

**END
HIV
KENTUCKY**



Kentucky Public Health
Prevent. Promote. Protect.

***Integrated Prevention
and Care Plan, 2022-2026***

**EVALUATION REPORT
2023**

Kentucky Department for Public Health

Division of Epidemiology and Health Planning
Infectious Disease Branch
HIV/AIDS Section

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Section 1: Introduction

In June 2021, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) released official guidance for integrated HIV prevention and care planning to further progress the goals of the National HIV/AIDS Strategy (NHAS) and the federal Ending the HIV Epidemic (EHE) initiative. Throughout 2022, the Kentucky Department for Public Health (KDPH) followed this guidance to bring together stakeholders across the commonwealth in the development of an integrated plan to advance both HIV prevention and care services. The [End HIV Kentucky Integrated Prevention and Care Plan](#) (“Integrated Plan”) establishes the framework for HIV prevention and care in Kentucky (KY) during 2022-2026.

The following evaluation report summarizes process and impact data collected for the first full implementation year of KY’s Integrated Plan (January 1, 2023 – December 31, 2023). Support for this evaluation report has been conducted by CHES Solutions Group, an independent, nonprofit, private contractor with KDPH. This report includes status updates on plan goals, objectives, strategies, and activities. Of these, a major accomplishment during 2023 was the completion of strategy 1.3.3 with changes made to the KY legislature to legalize HIV self-testing. This strategy has, therefore, been updated for 2024 with efforts to promote this newly available style of testing. Section III details major accomplishments across the four Integrated Plan/EHE pillars of Diagnose, Treat, Prevent, and Respond. Appendix C provides a complete status update for all plan activities within the implementation plan proposed to accomplish KY’s Integrated Plan goals.

Monitoring the impact of the Integrated Plan is supported by KY’s core indicators. These indicators align with the national EHE indicators to not only help monitor KY’s progress, but also to assess where KY is in relation to national data. With the plan being a “living document,” KY has added a sixth indicator to the original five to communicate newly available PrEP coverage data. KY’s Integrated Plan evaluation questions are presented in Section IV with updated data to paint a broader picture of the details supporting these indicators.

Section V reflects on the 2023 year in relation to strengths, challenges, and lessons learned. This section includes a look forward towards 2024 and what is planned to continue the momentum of the past years’ efforts. The focus is to keep working towards the Integrated Plan goals and objectives, trusting the efforts of the many partners working together, to move KY in the direction of accomplishing the ultimate goal of reducing new HIV cases by 90%.

Perhaps the biggest strength in accomplishing this goal is the art of engaging with stakeholders and community members, including people living with HIV and those in priority populations at-risk for HIV. During 2023, KDPH staff brainstormed with the Kentucky HIV/AIDS Planning and Advisory Council (KHPAC) to explore ways to increase engagement among these groups. What came out of those discussions was the idea for KHPAC members to organize local “Community Conversations.” During late 2023, the first round of these sessions provided an opportunity for persons with HIV (PWH) to share their experiences and opinions on a series of HIV prevention and care topics. The feedback provided (see Appendix B) will be utilized to guide and influence prevention and care activities in 2024. Lastly, a shortened 8-page [Integrated Plan Summary document](#) was created for all partners as an easy-to-reference guide to the goals and objectives of the Integrated plan, and to plan and facilitate mutual discussion and collaboration. With three years remaining for plan implementation, momentum is strong across the commonwealth to create lasting impact.



Section 2: 2022-2026 Goals and Objectives

OVERARCHING GOAL

To reduce new HIV infections by 75% by 2025, by 90% by 2030, from an estimated baseline of 453 newly diagnosed persons per year.

GOALS, OBJECTIVES, AND STRATEGIES

The Integrated Plan has four overarching, ambitious, and quantifiable goals which directly correspond to the national EHE pillars. Each goal has three to four objectives and corresponding key strategies, designed **to be met by December 31, 2026**.

FORMAT

The format of Kentucky’s goals and objectives is based on definitions from the *National HIV/AIDS Strategy 2022-2026*.

Table 1. Definition of NHAS Elements

National HIV/AIDS Strategy	Federal Implementation Plan
<p>Goals: Broad aspirations that enable a plan’s vision to be realized</p> <p>Objectives: Changes, outcomes, and impact a plan is trying to achieve</p> <p>Strategies: Choices about how best to accomplish objectives</p>	<p>Action Steps: Specific activities that will be performed to implement the strategies and achieve the goals of the plan</p> <p>Progress Reports: Reports on progress, successes, and challenges</p>

* Adapted from the HHS Office of the Assistant Secretary for Planning and Evaluation.

Source: NHAS, 2022-2025.

PILLAR #1: DIAGNOSE

GOAL 1: TO DIAGNOSE ALL PWH AS SOON AS POSSIBLE

- **Objective 1.1: Advance HIV-related communications to improve uptake of HIV testing (including knowledge of the status-neutral approach and strategies to reduce stigma and discrimination)**
 - Strategy 1.1.1: Ensure that health care professionals and front-line staff are educated and trained on stigma, discrimination, and unrecognized bias toward priority populations
 - Strategy 1.1.2: Increase public awareness for HIV across the commonwealth to reach all Kentuckians, including specifically targeted populations



- **Objective 1.2: Increase HIV testing within clinical settings**
 - Strategy 1.2.1: Initiate routine opt-out testing in acute care settings (i.e., EDs, urgent care)
 - Strategy 1.2.2: Increase HIV screening tests in routine medical encounters, including primary care, dental care visits, prenatal care, elective admissions, mental health visits, substance use disorder clinics, medication-assisted treatment (MAT) clinics, university health services, federally qualified health centers (FQHCs), and local health departments (LHDs)

- **Objective 1.3: Improve targeted HIV testing efforts within community-based organizations (CBOs)**
 - Strategy 1.3.1: Train and certify community-based HIV testers
 - Strategy 1.3.2: Host quarterly prevention meetings to highlight best practices
 - Strategy 1.3.3: *Increase awareness of new KY legislation allowing for HIV self-testing and promote free federal resources to access self-tests (*newly updated strategy for 2024)*

- **Objective 1.4: Increase targeted outreach testing efforts in populations at higher risk for HIV**
 - Strategy 1.4.1: Promote and increase testing in the criminal justice system
 - Strategy 1.4.2: Promote and increase testing in syringe services programs (SSPs)
 - Strategy 1.4.3: Promote and increase outreach testing efforts in rural areas and hard-to-reach populations
 - Strategy 1.4.4: Promote and increase outreach testing efforts with Ryan White discordant partners ¹
 - Strategy 1.4.5: Establish a Prevention Screening Services Program

PILLAR #2: TREAT

GOAL 2: TO TREAT PWH RAPIDLY AND EFFECTIVELY TO REACH SUSTAINED VIRAL SUPPRESSION

- **Objective 2.1: Increase the percentage of newly diagnosed PWH linked to care within one week of diagnosis**
 - Strategy 2.1.1: Increase capacity to provide linkage to care for newly diagnosed PWH

- **Objective 2.2: Re-engage PWH who are out of care**
 - Strategy 2.2.1: Increase linkage to care activities for targeted populations
 - Strategy 2.2.2: Increase public awareness focused on getting PWH living in Kentucky into care

- **Objective 2.3: Reduce barriers to retain PWH in care**
 - Strategy 2.3.1: Reduce transportation barriers
 - Strategy 2.3.2: Reduce housing barriers
 - Strategy 2.3.3: Reduce stigma barriers

¹ An HIV discordant couple is when one partner is infected with HIV and the other is not; also called a mixed-status couple.



- **Objective 2.4: Increase the capacity of the public health and health care workforce to effectively provide holistic care and treatment for PWH**
 - Strategy 2.4.1: Increase provider education on the treatment and quality of care for HIV, and of hepatitis C virus (HCV) and hepatitis B virus (HBV) co-infection(s)

PILLAR #3: PREVENT

GOAL 3: TO PREVENT NEW HIV TRANSMISSIONS BY USING PROVEN INTERVENTIONS, INCLUDING PRE-EXPOSURE PROPHYLAXIS (PREP) AND SSPs

- **Objective 3.1: Promote full access to, and the expansion of, PrEP**
 - Strategy 3.1.1: Expand PrEP resources at the state level, including systems to navigate PrEP access
 - Strategy 3.1.2: Build a cohesive statewide network of PrEP coordinators to coordinate PrEP initiatives
 - Strategy 3.1.3: Increase the number of providers who are aware of, and trained to prescribe, PrEP
 - Strategy 3.1.4: Increase awareness of, and participation in, PrEP services among priority populations
- **Objective 3.2: Promote full access to, and the expansion of, substance use-related harm reduction**
 - Strategy 3.2.1: Partner with the recently established KDPH Harm Reduction Program, under the Preparedness Branch in the Division of Public Health Protection and Safety, to support local communities in approval of and implementation of SSPs and expand available HIV prevention services at SSPs
 - Strategy 3.2.2: Provide data on SSPs
- **Objective 3.3: Increase prevention strategies in priority populations**
 - Strategy 3.3.1: Increase awareness of treatment as prevention (Undetectable = Untransmittable [U=U])
 - Strategy 3.3.2: Increase participation in support groups for those at risk for HIV, such as persons who injects drugs (PWID)
 - Strategy 3.3.3: Increase youth awareness of HIV prevention
 - Strategy 3.3.4: Increase the availability of safe sex kits, including condoms

PILLAR #4: RESPOND

GOAL 4: TO RESPOND QUICKLY TO POTENTIAL HIV OUTBREAKS AND TREATMENT SERVICES TO PEOPLE WHO NEED THEM

- **Objective 4.1: Improve surveillance capacity for rapid detection of active HIV transmission clusters**
 - Strategy 4.1.1: Improve HIV surveillance lab collection system to decrease delay in importing labs into the Enhanced HIV/AIDS Reporting System (eHARS), thereby boosting cluster detection and response activities with more timely data



- **Objective 4.2: Increase workforce capacity to respond to outbreaks in the field**
 - Strategy 4.2.1: Hiring and maintaining positions in the KDPH HIV Section to provide appropriate services to address cluster demands

- **Objective 4.3: Increase community engagement and input in cluster detection and response**
 - Strategy 4.3.1: Creating and maintaining surveillance products
 - Strategy 4.3.2: Increase partnership activities to engage and maintain stakeholders in HIV cluster detection and response



Section 3: Implementation Activities and Accomplishments

Implementation Overview

As 2022 was reserved for engaging partners and crafting the Integrated Plan, 2023 represents the first year of plan implementation. KY's Integrated Plan includes an Implementation Plan, which follows the same charted format of the NHAS Implementation Plan released in August 2022. The Implementation Plan charts outline activities under each of the 33 plan strategies, across the 14 objectives and within the four pillars. Activities are included from all funding sources, including HRSA, CDC, and the Housing Opportunities for Persons with AIDS (HOPWA) grants. Activities directly related to EHE funding are identified with an asterisk (*) for EHE HRSA funding and a caret (^) for EHE CDC funding within the chart. The full Implementation Plan is included in Appendix C of this document, along with a 2023 status update for each activity. Strategy 1.1.3 has been added to advance the understanding of HIV/AIDS stigma in Kentucky, and strategy 1.3.3 has been updated to reflect the accomplishment of the original strategy to legalize HIV self-testing, which occurred in June 2023. As of December 2023, 89% of proposed activities have been initiated or are ongoing.

