



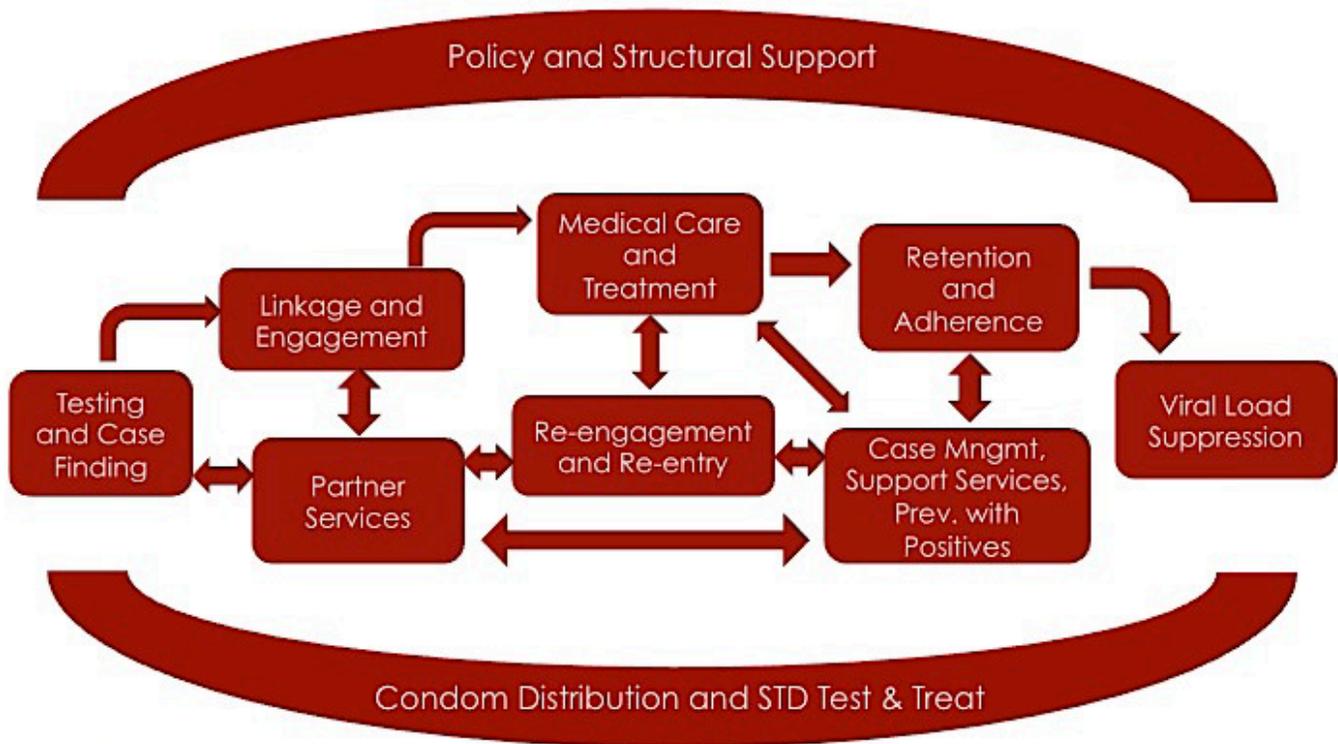
SECTION 3. 2012-2015 STRATEGIC PLAN TO ADDRESS HIV IN IOWA

This final section of the Iowa Comprehensive HIV Plan contains recommendations for a cascade of prevention and care activities that are designed to reduce new HIV infections and to improve the health of Iowans living with HIV/AIDS. Generated by the HIV Plan Development Committee working in conjunction with the Iowa Department of Public Health, this section matches goals and objectives that were identified in the process for developing the Coordinated Statement of Need with strategies projected to achieve the desired outcomes.

Structural Approach to Prevention and Care (Figure 20)

A new model was developed to reflect the National HIV/AIDS Strategy, to demonstrate the integration of care and prevention efforts, and to account for the state’s loss of resources to conduct the array of behavioral interventions previously offered in Iowa. This model, in comparison to the previous model, (figure 3, page 25) has a stronger emphasis on social determinants of health, structural barriers and solutions, and on the care and prevention benefits of healthcare.

Figure 20 Model of Iowa’s Structural Approach



This model also relies heavily on the cascade model discussed in Section Two. Just as the cascade was used to evaluate Iowa’s HIV service delivery system, the model in Figure 20 was used to help design strategic objectives and activities to address gaps in services and structural barriers that prevent people living with HIV from achieving optimal health outcomes. Equal consideration was given to the prevention needs in Iowa, including recent research and national trends such as “treatment as prevention,” scalability of efforts, and the newest CDC program announcement that followed the release of the National HIV/AIDS Strategy. Committee members balanced an interest in expanding programming with the fiscal reality of reduced resources. Strategies were designed to account for a significant reduction in federal funding for HIV prevention combined increasingly stretched funding from the Health Resources and Services Administration, while simultaneously seeking to focus efforts to contribute to the goals of the National HIV/AIDS Strategy.

Priority recommendations were developed to address the following HIV prevention and care goals:

- 1. Promote Prevention and Care across the Continuum.** Significant structural barriers were identified to have a negative impact on Iowa's HIV prevention and care activities and to contribute to health inequities that include HIV-related disparities. HIV-related stigma, healthcare delivery systems, social structures and policies, and social determinants of health were identified as strong impediments to public health priorities. The need for a systems approach was identified to help address public health goals. This approach includes new partnerships; better collaboration; better use of data, technology, and social media; enhanced quality management; and strengthened promotion of healthful community norms. Finally, this goal was developed to address the as-yet-undetermined challenges and opportunities afforded by the Affordable Care Act. Public health officials and service providers will need to prepare for and engage in its implementation so that people living with and at risk for HIV can take full advantage of its offerings.
- 2. Identify and diagnose Iowans Infected with HIV.** Corresponding with the National HIV/AIDS Strategy, HIV testing remains a high priority for Iowa. A strategy has been devised to enhance early case identification through targeted testing and partner services. As a low-incidence state, Iowa has always prioritized testing for populations disproportionately impacted by HIV. As resources continue to be reduced, however, reaching the individuals most likely to be infected with HIV becomes an even higher priority. To test fewer people but identify more new infections, objectives have been set to increase the proportion of testing among priority populations at funded test sites, to encourage more frequent testing among individuals reporting the highest level of risk behaviors, and to work with the highest-morbidity areas of the state to determine the effectiveness of routine testing in healthcare or other settings.
- 3. Improve linkage to and Engagement in Care.** A variety of factors inhibits access to HIV testing, prevention services, general education, HIV medical care, and support services. A formalized linkage program will aid in routinized linkage and engagement that extends beyond an initial appointment with an HIV specialist. It must also focus on helping PLWHA stay engaged in care and alerting a care system to take action when someone shows signs of being at risk of leaving care. It should also help Iowans who are newly diagnosed or who have recently moved to the state to navigate the care system. The partner services program in Iowa has a high level of success connecting people newly diagnosed with HIV to care (97%). This resource should be fully realized, and expanded when possible, to increase access in Iowa.
- 4. Improve Retention in Care and Adherence to Medications.** This goal is established to help people living with HIV attain optimal health outcomes that lead to higher qualities of life and lengthened lifespans. To achieve this goal, strategies will include services designed to improve retention in care and adherence to HIV treatment and medications. A strengthened case management program and an enhancement of medical adherence programs will facilitate this goal. Improved access to transportation, substance abuse treatment, mental health services, dental care, medical homes, and housing will also be essential to achieving retention and adherence outcomes.
- 5. Re-engage HIV-Positive Persons Who Are Lost to Care.** For most of the same reasons retention and adherence are important goals, re-engagement is also an essential component in Iowa's continuum of prevention and care. A significant number of HIV-positive Iowans are linked to care

