

# 2022 and 2023 Progress Report:

## Wisconsin's 2022–2026 Integrated HIV Prevention and Care Plan



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# Introduction

This report highlights progress made so far towards the goals and objectives outlined in the [Wisconsin HIV Integrated Prevention and Care Plan for 2022–2026](#).

The Integrated Plan outlines how the Wisconsin HIV Program will work with partners and providers across the state to end the HIV epidemic. The plan was developed in collaboration with the Wisconsin Statewide Action Planning Group (SAPG), as well as HIV prevention and care partners. It was designed to represent the strategic vision for the Wisconsin HIV Program and the steps needed to achieve the goals and objectives set forth.

The four primary goals of the plan, listed below, are consistent with the National HIV/AIDS Strategy (NHAS) and serve as a collective framework for HIV service delivery across Wisconsin.

- **Goal 1: Prevent New HIV Infections**
- **Goal 2: Improve HIV-related Health Outcomes of People with HIV**
- **Goal 3: Reduce HIV-Related Disparities and Health Inequities**
- **Goal 4: Achieve Integrated and Coordinated Efforts that Address the HIV Epidemic Among All Partners and Interested Parties**

Additionally, the Integrated Plan established 16 objectives to measure progress on meeting its' goals. The final page of the progress report presents a dashboard detailing overall progress for each objective. The dashboard features baseline data, its' 2023 (mid-point) and 2026 (final) target, as well as actual 2022 and 2023 data.

Through collaborative efforts and continued dedication, some progress has been made. We must continue to work together at a local, state, Tribal, and federal level to accelerate progress; focusing efforts on addressing health inequities, ensuring equal access to all available resources, and addressing barriers within HIV prevention and care systems.

**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.

# Progress on Goal 1: Prevent New Infections

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

In July 2022, Froedtert/Medical College of Wisconsin implemented a standard HIV screening process in emergency departments across the health system using an opt out testing model.

In partnership with the HIV Program, the Midwest AIDS Training and Education Center of Wisconsin (MATEC-WI) developed and facilitated a training on best practices for delivering test results for primary care providers and other individuals who work in clinic settings.

Between August and October 2023, the HIV Program partnered with Simple HealthKit to provide free, at-home HIV and STI test kits to over 350 people across Wisconsin, with more than 150 samples returned and processed so far.

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

Planned Parenthood Wisconsin and local health departments in Brown and Eau Claire counties partnered with local universities to provide information on HIV and STIs, distribute safer sex and harm reduction supplies, and host a table at campus events

The N2It Program at Diverse & Resilient in Milwaukee provides an inclusive space for trans men, trans women, same-gender loving and non-binary people of color to engage in thoughtful conversation, games, and activities centering on sex positivity and healthy life choices.

Planned Parenthood of Wisconsin provided educational sessions in school districts across Western Wisconsin focused on gender inclusive sex education, HIV, and STIs.

## **Strategy 3: Expand partnership between and capacity of Counseling, Testing, and Referral (CTR) providers, Partner Services (PS) providers, and Disease Intervention Specialists (DIS).**

The HIV Prevention Unit provided a series of trainings to members of the HIV prevention workforce in Wisconsin, including staff providing HIV CTR and PS at local and Tribal health departments and community-based organizations. Trainings included: 'Motivational Interviewing for HIV Service Delivery', 'HIV Counseling, Testing, and Referral New Provider Training', and 'Partner Services New Provider Training'.

In Summer 2023, the HIV Prevention Unit delivered a three-day training for DIS who were working on follow-up to HIV and STI cases throughout Wisconsin. The training gave the DIS the

skills they would need to effectively conduct HIV and STI follow up and link clients who were diagnosed with HIV and STIs to care and treatment.

The HIV Prevention Unit presented on state and national resources and updates related to Pre-Exposure Prophylaxis (PrEP) at the 2023 Wisconsin STI Summit, offering an opportunity for participants to learn about new PrEP options and guidance released by the U.S. Preventive Services Task Force. The presentation and conversation sparked interest in local health department staff to implement PrEP services at their clinics.

