

Washington State Strategic HIV Prevention Framework



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Washington State HIV Prevention Planning Group Recommendations

The Washington State HIV Prevention Planning Group (HPPG) recommends the Washington State Department of Health (DOH) use the following recommendations to develop and implement a Strategic HIV Prevention Plan (SHPP) that reduces new HIV infections by 25% in Washington State and by 50% in Seattle and the secondary urban areas by the end of 2016.

HIV Prevention Outcomes and Strategies

OUTCOME ONE: Suppress viral load in all persons living with HIV in Washington State

- A. Identify undiagnosed HIV infection
 - 1. Increase the availability, accessibility, quality and utilization of HIV testing
 - a. Promote routine opt-out HIV screening in health care settings
 - b. Promote targeted HIV screening in health care settings
 - c. Promote targeted HIV testing in community-based settings
 - d. Promote home-based HIV testing
 - 2. Create environments and contexts that support frequent and appropriate HIV testing
 - a. Promote strategies to better diagnose acute and early HIV infection
 - b. Promote strategies to decrease late HIV diagnosis
 - c. Address co-factors that create barriers to frequent HIV testing
 - 3. Assure health care providers and the health care delivery system provide HIV testing / screening as standard practice
 - a. Promote strategies that encourage providers to offer HIV testing
 - 4. Mobilize the gay / bisexual male community to test frequently for HIV
 - a. Promote strategies that motivate individual gay / bisexual men to test for HIV / STD
 - b. Promote frequent HIV / STD testing through multi-media marketing
 - c. Implement strategies to educate Black and Hispanic gay / bisexual men and stimulant using gay and bisexual man about the importance of HIV / STD testing and motivate individual Black, Hispanic and stimulant using men to be tested
- B. Strengthen the delivery of STD / HIV partner services
 - 1. Promote HIV testing for all partners of newly diagnosed persons living with HIV
 - 2. Promote partner services as a welcome and helpful service to HIV-positive persons
 - 3. Ensure medical / health care providers understand and support partner services
 - 4. Expand the reach of partner services by supporting delivery through non-governmental public health entities

5. Promote HIV testing for all gay / bisexual men (including MSM/IDU) diagnosed with an STD
 6. Ensure sufficient system capacity and infrastructure to delivery high-quality partner services
- C. Link all newly diagnosed persons living with HIV to HIV-related medical care
1. Verify that newly diagnosed persons living with HIV attend their first medical appointment
 2. Build on existing support systems to strengthen linkage services
 3. Create new support systems to strengthen linkage services, including systems tailored to the needs of Black and Hispanic gay / bisexual men, stimulant using gay / bisexual men and persons who use injection drugs
 4. Identify appropriate strategies for linking hard-to-engage persons to care (e.g., persons who use meth)
 5. Address co-factors that create barriers to linkage to care
- D. Increase retention in HIV-related medical care for persons living with HIV
1. Assure health care providers and the health care delivery system provide optimal HIV-related medical care to all persons living with HIV
 - a. Promote the adoption of standards of HIV-related medical care across all providers and systems
 - b. Provide “case management” and other support to HIV medical care providers
 - c. Implement strategies to educate providers about the unique needs of Black and Hispanic gay / bisexual men, stimulant using gay / bisexual men and persons who use injection drugs
 2. Assure that persons living with HIV have every opportunity to initiate and sustain high-quality HIV-related medical care
 - a. Address co-factors that create barriers to seeking and remaining in HIV-related medical care
 - b. Address barriers to seeking and remaining in care
 - c. Build on existing support systems to strengthen HIV-related medical care
 - d. Create new support systems to strengthen HIV-related medical care, including systems tailored to the needs of Black and Hispanic gay / bisexual men
 - e. Implement strategies to educate HIV-positive Black and Hispanic gay / bisexual men, stimulant-using gay and bisexual men and persons who use injection drugs about the importance of HIV-related medical care and motivate individual Black, Hispanic and stimulant-using men and IDU to initiate and sustain care
 3. Re-engage in care persons living with HIV known to be out of care
 - a. Identify persons believed to be out of care
 - b. Investigate out-of-care cases