KDPH and KHPAC have led the coordination of statewide HIV partners and stakeholders in the implementation of the Integrated Plan. All HIV prevention and care entities in Kentucky have been invited to be a part of KHPAC. The names and details of these entities are listed in Appendix A. Through active KHPAC participation, there is a shared responsibility in achieving the goals of the Integrated Plan. An external evaluation team from CHES Solutions Group has been contracted to ensure that the process is monitored and evaluated throughout the 2022-2026 implementation period.

Key Accomplishments

Several accomplishments across all four pillars are worth highlighting. These activities/projects took place between January-December 2023.

DIAGNOSE PILLAR

1. **KY legalized HIV self-testing under House Bill 349.** KY legalized HIV self-testing in June 2023. Prior to this, testing was only available at in-person testing sites. HIV self-tests are currently available at pharmacy retail locations and can also be ordered for free through the Together Take Me Home website (<https://together.takemehome.org>). Awareness of self-testing has increased quickly throughout the state, thanks in large part to testing partners helping spread the word.
2. **Divine 9 HIV Testing Initiative.** The Divine 9 HIV Testing Initiative was completed at seven universities throughout KY. The "Divine 9" represent the nine nationally recognized Black sororities and fraternities, many of which started at Historically Black Colleges and Universities (HBCU). The initiative began in KY in 2022 with the first two universities and concluded in 2023 with the remaining five. This initiative deployed HIV testing teams to on-campus testing days. Students were able to receive a free rapid HIV test in-person during the testing events. In total, 983 HIV tests were given over the course of the seven events.



3. **HIV testing numbers have increased in KY across all testing partners.** In total, 40,279 HIV tests were conducted in 2023. Of these, 3,155 were processed through the state lab, and 37,124 were rapid tests given through CBOs and local health departments (LHD).
4. **Routine opt-out testing has been implemented in the EHE-funded FQHCs.** Five FQHCs receiving EHE subrecipient funding have implemented this type of testing to promote increased testing among all people, including priority populations. To begin this initiative, a pilot was established at Grace Health. During this pilot, Grace Health, TAP-in and KDPH established the goal to increase HIV testing by 10% during the first six months, a federal target to receive an "HIV quality badge." To date, Grace Health has exceeded this goal by screening 47.16% of unscreened patients, 15-65 years of age, between April and September 2023, with a total of 8,021 tests administered and zero PWH identified and linked to care.
5. **The concurrent HIV/AIDS diagnosis rate has decreased.** Between 2018-2022, the concurrent diagnosis rate decreased from 22.8% to 21.2%. More pronounced is this rate amongst late testers, which has decreased from 30.4% to 26.2%. This data is summarized in Table 2.

Table 2. Concurrent Diagnosis and Late Testers

Year of Analysis	Concurrent Diagnosis * (Total)	Concurrent Diagnosis ^ (Late Testers)
2018	22.8%	30.4%
2019	22.8%	29.5%
2020	22.3%	28.2%
2021	21.2%	26.7%
2022	21.2%	26.2%

*Concurrent Diagnosis = Newly diagnosed HIV cases, who are diagnosed with AIDS within 30 days of the initial HIV diagnosis.

^Late Testers = Newly diagnosed HIV cases, who are diagnosed with AIDS within one year of initial HIV diagnosis.

TREAT PILLAR

1. **A Clinical Quality Management (CQM) program was revised within the KDPH Ryan White Part B program (RWPBP) to improve performance measure data tracking.** As a first step to this program, communication pathways were strengthened with RWPBP subrecipients. Monthly calls were organized between KDPH and subrecipients to better understand the barriers and challenges which they have faced when tracking performance measures data. In March 2023, the CQM program team began looking at viral load suppression data in CAREWare. They identified close to 44% missing viral loads in CAREWare overall. Due to improved quality management in collecting data, as of January 2024, there are less than 11% missing viral loads for all active



clients in 2023 within CAREWare. Another project underway within the CQM program is the creation of training videos for case managers to continue to improve documentation within CAREWare.

2. **The financial cap for Ryan White services has been removed.** By utilizing EHE funding to remove this cap, over 100 clients now have access to financial support for HIV care and support services which was previously unavailable to them due to income restrictions.
3. **Implementation of a new local jail policy.** The new policy has increased care for inmates who need HIV care and services. KDPH is currently working with the KY Department of Corrections to implement the policy and so far, 69 out of a total of 77 (90%) jails are participating.
4. **The viral suppression rate among PWH has increased.** Between 2018-2022, the viral suppression rate among PWH in KY increased by 6%. Currently, the rate is at 60%. The aim is to reach 75% in Kentucky by 2025.

PREVENT PILLAR

1. **The Black Women's Prevention Green Book was developed to support black women with HIV prevention and PrEP information.** The book was developed by the University of Louisville 550 Clinic PrEP Program as part of a collaborative project with the Black Women's Learning Institute. The Prevention Green Book was originally created as a print resource guidebook for the community and continues as an expanded online educational resource. Through the collaboration between the two organizations, they were able to hear the voices of local Black women who provided critical experiential context, thereby shaping critical health messages, for Black women by Black women. Their joint vision is to advance health equity for Black women at multiple levels (individual, interpersonal, community, and policy) in Louisville, KY. The resource can be accessed at: <https://www.mypreventiongreenbook.org>.
2. **The statewide PrEP billboard campaign was successfully implemented.** The billboard campaign promoted PrEP awareness across the commonwealth, including Louisville, Lexington, Northern Kentucky, Western Kentucky, and Eastern Kentucky. The campaign, which was implemented by KDPH, targeted priority populations, including adults 50 and over; gay, bisexual, and other men who reported male-to-male sexual contact (MMSC); and minority populations (African American and Hispanic populations). This campaign canvassed the entire state using two different images/messages during the summer months of 2023. The campaign ran approximately 22 billboards during this time, with an estimated number of views totaling 36,690,650.
3. **PrEP awareness and number of users have increased.** As PrEP awareness spreads across the state, the number of people prescribed PrEP has steadily increased over the past few years. KY's Integrated Plan Core Indicator #6 reflects this increase in the data from a baseline of 14.1% to the latest data update of 23.3% at the end of 2022.

RESPOND PILLAR

1. **There has been a successful response to clusters of new diagnoses.** This included successfully closing one large cluster investigation in a major metropolitan area. This cluster was from Jefferson County, which as a county



constituted for about half of the HIV burden in the state. The cluster itself, which was among PWID as a category of transmission, has now been closed.

2. **Partnerships with surveillance stakeholders have been strengthened.** Partnerships with the Kentucky Health Information Exchange (KHIE) and the National Electronic Disease Surveillance System (NEDSS) were strengthened in 2023, as evidenced by increased volume of received electronic laboratory results. These partnerships support an improved statewide capacity to identify and respond to HIV outbreaks.
3. **The routine receipt of electronic laboratory results (ELR) has increased.** In 2023, 37 unique laboratories were identified in eHARS, as compared to 25 in 2021. This allows for better surveillance and data collection.
4. **A new version of the *KY HIV/AIDS Integrated Epidemiologic Profile* has been published, as of November 2023.** This comprehensive report is currently available on the KDPH HIV/AIDS Section website homepage.
5. **KDPH is participating in two national cluster detection learning collaboratives to strengthen cluster detection response.** The first is with HRSA and the other is with the National Alliance of State and Territorial AIDS Directors (NASTAD).



Section 4: Evaluation

Core Indicators

A set of six core indicators, aligned with national indicators for the EHE initiative, have been selected to track the progress and impact of the efforts contained in the Integrated Plan. Data on the following EHE core indicators are collected annually during the implementation of the Integrated Plan. The actions detailed in the implementation plan are ultimately intended to help move the core indicators in the right direction. Note: baseline data for indicators 1 through 5 were determined by calculating an average for years 2018, 2019, 2020, and 2021. Baseline data for newly added indicator 6 was determined by calculating an average for years 2019, 2020, and 2021. Note: As routine HIV screening increases across the commonwealth, it is expected that new diagnoses will initially rise, affecting the estimated number of new infections (Indicators 1 and 2). A new diagnosis does not necessarily imply recent infection.

- **KY Indicator 1: Reduce new HIV infections by 75% from an estimated baseline of 453(#).**
2023 update with newly available 2022 data: 491
- **KY Indicator 2: Reduce new HIV diagnosis by 75% from a baseline of 351(#).**
2023 update with newly available 2022 data: 405
- **KY Indicator 3: Increase knowledge of status to 95% from an estimated baseline of 77%.**
2023 update with newly available 2022 data: 79%
- **KY Indicator 4: Increase linkage to care within one month of diagnosis to 95% from a baseline of 79%.**
2023 update with newly available 2022 data: 77%
- **KY Indicator 5: Increase viral suppression among people with diagnosed HIV to 75% from a baseline of 55%. ***
** Adjusted for KY to 75% from federal goal of 95%.
2023 update with newly available 2022 data: 60%*
- **KY Indicator 6: Increase PrEP coverage to 50% by 2025 from a baseline of 14.1%**
2023 update with newly available 2022 data: 23.3%

The federal government defines these six EHE indicators as the following:

- HIV incidence: Incidence is the estimated number of new HIV infections in a given year.
- HIV diagnoses: Diagnoses is the number of PWH diagnosed in a given year confirmed by laboratory or clinical evidence.
- Knowledge of HIV status: Knowledge of status is the estimated percentage of PWH who have received an HIV diagnosis.
- Linkage to HIV medical care: Linkage to HIV medical care is the percentage of PWH diagnosed in a given year who have received medical care for their HIV infection within one month of diagnosis.



- **Viral suppression:** Viral suppression is the percentage of people living with diagnosed HIV infection in a given year who have an amount of HIV that is less than 200 copies per milliliter of blood.
- **PrEP coverage:** PrEP coverage is the estimated percentage of individuals with indications for PrEP classified as having been prescribed PrEP.

Evaluation Questions

A set of process and impact evaluation questions were included in KY's original Integrated Plan. These questions help evaluators monitor progress on the intended goals of the plan and provide a qualitative aspect to the evaluation data of the core indicators.

PROCESS EVALUATION QUESTIONS

1) *To what extent have prevention and care partners been engaged in the planning, implementation, and evaluation of the Integrated Plan 2022-2026?*

Partners have been integrated into each step of the process. A list of all partners is included in Appendix A. This list includes all HIV partners in KY, including prevention and service organizations, CBOs, FQHCs, statewide entities, and university-associated HIV organizations. Every group on this list has been invited to participate on KHPAC; and to be a part of the integrated planning, implementation, and evaluation process. The activities and scope of all organizations/entities are encompassed in the implementation plan. A survey was distributed to all funded partners in early 2024 to hear their progress on the goals and objectives in the plan, and for them to share success stories and challenges of the year.

Additionally, communication pathways with funded partners have improved. This is due in part to the strong attendance and participation at regular statewide quarterly meetings for prevention, services, and EHE subrecipients. These quarterly meetings have also provided time and space to discuss regular integrated planning updates with partners, which will continue in 2024. Lastly, the Integrated Plan Summary document (see Appendix D) was created to support understanding and clarity of the goals, objectives, and strategies of KY's Integrated Plan. This document has been shared with all subrecipient partners.