but then at some later point become disengaged. Until recently, identification and reengagement of people who are no longer in care has not been prioritized by the state as a strategy. There are considerable challenges in marshaling resources for these activities, which can be time consuming. New programming and reprioritization of efforts, however, will allow for new re-engagement initiatives in Iowa that may help describe or define the value of re-engagement as a strategy.

6. **Decrease Transmissions of HIV from People Diagnosed with the Virus.** Targeted behavior change interventions for PLWHA and their partners; facilitating infected persons' participation in medical care and supportive services; and encouraging routine incorporation of prevention into medical care for HIV-positive persons are priority objectives to support this goal. Although research is continuing, preliminary results show that viral suppression lowers the risk of HIV transmission by as much as 96%. To this end, treatment is one added prevention tool for a state that has recently eliminated much of its behavioral programming for HIV-negative individuals due to loss of federal funding in lower-incidence states.

The following pages serve as the 2012-2015 Strategic Plan to Address HIV in Iowa. Activities and strategies outlined in the sections that follow focus on reinforcing the infrastructure necessary for supporting prevention and care programming, refining activities to address unmet priority needs, and focusing resources on activities most likely to reduce new HIV infections and engage people living with HIV in quality care services.



Goal 1: Promote prevention and care across the continuum.

The following objectives have been identified to support prevention and care efforts in Iowa. Achieving these objectives will help maximize resources, improve access to services, and increase the overall effectiveness of Iowa's prevention and care delivery system.

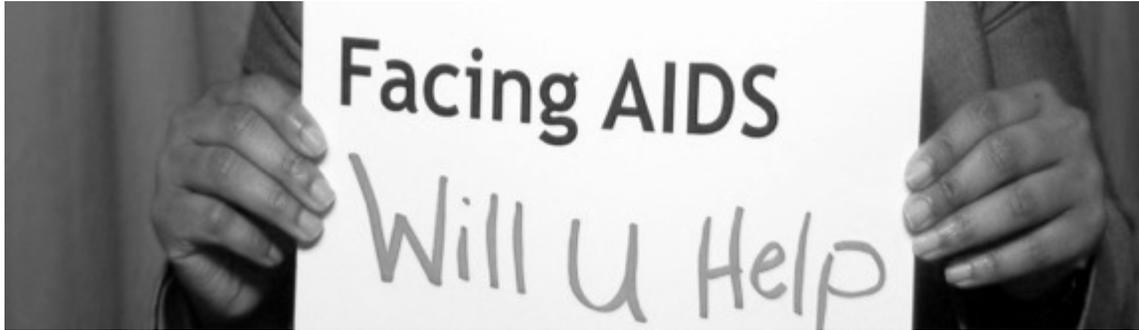
1. Investigate and leverage collaborative opportunities and partnerships.
2. Examine and address existing structures, policies, and regulations that impede delivery of HIV prevention services, access to care, and adoption of health-promoting behaviors.
3. Promote community norms for adopting safer behaviors in Iowa.
4. Reduce HIV-related stigma in Iowa.
5. Continually assess and improve the quality of HIV prevention and care services in Iowa.
6. Plan for implementation of the Affordable Care Act.
7. Reduce HIV-related disparities and health inequities.



METRICS

By 2015:

- Distribute 100,000 condoms per year to prioritized populations.
- Expand STD testing among MSM in STD clinics by 20%.
- Reduce the rate of gonorrhea among African-Americans and other blacks in Iowa from 962 per 100,000 population to less than 700 per 100,000 population.
- Increase the proportion of black, non-Hispanic persons and Latino persons diagnosed with HIV who have undetectable viral loads by 20%.



Strategy to promote prevention and care across the continuum (goal 1)

Objective 1: Investigate and leverage collaborative opportunities and partnerships.

a. Utilize resource allocation modeling to develop the most effective distribution of resources in Iowa.

Time Frame: By December 2013
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: Dr. David Holtgrave, Iowa HIV Community Planning Group (CPG)
Resources: Data, contract

b. Search for supplemental funding to sustain and expand HIV prevention activities.

Time Frame: Ongoing
Responsible: IDPH Bureau of HIV, STD, and Hepatitis; Local public health and community-based organizations (CBOs)
Partners: Prospective grant and fundraising sources
Resources: Grant writer/fundraising professional

c. Provide consultation and support for local HIV prevention efforts.

Time Frame: Ongoing
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: Iowa MATEC, Capacity Building Assistance (CBA) Providers and other providers
Resources: Staff time

d. Develop a systems approach to HIV prevention through healthcare.

Time Frame: Ongoing
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: Healthcare providers
Resources: Staff time, Messaging

e. Develop new partnerships with agencies and groups that serve the same priority populations.

Time Frame: Ongoing
Responsible: IDPH Bureau of HIV, STD, and Hepatitis; CPG
Partners: CBOs
Resources: Staff time, contacts

f. Explore opportunities for third-party billing for prevention and care services.

Time Frame: By January 2014
Responsible: IDPH Bureau of HIV, STD, and Hepatitis; Contractors
Partners: Community Health Centers, Iowa Primary Care Association, IDPH-Bureau of Immunization and TB, Iowa Medicaid Enterprise, Iowa Insurance Division, National partners (NASTAD, NCSD)
Resources: Staff time, training materials, communications



Strategy to promote prevention and care across the continuum (goal 1)

Objective 2: Examine and address existing structures, policies, and regulations that impede delivery of HIV prevention services, access to care, and adoption of health-promoting behaviors.

a. Identify and prioritize existing structures, policies, and regulations that impede delivery of HIV prevention services, access to care, and adoption of health-promoting behaviors.

Time Frame: Ongoing

Responsible: IDPH Bureau of HIV, STD, and Hepatitis; Community HIV/Hepatitis Advocates of Iowa Network (CHAIN), CPG

Partners: Department, Legislative liaisons

Resources: Community input, staff time

b. Support efforts to align structures, policies, and regulations with optimal HIV prevention, care, and treatment.