#### **Strategy 4: Expand and improve implementation of proven HIV prevention interventions.**

The HIV Prevention Unit, in collaboration with UW Health, the Louisiana Department of Health, Washington University in St. Louis, and Dr. Whitney Irie from Boston College, held an event titled "Educate, Engage, and Understand: A Multidimensional Conversation on PrEP for Black Cis Women." The event highlighted health disparities that Black Cis women face and the need for greater access to HIV prevention services such as PrEP.

In 2023, all 22 Planned Parenthood locations statewide began prescribing PrEP and PEP prescriptions statewide.

Partner organizations, health care providers, and people who use PrEP continued to gather, learn and share updates, and provide input on PrEP-related programming during ongoing PrEP Workgroup meetings.

The HIV Prevention Unit collaborated with Washington University in St. Louis and MATEC to provide a training and technical assistance event on implementing post-exposure prophylaxis (PEP) in 2023. Participants heard best practices for implementing PEP in clinical and non-clinical settings, such as pharmacies.

A PEP provider list was created to provide information on where someone can find PEP throughout the state. The list is available on the new [HIV program webpage specific to PEP](#).

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

## **Strategy 1: Implement initiatives to identify People Living with HIV (PLWH) who are out of care and promote linkage to care programs.**

DIS within the Bloodborne and Sexually Transmitted Infections (BSTI) Section completed outreach to PLWH who were out of care and provided referrals to resources and support to promote linkage to care and treatment.

The HIV Program is in beginning stages of implementing a statewide database for HIV care and treatment data, which will be used to inform outreach efforts to PLWH who may be out of care.

Local health departments in Dane County and La Crosse County worked with local providers to support linkage to care, and local health departments in Kenosha County and Racine County provided trainings to local providers on the PS program.

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

In 2022, the Life Care and Early Intervention Services (LCEIS) grant was revised to include funding to provide access to services for people not living with HIV to get access to PrEP. In 2023, the LCEIS grant, which also provides funding to support HIV care and treatment services for people living with HIV, expanded its' reach to five organizations that had never previously received this funding.

The HIV Program collaborated with other DHS programs, including the Bureau of Aging and Disability Resources (BADR) to provide an in-depth training on dementia and healthy aging to the HIV care workforce.

The HIV program webpages underwent improvements to promote access to resources and information sharing with partners, people accessing services, and the general public.

## **Strategy 3: Promote participation in the HIV Drug Assistance Program (HDAP).**

HDAP began working with a software developer to create an online portal for clients and case managers to use when applying for, updating information, and reviewing benefits.

The HIV Program developed a resource guide that shares information about HDAP and other HIV care and treatment services available in Wisconsin.

HDAP facilitates regular meetings to provide support and guidance to the HIV care workforce, including an initial New Worker Training (NWT) and ongoing, quarterly HDAP technical assistance (TA) meetings.

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

In collaboration with Julie Bock (BW Ventures), supervisors across partner organizations and within the HIV Program have participated in a Trauma-Informed Supervision Community of Practice for the past three years.

The HIV Program provided trainings for HIV care workforce members and HIV care partners about trauma-informed approaches and reducing burnout.

# Goal 3: Reduce HIV-Related Disparities and Health Inequities

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

The HIV Program began facilitating a series of meetings to discuss region-specific topics with local providers and partners across Wisconsin.

Five organizations were awarded funding from the HIV Prevention Unit to provide a new service category focused on implementing community-based initiatives and developing partnerships in effort to raise awareness of HIV and dispel misinformation.

PULSE, a non-profit health advocacy union in Wisconsin led by people with living experience using drugs in Wisconsin, was founded in 2023.

## **Strategy 2: Improve health care access for all.**

The Wisconsin Harm Reduction Response Team (HRRT) began offering mobile services in communities across the state, including linkage to care and community-based resources, point-of-care testing for HIV and HCV, sterile injection equipment and naloxone distribution, fentanyl and ylazine test strips, and safer sex supplies at no cost.