2) *To what extent have community members been engaged in the planning, implementation, and evaluation of the Integrated Plan 2022-2026?*

Engaging community members, including PWH, has been a priority of Kentucky's Integrated Planning efforts from the beginning. Adding to ongoing efforts to engage more community members in the integrated planning process, KHPAC decided in the summer of 2023 to launch a new project called "Community Conversations" (CC). The idea for these community conversations came out of brainstorming sessions about how to create a comfortable format for community members to share their opinions about HIV prevention and services in Kentucky. While KHPAC meetings are open to the public, these meetings tend to be more formal, have a high number of participants, and are held virtually. The intention for the CCs was to organize small, in-person discussions, in partnership with local HIV prevention and care organizations, to create an environment where community members could feel safe in sharing their experiences, thoughts, and ideas. The sessions, which were organized by individual KHPAC members, were held locally at the member's affiliate organization.



Between November and December 2023, the first two CCs were organized to better understand the experiences of PWH in Kentucky. Questions of this first round of CCs were focused toward people living with HIV. The data collected will inform policies, programs, and guidance on integrated planning in Kentucky. The first CC took place in Florence, KY (Northern KY) at the Northern Kentucky Health Department and the second was in Lexington, KY (Central KY) at AVOL Kentucky. ***In total, 14 community members participated in a Fall 2023 CC.*** This included four participants at the Northern KY Health Department event and 10 participants at the AVOL Kentucky event. The themes which arose from these discussions are summarized in Appendix B. Participants represented the following demographic categories.

- Persons with HIV
- Gay, bisexual, and men who have sex with men
- Black women
- Black men
- Hispanic women
- Hispanic men
- Transgender women
- Men over 50
- People who (formerly) inject drugs
- Staff from prevention and care organizations

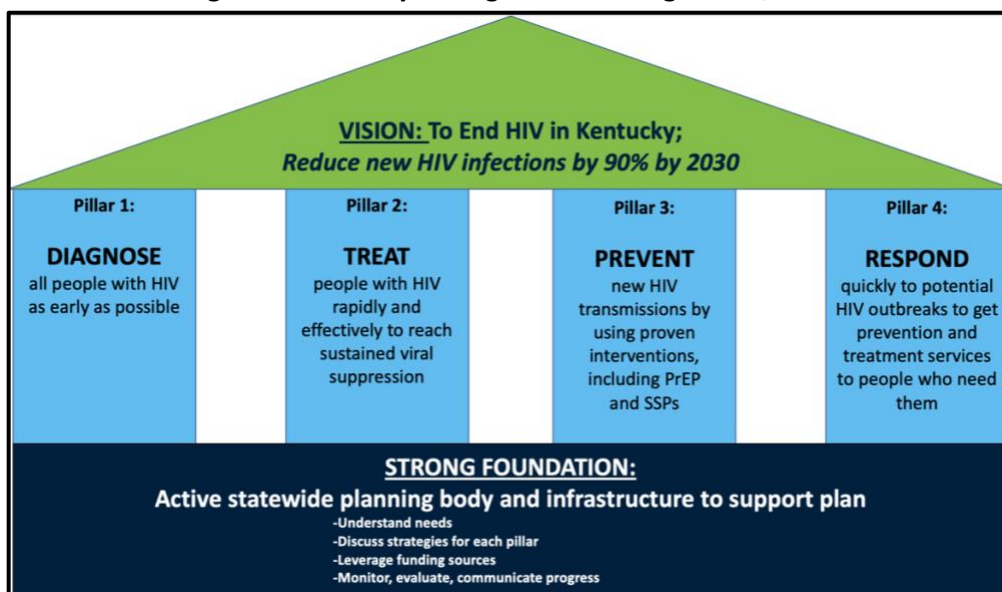
Throughout the year, getting community members feedback has also been integrated into other KDPH projects. These projects have included the provider detailing project and social media campaigns.

3) ***To what extent have planning and advisory efforts within KHPAC increased over the course of 2022-2026?***

Figure 1 depicts KY's Integrated Planning Model, which was used throughout the 2022 planning process to clearly communicate the process to all stakeholders. The base of this model illustrates the importance of a strong statewide planning body to achieve the goals of KY's Integrated Plan. Since the beginning of 2022, participation in KHPAC has grown significantly. In February 2022, there were only eight official KHPAC members. By the end of 2022, membership was up to 18. Membership has remained strong and active throughout 2023, ending the year with 20 voting members. KHPAC has become integral in the day-to-day planning and evaluation efforts at the statewide level, and they are the go-to group providing stakeholder feedback to KDPH. During 2023, they have provided input on social media campaigns and PrEP billboards, as well as taking the lead on the Community Conversations Project.



Figure 1. Kentucky’s Integrated Planning Model, 2022



4) **To what extent have the Integrated Plan strategies and activities been implemented as planned over the course of 2022-2026?**

- All (100%) of the objectives and strategies across the four pillars of KY’s Integrated Plan have been initiated and/or are ongoing.
- Strategy 1.3.3 has already been accomplished and has, therefore, been updated for 2024.
- The activities contained in the implementation plan are underway. Activity status includes:
 - 1% activities “completed” (2 activities)
 - 93% activities “initiated and/or ongoing” (160 activities)
 - 3% activities “not yet started” (6 activities)
 - 2% activities “newly added” (4 activities)

IMPACT EVALUATION QUESTIONS

5) **To what extent have the increased testing efforts impacted the percentage of Kentuckians who know their HIV status?**

The estimated number of people in KY who know their HIV status has increased from an estimated baseline of 77% to 79% (KY indicator #3). This increase is likely reflective of the increased testing efforts throughout the state. More people are testing and are thus becoming aware of their HIV status. In the long run, this will have an impact of people either getting into care (if positive) or learning about prevention strategies (if negative). Ultimately, the rate of new diagnosis is expected to go down due to these increased testing efforts. The four Integrated Plan objectives of Pillar One cover a comprehensive strategy to expand access to, and improve participation in, HIV testing for all Kentuckians, and especially those in priority populations. These objectives included increasing testing within the following settings:



- a. **Clinical settings** (including acute care settings and routine medical encounters)
 - i. An example during 2023 of increased testing was a pilot program that expanded routine opt-out testing at FQHCs. This pilot began at Grace Health, where a target goal was set to test 10% of unscreened patients. As of December 2023, they have surpassed this goal to reach 48.1%. There are four other FQHCs who are currently in the process of implementing similar programs. This is an expansion of previous opt-out efforts done at emergency departments.
- b. **CBOs** (including testing within CBOs and increasing awareness for self-testing)
 - i. Awareness of self-testing has increased quickly in KY. Self-testing is being promoted through CBOs to the populations they work with, and self-tests are available for free to anyone in the commonwealth through the national Together Take Me Home website.
- c. **Targeted outreach testing efforts in populations at higher risk for HIV** (including testing within the criminal justice system and SSPs, outreach testing efforts in rural areas, hard-to-reach populations, and Ryan White discordant partners)
 - i. Testing efforts with these populations have been strengthened this year, including local jail policies to increase testing and care to inmates, the “Divine 9” testing initiative for the hard-to-reach population at universities, and outreach testing within rural and underserved areas via mobile units.

6) To what extent have linkage to care activities impacted the percentage of newly diagnosed PWH who are linked to care within one week of diagnosis? One month of diagnosis?

The percentage of newly diagnosed Kentuckians who have been linked to HIV medical care within one *week* of diagnosis is 42%, while the percentage of newly diagnosed PWH who have been linked to care within one *month* of diagnosis in KY is currently at 77%. The goal is to increase this second percentage to 95% by the end of 2026. As a state, KY is monitoring linkage to care within both one week and one month. CDC typically uses data for within one month, while the EHE initiative focuses on data for within one week. Pillar Two focuses on treating PWH rapidly and effectively. This includes Strategy 2.1.1 which centers on increasing capacity to provide linkage to care for newly diagnosed PWH. There is still more work to be done in this area. During 2024, plans are underway to revamp the current RWPBP linkage navigation program.

7) To what extent have linkage to care activities re-engaged PWH who have been out of care back into care?

As of December 31, 2022, there were 2,758 PWH included in the Surveillance not-in-care list. As of December 31, 2023, this number had dropped to 1,812 PWH. This reduction is primarily due to investigations completed by the Data to Care Manager and activities by HIV Surveillance staff to improve HIV laboratory reporting across the commonwealth.

As stated, plans are underway to revamp the RWPBP linkage navigation program over the next year. This includes supporting objective 2.2 to re-engage PWH who are out of care. Additionally, the efforts of objective 2.3 to reduce barriers to retain PWH in care are ongoing. These barriers include transportation, housing, and stigma.

8) To what extent have the efforts to remove barriers to care impacted the percentage of PWH who have been maintained in care? And who have achieved viral suppression?



The viral suppression rate in KY for people retained in care is currently at 60%, as of December 2022. HRSA EHE funds have been used to provide care to patients with incomes over 500% of the federal poverty level, meaning that essentially any PWH in KY can access HIV care at this time. One hundred-two (102) patients are enrolled in care using this funding. HRSA funds are also providing disease investigation specialists (DIS) and linkage navigation staff, who reach out to HIV patients found to be out of care and connect them with HIV care.

9) To what extent has PrEP access and participation increased?

Over the past year, PrEP coverage (defined as the estimated percentage of individuals with indications for PrEP classified as having been prescribed PrEP) has increased from a calculated baseline of 14.1% to 23.3%. An estimated 3,031 have been prescribed PrEP, as of December 2022. This increase can be attributed to CBOs promoting PrEP with clients and, also, creating unique programs for priority populations (such as the Green Book Project with the 550 Clinic described above in the key accomplishments section). The Statewide PrEP Coordinator at KDPH disseminates PrEP materials and participates in outreach events to increase awareness. Additionally, a statewide PrEP coordinator meeting is organized quarterly for CBOs to share ideas and information to continue to increase PrEP access throughout the next three years of Integrated Plan implementation.

10) To what extent has SSP access and participation increased?

Kentucky leads the nation with operational SSP sites, providing participants with access to critical services and programs including screening, care, and treatment for HIV and viral hepatitis. Kentucky currently has 84 SSPs operating throughout the state. The HIV Section maintains an ongoing relationship with the Harm Reduction Program under the Division of Public Health Protection and Safety, which oversees SSPs in Kentucky. The HIV Section Prevention Data Manager maintains SSP data for the HIV Section.

In 2023, a total of 35,920 unique patients visited an SSP (*Note: this number does not include repeat visits to an SSP*). This total demonstrates an increase in unique patients visiting an SSP during 2023, up from 21,141 unique patients that visited an SSP in 2022.

11) What impact have Pillar 4 response activities had on Kentucky's ability to respond to clusters and outbreaks rapidly and effectively?

Partnerships with KHIE and NEDSS teams have increased HIV lab volume, meaning more HIV laboratory results are being received by Surveillance. Receiving more results means surveillance has a more complete HIV medical history on persons who may be part of a cluster, allowing a more targeted response focusing on cluster members for whom Surveillance does not have labs.

HIV Section staff's participation in two Cluster learning collaboratives has provided opportunities for the HIV Section staff to explore options for improving KY's current CDR plan and to engage persons with lived experience in CDR planning.

During 2023, KY was successfully able to close the time space cluster first detected during 2021 among PWID in Jefferson County. In responding to this multijurisdictional molecular cluster, KDPH collaborated cluster response efforts with various local health departments in KY, Tennessee, and Ohio. This success highlights the strong communication and willingness of all stakeholders to work together to improve outcomes for PWH, no matter where they live.