Time Frame: Ongoing

Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: CPG, CHAIN, Partnerships for Better Health, Local public health and CBOs, Healthcare Providers, Iowa Medical Society and other professional medical associations, Boards (health, pharmacy, nursing), Positive Iowans Taking Charge (PITCH), and other community partners

Resources: Stipend, data

c. Continue efforts to amend or repeal Iowa Code 709C.

Time Frame: 2013-2014 Legislative Session

Responsible: CHAIN

Partners: IDPH Bureau of HIV, STD, and Hepatitis; Legislative champions, Center for HIV Policy and other national partners, Iowa County Attorneys Association, Community partners, PITCH

Resources: Educational forums, National HIV/AIDS Strategy, Community HIV/Hepatitis Advocates of Iowa Network (CHAIN) Day on the Hill messaging and educational materials



Strategy to promote prevention and care across the continuum (goal 1)

Objective 3: Promote community norms for adopting safer behaviors in Iowa.

a. Develop a statewide condom distribution program that targets priority populations.

Time Frame: By January 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Local health departments and CBOs, Project HIM (Healthy Iowa Men), Medical community

Resources: Funding, supplies, staff time, volunteers, marketing materials

b. Utilize existing data to identify social determinants, HIV/STD co-infections, and other correlates of HIV infection.

Time Frame: Ongoing

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: CBA providers, CPG

Resources: Data, staff and volunteer time

c. Expand use of technology and social media to promote safer behaviors among priority populations.

Time Frame: By December 2015

Responsible: IDPH Bureau of HIV, STD, and Hepatitis; Project HIM

Partners: CPG, Local health departments and CBOs

Resources: Technology, training, marketing and promotion

d. Expand STD testing and treatment for MSM, including oral and rectal screening for gonococcal and chlamydial infections.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Local health departments, IDPH Bureau of Family Health, Infertility Prevention Project, State Hygienic Lab, Iowa Medical Society

Resources: Funding, testing supplies, training, CDC STD Treatment Guidelines



Strategy to promote prevention and care across the continuum (goal 1)

Objective 4: Reduce HIV-related stigma in Iowa.

a. Increase the competency and knowledge of HIV-related issues among Iowa healthcare providers.

Time Frame: Ongoing

Responsible: Iowa MATEC, IDPH Bureau of HIV, STD, and Hepatitis

Partners: Local health departments and CBOs, Capacity building assistance providers

Resources: Funding, staff time, baseline assessment data, educational materials and supplies

b. Increase social support for persons living with HIV/AIDS in Iowa, especially in rural areas.

Time Frame: Ongoing

Responsible: PITCH, Providers

Partners: Rural providers (including mental health and substance abuse), PLWHA in rural areas, Family-social circles, rural communities

Resources: Regional point persons and/or organizations, volunteer leadership

c. Support and promote public leadership among people living with HIV in Iowa.

Time Frame: Ongoing

Responsible: PITCH, CPG, Ryan White Part B service providers, Ryan White Part C service providers

Partners: IDPH Bureau of HIV, STD, and Hepatitis

Resources: Potential funding sources, training opportunities



Strategy to promote prevention and care across the continuum (goal 1)

Objective 5: Continually assess and improve the quality of HIV prevention and care services in Iowa.

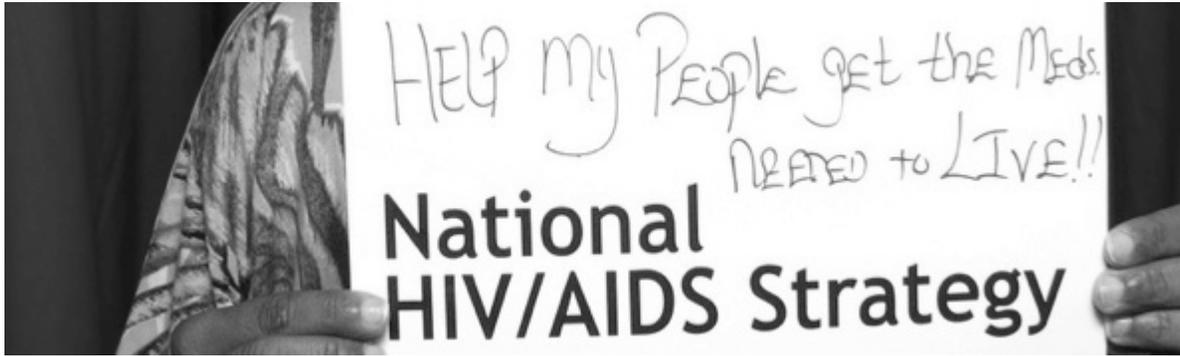
a. Develop and implement a statewide continuous quality improvement plan for prevention and care in Iowa.

Time Frame: Ongoing

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Ryan White Part C service providers, Ryan White Part B service providers and prevention providers, HOPWA, Iowa MATEC

Resources: Staff time, Input from partners and community



Strategy to promote prevention and care across the continuum (goal 1)

Objective 6: Plan for the implementation of the Affordable Care Act.

a. Increase knowledge of upcoming changes and support providers in implementation.

Time Frame: Ongoing through full implementation
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Local health Departments and CBOs
Partners: Iowa Primary Care Association, Community Health Centers, National partners (NASTAD, NACHC, NCSD, and others), Ryan White Part B service providers
Resources: Staff time, Training and communication tools

b. Build connections with state Medicaid (IME) program.

Time Frame: Ongoing through full implementation
Responsible: IDPH Bureau of HIV, STD, and Hepatitis, DHS, Local health Departments and CBOs
Partners: Iowa Primary Care Association, Iowa Medicaid Enterprise, Community Health Centers, National partners (NASTAD and others)
Resources: Staff time

c. Plan for prevention and care service delivery changes.

Time Frame: Ongoing through full implementation
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Local health Departments and CBOs
Partners: National partners (NASTAD, NCSD, ASTHO, and others), Iowa Primary Care Association, Iowa Medicaid Enterprise, Community Health Centers
Resources: Staff time

d. Expand ADAP's insurance assistance program.

Time Frame: Ongoing through full implementation
Responsible: IDPH Bureau of HIV, STD, and Hepatitis, Ryan White Part B service providers
Partners: National partners (NASTAD and others), Iowa Insurance Division
Resources: Staff time



Strategy to promote prevention and care across the continuum (goal 1)

Objective 7: Reduce HIV-related disparities and health inequities.

a. Implement an initiative focused on reducing gonococcal and chlamydial infections among African Americans and other black, non-Hispanic persons in targeted geographical areas of Iowa.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Local health departments, CBOs, faith-based organizations, Peer advocates

Resources: Staff time, Culturally relevant marketing, promotional materials, and educators

b. Develop an initiative to reduce HIV viral loads among black, non-Hispanic persons and among Latinos.