- c. Provide intervention to persons who are out-of-care that helps to address barriers and other challenges
 - d. Verify re-engagement in care
 - e. Build on existing support systems to strengthen HIV-related medical care
 - f. Create new support systems to strengthen HIV-related medical care, including systems tailored to the needs of Black and Hispanic gay / bisexual men, stimulant-using gay and bisexual men and persons who use injection drugs
4. Leverage opportunities available through the ACA to expand access to HIV-related medical care services
- a. Leverage medical homes to strengthen retention in care
 - b. Address issues related to coverage and reimbursement for HIV-related medical care
 - c. Implement strategies to educate Black and Hispanic gay / bisexual men, stimulant using gay / bisexual men and persons who use injection drugs about the implications of the ACA, i.e., insurance coverage and requirements
- E. Expand the provision of early and sustained treatment for persons living with HIV
1. Assure health care providers and the health care delivery system provide early and sustained treatment to persons living with HIV where appropriate
 - a. Promote the adoption of standards of HIV treatment across all providers and systems
 - b. Provide “case management” and other support to HIV medical care providers
 - c. Address barriers to initiating and adhering to treatment
 - d. Implement strategies to educate providers about the unique needs of Black and Hispanic gay / bisexual men, stimulant using gay / bisexual men and persons who use injection drugs
 - e. Market the statewide approach to treatment as prevention
 2. Encourage persons living with HIV to seek early treatment where appropriate and to remain treatment adherent
 - a. Address co-factors that create barriers to initiating and adhering to treatment
 - b. Address barriers to initiating and adhering to treatment
 - c. Build on existing support systems to strengthen HIV-related medical care
 - d. Create new support systems to strengthen HIV-related medical care, including systems tailored to the needs of Black and Hispanic gay / bisexual men, stimulant-using men and persons who use injection drugs
 - e. Implement strategies to educate HIV-positive Black and Hispanic gay / bisexual men, stimulant-using gay and bisexual men and persons who use injection drugs about the importance of treatment and

- motivate individual Black, Hispanic and stimulant-using men and persons who use injection drugs to initiate and sustain treatment
 - f. Market the statewide approach to treatment as prevention
- 3. Leverage opportunities available through the ACA to expand access to HIV treatment
 - a. Provide universal access to HIV medications
 - b. See D.4

OUTCOME TWO: Decrease incidence of gonorrhea and syphilis among HIV positive persons and gay and bisexual men in Seattle and secondary urban areas¹

- F. Identify and treat undiagnosed gonorrhea and syphilis infection
 - 1. Increase the availability, accessibility, quality and utilization of STD screening and treatment
 - a. Promote routine STD screening for gay / bisexual men
 - b. Increase points of entry for STD screening for gay / bisexual men
 - 2. Assure health care providers and the health care delivery system provide STD screening as standard practice
 - a. Promote the adoption of standards for STD screening and treatment across all providers and systems
 - b. Provide support to HIV medical care providers to address barriers to STD screening and treatment
 - c. Implement strategies to educate providers about the unique needs of Black and Hispanic gay / bisexual men and stimulant-using gay and bisexual men
 - 3. Mobilize the gay / bisexual male community to test frequently for STD
 - a. Promote strategies that motivate individual gay / bisexual men to be tested for HIV / STD
 - b. Promote frequent HIV / STD testing through multi-media marketing
 - c. Address co-factors that create barriers to HIV / STD testing
 - d. Implement strategies to educate Black and Hispanic gay / bisexual men and stimulant-using gay and bisexual men about the importance of HIV / STD testing and motivate individual Black, Hispanic and stimulant-using men to be tested
 - 4. Strengthen the delivery of STD / HIV partner services
 - a. Promote partner services as a welcome and helpful community service to persons living with HIV
 - b. Ensure medical / health care providers understand and support partner services
 - c. Expand the reach of partner services by supporting delivery through non-governmental public health entities

¹ Secondary urban areas are Everett, Kent, Renton, Shoreline, Spokane, Tacoma and Vancouver.

- d. Promote HIV testing for all gay / bisexual men diagnosed with an STD
- e. Ensure sufficient system capacity and infrastructure to delivery high-quality partner services
- 5. Leverage opportunities available through the ACA to expand access to STD screening and treatment
 - a. See D.4

OUTCOME THREE: Increase use of pre-exposure prophylaxis (PrEP) among gay and bisexual men in Seattle and secondary urban areas

- G. Increase the availability, accessibility and utilization of PrEP
 - 1. Assure health care providers and the health care delivery system provide PrEP where appropriate
 - a. Promote the adoption of standards for PrEP among a cohort of primary care providers (OR personal doctors, not specialists)
 - b. Provide support to primary care providers to encourage prescription and maintenance of PrEP
 - c. Implement strategies to educate providers about the unique needs of Black and Hispanic gay / bisexual men and stimulant using gay / bisexual men
 - d. Promote PrEP implementation with cohort of providers
 - 2. Assure public health providers and the public health system provide PrEP where appropriate
 - a. Promote the adoption of standards for PrEP among a cohort of public health providers
 - b. Provide support to public health providers to encourage prescription and maintenance of PrEP
 - c. Promote PrEP implementation with cohort of public health providers
 - 3. Encourage the gay / bisexual male community to use PrEP where appropriate
 - a. Promote strategies to increase knowledge of PrEP and to motivate the gay / bisexual community to consider PrEP a viable option for preventing HIV transmission
 - b. Promote open and honest communication with the gay / bisexual men’s community about the role PrEP can play in reducing their HIV transmission risk
 - c. Promote strategies that support successful PrEP
 - 4. Leverage opportunities available through the ACA to expand access to PrEP
 - a. See D.4