Section 5: Reflection

In reflecting on progress towards the Integrated Plan in 2023, there have been many strengths discovered, challenges uncovered, and lessons learned. The strengths include a strong and cohesive KDPH team at the state level, an active KHPAC membership, and improved communication pathways with all stakeholders. These relationships provide a strong foundation to implement the plan as intended. There have also been some challenges this year, including understanding how to navigate changing end dates for federal grants and being innovative with EHE HRSA project ideas. When local organizations were asked about the challenges they have faced, they shared that transportation barriers, unstable housing, and substance use continue to be barriers when working with their target populations. Additionally, they spoke about the challenge of getting provider buy-in and facing limitations in provider knowledge, stigma, and bias. The provider detailing project planned for 2024 aims to address this.

Lessons Learned

The integrated planning process continues to provide lessons as KY prepares for this upcoming year. These lessons begin with acknowledgement and appreciation for the power of having a cohesive plan and vision to focus all efforts and discussions, and then follows with the inter-agency communication and collaboration that has grown from having everyone create the plan together. The KDPH team highlights the investment on behalf of all partners and subrecipients to take ownership of the plan which they helped develop. Regular monthly KHPAC meetings, and quarterly subrecipient meetings have helped to keep everyone informed and involved. The shared language of the plan has made communication clearer and easier when talking to others. The more everyone's understanding of the plan grows, the better monitoring progress and accomplishments amongst stakeholders has become.

Many lessons about the best way of integrating KHPAC into planning efforts have also been unfolding. Adding an integrated plan discussion to all KHPAC meetings has increased member engagement. The Community Conversations project, which arose from one of these discussions, is a great example of giving KHPAC members the room to bring their ideas and innovative suggestions to the table. As KHPAC transitions in 2024 to new leadership with new co-chairs, many lessons about how to run effective meetings are also being reflected upon and integrated.

Lastly, the format of KY's Integrated Plan has become a reference document, and a foundational template for when applying for new grants. Having everything in one place is useful when compiling new documents. With three years to go, lessons from the integrated planning process are sure to continue.

Updates Made to the Integrated Plan "Living Document"

The following updates have been made to the original Integrated Plan that was submitted to CDC/HRSA in December 2022:

1. All goals, objectives, and strategies have been reviewed, and one strategy was updated.
 - a. Strategy 1.3.3 was changed from "Advocate for legislative changes to allow for HIV self-testing", which was accomplished in 2023, to the following new strategy and accompanying activities for the implementation plan chart.



NEW Strategy 1.3.3: Increase awareness of new KY legislation allowing for HIV self-testing and promote free federal resources to access self-tests.

ACTION /ACTIVITY	ENTITY/ ORGANIZATION
Linking SSPs to receive self-tests to distribute	KDPH
Linking subrecipient organizations to receive self-tests to distribute	KDPH
Create a toolkit for organizations to understand more about self-testing, including resources for educating populations on this type of testing	KDPH

2. KY Indicator #6 has been added to align KY’s Integrated Plan with all six of the national EHE core indicators. **KY Indicator 6: Increase PrEP coverage to 50% by 2025 from a baseline of 14.1%.**

3. The Implementation Plan was reviewed, and status updates were added for 2023. Additionally, a new activity was added under objective 2.3.3 to reduce stigma barriers by exploring the creation of an HIV Stigma Index project for KY.

4. Grace Health was added as a new FQHC partner receiving EHE subrecipient funding. Their name was added to the table of all HIV prevention and care organizations in Appendix A. Additionally, this appendix was reviewed, and website links were updates for some organizations.

5. Several new and updated statewide documents are available with recent data. The following can be found on the [KDPH HIV/AIDS Section website](#).
 - a. *KY HIV/AIDS Integrated Epidemiologic Profile.*
 - b. *Bi-monthly trends report.* Updated every 2 months.
 - c. *Annual HIV Surveillance Report.* Currently updated for 2023 with 2022 data.
 - d. Factsheets on website for different populations. Updated for 2023 with 2022 data.
 - e. Integrated Plan Summary Document. Published January 2024.

Looking Forward to 2024

With 2024 being the second full year of Integrated Plan implementation, focused efforts will continue to work towards accomplishing plan goals, objectives, and strategies of the four pillars. Upcoming activities to highlight include:

1. **Sharing the Integrated Plan Summary document-** The KDPH team will continue to share the document with all partners to better engage local organizations in efforts across all pillar goals and objectives. The document is also available on the HIV/AIDS Section website.

2. **Cluster 101 Response Training for all partners in April 2024-** This upcoming virtual training will educate all partners to support response efforts. Invited participants include all subrecipient partners, linkage navigators, and KIRP staff.



3. **Provider Detailing Project-** This project will include both provider and patient materials. There will be training for linkage navigators to prepare them to educate providers using the provider detailing project about HIV, including the importance of routine testing.
4. **Continue to promote HIV self-testing-** Efforts will continue to promote the new KY legislation. This will include linking SSPs and subrecipient organizations with free self-tests to distribute.
5. **The KY RWPBP linkage navigation program is being revamped-** This program will be improved and strengthened over the next year.
6. **HIV Stigma Index Project-** A new project idea is being explored to create a statewide stigma index survey in order to study and better understand HIV stigma across the commonwealth.
7. **Last year (year five) of the current HRSA EHE grant-** The last year of the current HRSA EHE funding cycle is 2024. Efforts are being focused to develop more partnerships, including stronger collaborations with other KDPH divisions, and to brainstorm new and innovative ideas to creatively fill in programing gaps which are not currently being filled with other funding streams. To close out year four of HRSA EHE, and continue planning for year five, an in-person stakeholder workshop was held in February 2024. During this event, EHE subrecipients worked together to discuss ideas that would create the greatest impact on EHE indicators for the final year of the grant. The meeting also served to build motivation and urgency around shared goals, and to explore what can be done to enhance current services.
8. **Continue to update and collaborate with all prevention and care partners-** Integrated planning updates are added to quarterly meetings with all prevention, services, and EHE partners.
9. **Continue KHPAC Community Conversations Project-** A second round of Community Conversations will be held in the spring and a third in the fall.
10. **Expanded expertise at the state level-** The KY RWPBP HIV services team will hire and gain expertise from a new pharmacist position on staff.



Section 6: Data Sharing with Key Stakeholders

Table 2 summarizes the reporting and dissemination plan to continue to share data updates with key stakeholders. Some updates have been made since the original version, including now providing KHPAC with a *monthly* update versus the previous quarterly update, adding a new quarterly update for all PrEP coordinators, and creating a shortened evaluation plan update to distribute in 2024. All of these changes support the intentions to create stronger communication pathways with stakeholders and to engage them in all aspects of integrated planning.

Table 2. Reporting and Dissemination Plan

Reporting Materials and Structure	Stakeholders Involved	Timeline
<p><u>Monthly-</u> A monthly update and integrated planning discussion will be added to the KHPAC meeting agenda to keep this group up to date with the latest information.</p>	<ul style="list-style-type: none"> • KHPAC, including community members and PWH 	KHPAC meets monthly
<p><u>Quarterly-</u> A quarterly update and integrated planning discussion will be added to the quarterly meetings organized by KDPH for subrecipient partners.</p>	<ul style="list-style-type: none"> • Prevention subrecipients • RWPBP subrecipients • EHE PrEP Coordinators 	Follow the quarterly meeting schedule for HIV Prevention partners, Ryan White partners, and PrEP partners
<p><u>Yearly-</u> A formal written evaluation report will be compiled to evaluate process and impact evaluation questions, as well as progress following the core indicators.</p>	<ul style="list-style-type: none"> • CDC and HRSA project officers • All stakeholders (as requested) 	Compile annually, utilize data from the annual KY Continuum of Care Report and KY Annual HIV/AIDS Surveillance Report
<p><u>Yearly-</u> Starting in 2024, a shortened evaluation summary document will be created to update stakeholders of progress captured in this longer evaluation report.</p>	<ul style="list-style-type: none"> • All stakeholders 	



Section 7: Appendix

Appendix A:

Table of All HIV Prevention and Care Organizations in KY, as of December 31, 2023

Name of Organization or Agency	Services and/or Activities Delivered	Funding Source(s)	Priority Population(s) served
AIDS Education Training Center (KY AETC)	Educates, trains, and provides information on HIV/AIDS to medical professionals throughout Kentucky via live and virtual didactic trainings, preceptorships, and Community of Practice sessions	KIRP, HRSA RWHAP Part F Subrecipient	Medical professionals
AVOL Kentucky	HIV, hepatitis, and sexually transmitted infection (STI) testing; PrEP navigation; 340B pharmacy access; financial assistance; case management; supportive services; short- and long-term rental assistance; utility assistance for PWH; community-based housing for seven PWH with extensive medical issues; direct-managed permanent housing units (26) with onsite supportive services	CDC Subrecipient, HOPWA, Low-income Housing Tax Credit, Affordable Housing Trust Fund, and local fundraising	All populations
Community Advocates for Resources and Empowerment (C.A.R.E.)	Safe shelter, housing navigation, harm reduction, medical support, mental health support, pet care and assisting with legal documentation.	KIRP funding for HIV clients.	Homeless PWH
Christian County Health Department	HIV/STI testing, linkage to care, condom distribution, medical care, PrEP, health screenings, and medical case management	CDC EHE Subrecipient	All populations
Grace Health	HIV/STI testing, PrEP, Linkage to Care, Medical RN Case Management, Primary Care, Preventive Health Care, Pediatric Care, Women’s Care, Dental Services, Pharmacy Services, Clinical Pharmacy Services, 340B Pharmacy Services, Pharmacy Delivery Services, Behavioral Health, Substance Use Recovery Treatment, Targeted Case Management, Social Support Services, Insurance Eligibility Assistance, Community Health Assistance, Patient Advocacy Services	HRSA EHE Subrecipient	Serving the Southeastern KY counties of Laurel, Whitley, Bell, Clay, Knox, and Leslie
Graves County Health Department	HIV/STI testing, linkage to care, SSP, condom distribution, medical care, PrEP, health screenings, and medical case management	CDC Subrecipient, HRSA RWHAP Part B Subrecipient	All populations