Time Frame: By December 2015

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Case managers, Ryan White Part C service providers, CBOs, CPG, Peer advocates, PITCH

Resources: Staff time; Baseline measurements; Culturally relevant marketing, promotional materials, and educators



Goal 2: Identify and Diagnose Iowans Infected with HIV.

The following objectives have been established to identify and diagnose Iowans who are infected with HIV. Serostatus knowledge enables people living with HIV to receive medical care that prevents disease progression. In addition, because most HIV infections are transmitted by people who are unaware that they have HIV, HIV diagnosis also helps prevent inadvertent transmissions of the virus to others.

1. Expand HIV testing among prioritized populations.
2. Identify healthcare settings and geographical areas where routine, opt-out testing may be warranted, cost-effective, and feasible.



METRICS

By 2015:

- Increase the proportion of testing among MSM at IDPH-supported test sites from 17% to 50%.
- Increase the positivity rate at IDPH-supported testing sites from 0.5% to 1%.
- Decrease the percentage of late diagnoses from 47% to 35%.
- Increase the percentage of partners identified through partner services who receive an HIV test from 46% to 75%.



Strategy to identify and diagnose Iowans infected with HIV (goal 2)

Objective 1: Expand HIV testing among prioritized populations.

a. Increase the proportion and frequency of testing among high-risk MSM at IDPH-supported and other test sites.

Time Frame: Ongoing

Responsible: IDPH Bureau of HIV, STD and Hepatitis and HIV CTR providers

Partners: Capacity Building Assistance Provider, CPG, Iowa Primary Care Association, CHCs, major health systems

Resources: CDC STD Treatment Guidelines, RFP/contracts, promotional materials, culturally competent providers

b. Implement new strategies to reach those most at risk at IDPH-supported testing sites (social media, social network testing, other technology, marketing, partnerships, etc.).

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD and Hepatitis and HIV CTR providers

Partners: Project HIM, CPG

Resources: Social networking/media sites and tools, technology and training, funding

c. Increase testing of partners during partner service delivery by improving timeliness of interviews through use of Internet tools and better technology, and through partnerships with case managers and other prevention and care providers.

Time Frame: By December 2014

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Case managers, Ryan White Part C service providers, Local health departments and CBOs, CPG, Peer advocates, PITCH, Healthcare Providers

Resources: Staff time; Annual measurements; Culturally relevant marketing, promotional materials, and educators

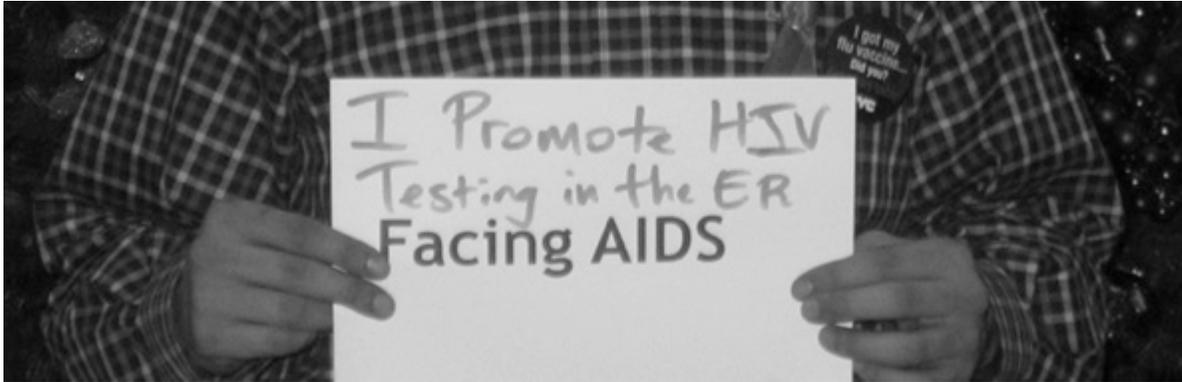
d. Increase HIV testing among individuals who test positive for syphilis, gonorrhea, and hepatitis C.

Time Frame: By January 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Local health departments and CBOs, healthcare providers, Iowa Medical Society

Resources: Staff time, training and education, CDC STD Treatment Guidelines



Strategy to identify and diagnose Iowans infected with HIV (goal 2)

Objective 2: Identify healthcare settings and geographical areas where routine testing may be warranted, cost effective, and feasible.

a. Use mathematical modeling to compare HIV testing models for low-incidence states like Iowa.

Time Frame: By January 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Dr. David Holtgrave, CPG

Resources: Data, contract

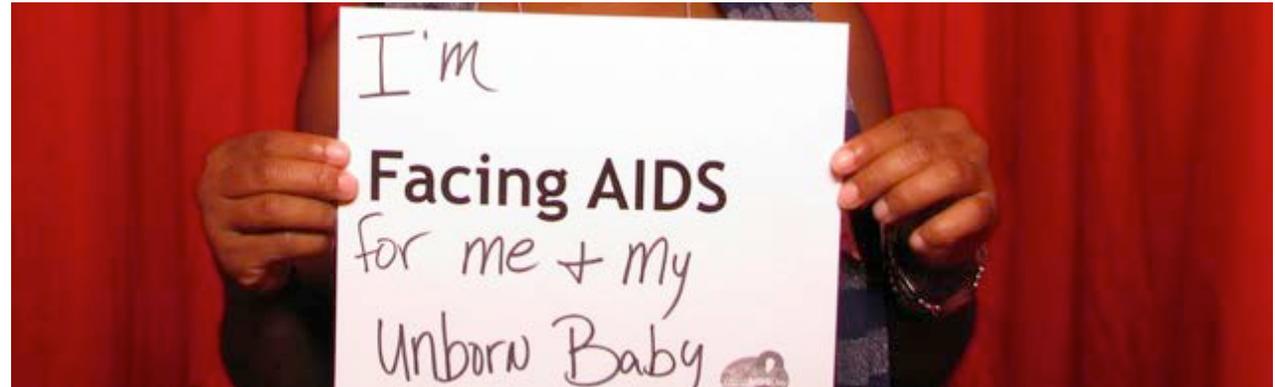
b. Pilot routine, opt-out HIV testing programs at three community health centers in higher-morbidity areas of the state.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Iowa MATEC, Primary Care Association, Community Health Centers

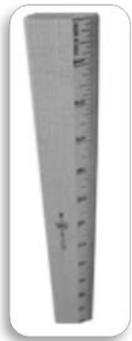
Resources: Testing supplies, staff time, clinic protocol



Goal 3: Improve Linkage to and Engagement in Care.

Linkage to care enables people living with HIV to access quality, individualized disease management care. Engagement in care prevents disease progression and increases positive health outcomes. The following objectives have been identified to improve linkage and engagement in care.

