Continuum.
- Support SAPG to serve as a conduit of community voice, providing members with additional advocacy and media training.

Strategy 2: Support program integration and coordination.

Activity 2A: Ensure coordinated service delivery through macro-system program and policy improvement.

- 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.
- Identify non-engaged partner agencies and target collaboration invitations to partners that have yet to be involved in HIV, HCV, STI, and other harm reduction planning efforts.
- Prioritize collaboration among macro-system policy makers within:
 - Wisconsin Department of Corrections (DOC)
 - Wisconsin Department of Public Instruction (DPI)
 - Wisconsin DHS Division of Medicaid Services (DMS)
 - Wisconsin State Laboratory of Hygiene (WSLH)
 - Wisconsin Association of Local Health Departments (WALHDAB)
- Avoid repeating and/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/community partnerships across the HIV prevention and Care Continuum.

- Build upon momentum of pandemic-driven collaborations, working groups, and resource development to continue the acceleration of public and private partnerships.
- Maintain virtual meeting and collaboration opportunities, introduced over the course of the pandemic, to continue improved accessibility of engagement.
- Address organizational barriers, such as detrimental workplace culture or biases, that prevent open communication between an array of agencies.

Activity 2C: Streamline the HIV prevention and care community member experience through accessible and clear processes, language, and triages.

- Target and eliminate the “run-around” that community members or professionals experience when attempting to access care and services through call centers or triages through improved crosswalks, referral directions, and broader education of staff that take calls or in-person questions.
- Train system partners on the crosswalk and referral process when working directly with clients to ensure accurate contact information and action steps are provided to callers or in-person questions.
- Identify crossover services, such as Naloxone and Narcan distribution and/or HCV medication, to expand services that HIV prevention and care service providers offer their communities.
- Enhance partnership with the Office of the Commissioner of Insurance (OCI) and Housing Opportunities for People with AIDS (HOPWA) through DOA.

Strategy 3: Engage in research.

Activity 3A: Conduct frequent needs assessments to guide and update HIV prevention and care research priorities.

- Expand the feedback gathered beyond currently engaged partners (for example, SAPG members). Identify opportunities to survey impacted communities through avenues outside of SAPG.
- As pandemic priorities paused an array of research, updated needs assessments will be critical to direct funding and resource-development decisions through research.
- Ensure research projects support the goals, objectives, strategies, and activities of the Integrated HIV Prevention and Care Plan.
- Utilize the Vital Strategies position to conduct and evaluate needs assessments.

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

- Support research projects that evaluate and improve the performance of HIV prevention and care programs across the state on a large-scale level.
- Ensure research projects are culturally and linguistically appropriate.
- De-identify and summarize research results in conjunction with other public health data available and applicable.
- Present and re-introduce findings in relevant initiatives to promote system-level changes.

Activity 3C: Expand Trauma-Informed Care (TIC) learning collaboratives and Trauma-Informed Supervision (TIS) training across the HIV prevention and care continuum

Strategy 4: Ensure accountability.

Activity 4A: Make program data accessible to influence positive change and quality assurance efforts.

- Ensure health disparity data is captured, summarized, and disseminated to contracted agencies and partners.
- Present data in interactive ways (for example, with Tableau) in comparison to traditional spreadsheet tracking.
- Include diverse experiences and representation in research designs and the process in which research is conducted.
- Enhance accessibility to data, in addition to more individualized data to bolster community partner abilities to prioritize special provisions in contracts.
- Ensure processes to allocate funding and resources are data-driven, equity-focused, and inclusive of input from members of communities most impacted by HIV.

Activity 4B: Report out the progress made toward the goals, objectives, strategies, and activities of the Wisconsin DHS Integrated Plan, in conjunction with course correction recommendations.

- Develop a system of contract monitoring that demonstrates the progress in meeting the Wisconsin DHS Integrated Plan goals and objectives.
- Ensure funded agencies have evaluation, quality assurance metrics, and quality improvement plans as part of their overall work plans.
- Provide SAPG Members and contracted agencies updates on progress, challenges, and emerging priorities.
- Incorporate client feedback and satisfaction surveys to improve accountability within the assessment and program improvement process.
- Offer training and technical assistance for contracted agencies to utilize epidemiological and program data to improve program design.
- Strive for consistency and integration within the HIV prevention and care units in regard to contracts, scopes of work, and other agreements with external organizations.

Activity 4C: Streamline the HIV prevention and care community member experience through accessible and clear processes, language, and triages.