Name of Organization or Agency	Services and/or Activities Delivered	Funding Source(s)	Priority Population(s) served
Hoosier Hills AIDS Coalition	Health insurance premium/cost sharing, emergency financial assistance, food bank home delivered meals, and transportation	HRSA RWHAP Part B Subrecipient	5 Indiana counties and Louisville area PWH
House of Ruth	Case management, emergency and family services, financial assistance, food pantry, and emergency housing	HOPWA/HUD, HRSA RWHAP Part B Subrecipient	Homeless PWH
Kentuckiana AIDS Alliance	Housing and case management	HRSA RWHAP Part B Subrecipient	PWH with housing/eviction issues
Kentucky Department for Health (KDPH)	HIV/AIDS Section, KHPAC, Harm Reduction Program (HRP), Kentucky AIDS Drug Assistance Program (KADAP), Kentucky HIV/AIDS Care Coordinator Program (KHCCP), and Kentucky Health Insurance Continuation Program (KHICP)	CDC, HRSA	All populations
Kentucky Mountain Health Alliance, Inc. – Little Flower Clinic	HIV/STI testing, linkage to care, medical care, health screenings, medical care management, behavioral health, substance abuse, social services, dental services, and transportation	HRSA EHE Subrecipient	Underinsured and socially vulnerable groups
Kentucky River District Health Department	HIV/STI testing, linkage to care, SSP, condom distribution, medical care, PrEP, health screenings, and medical case management	RWHAP Part B Subrecipient	All populations
KIRP (KY Income Reinvestment Program)	Comprehensive education, screening, and testing services for those at high-risk for HIV infection; linkage to care for PWH to medical care and supportive services; educate health care providers and students on substance abuse disorders and mental health issues that affect effective HIV and hepatitis C medical care through KY AETC partnership	RWHAP Part B Program Income, CDC EHE Subrecipient, Gilead FOCUS	PWH, Populations at high-risk for HIV
Lake Cumberland District Health Department	HIV/STI testing, linkage to care, SSP, condom distribution, medical care, PrEP, health screenings, and medical case management	RWHAP Part B Subrecipient	All populations
Legal Aid Society, Inc.	Represents individuals and families whose incomes are at or below 125 to 200 percent of the poverty guidelines	HRSA RWHAP Part B Subrecipient	PWH
LivWell Community Health Services (Formally Heartland Cares, Inc.)	HIV/STI testing, linkage to care, condom distribution, housing, medical care, PrEP, health screenings, prevention medication, social support, and medical case management	CDC direct recipient and subrecipient, HRSA RWHAP Part B Subrecipient and Part C Recipient	PWH, Populations at high risk for HIV



Name of Organization or Agency	Services and/or Activities Delivered	Funding Source(s)	Priority Population(s) served
Louisville Metro Department of Public Health and Wellness	SSP, wound care, HIV/hepatitis C screening, STI testing and treatment, condom distribution, prevention education, and treatment navigation	CDC Subrecipient, Gilead, KIRP	All populations, PWID/persons who use drugs (PWUD)
Matthew 25	HIV/STI testing, linkage to care, health insurance, condom distribution, medication assistance, food pantry, housing, medical care, PrEP, health screenings, primary care, transportation assistance, medical case management, and social support services	HOPWA/HUD, CDC EHE Subrecipient, HRSA RWHAP Part B Subrecipient and Parts C/D Recipient	PWH, Populations at high risk for HIV
Mountain Comprehensive Care Center, Inc.	Addiction services, adult and children’s behavioral health, crisis services, developmental/intellectual disability services, and housing	HRSA EHE Primary Care Award direct recipient	Underinsured and socially vulnerable groups
Music City PrEP Clinic AKA “Derby City Prep” (Louisville Clinic)	PrEP, PEP, HIV/STI testing, linkage to care, condom distribution, and medical care	340B Funding	All populations
Northern Kentucky District Health Department	HIV/STI testing, linkage to care, SSP, condom distribution, medical care, PrEP, health screenings, and medical case management	HRSA RWHAP Part B Subrecipient, HRSA EHE Subrecipient	All populations
Park DuValle Community Health Center	HIV/STI testing, linkage to care, dental care, women’s health, family planning, transportation services, medical care, PrEP, behavioral health services, social services, laboratory, primary care, and medical case management	HRSA EHE Subrecipient	Underinsured and socially vulnerable groups
Pennyroyal Center	HIV/STI testing, residential treatment with 3 different facilities, crisis services, behavioral health services, substance abuse services, linkage to care, social services, and medical case management	HRSA EHE Subrecipient	Underinsured and socially vulnerable groups
Regional Health Care Affiliates DBA Health First Community Health Center	HIV/STI testing, linkage to care, medical care, health screenings, medical case management, behavioral health, laboratory, and primary care	HRSA EHE Subrecipient	All populations
Shawnee Christian Healthcare Center	Medical and mental health services, pharmacy, dental clinic, pediatric care, women’s health, behavioral health, substance abuse, preventive health care, HIV/STI testing, and PrEP	CDC EHE Subrecipient	All populations



Name of Organization or Agency	Services and/or Activities Delivered	Funding Source(s)	Priority Population(s) served
Todd County Health Department	HIV/STI testing, linkage to care, SSP, condom distribution, medical care, PrEP, health screenings, and medical case management	HRSA RWHAP Part B Subrecipient	All populations
University of Kentucky Bluegrass Care Clinic	HIV/STI testing, primary care for PWH, medical and nonmedical case management, mental health program, nutritional services, psychosocial support, support groups for PWH, oral health, food bank, housing program, emergency financial assistance, access to clinical trials, condom distribution, prevention services, PrEP outreach, linkage services for inmates at jails, adherence services, linkage to care, expedited antiretroviral therapy (ART), injectable ART, injectable PrEP, pharmacy, financial eligibility services, and vaccine services	HRSA RWHAP Part B Subrecipient and Parts C/D Recipient, CDC direct recipient and CDC EHE Subrecipient	PWH, All populations
University of Kentucky Dental Program	Comprehensive dental care	HRSA RWHAP Part F Recipient	PWH
University of Louisville School of Dentistry	Comprehensive dental care	HRSA RWHAP Part B Subrecipient and Part F Recipient	PWH
University of Louisville 550 Clinic KY Care Coordination Program (ULSD KCCP)	Case management, emergency financial assistance, and transportation	HRSA RWHAP Part B Subrecipient	PWH, Minority clients
University of Louisville 550 Clinic	HIV/STI testing; PrEP; rapid ART; primary care; HIV medical services; client advocacy/financial eligibility services; mental health screening, assessment, treatment, referrals, and case management; substance abuse screening, assessment, treatment, and referral; nutritional assessment and referral; oral health care referrals; social support; and access to clinical trials	HRSA RWHAP Part C, CDC EHE Subrecipient	PWH, All populations
Volunteers of America (VOA) Louisville	HIV/STI testing, linkage to care, condom distribution, housing, medical care, support for PrEP, social support, and medical case management	CDC Subrecipient, HOPWA	PWH, Populations at high risk for HIV



Appendix B: KHPAC Community Conversations Summary

“Community Conversations” Community Engagement Discussions Summary Report- Fall 2023

I. BACKGROUND:

Adding to ongoing efforts to engage more community members in the integrated planning process, the Kentucky HIV/AIDS Planning and Advisory Council (KHPAC) decided in summer 2023 to launch a new project called “Community Conversations” (CC). The idea for these conversations came out of a brainstorming session about how to create a comfortable format for community members to share their opinions about HIV prevention and care in Kentucky. While KHPAC meetings are open to the public, these meetings tend to be more formal, have a high number of participants, and are held virtually. The intention for the CCs was to organize small, in-person discussions in partnership with local HIV prevention and care organizations to create an environment where community members feel safe to share their experiences, thoughts, and ideas. The sessions, which were organized by individual KHPAC members, were held locally at the member’s affiliate organization.

KHPAC members collaborated with the KDPH HIV Section team and evaluation partners from CHES Solutions Group to create a question and implementation guide. Included in the guide was a summary form for each facilitator to capture the details of their session. Future plans include creating a new question guide for each new round of CCs, with plans to hold one round every fall and spring. Fall 2023 served as a pilot round to understand best practices and gauge interest. Each CC began with an overview of the discussion format, time for participants to ask questions, and a verbal consent for those who agreed to participate. In addition to a discussion facilitator, each session had a notetaker to keep record of what was shared.

Between November-December 2023, the first two CCs were organized to better understand the experiences of people living with HIV in Kentucky. Questions of this first round of CCs were focused on people living with HIV. The data collected will inform policies, programs, and guidance on integrated planning in Kentucky. The first CC took place in Florence, KY (Northern KY) at the **Northern Kentucky Health Department** and the second was in Lexington, KY (Central KY) at **AVOL Kentucky**. Each discussion lasted approximately one hour and included active discussion from all participants. Nutritional supplements were provided at both sessions, and participants were gifted a \$20 gift card in appreciation for their participation.

II. PARTICIPANT DEMOGRAPHICS:

In total, **14 community members participated in a Fall 2023 CC**. This included four participants at the Northern KY Health Department event and 10 participants at the AVOL Kentucky event. Additionally, two KHPAC facilitators, seven



staff members from the partner organizations, and one KDPH evaluation consultant attended the discussions. Participants represented the following demographic categories.

- **Persons with HIV**
- **Gay, bisexual, and men who have sex with men**
- **Black women**
- **Black men**
- **Hispanic women**
- **Hispanic men**
- **Transgender women**
- **Men over 50**
- **People who (formerly) inject drugs**
- **Staff from prevention and care organizations**

III. KEY FINDINGS:

Several themes arose from the CCs, including:

1. **Participants expressed satisfaction that their providers were knowledgeable in providing the medical care they needed physically, including the most effective treatments.**
2. **However, participants also stressed that providing quality care was more than medical knowledge. They shared that respect from medical providers is an essential part of care.** Specifically, they noted the importance of provider eye contact, compassion for patients, and comfort around PWH and people of different sexual orientation. Some participants shared that they have not always received these shows of respect from their provider. One participant noted that he had been positive for the past 33 years and had had the same provider for the past 25 years. He shared that it took a while at the beginning to find a provider he connected with. Another person also shared that it had taken time over the past three years with his current provider, but eventually after he initiated several open conversations about the type of care he expected from his provider, their relationship had improved, and things were better.
3. **Some things that providers do which made participants feel comfortable included:**
 - a. Comfortable and relaxed body language. Sitting in front of the patient versus behind a desk.
 - b. Eye contact.
 - c. Showing respect that the patient has knowledge of how they are feeling.
 - d. Writing down something that the patient doesn't fully understand so that they can research it more later.
 - e. Allowing patients to bring along someone with them to appointments to help them remember everything that was said.
 - f. Calling on the phone occasionally to check-in on the patient.



- g. One participant shared that he has his provider's home phone number to call if he has any questions and/or concerns. He also noted that this was probably rare.
4. **Other things that providers do which made participants feel uncomfortable included:**
- a. Using medical jargon or complicated explanations. *"Doctors tend to explain things about their patients' health to them with medical terminology that isn't always understood by their patients. Doctors should talk to patients on the patient's level."*
5. **The vast majority of participants were not interested in virtual appointments,** claiming *"No, I do not prefer it"* and *"I hate it."* They understood that in certain occasions, such as COVID, it could be necessary, however some of the reasons why they were not interested in virtual appointments included:
- a. Not knowing who else is *"behind the screen"* during telehealth visits to hear what is being said or monitoring the visit.
 - b. Not getting the after-visit paper summary print-out from telehealth visits which they find to be a really helpful resource.
 - c. Not wanting to be given bad medical news over the phone or video.
6. **However, one participant said that he preferred telehealth,** especially for routine appointments to get a medication refill, because it is *"quick and easy."*
7. **When asked how they prefer to receive communication and medical information, all participants preferred traditional paper communications.** This included regular mail, printouts, flyers, etc. One participant stated *"I like written or printed out. I keep my files for a least one year. We as individuals need to be our own best health advocates."* Someone else shared, *"Language is a barrier. We need more resources in Spanish. There are a lot of immigrants, especially working with animals in the horse industry."*
8. **In terms of what information could be given to primary care providers to understand the importance of regular routine testing, participants shared:**
- a. Providers need to be up to date on their sexual health education knowledge and be able to understand how essential routine HIV testing is for all people, especially but not limited to priority populations. One participant shared, *"Sexual health education is very important. Evangelicals are resisting it. My parents were both ministers and I am very religious, but we should all be educated!"* Another participant suggested that there *"should be a conference on sexual health education for providers. More than the basics, for example kinks, the spectrum of sexuality, etc."*
 - b. Another shared, *"Doctors should ask about sexual health and drug behaviors regularly. HIV testing, especially to drug users, needs to be a constant conversation."*
 - c. Someone else added, *"A lot of the first symptoms of HIV are the same symptoms as the flu, which is why it's so important to get tested."*
 - d. One participant shared how important outreach testing is. He shared his story how when he originally found out he was positive it was because he was working as a bartender and there was a testing event where he worked. He said he had no suspicion that he could be positive and found out he was. He shared that he felt providers needed to know to screen everyone and not just people who thought they could be positive.