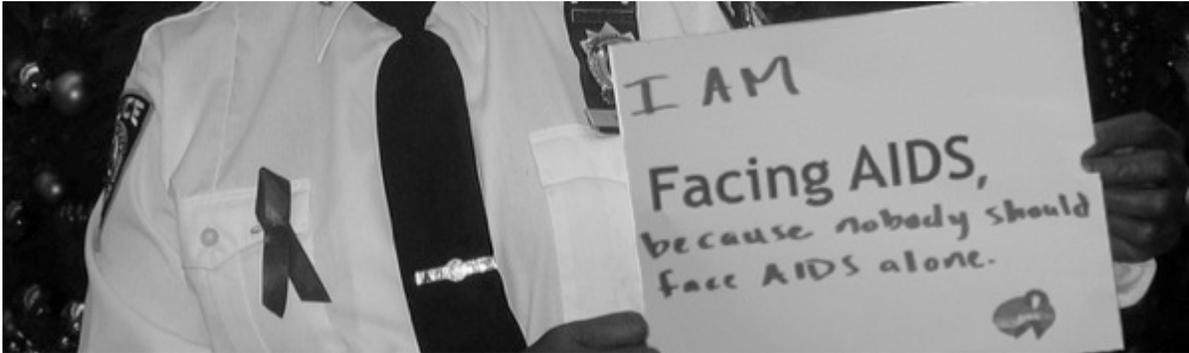
1. Establish a formal linkage-to-care program.
2. Promote clinic-level engagement programs.



METRICS

By 2015:

- Increase the number of persons who attend an HIV medical visit within 3 months of getting their HIV-positive results from 92% to 98%.
- Increase the number of Ryan White Part C clinics that have established a formal point-of-entry program from 0 to 100%.



Strategy to improve linkage to and engagement in care (goal 3)

Objective 1: Establish a formal linkage program.

a. Develop and implement a formal linkage-to-care program that includes the use of surveillance data, DPS protocol development and prioritization, and training.

Time Frame: By December 2014

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: DPS, Local health departments, Ryan White Part B service providers, CTR providers, Ryan White Part C service providers

Resources: Data, procedures, training materials, staff time

b. Work with the Iowa Department of Corrections to formalize and strengthen the linkage program for HIV-positive persons released from the state correctional system.

Time Frame: By May 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Iowa Department of Corrections, Iowa MATEC, Ryan White Part B and C service providers

Resources: Staff time, written agreement, and protocol

c. Create a centralized resource for linking people diagnosed with HIV to case management and supportive services.

Time Frame: By May 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Ryan White Part B and Part C service providers, Private providers, PITCH

Resources: Web designer and centralized website, updated services directory, FAQ, Archived topics, and chat function



Strategy to improve linkage to and engagement in care (goal 3)

Objective 2: Promote clinic-level engagement programs.

- a. Implement or formalize point-of-entry programming at Ryan White Part C clinics with identified navigators to ensure immediate triage of labs and medical assessment for newly diagnosed patients.

Time Frame: By December 2014

Responsible: Ryan White Part C Clinics

Partners: IDPH Bureau of HIV, STD, and Hepatitis, DPS, Ryan White Part B service providers, CTR providers

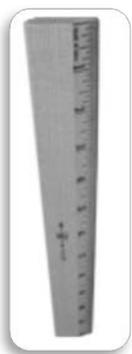
Resources: Staff time



Goal 4: Improve Retention in Care and Adherence to Medications.

HIV-positive Iowans who access regular care experience positive health outcomes, including an increased life span and a reduction in viral load. Medication adherence leads to a reduction in viral load and positive health outcomes. Reduced viral load leads to reduced likelihood of transmission and fewer new infections. Eight objectives are prioritized to achieve improvement in retention and adherence.

1. Strengthen the medical case management program.
2. Improve access to resources for transportation to core medical and support services.
3. Improve access to and utilization of substance abuse treatment and mental health services.
4. Increase referrals to dental services.
5. Assess and ensure stable housing among persons living with HIV/AIDS.
6. Increase the number of Ryan White clinics with medical adherence programs.



METRICS

By 2015:

- Decrease the number of persons diagnosed with HIV who did not have at least one viral load or CD4+ cell count in the last 6 months (180 days).
- Improve the pharmacy fill rate for ADAP clients by 20%.



Strategy to improve retention in care and adherence to medications (goal 4)

Objective 1: Strengthen the medical case management program.

a. Develop a tiered system of case management to reflect different levels of need by PLWHA.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: DPS, Ryan White Part B service providers, CTR providers, Ryan White Part C service providers

Resources: Data, procedures, training materials, staff time

b. Systematize and expand the Medical Case Management Certification Program.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Diverse Management Solutions, LLC; School of social work; CEU programs

Resources: Staff time, written agreements and protocols

c. Complete the full networking of CAREWare with Ryan White Part C clinics.

Time Frame: By December 2014

Responsible: Ryan White Part C service providers, IDPH Bureau of HIV, STD, and Hepatitis

Partners: HRSA, IDPH Bureau of Information Management

Resources: Staff time, written agreements

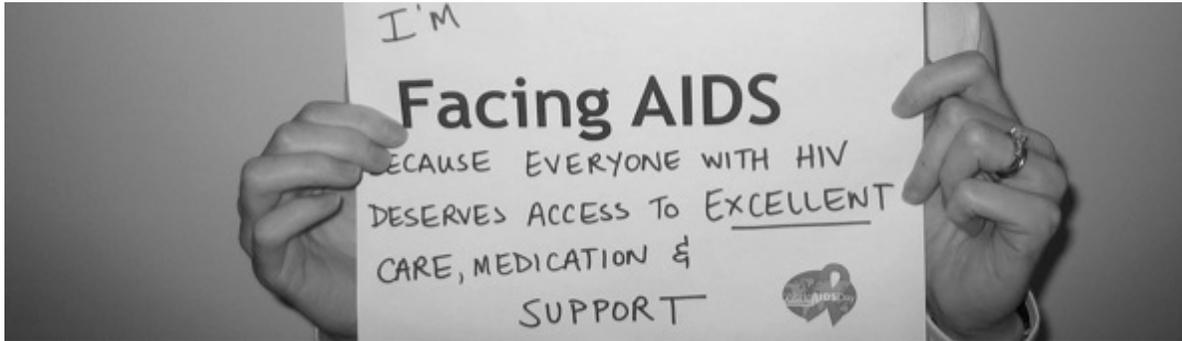
d. Using data transferred from surveillance to CAREWare, develop an early warning system for case managers to alert them of clients with pending labs due.

Time Frame: By December 2014

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Ryan White Part B and C service providers, HIV Surveillance program, HRSA

Resources: IDPH Bureau of Information Management, staff time



Strategy to improve retention in care and adherence to medications (goal 4)

Objective 2: Improve access to resources for transportation to core medical and support services.

a. Develop regional transportation systems that include current resources and identification of potential new resources.