MATEC-WI facilitated a variety of trainings, webinars, and technical assistance meetings focused on promoting best practices and addressing stigma among health care providers.

Healthfirst, a non-profit community health provider, has been prioritizing outreach efforts to engage migrant and hospitality workers employed in the Baraboo and Wisconsin Dells area in reproductive health services.

## **Strategy 3: Prioritize economic justice.**

Organizations that had never been funded by the HIV program previously were awarded funding through multiple HIV prevention and care request for application (RFA) processes.

In both 2022 and 2023, over 200 people living with HIV received housing assistance, over 600 people living with HIV received assistance with transportation, and over 1,500 people living with HIV accessed food services through partner organizations. Such efforts promote access to basic needs while supporting economic stability.



# 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.**

In 2023, the Statewide Action Planning Group (SAPG) accepted and onboarded seven new members.

SAPG reestablished subcommittees focused on specific topics, goals, and activities. The new subcommittee topics include advocacy, selection and membership, steering, and visibility.

The HIV Program required organizations funded to provide services to submit workplans specific to gathering community input and feedback on service delivery.

## **Strategy 2: Support program integration and coordination.**

The STI Unit held a series of meetings with local and Tribal health department (LTHD) staff within each region of the state to discuss outbreak preparedness for antibiotic resistant gonorrhea. Staff had the opportunity to share challenges facing their work related to STIs, review the outbreak response plan, and offer feedback on how to make the plan more feasible for their jurisdiction.

The HIV Surveillance Unit made enhancements to HIV case reporting by adding ability to submit HIV case and lab information electronically in the Wisconsin Electronic Disease Surveillance System (WEDSS). Prior to this enhancement, HIV could only be reported to the HIV Surveillance Unit by telephone, faxing, and mailing. The HIV Surveillance Unit provided updated resources and virtual technical trainings and webinars with reporting providers on how to access, complete, and submit HIV case reports in WEDSS. This new reporting method has allowed more timely and complete reporting of HIV cases to the HIV Surveillance Unit.

Within the BSTI Section, epidemiologists and staff continuously review and work to improve annual data reports and presentations. To further enhance the dissemination and visualization of the data, staff also seek suggestions and feedback from the intended audiences.

## **Strategy 3: Leverage data collected through public health practice to support our partners' research. (Revised from "Engage in research.")**

Staff from the HIV Prevention Unit collaborated with a graduate student at the University of Wisconsin-Madison School of Medicine and Public Health to research the effectiveness of PrEP navigation services funded by the CDC HIV prevention grant in Wisconsin on successfully linking individuals to PrEP and on supporting PrEP adherence. The student's research included interviews with staff at the agencies funded to provide PrEP navigation services, including PrEP Navigators at each agency, and with clients served by the PrEP Navigators. The student provided their findings to DHS and also presented to several key groups working in the HIV prevention field, including the external PrEP Workgroup that includes providers and PrEP Navigators.

In 2022, the Center for AIDS Intervention Research (CAIR) established the Prevention and Implementation Sciences Training (PAIST) Lab, a research training program that provides interdisciplinary training to predoctoral, doctoral, and medical students in research methods and prevention and implementation sciences with a focus on reducing health disparities.

The Syndemics Research Group (SynRG) at the University of Wisconsin School of Medicine and Public Health evaluates care models for individuals with substance use disorders, HIV, or HCV, collaborating across disciplines to address complex social determinants of health. The SynRG had multiple ongoing projects.

#### **Strategy 4: Ensure accountability.**

The STI Unit implemented performance measures as a tool for measuring and promoting consistency and equity within patient follow-up among DIS and LTHD staff.

The Integrated Plan Internal Workgroup, made up of staff across the BSTI Section, met monthly throughout 2023 to monitor progress and discuss the implementation of the Wisconsin Integrated Plan.