9. **Across the board, all participants agreed that the best way to support people newly testing positive with HIV is to connect them with peer support people and groups.** Participants shared that connecting to peer support was important to their journey. Some comments included that the size of the support group doesn't matter to them, even if it is one person and the leader, that sometimes just telling someone newly diagnosed "I have a friend that can help you" is the best way to keep the introduction to peer mentors inviting and unthreatening, and that all patients should be teamed up with a "sponsor" similar to people who attend AA.
10. Participants shared that **supporting PWH with knowledge about how to take ownership in their care can help them stay engaged in care** (taking notes, asking questions, joining support groups with peer support networks). Some participants expressed interest in the health department offering informational/educational sessions where services are explained.
11. **Additionally notable things that were shared** in the sessions include:
- a. One of our participants said that he could not find information on the web in Spanish of where to get assistance when he moved to Kentucky from another country, so he went to Grindr to ask a local.
 - b. Some participants expressed interest in health departments offering informational/educational sessions where services and important updates are explained. Others in the group found that to be a great idea and discussed trying to include others from the state, local, and regional levels.



Appendix C: 2023 Implementation Plan Status Updates

Status options: Not started, initiated, ongoing, completed, newly added

PILLAR #1: DIAGNOSE

GOAL 1: TO DIAGNOSE ALL PWH AS SOON AS POSSIBLE

Objective 1.1: Advance HIV-related communications to improve uptake of HIV testing (including knowledge of the status-neutral approach and strategies to reduce stigma and discrimination)

Strategy 1.1.1: Ensure that health care professionals and front-line staff are educated and trained on stigma, discrimination, and unrecognized bias toward priority populations

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Increase health care professionals’ awareness of KY AETC and KYTRAIN.org educational offerings	AETC	Ongoing
Connect providers to KY AETC educational events through community-based services and partnerships	KIRP	Ongoing
Ensure up-to-date HIV information is available from KDPH	KDPH	Ongoing
Provide education for providers and multi-disciplinary care teams on topics of cultural competency, counselling patients about sexuality and sexual behaviors, drug use, faith-based issues, how to address LGBTQ specific health needs, and how to address sex workers’ health needs	AETC	Ongoing
Educate KY AETC intra-professional student cohort and fellows through scheduled didactics, shadowing, and Community of Practice trainings and at least one session of the annual conference will be dedicated to stigma reduction	AETC	Ongoing
Provide education for SSP/Harm Reduction Staff via the Bi-Monthly SSP Trainings	KDPH Harm Reduction Program	Ongoing

Strategy 1.1.2: Increase public awareness for HIV across the commonwealth to reach all Kentuckians, including specifically targeted populations

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Partner with community leaders and champions to discuss appropriate and sensitive outreach efforts ^*	KDPH, KHPAC, CBOs, RWHAP Partners	Ongoing
Approach prominent community influencers to explore innovative strategies to promote screenings ^*	KDPH, KHPAC, CBOs	Not started
Partner with local HIV CBOs and LHDs to increase HIV/AIDS basic education, dispel myths, and encourage testing ^*	KDPH, CBOs, LHDs	Ongoing
Coordinate HIV risk reduction workshops for priority population communities to help reduce concerns of stigma and disclosure ^	KDPH, CBOs	Ongoing



Increase HIV awareness for higher education institutions through social media outlets and testing events ^	KDPH, Higher Education Institutions	Ongoing
Explore providing funding to partners for awareness campaigns through dating apps and other social media ^	KDPH	Ongoing
Partner with LHDs, diverse CBOs, community health worker organizations, faith-based facilities, educational institutions, and various cultural groups to implement appropriate outreach, testing, and educational programming ^*	KDPH, CBOs, LHDs	Ongoing
Consult communities to help develop appropriate HIV testing messages for billboards, posters, fliers, bus wraps, public service announcements, and branded materials ^	KDPH, KHPAC, HIV Program Review Panel	Ongoing
Partner with national and regional community planning groups for community resources and expertise ^*	KDPH, AETC, CBOs	Ongoing
Increase awareness of free, HIV testing available at LHDs and CBOs ^*	KDPH, CBOs, LHDs	Ongoing
Provide routine HIV screening, testing, and education in partnership with collaborating agencies providing services to vulnerable populations that are at highest risk for HIV *	KIRP, AVOL	Ongoing

Objective 1.2: Increase HIV testing within clinical settings

Strategy 1.2.1: Initiate routine opt-out testing in acute care settings (i.e., EDs, urgent care)

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Partner with EDs through Innovative Community Partnerships Program to provide resources to implement opt-out testing initiatives	KIRP	Ongoing
Gather opt-out resources, including exploring development of an opt-out testing toolkit ^*	KDPH	Ongoing
Research number of existing EDs, urgent care, other acute care settings presently offering testing services and inquire about process and protocols ^	KDPH	Not started
Research statewide and national resource opportunities (funding, staffing) for EDs, urgent care, other acute care settings needing assistance to offer testing ^	KDPH	Ongoing
Develop and implement provider detailing on universal screening based on CDC screening recommendations for HIV ^*	KDPH, Shawnee Christian Health Center	Ongoing
Develop and implement statewide campaign targeting providers to increase HIV screening ^*	KDPH, AETC	Ongoing
Identify and/or develop outreach materials for distribution to health care facilities and providers to share with identified high risk populations ^*	KDPH, AETC	Ongoing
Develop protocols for referral process to HIV services in newly diagnosed and lost to care HIV+ persons ^*	KDPH	Ongoing

Strategy 1.2.2: Increase HIV screening tests in routine medical encounters, including primary care, dental care visits, prenatal care, elective admissions, mental health visits, substance use disorder clinics, MAT clinics, university health services, FQHCs, and LHDs

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
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Pilot HIV testing and LN position within a FQHC to increase routine HIV testing and enhance linkage to care for PWH ^*	KDPH, Shawnee Christian Health Center	Ongoing
Develop and implement provider detailing on universal screening based on CDC screening recommendations for HIV ^*	KDPH	Ongoing
Identify and/or develop prevention and treatment outreach materials for distribution to health care facilities and providers regarding universal screening guidelines ^*	KDPH	Ongoing
Develop protocols for referral process to HIV Services in newly diagnosed and lost to care HIV+ persons ^*	KDPH	Ongoing
Recommend opt-out HIV testing as part of routine screening ^*	KDPH	Ongoing
Recommend health care providers to incorporate HIV testing with wellness testing, such as same day as flu shots, diabetes screening, blood pressure screening ^*	KDPH, KPCA, AETC	Ongoing
Provide access to HIV testing through partnerships with substance use disorder clinics, MAT clinics, university health services, and LHDs ^*	KDPH, KIRP, AVOL	Ongoing

Objective 1.3: Improve targeted HIV testing efforts within CBOs

Strategy 1.3.1: Train and certify community-based HIV testers

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Offer scheduled training to CBOs and maintain contact information on how to schedule training ^*	KDPH	Ongoing
Annual review of tester training to ensure information is accurate and current, based off of CDC guidance ^*	KDPH	Ongoing
Maintain tester training information on KDPH HIV Prevention webpage ^*	KDPH	Ongoing
Provide HIV testing in non-clinical settings training for all newly hired EIS HECs and perform annual skills check of all staff to ensure testing procedures are in line with manufacturers guidelines and in accordance with the approved state training	KIRP	Ongoing

Strategy 1.3.2: Host quarterly prevention meetings to highlight best practices

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
CBOs share testing activities scheduled	KDPH, CBOs	Ongoing
CBOs share barriers they have encountered	KDPH, CBOs	Ongoing
Open discussion of best practices ^	KDPH, CBOs	Ongoing

Strategy 1.3.3: Increase awareness of new KY legislation allowing for HIV self-testing and promote free federal resources to access self-tests.

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Local advocacy organizations and HIV CBOs will coordinate efforts to advocate for legislative change	Local Advocacy Groups	Completed
Linking SSPs to receive self-tests to distribute	KDPH	Newly Added
Linking subrecipient organizations to receive self-tests to distribute	KDPH	Newly Added
Create a toolkit for organizations to understand more about self-testing, including resources for educating populations on this type of testing	KDPH	Newly Added



Objective 1.4: Increase targeted outreach testing efforts in populations at higher risk for HIV

Strategy 1.4.1: Promote and increase testing in the criminal justice system

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Continue to increase awareness of new policy for RWHAP Services for local and county jails for PWH *	KDPH	Ongoing
Build on existing relationships between CBOs and local detention centers that are currently performing HIV and HCV testing ^*	KDPH, CBOs	Ongoing
Establish regular meetings with representatives from the Kentucky Jailers Association, Department of Corrections, Administrative Office of the Courts, and KDPH *	KDPH	Ongoing
Support and develop collaborations between LHDs, Target4 Project, RWHAP service centers, detention centers, probation officers, drug courts, and local/county jails for increased testing, access to treatment, and promotion of the LN support available *	KDPH, LHDs, KIRP, CBOs	Ongoing
Identify and explore HIV screening barriers in the criminal justice system, such as need for testers, education of criminal justice system staff ^*	KDPH	Ongoing
Provide HIV screening, testing, and education in collaboration with detention centers, probation and parole, drug courts, and local/county jails *	KIRP, CBOs	Ongoing

Strategy 1.4.2: Promote and increase testing in SSPs

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Explore incentives to encourage HIV testing in SSPs ^	KDPH, KIRP	Ongoing
Build partnership between HIV Section and Harm Reduction Unit ^	KDPH	Ongoing
Provide HIV screening, testing, and education in partnership with LHDs/SSPs	KIRP	Ongoing
Annually monitor percentage of SSP participants tested for HIV, and strategize and facilitate methods to engage participants in routine testing	KIRP	Ongoing

Strategy 1.4.3: Promote and increase outreach testing efforts in rural areas and hard-to-reach populations

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Partner with nontraditional sites to increase testing in homeless shelters, LGBTQ offices in colleges/universities, and other nontraditional sites ^	KDPH, KIRP	Ongoing
Increase participation in mobile units and satellite testing locations, including exploring drive-through/drive-up testing ^*	KDPH, CBOs	Ongoing
Explore best practices in incentive use for testing and update current policy as appropriate ^*	KDPH	Ongoing
Expand HIV outreach through targeted testing efforts of KIRP/Target 4 ^*	KDPH, KIRP	Ongoing

Strategy 1.4.4: Promote and increase outreach testing efforts with Ryan White discordant partners

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Provide partner testing for persons who test positive through SSP and targeted outreach efforts *	KIRP, SSPs, CBOs	Ongoing