OUTCOME FOUR: Increase use of non-occupational post-exposure prophylaxis (nPEP) among gay and bisexual men in Seattle and secondary urban areas

- H. Increase the availability, accessibility and utilization of nPEP

1. Assure health care providers and the health care delivery system provide nPEP where appropriate
 - a. Promote the adoption of standards for nPEP among a cohort of primary care providers (OR personal doctors, not specialists)
 - b. Provide support to primary care providers to encourage prescription and maintenance of nPEP
 - c. Implement strategies to educate providers about the unique needs of Black and Hispanic gay / bisexual men and stimulant-using gay and bisexual men
 - d. Promote nPEP implementation with cohort of providers
2. Assure public health providers and the public health system provide nPEP where appropriate
 - a. Promote the adoption of standards for nPEP among a cohort of public health providers
 - b. Provide support to public health providers to encourage prescription and maintenance of nPEP
 - c. Promote nPEP implementation with cohort of public health providers
3. Encourage the gay / bisexual male community to use nPEP where appropriate
 - a. Promote strategies to increase knowledge of nPEP and to motivate the gay / bisexual community to consider nPEP a viable option for preventing HIV transmission
 - b. Promote open and honest communication with the gay / bisexual men’s community about the role nPEP can play in reducing their HIV transmission risk
 - c. Promote strategies that support successful nPEP
4. Leverage opportunities available through the ACA to expand access to STD screening and treatment
 - a. See D.4

OUTCOME FIVE: Increase use of condoms among gay and bisexual men in Seattle and secondary urban areas

- I. Increase the availability, accessibility and utilization of condoms
 1. Increase the availability of condoms
 - a. Provide condoms through easy-to-access mechanisms that are widely available to targeted communities
 - b. Ensure condoms are available in health care settings that serve gay / bisexual men
 - c. Use existing systems of HIV care and treatment to provide condoms to persons living with HIV disease
 - d. Promote peer-delivery of condoms
 - e. Ensure condoms are available to offenders
 - f. Provide active outreach and condom distribution to stimulant using gay / bisexual men
 2. Create environments and contexts that support easy access to condoms

- a. Identify and develop strategies to address barriers to accessing condoms
 - b. Ensure gay / bisexual men are able to access the condoms and sex supplies they prefer
 - c. Identify and leverage existing assets within the gay / bisexual community to increase access to condoms
 - d. Encourage the gay / bisexual male community to use condoms where appropriate
 - e. Ensure condom promotion programming provides linkages to other services
3. Encourage the gay / bisexual male community to use condoms where appropriate
- a. Promote strategies to increase knowledge of condoms and to motivate the gay / bisexual community to consider condoms a viable option for preventing HIV transmission
 - b. Promote open and honest communication with the gay / bisexual men's community about the role condoms can play in reducing their HIV transmission risk
 - c. Identify and develop strategies to address barriers to condom use
 - d. Engage gay / bisexual men in the development and implementation of strategies to promote condom use
4. Ensure condom promotion programming provides linkages to other services
- a. Use condom promotion programming to advertise and recruit for other services, as appropriate

OUTCOME SIX: Increase the use of clean needles among IDU who live in Seattle and secondary urban areas

- J. Increase the availability, accessibility and utilization of clean needles and syringes
- 1. Increase the availability of clean needles and syringes
 - a. Provide syringes and disposal through easy-to-access mechanisms that are widely available to targeted communities
 - b. Ensure syringes are available in health care settings that serve MSM/IDU and other persons who use injection drugs
 - c. Use existing systems of HIV care and treatment to provide syringes to persons living with HIV disease
 - d. Promote peer-delivery of syringes
 - 2. Create environments and contexts that support easy access to clean needles and syringes
 - a. Identify and develop strategies to address barriers to accessing syringes
 - b. Identify mechanisms to reduce or defray the cost of syringes
 - c. Implement strategies to educate providers about the unique needs of gay and bisexual men and person who use injection drugs

3. Promote strategies that significantly reduce harm associated with substance use
 - a. Explore options to promote safer injection
4. Ensure syringe services programs provide linkage to other services
 - a. Ensure syringe services programs provider linkages to a comprehensive set of services