# Progress Toward Objectives of the Wisconsin HIV Integrated Prevention and Care Plan, 2022–2026



ANNUAL TARGET MET



ANNUAL TARGET NOT MET  
Progress in the expected  
direction



ANNUAL TARGET NOT MET  
No progress made

Goal	Objective	Data by Year			2023 Target	2023 Progress	2026 Target
		Baseline <sup>a</sup>	2022	2023			
1	Reduce the number of new HIV diagnoses by at least 40% by 2026.	235 <sup>c</sup>	252 <sup>c</sup>	268 <sup>c</sup>	237 <sup>c</sup>		176 <sup>c</sup>
	Increase the percent of people living with HIV who know their status to at least 95% by 2026 <sup>b</sup> .	84.9%	85.8%	<sup>d</sup>	91.5%		95.0%
	Increase PrEP coverage to at least 50% of all people who could benefit from the medication by 2026.	18.6%	25.8%	<sup>d</sup>	28.3%		50.0%
2	Increase the percentage of newly diagnosed people linked to HIV medical care within one month of their HIV diagnosis to at least 95% by 2026.	79.2%	87.5%	87.9%	88.7%		95.0%
	Increase the percentage of people living with HIV who are engaged in HIV medical care to at least 95% by 2026.	87.2%	87.5%	89.9%	90.6%		95.0%
	Increase the percentage of people living with HIV who are virally suppressed to at least 95% by 2026.	78.7%	79.9%	82.9%	85.2%		95.0%
	Increase the percentage of people living with HIV are retained in HIV medical care to at least 90% by 2026.	63.5%	58.2%	61.2%	71.8%		90.0%
3	Reduce disparities by at least 10% by 2026 in new HIV diagnoses amongst those with lower income compared to those with higher income.	9.4 <sup>e</sup>	7.8 <sup>e</sup>	9.2 <sup>e</sup>	8.9 <sup>e</sup>		8.4 <sup>e</sup>
	Reduce disparities by at least 10% by 2026 in new HIV diagnoses amongst those with less than a high school diploma compared to those with a high school diploma.	11.6 <sup>e</sup>	11 <sup>e</sup>	10.8 <sup>e</sup>	11.1 <sup>e</sup>		10.6 <sup>e</sup>
	Reduce disparities by at least 10% by 2026 in new HIV diagnoses amongst those without health insurance compared to those with health insurance.	10.9 <sup>e</sup>	8.1 <sup>e</sup>	7.4 <sup>e</sup>	10.4 <sup>e</sup>		9.9 <sup>e</sup>
	Reduce the difference of Hispanic men and white men who have sex with men that in HIV medical care by 75% by 2026. <sup>f</sup>	6.3	4.7	3.5	2.2		1.6
	Reduce the difference of youth (ages 15–29) who are in care and adults (ages 30 and older) who in care by 33% by 2026. <sup>f</sup>	5.0	6.4	5.9	5.3		3.4
	Reduce the difference of Black men and white men who have sex with men who are virally suppressed by 66% by 2026. <sup>f</sup>	7.6	11.3	8.3	6.8		5.2
	Reduce the difference of youth (ages 15–29) and adults (ages 30 and older) who are virally suppressed by 66% by 2026. <sup>f</sup>	11.0	9.1	8.0	6.3		4.8
	Reduce the difference in the percentage of PLWH engaged in care who are living in census tracts with the highest levels of SDOH and lowest levels of SDOH by 25%.	2.4	2.5	3.3	2.1		1.8
	Reduce the difference in the percentage of PLWH virally suppressed who are living in census tracts with the highest levels of SDOH and lowest levels of SDOH by 25%.	5.9	5.9	5.9	5.2		4.4

a. Baseline data comes from 2017, 2019, or 2020.

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

c. This is a three year rolling average.

d. 2023 CDC data not available by publication date.

e. The baseline and each year was calculated using 4 years combined of new HIV diagnosis data.

f. Populations of focus for the analysis were chosen based on priority populations in Integrated Plan.