Provide partner testing for persons engaged in ongoing medical care and supportive services through RWHAP funded programs *	RWHAP Funded Clinics, HOPWA Entities	Not started
Assess what current efforts are focused on this population and what, if any, materials are specifically designed to reach this target population *	KDPH	Ongoing
Create new information materials to share with PWH to share with their partners *	KDPH	Initiated
Share newly created materials with prevention and care partners to distribute *	KDPH	Initiated

Strategy 1.4.5: Establish a Prevention Screening Services Program

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Maintain a DIS focused on follow up testing for persons at elevated risk for contracting HIV who have been identified as contacts during investigations and have initially tested negative for HIV ^	KDPH	Ongoing
Provide routine HIV screening, testing, and linkage to care for participants at SSPs to monitor HIV status and linkage to care needs	KIRP	Ongoing

PILLAR #2: TREAT

GOAL 2: TO TREAT PWH RAPIDLY AND EFFECTIVELY TO REACH SUSTAINED VIRAL SUPPRESSION

Objective 2.1: Increase the percentage of newly diagnosed PWH linked to care within 1 week of diagnosis

Strategy 2.1.1: Increase capacity to provide linkage to care for newly diagnosed PWH

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Expand linkage navigation capacity by maintaining four LN/DIS/Outbreak response staff ^*	KDPH	Ongoing
Engage and increase collaboration across LNs, DIS, EIS HECs, social workers, and case managers to enhance linkage to care ^*	KDPH	Ongoing
Partner HIV testing efforts with RWHAP providers to provide seamless linkage to care *	KIRP, RWHAP Funded Clinics, HOPWA Entities	Ongoing
Monitor linkage to care for persons newly diagnosed with HIV through SSPs and targeted outreach testing efforts *	KIRP, CBOs	Ongoing

Objective 2.2: Re-engage PWH who are out of care

Strategy 2.2.1: Increase linkage to care activities for targeted populations

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Continue to implement the DTC/D2C initiative to identify PWH who are not in care and link to re-engage them in care ^*	KDPH, RHWAP Funded Clinics, HOPWA Entities	Ongoing



Expand Linkage to care activities by LNs engaging directly with HIV care providers in their region to follow up on patients who miss appointments, are not getting HIV bloodwork completed in a consistent fashion, or other actions suggesting the patient has fallen out of care *	KDPH, RHWAP Funded Clinics	Ongoing
Increase awareness about RHWAP services *	KDPH, RHWAP Funded Clinics, KIRP, HOPWA Entities	Ongoing
Rural: Work with LHDs, health care delivery systems, pharmacies, and community partners to find and engage PWH into care *	KDPH, KIRP, RHWAP Funded Clinics, HOPWA Entities	Ongoing
Urban: Work with LHDs, health care delivery systems, pharmacies, and community partners serving identified targeted populations to find and engage clients, such as testing at events (such as LGBTQ Pride Festivals) and working at SSPs ^*	KDPH, KIRP, RHWAP Funded Clinics, CBOs	Ongoing
PWH that live in rural areas and have issues accessing quality care and services, and fear of disclosure of status * <ul style="list-style-type: none"> a. Work with LHDs and local health care delivery systems to engage more health care providers in the area to provide HIV care including PrEP for discordant partners and treatment b. Increase community and provider awareness of existing services and support that are available, including Linkage Navigation, transportation, housing, and financial resources 	AETC, KDPH, LHDs, RHWAP Funded Clinics, HOPWA Entities	Ongoing
PWID <ul style="list-style-type: none"> a. Increase collaboration with and across SSPs b. Explore “Swarming Syringe Services Programs” in the event of outbreaks and times of increased need for services c. Increase collaboration with substance use disorder treatment programs, such as methadone programs, continuing therapy programs, housing assistance programs, recovery community organizations, and behavioral health d. Explore and develop partnerships with law enforcement agencies e. Monitor percentage of SSP participants tested for HIV and address barriers to increase testing rates ^ 	KDPH, KIRP, SSPs, CBOs	Ongoing
Persons of color especially HIV+ women * <ul style="list-style-type: none"> a. Continue to expand partnerships with professional associations, faith-based communities, academic institutions, and other organizations b. Develop and expand partnerships with social justice and health equity associations c. Provide HIV screening, testing, and education through targeted outreach efforts ^ 	KDPH, KIRP, RHWAP Funded Clinics, CBOs	Ongoing
Transgender persons <ul style="list-style-type: none"> a. Develop partnerships with transgender communities, organizations, and academic institutions b. Increase collaboration with health centers that work with transgender persons to address stigma c. Provide HIV screening, testing, and education through targeted outreach efforts d. Explore including hormone treatment in KADAP formulary e. Revised KADAP application to be gender neutral ^ 	AETC, KIRP, RHWAP Funded Clinics, CBOs	Ongoing



<p>Young gay men and MSM</p> <ul style="list-style-type: none"> a. Continue and expand community conversations to target interventions for youth b. Develop social media outreach c. Expand partnerships with academic institutions, including fraternities d. Provide HIV screening, testing, and education through targeted outreach efforts ^ 	KDPH, KIRP, RHWAP Funded Clinics, CBOs	Ongoing
<p>Kentuckians with undiagnosed HIV who are unaware of their status</p> <ul style="list-style-type: none"> a. Awareness events in highly visible nontraditional settings, such as sporting events, festivals, academic informational events, and state and county fairs b. Implement screening tools to facilitate education and to ensure testing efforts are targeted and effective ^ 	KDPH, KIRP, RHWAP Funded Clinics, CBOs	Ongoing
<p>Incarcerated persons *</p> <ul style="list-style-type: none"> a. Collaborate with the criminal justice system to increase treatment for PWH through Ryan White Services b. Review linkage to care and case management process and increase efficiency and timeliness where able c. Ensure linkage navigation for pre-released, local and state prisons to keep PWH in the treatment system d. Provide HIV screening, testing, and education through collaborations with corrections institutions ^ 	KDPH, KIRP, RHWAP Funded Clinics, CBOs	Ongoing

Strategy 2.2.2: Increase public awareness focused on getting PWH living in Kentucky into care

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Working with local communities, health centers, LHDs, community health workers, and correctional systems ^*	KDPH, RHWAP Funded Clinics, CBOs	Ongoing
Statewide Let’s Stop HIV Together campaign ^	KDPH, RHWAP Funded Clinics, CBOs	Ongoing
Working with organizations that work with at-risk populations ^*	KDPH, RHWAP Funded Clinics, CBOs	Ongoing
Working with SSPs ^	KDPH, RHWAP Funded Clinics, CBOs	Ongoing
Working with DTC/D2C program and Linkage Navigator Program to reach more PWH and get them into care ^*	KDPH, RHWAP Funded Clinics, CBOs	Ongoing
Community programming, such as summits and conferences on harm reduction, to include education on current updated HIV evidence-based messaging ^	KDPH, RHWAP Funded Clinics, CBOs	Ongoing
Provide HIV screening, testing, and education through collaborations with local communities, health centers, LHDs, community health workers, and correctional systems *	KIRP, RHWAP Funded Clinics, CBOs	Ongoing



Objective 2.3: Reduce barriers to retain PWH in care

Strategy 2.3.1: Reduce transportation barriers

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Explore processes, policies, and strategies to address identified transportation barriers in communities *	KDPH, RHWAP Funded Clinics, HOPWA Entities	Ongoing
Enhance transportation options, especially in rural areas, such as incentives and mobile units ^*	KDPH, RHWAP Funded Clinics, HOPWA Entities	Ongoing
Community conversations to identify transportation barriers to receiving care and support services *	KHPAC, RHWAP Funded Clinics, HOPWA Entities	Ongoing
Provide assistance through RHWAP funding for PWH that face transportation barriers *	RHWAP Funded Clinics, HOPWA Entities	Ongoing
Investigate/pursue satellite clinics, as appropriate *	RHWAP Funded Clinics, HOPWA Entities	Ongoing

Strategy 2.3.2: Reduce housing barriers

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Provide assistance through RHWAP funding for PWH that face housing instability *	RHWAP Funded Clinics	Ongoing
Outreach and re-engagement of persons out-of-care to reduce housing barriers *	HOPWA Funded Entities	Ongoing
Provide the following for stable housing assistance, based on need, to support ongoing medical treatment compliance * <ul style="list-style-type: none"> a. Short-term housing assistance for PWH b. Long-term housing subsidies for PWH c. Supportive services d. Utility assistance e. Case management 	HOPWA Funded Entities	Ongoing
Increase awareness of available support resources for PWH who are houseless or in unstable housing *	KDPH, HOPWA Funded Entities	Ongoing

Strategy 2.3.3: Reduce stigma barriers

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Community conversations to identify stigma barriers to receiving care and support services *	KHPAC	Ongoing
Explore processes, policies, and strategies to address identified stigma barriers in communities *	KDPH	Ongoing
Provide programming to address and reduce HIV stigma *	KDPH, CBOs	Ongoing
Explore telemedicine options, rapid start, and ECHO (Extension for Community Healthcare Outcomes) model to address stigma and provider shortages ^*	KDPH, AETC (ECHO)	Not started



Increase access to mental health counselors to address life issues (e.g., anxiety, fear, stigma, medication side effects) *	CBOs, KHCCP, FindHelpNow.com	Ongoing
Expand access to HIV screening, testing, and education to normalize access to services and increase health literacy around risk and access to services *	KIRP, CBOs	Ongoing
Explore the creation of an HIV Stigma Index Project for the State of KY	KDPH	Newly Added

Objective 2.4: Increase the capacity of the public health and health care workforce to effectively provide holistic care and treatment for PWH

Strategy 2.4.1: Increase provider education on the treatment and quality of care for HIV, and of HCV and HBV co-infection(s)

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Expand outreach and educational services to community providers regarding clinical quality management	AETC	Ongoing
Partner with the Weitzman Institute at the Community Health Center, Inc. to facilitate ECHO model of education	AETC, KIRP	Ongoing
Increase health care professionals’ awareness of KY AETC educational offerings	AETC	Ongoing
Provide continuing education units (CEU) for topics of cultural competency, cultural humility, counselling patients about sexuality and sexual behaviors, drug use, faith-based issues, LGBTQ specific health needs, and how to address sex workers’ needs	AETC	Ongoing
KY AETC to host didactic trainings and partner with multi-disciplinary endocarditis team (MDET) at UK to provide education around the needs of HIV patients that are co-infected with hepatitis	AETC	Ongoing

PILLAR #3: PREVENT

GOAL 3: TO PREVENT NEW HIV TRANSMISSIONS BY USING PROVEN INTERVENTIONS, INCLUDING PREP AND SSPS

Objective 3.1: Promote full access to, and the expansion of, PrEP

Strategy 3.1.1: Expand PrEP resources at the state level, including systems to navigate PrEP access

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
KDPH PrEP Coordinator will coordinate PrEP initiatives across the commonwealth ^	KDPH	Ongoing
Increase collaboration with HIV Prevention staff, KDPH Community Liaison Consultant, and the newly established PrEP Coordinators at the Universities of Kentucky and Louisville, and Matthew 25 ^	KDPH, KHPAC, AVOL, Network of PrEP Coordinators	Ongoing
KDPH PrEP Coordinator will establish and maintain PrEP policy ^	KDPH	Ongoing

