

IHP Workgroup Status Report

Respond Goal: Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them.

In Attendance: redacted

Meeting Date: May 9, 2024

Submitted By: State chair

Objective	Data Updates	Successes	Problems	Next Steps
<p>Increase nPEP access and prescription within a 72-hour period, following potential HIV exposure(s) by 10% in five years.</p>	<p>Insurance data for PEP/PrEP prescribers, number of Rx's written</p>		<ul style="list-style-type: none"> -No great way to pull out PEP from PrEP prescriptions -People acutely exposed to HIV may not know PEP is an option 	<ul style="list-style-type: none"> -Identify how PEP prescriptions are written/ordered -Pull insurance data for prescriptions and prescribers
<p>Increase capacity and implementation of activities for detecting and responding to HIV/STI/VH outbreaks by 10% in five years.</p>	<ul style="list-style-type: none"> -eHARS to detect clusters -SSP testing info -personal anecdotes from community members 	<ul style="list-style-type: none"> -SSPs -Mobile vans -Pop-up clinics -Twin States Network great resource for peer support 	<ul style="list-style-type: none"> -Mental health support once someone is diagnosed -Only one state peer support person and only in Hillsborough county -Wait lists for ID and mental health providers -Convincing people within institutions who approve allocation of resources (i.e., money, time, staff) to set up new mobile vans -Mobilizing trained staff to respond to co-morbid conditions diagnosed 	<ul style="list-style-type: none"> -Identify key stakeholders to bring to the table to discuss mobilization of new testing vans/clinics -Find out more about mobile testing clinics (i.e., location, frequency, conditions tested, resources/process if someone tests rapid positive)

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<p>Increase training plans for the ID healthcare workforce which address client-centered and culturally responsive care, delivery of stigma-free sexual histories and behavioral health assessments, trauma-informed care and referral to resources using a status neutral approach by 5% in five years.</p>	<ul style="list-style-type: none"> -CARE Medical advisory board -Find hospitals already providing trainings 	<ul style="list-style-type: none"> -AETC resources -Gilead representative provided in-house trainings 	<ul style="list-style-type: none"> -Would be more beneficial to focus on another group of providers aside from ID -Providers who need the training the most are the providers who would be the most resistant -Good tool to measure baseline, progress, and final outcome to meet 5% goal 	<ul style="list-style-type: none"> -Find out what hospitals are doing right now (i.e., if trainings are provided, if mandatory or optional, percentage of providers who complete training) -Poll clients/community members on healthcare experiences and what facility and level of healthcare (i.e., PCP, urgent care, ED, etc.) it was at to begin to see a picture of where trainings are most needed -Change Objective from "ID healthcare workforce" to "healthcare workforce"
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Resources:

<https://www.neaetc.org/>

<https://nationalcoalitionforsexualhealth.org/>

<https://www.cdc.gov/hiv/risk/pep/index.html>

[taking-a-sexual-history-the-6-ps.pdf \(nh.gov\)](#)