Time Frame: By December 2015

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Ryan White Part B service providers, local transportation authorities, United Way

Resources: Staff time, research

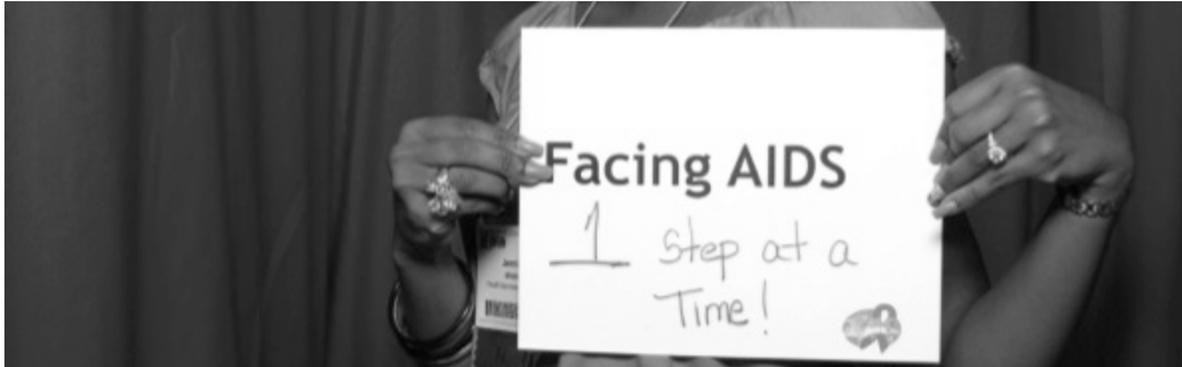
b. Prioritize fiscal management and budgeting skills in care plans.

Time Frame: By December 2013

Responsible: Ryan Part B service providers

Partners: United Way, Finance and banking industry

Resources: Staff time, staff training and budget certification programs



Strategy to improve retention in care and adherence to medications (goal 4)

Objective 3: Improve access to and utilization of substance abuse treatment and mental health services.

a. Identify existing relationships and local or regional models of collaboration between HIV, mental health, and substance abuse service providers to begin to build a statewide network of service providers.

Time Frame: By December 2013
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: Ryan White Part B service providers, IDPH Bureau of Substance Abuse Prevention and Treatment, United Way
Resources: Staff time, research

b. Ensure cross-training and communication within the HIV, mental health, and substance abuse service network.

Time Frame: By December 2015
Responsible: IDPH Bureau of HIV, STD, and Hepatitis, Iowa MATEC
Partners: Ryan White Part C service providers, Division of Behavioral Health, SAMSHA, Department of Health and Human Services (DHS), Universities
Resources: Staff time

c. Develop and distribute an HIV resource toolkit for mental health centers and substance abuse prevention and treatment centers.

Time Frame: By July 2014
Responsible: IDPH Bureau of HIV, STD, and Hepatitis; IDPH Bureau of Substance Abuse Prevention and Treatment, Iowa MATEC
Partners: Ryan White Part C service providers, Division of Behavioral Health, SAMSHA, IDHS, Universities
Resources: Staff time, marketing and design expertise/materials



Strategy to improve retention
in care and adherence to
medications (goal 4)

**Objective 4: Meet the full spectrum of
oral health needs of Iowans living with
HIV.**

- a. Define and describe oral health programs and eligibility guidelines that can be used by Ryan White Part B service providers to make better referrals.

Time Frame: July 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis and Bureau of Oral & Health Delivery Systems

Partners: MATEC, Ryan Part C service providers

Resources: Staff time, research

- b. Increase dental care utilization by Ryan White patients through marketing, education, and/or incentives.

Time Frame: December 2015

Responsible: IDPH Bureau of HIV, STD, and Hepatitis and Bureau of Oral & Health Delivery Systems

Partners: MATEC, Ryan White Part C service providers

Resources: Staff time, research, HRSA SPNS grant

- c. Increase the spectrum of oral health services available to PLWHA through supplemental grant opportunities and funding.

Time Frame: December 2015

Responsible: IDPH Bureau of HIV, STD, and Hepatitis and Bureau of Oral & Health Delivery Systems

Partners: MATEC, Ryan White Part C service providers

Resources: Staff time, research, HRSA SPNS grant



Strategy to improve retention in care and adherence to medications (goal 4)

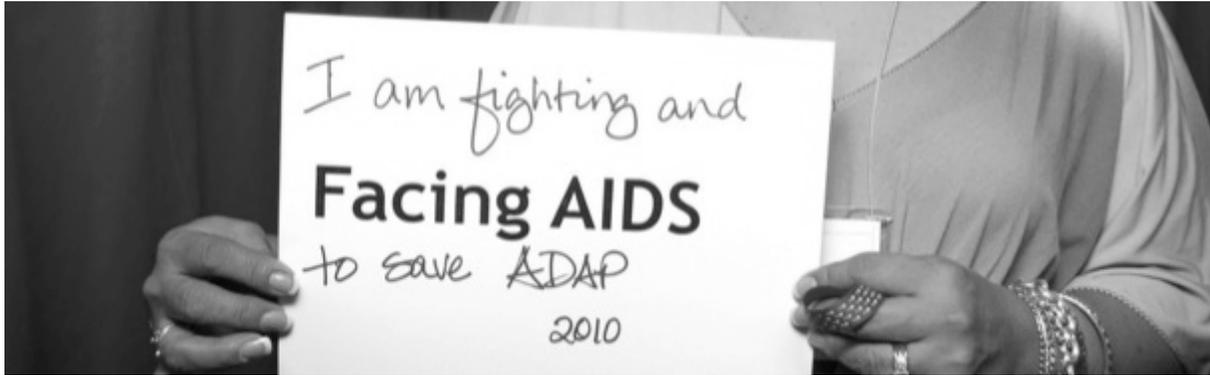
Objective 5: Assess and ensure stable housing among persons living with HIV/AIDS.

a. Improve collaboration and communication between the Ryan White Part B Program and the Iowa Finance Authority.

Time Frame: By December 2014
Responsible: IDPH Bureau of HIV, STD, and Hepatitis, Iowa Finance Authority (HOPWA)
Partners: CPG Committees: CASA and QUAC, AIDS Housing Washington
Resources: Staff time

b. Create a statewide housing resource directory that includes local resources by region.

Time Frame: By December 2013
Responsible: IDPH Bureau of HIV, STD, and Hepatitis, Iowa Finance Authority (HOPWA)
Partners: CPG Committees: CASA and QUAC, Local and regional housing authorities
Resources: Staff time, distribution medium



Strategy to improve retention in care and adherence to medications (goal 4)

Objective 6: Increase the number of Ryan White clinics with medical adherence programs.

- a. Develop a routine method of monitoring and communicating fill history for patients using ADAP's contracted pharmacy.

Time Frame: By June 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis, NJL, Inc.