Strategy 3.1.2: Build a cohesive statewide network of PrEP coordinators to coordinate PrEP initiatives

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
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Newly established PrEP Coordinators at the Universities of Kentucky and Louisville, and Matthew 25 will identify barriers and opportunities to increase awareness and prescriptions among targeted populations ^	KDPH, KHPAC, AVOL, Network of PrEP Coordinators	Ongoing
Offer capacity building/technical assistance for new PrEP coordinators ^	KDPH	Ongoing

Strategy 3.1.3: Increase the number of providers who are aware of, and trained to prescribe, PrEP

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Collaborate with LHDs to identify providers who are willing to learn about and provide PrEP; leverage experience of Christian County Health Department (HD) PrEP Clinic ^	AETC, KDPH, Christian County HD, KIRP	Ongoing
Integrate introduction to PrEP trainings into professional conferences throughout the state to identify potential providers for PrEP delivery ^	AETC, KDPH	Ongoing
Coordinate PrEP trainings for providers including clinicians, pharmacists, physician assistants, and nurses at locations such as medical associations, nursing associations, pharmacy associations, professional conferences, and physician assistant associations ^	AETC, KDPH, KPCA	Ongoing
Promote PrEP educational opportunities to medical, pharmacy, and nursing faculty, staff, and students ^	AETC, KDPH	Ongoing
Identify community providers that are interested in learning more about PrEP and offering this service through their medical practice and connect them to KY AETC resources	AETC, KIRP, AVOL	Ongoing
Partner with federal entities to provide capacity building assistance	AETC, KDPH	Ongoing
KY AETC provides monthly PrEP series, supports onsite trainings to three clinics who participate in the Practice Transformation project to build PrEP prescription comfort, and provide these clinics with support materials such as posters to increase awareness and participation for patients serviced	AETC	Ongoing

Strategy 3.1.4: Increase awareness of, and participation in, PrEP services among priority populations

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Coordinate regional PrEP activities that would reach diverse communities such as LHDs, diverse CBOs, faith-based organizations, academic settings, and various social/civic cultural groups for community conversations about PrEP ^	KDPH, Network of PrEP Coordinators	Ongoing
With community input, as funding available, develop appropriate and culturally sensitive branded materials/incentives, billboards, posters, church fans, bus wraps, and educational materials at non-traditional sites (such as rest stops, pizza box stickers, adult entertainment, LGBTQ bars), ads to be shown before movies, advertise on social media apps, and posting on social media sites. ^	KDPH, HIV Program Review Panel	Ongoing
Partner with regional community planning groups, faith-based organizations, and CBOs for community resources, expertise, and increased reach ^	KDPH, KHPAC, CBOs	Ongoing
Partner with PrEP champions in communities for promotion ^	AETC, KDPH, CBOs, Network of PrEP Coordinators	Ongoing



Implement PrEP education in HIV testing settings	AETC, KDPH, KIRP, CBOs	Ongoing
Refer persons that test negative for HIV to network of PrEP providers throughout the state ^	KIRP, CBOs	Ongoing
Assess use of PrEP through data collection at SSPs and through targeted outreach	KIRP	Ongoing

Objective 3.2: Promote full access to, and the expansion of, substance use-related harm reduction

Strategy 3.2.1: Partner with the recently established KDPH Harm Reduction Program, under the Preparedness Branch in the Division of Public Health Protection and Safety, to support local communities in approval of and implementation of SSPs and expand available HIV prevention services at SSPs

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Provide documentation and in-person presentations to local governing bodies to support creation of new SSPs and adoption of best practices in new and existing SSPs	KDPH (HIV/AIDS Section and Harm Reduction Program)	Ongoing
Refine existing data sources of HIV prevention services available, such as Harm Reduction Program Best Practice Evaluation Tool and REDCap ^	KDPH (HIV/AIDS Section and Harm Reduction Program), KIRP	Ongoing
Promote HIV testing, linkage to care, PrEP, cultural competency, and harm reduction strategies in SSPs ^	KDPH (HIV/AIDS Section and Harm Reduction Program), KIRP	Ongoing
Increase use of and access to SSP services among PWID through targeted outreach efforts (such as participating in established PWID support groups through Louisville Metro Health Department and through KORE)	KDPH, LHDs	Ongoing
Encourage flexible hours for late evening/night/weekend hours to increase accessibility as allowable per local ordinance and utilize mobile vans or offsite buildings as available	KDPH, KIRP	Ongoing
Explore existing transportation access to get to SSPs	KDPH, LHDs, SSPs	Ongoing
Monitor percentage of participants tested for HIV and address barriers to testing	KIRP	Ongoing

Strategy 3.2.2: Provide data on SSPs

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Expand network of LHDs participating in REDCap for SSP data entry	KDPH, LHDs, SSPs	Ongoing
Create Internal SSP Data Dashboard	KDPH, KIRP, LHDs, SSPs	Ongoing
Provide educational and statistical information as requested at local level to support the operation of SSPs	KDPH, KIRP, LHDs, SSPs	Ongoing

Objective 3.3: Increase prevention strategies in priority populations

Strategy 3.3.1: Increase awareness of treatment as prevention (U=U)



ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
With community input, as funding available, explore existing campaigns and/or develop appropriate and culturally sensitive incentives, billboards, posters, church fans, bus wraps, educational materials at nontraditional sites (such as rest stops, pizza box stickers, adult entertainment) that emphasize U=U ^	KDPH, KHPAC, HIV Program Review Panel	Ongoing
Provide U=U education to participants at SSPs and through targeted outreach activities	KIRP	Ongoing

Strategy 3.3.2: Increase participation in support groups for those at risk for HIV, such as PWID

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Explore availability of online support groups ^	KDPH	Not started
Offer financial support/incentives to participants ^	KDPH	Ongoing

Strategy 3.3.3: Increase youth awareness of HIV prevention

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Collaborate with schools for age-appropriate education and information	KDPH, KIRP	Ongoing
Participation in youth focused community events, such as tabling fairs, to increase youth awareness and engagement	KDPH, KIRP	Ongoing
Seek opportunities on the local level to engage with school nurses and family resource centers	CBOs	Ongoing
Provide HIV screening, testing, and education through partnerships with local colleges and universities	KIRP	Ongoing

Strategy 3.3.4: Increase the availability of safe sex kits, including condoms

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Increase network of sites that will display/offer safe sex kits in communities ^	KDPH, LHDs, CBOs	Ongoing
Explore the potential of including safe sex kits in naloxone/harm reduction kiosks (vending machines)	KDPH Harm Reduction	Ongoing

PILLAR #4: RESPOND

GOAL 4: TO RESPOND QUICKLY TO POTENTIAL HIV OUTBREAKS AND TREATMENT SERVICES TO PEOPLE WHO NEED THEM

Objective 4.1: Improve surveillance capacity for rapid detection of active HIV transmission clusters

Strategy 4.1.1: Improve HIV surveillance lab collection system to decrease delay in importing labs into eHARS, thereby boosting cluster detection and response activities with more timely data

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Build partnership with KHIE to allow for more complete and timelier laboratory reporting ^	KDPH	Ongoing
Complete onboarding of major commercial laboratories to report HIV viral sequences to KDPH ^	KDPH	Complete

Continue enhanced surveillance, whereby the data reports for HIV diagnosis for each county of Kentucky are created and reviewed on a biweekly basis to monitor for time-space clusters ^	KDPH	Ongoing
Continue to regularly share data with regions of largest HIV burden in Kentucky, such as Louisville metro, Lexington, and Northern Kentucky ^	KDPH	Ongoing
Continue to share data with LHDs as needed, dependent on changes in data at the county level ^	KDPH	Ongoing
Further develop interstate partnerships to enhance data sharing and earlier detection of clusters ^	KDPH	Ongoing

Objective 4.2: Increase workforce capacity to respond to outbreaks in the field

Strategy 4.2.1: Hiring and maintaining positions in the KDPH HIV Section to provide appropriate services to address cluster demands

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Maintain positions of LN/DIS/Outbreak response staff who will provide surge capacity to be deployed in cluster response ^	KDPH	Ongoing
Maintain an epidemiology position responsible for coordinating with National Electronic Disease Surveillance System (NEDSS), Office of Application Technology Services (OATS), and KHIE to ensure efficient and secure transfer of ELRs to HIV surveillance platform for investigation; promote timely and complete reporting of HIV electronic lab reporting (ELR) from providers; and develop and deliver report cards on lab reporting to identified facilities ^	KDPH	Ongoing
Explore training for regional epidemiologists and Target4 Project staff in HIV prevention and cluster response activities to increase capacity for HIV cluster response in every region of Kentucky ^	KDPH, KIRP	Ongoing
Review and revise current Surveillance Standard Operating Procedures (SOP) to increase efficiency and completeness of reporting ^	KDPH	Ongoing
Staff participation in different national level learning collaboratives to enhance current response activities ^	KDPH	Ongoing

Objective 4.3: Increase community engagement and input in cluster detection and response

Strategy 4.3.1: Creating and maintaining surveillance products

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Create and maintain the annual report, trends data report, HIV continuum of care report, fact sheets, and other shared data ^	KDPH	Ongoing
Customize data requests from stakeholders	KDPH	Ongoing
Follow updated guidance from national partners to create up-to-date products	KDPH	Ongoing

Strategy 4.3.2: Increase partnership activities to engage and maintain stakeholders in HIV cluster detection and response

ACTION /ACTIVITY	ENTITY/ ORGANIZATION	STATUS as of December 2023
Continue to share data with LHDs as needed, dependent on changes in data at the county level ^*	KDPH	Ongoing



Maintain relationship with STD Section to encourage partner services staff to be vigilant of potential clusters in communities served ^*	KDPH	Ongoing
Continue to link response activities to current surveillance data and use to inform STD and Viral Hepatitis Sections, HIV Prevention, and linkage to care ^*	KDPH	Ongoing
Notify KDPH of differences in trends recognized in the field through SSPs and targeted outreach testing *	KIRP	Ongoing
Educate diagnosing providers how to report following 902 Kentucky Administrative Regulations (KAR) Disease Reporting Surveillance	KDPH	Ongoing
Report any presumed newly diagnosed case of HIV infection to KDPH, following 902 KAR Disease Reporting Surveillance	Testing Partners	Ongoing
Expand community outreach to include local stakeholders to enhance and incorporate community involvement in local cluster response activities ^	KDPH	Ongoing
Educate community stakeholders on different aspects of cluster detection and response activities, such as quarterly HIV Prevention and Ryan White meetings, and other HIV conferences to reach stakeholders ^*	KDPH, Community Partners	Ongoing
Establish and build collaborative relationships with clinicians and other providers across Kentucky; educate on reporting HIV labs and cases to HIV Surveillance ^ *	KDPH, Community Partners	Ongoing
Promote adoption of rapid ART initiation with medical providers to enhance viral suppression and decrease forward transmission ^	KDPH	Ongoing
Improve participation in HIV targeted testing and DIS investigations, provide resources to community partners for incentives such as gift cards, food, hygiene needs, and transportation ^*	KDPH, Community Partners	Ongoing
As available, KDPH will allocate funds to identified cluster areas to support community efforts in tailoring outreach activities and testing for specific populations through non-traditional means ^*	KDPH, Community Partners	Not Started
Partner with existing facilities providing HIV care, services, and education to engage affected community members to participate in KHPAC *	KDPH	Ongoing