Partners: Ryan White Part B service providers, Ryan White Part C providers

Resources: Staff time, Fee for pharmacy adherence program

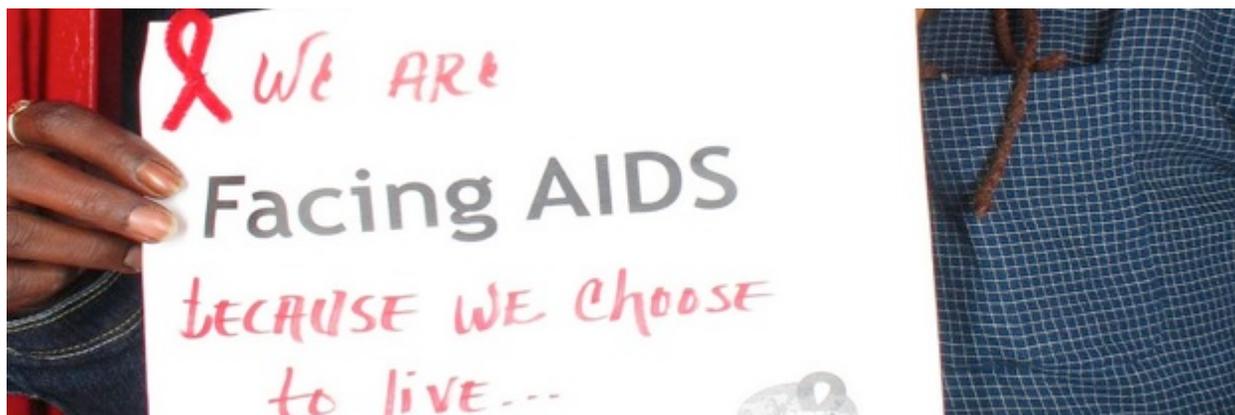
- b. Develop standardized protocol for addressing issues related to adherence.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis, NJL, Inc., and Ryan White Part C providers

Partners: Ryan White Part B service providers, CPG Committees: CASA and QUAC

Resources: Staff time



Goal 5: Re-engage HIV-positive Persons Who Are Out of Care.

The following objectives were selected to help re-engage HIV-positive persons in care. Access to regular care ensures people living with HIV experience positive health outcomes including an increased life span and a reduction in viral load. Reduced viral load leads to reduced likelihood of transmission and fewer new infections.

1. Develop a statewide process for identification and re-engagement of persons lost to care.
2. Assist private and public providers in developing protocols for contacting and reconnecting with clients who are out of care.



METRICS

By 2015:

- Increase the proportion of HIV-diagnosed Iowans who are in regular primary medical care from 68% to 75%.
- Increase the number of Ryan White providers with a formal re-engagement program from 1 to 4.



Facing AIDS
BECAUSE WE CARE



Strategy to re-engage HIV-positive Persons Who Are Out of Care (goal 5)

Objective 1: Develop a statewide process for identification and re-engagement of persons who are out of care.

a. Develop protocols to regularly assess surveillance data to identify people who are out of care.

Time Frame: By December 2012
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: CDC, HRSA
Resources: Staff time

b. Develop protocols and reprioritize DPS services to include re-engagement in care.

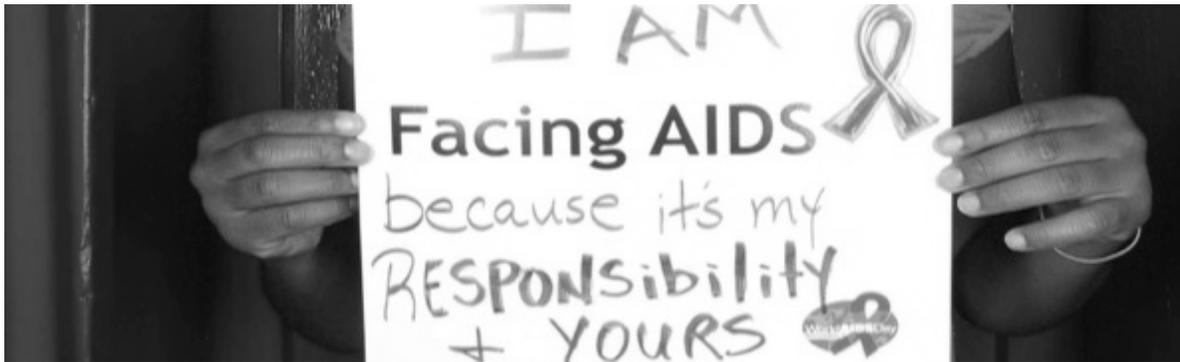
Time Frame: By December 2012
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: Ryan White Part B service providers, Ryan White Part C providers
Resources: Direction/communication from leadership, staff time

c. Develop an annual reporting mechanism to monitor and improve communication and collaboration between partner service staff and others working in the field, including case managers.

Time Frame: By December 2012
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: CPG, Ryan White Part B service providers
Resources: Staff time

d. Utilize program evaluation data to identify common impediments and report to CPG with recommendations for strategies to overcome both individual and system barriers to staying in care.

Time Frame: Annually
Responsible: IDPH Bureau of HIV, STD, and Hepatitis
Partners: CPG
Resources: Staff time



Strategy to re-engage HIV-positive Persons Who Are Out of Care (goal 5)

Objective 2: Assist private and public providers in developing protocols for contacting and reconnecting with clients who are out of care.

a. Assist with developing and piloting re-engagement programming and protocols to be implemented at Ryan White Part B and Part C service providers.

Time Frame: By December 2013

Responsible: IDPH Bureau of HIV, STD, and Hepatitis; Ryan White Part B and Part C service providers

Partners: People living with HIV who have been out of care, Surveillance program

Resources: Staff time, including the devotion of at least .5 FTE to implement, program development committee and contractor, information from other successful programs, DPS guidance, program database

b. Review, evaluate, and share initial pilot program outcomes.

Time Frame: By July 2014

Responsible: IDPH Bureau of HIV, STD, and Hepatitis Ryan Part B and Part C service providers

Partners: CPG

Resources: Staff time

c. Support the involvement of people living with HIV in re-engagement program development and implementation.

Time Frame: During program development and implementation processes

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Ryan White Part B and Part C service providers, PITCH, Client advisory groups

Resources: Potential models from other states



Goal 6: Decrease Transmissions of HIV from People Diagnosed with HIV.

Two primary objectives have been developed to decrease HIV transmission in Iowa. The likelihood of HIV transmission is reduced with a person achieves viral suppression or whose viral load is considered “undetectable.” A reduced community viral load, therefore, will lead to fewer new infections. This new strategy will be combined with Iowa’s current use of behavior change interventions for people living with HIV. In addition to reducing the likelihood of HIV transmission, behavioral interventions also have many added benefits such as increased life skills.

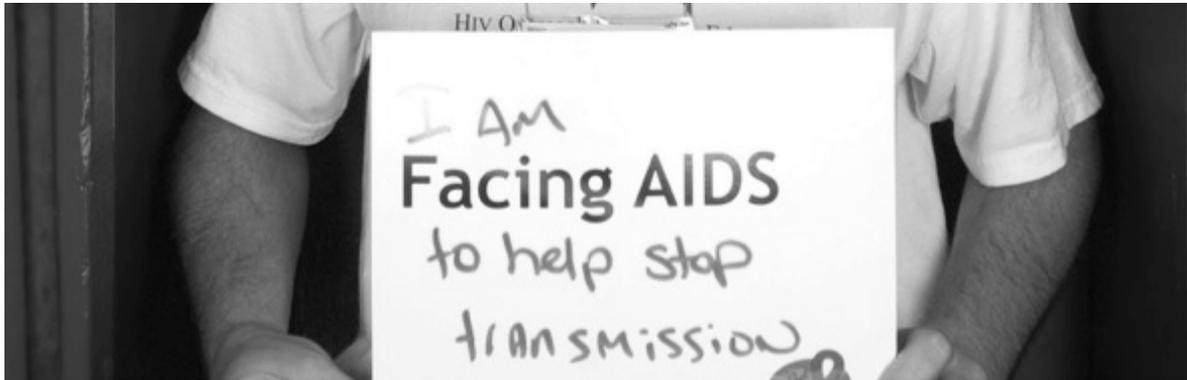
1. Achieve increased viral suppression among persons diagnosed with HIV.
2. Improve behavioral programming for HIV-positive persons.



METRICS

By 2015:

- Increase the proportion of HIV-diagnosed Iowans who have an undetectable viral load from 54% to 70%.
- Increase the number of Ryan White providers that offer behavioral programming for HIV-positive persons from 2 to 8.



Strategy to decrease transmissions of HIV from people diagnosed with the virus (goal 6)

Objective 1: Increase viral suppression among persons diagnosed with HIV.

a. Develop and distribute information on new treatment guidelines to healthcare providers and case managers in Iowa.

Time Frame: By June 2013

Responsible: MATEC, IDPH Bureau of HIV, STD, and Hepatitis

Partners: Iowa Primary Care Association, Community Health Centers, Iowa Medical Society

Resources: Staff time, selected media/tools

b. Offer education and discussion about the public health benefits of treatment in the prevention of HIV transmission, balanced with information about the pros and cons of early treatment from a patient-provider perspective.

Time Frame: By June 2014

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: MATEC, CPG, PITCH, Healthcare Providers, Ryan White Part B service providers

Resources: Staff time, speakers with expertise/experience, research results



Strategy to decrease transmissions of HIV from people diagnosed with the virus (goal 6)

Objective 2: Improve behavioral programming for HIV-positive persons.

a. Incorporate prevention-for-positives curricula into the case management certification training modules.

Time Frame: By December 2014

Responsible: IDPH Bureau of HIV, STD, and Hepatitis

Partners: Current/former CRCS providers, CBA providers

Resources: Trainers, training materials, intervention guidance and supplies

b. Incentivize or encourage Ryan White providers to incorporate formal prevention-for-positives programs into service delivery.

Time Frame: By December 2015

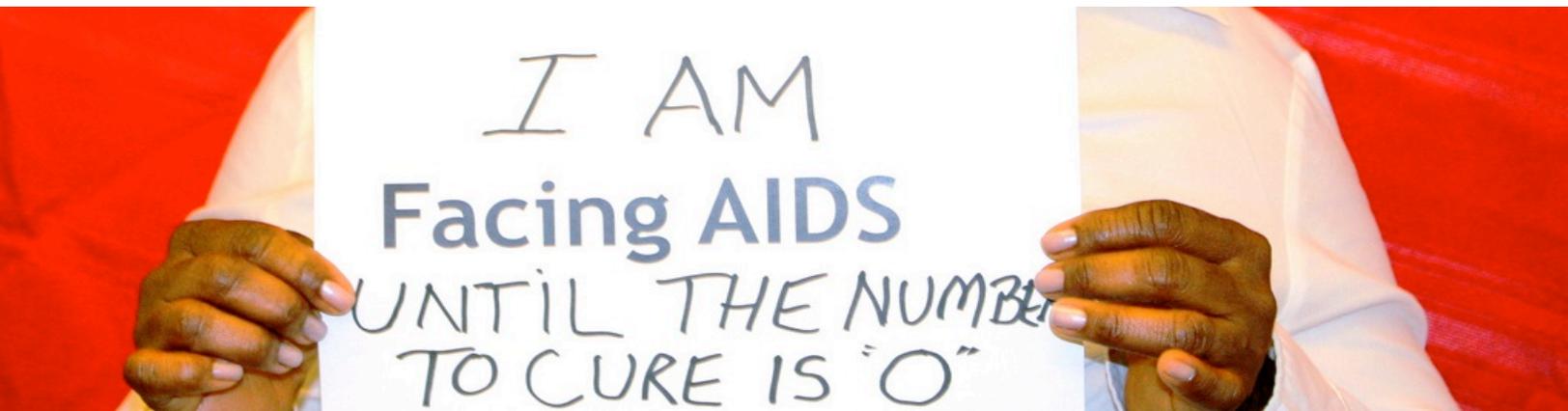
Responsible: IDPH Bureau of HIV, STD, and Hepatitis, Ryan Part B and Part C service providers

Partners: Current/former CRCS providers, CBA providers

Resources: Trainers, training materials, intervention guidance and supplies

This strategic plan includes goals and strategies that have been deemed to be of the highest priority for effectively and efficiently addressing Iowa's HIV epidemic. Many of the strategies are not yet well developed, but action steps and implementation plans will be developed. The actions required to achieve the outcomes and timelines indicated will require a commitment on the part of everyone who helped create it, as well as others who must be engaged in the work required to achieve the greatest benefits. The strategic plan guides us toward wise use of resources and high-impact activities that will make a significant difference in Iowa.

This is a three-year plan. On January 1, 2016, it will expire and new goals will be developed. It is what occurs between now and then, however, that will determine the success of this plan. The Plan Development Committee cannot do this work alone. The Iowa Department of Public Health will develop work plans that will further detail the activities required to accomplish the goals from this plan. The Iowa CPG will provide ongoing support, evaluation of progress made, and recommendations for improving or revising strategic activities based on changes in the state's HIV epidemic. People living with and at risk for HIV will continue to be engaged in planning processes both at the state and local level. Providers of prevention and care will support open channels of communication and involve others in the work as activities are implemented. We each have an opportunity to find our own place within this plan and to take ownership of the outcomes it directs us to accomplish.



As Iowans, we are facing AIDS. We are facing AIDS with fewer resources. We are facing AIDS with an awareness of the increased need. We are facing AIDS even though we are tired. We are facing AIDS knowing it isn't getting easier. We are facing AIDS for those we have lost and those we refuse to lose. We are facing AIDS for all of the reasons listed in this plan and the many others that wouldn't fit within its pages. We are facing AIDS in Iowa so that future generations will not have to. We are facing AIDS in Iowa and we will continue until the number left to cure is

0000.0

This is how we are facing AIDS in Iowa.