

# 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:** SEPT 2024

**Submitted By:** Community Chair

**Red** – July Updates

**Orange** – August Updates

**Blue** – September Updates

Objective	Data Updates	Successes	Problems	Next Steps
<p><b>Increase nPEP access and prescription within a 72-hour period, following potential HIV exposure(s) by 10% in five years.</b></p>	<p>Insurance data for PEP/PrEP prescribers, number of Rx's written</p> <p>Continue from above update</p> <p>Continue from above update</p> <p>Continue from above update</p>	<p>-No great way to pull out PEP from PrEP prescriptions</p> <p>-People acutely exposed to HIV may not know PEP is an option</p> <p>Ways/data collection methods to pull data (checking with prevention group?)</p> <p>Continue from above update</p> <p>Continue from above update</p> <p>Discussed PHED – Public Health Education &amp; Detailing provided by DHHS (goals 1 + 3)</p>	<p>-Identify how PEP prescriptions are written/ordered</p> <p>-Pull insurance data for prescriptions and prescribers</p> <p>Provider education (myths and stigma associated with nPEP)</p> <p>Continue from above update</p> <p>Continue from above update</p>	<p>Tasks – State chair is looking at data collection on PrEP and PEP dispensed in NH</p> <p>How is nPEP prescribed? Any medical provider can prescribe? Yes. nPEP, per CDC guidelines therapy is a #28 day course of medications: Truvada (FTC/TDF) plus Tivicay (DTG). Community chair will double check with ID providers.</p> <p>Providers can then bridge to PrEP if patient at risk.</p> <p>Continue from above update.</p> <p>nPEP is #28 day supply of FTC/TDF plus DTG typically.</p> <p>Continue from above update</p>

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<p><b>Increase capacity and implementation of activities for detecting and responding to HIV/STI/VH outbreaks by 10% in five years.</b></p>	<ul style="list-style-type: none"> <li>-eHARS to detect clusters</li> <li>-SSP testing info</li> <li>-personal anecdotes from community members</li> </ul> <p>eHARS (electronic HIV/AIDS Reporting System)</p> <ul style="list-style-type: none"> <li>-Looking at molecular surveillance (looking at clusters of drug resistances in outbreak settings)</li> <li>-Partner interviews in outbreak settings/contact tracing.</li> <li>-What CBOs/ASOs in the area and region (Community Base Organizations and AIDS Service Organizations).</li> </ul> <p>Continue from above update</p> <p>Continue from above update</p>	<ul style="list-style-type: none"> <li>-SSPs</li> <li>-Mobile vans</li> <li>-Pop-up clinics</li> <li>-Twin States Network great resource for peer support</li> </ul> <p><b>How to quantify capacity?</b></p> <ul style="list-style-type: none"> <li>-Estimated number of contacts made/networks that are available to respond in outbreaks (informal survey?) (how to increase community testing events?)</li> </ul> <p>Continue from above update</p> <p>Continue from above update</p> <p>Molecular sequencing? How is this reported to patients? (Kendall).</p>	<p>Mental health support once someone is diagnosed</p> <ul style="list-style-type: none"> <li>-Only one state peer support person and only in Hillsborough county</li> <li>-Wait lists for ID and mental health providers</li> <li>-Convincing people within institutions who approve allocation of resources (i.e., money, time, staff) to set up new mobile vans</li> <li>-Mobilizing trained staff to respond to co-morbid conditions diagnosed</li> </ul> <ul style="list-style-type: none"> <li>-Linkage into care for newly diagnosed</li> <li>-Lost to follow up for newly diagnosed (way to measure persons not on ART?)</li> <li>-How to explain to the public, "What is an Outbreak?" (PSAs, language, etc...)</li> </ul> <p>Continue from above update</p> <p>Continue from above update</p> <p>Reminder that there is not a "one-size" approach to responding to an outbreak setting</p> <p>Discussed marginalized populations such as</p>	<ul style="list-style-type: none"> <li>-Identify key stakeholders to bring to the table to discuss mobilization of new testing vans/clinics</li> <li>-Find out more about mobile testing clinics (i.e., location, frequency, conditions tested, resources/process if someone tests rapid positive)</li> </ul> <ul style="list-style-type: none"> <li>-Ask leadership/stakeholders in SSP's (Contact NH Harm Reduction Coalition)</li> <li>-Form relationships/report with SSP's and CBO's</li> </ul> <ul style="list-style-type: none"> <li>-Questions for SSP's: How do they measure capacity? How do they measure success?</li> <li>-Questions for ASO's: How do they measure capacity? How do they measure success? (#persons linked into care? # of persons with retention in care?)</li> </ul> <p>Continue from above update</p> <p>Continue from above update</p> <p>Other key stakeholders? SSPs/CBO/Prison/Jails (areas for improvement!), shelters, Healthcare for the Homeless</p> <p>Coordinated entry for housing-how does this work? How can</p>
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			<p>incarcerated persons and persons experiencing homelessness</p>	<p>this be applied in outbreak settings?</p> <p>Linkage to Care Team from DHHS (could they speak to the Respond Group?)</p>
<p><b>Increase training plans for the 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.</b></p>	<p>-CARE Medical advisory board -Find hospitals already providing trainings</p> <p>Do CBO's and Hospitals/Healthcare centers have mandatory education on culturally responsive care, trauma informed care, stigma free sexual health history, transgender care/gender affirming care? (Transgender and non-binary people are more likely to face barriers to healthcare than their cisgender counterparts).</p> <p>Continue from above update</p> <p>Continue from above update</p>	<p>-AETC resources -Gilead representative provided in-house trainings</p> <p>-University of Washington training models (CME/CNE offered) -ECHO series -AETC (national awareness days)</p> <p>Continue from above update</p> <p>Continue from above update</p> <p>Discussed PHED – Public Health Education &amp; Detailing provided by DHHS (goals 1 + 3)</p>	<p>-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</p> <p>-BARRIER/PROBLEM!: The Manchester Board of Mayor and Aldermen voted to ban camping on city streets and parks, no matter the circumstance.</p> <p>-BARRIER/PROBLEM!: NH Governor signs bills to ban trans girls from girls sports, restrict gender-affirming</p>	<p>-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"</p> <p>Tasks-Team member is looking into education component of AETC classes offered. <b>DONE.</b></p>

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			<p>surgeries (Community chair – check with DH transgender pediatric clinicians on what is happening in clinic).</p> <p>Continue from above update</p> <p>Continue from above update</p>	<p>Tasks – team member will look at other area hospitals (such as WDH or Appledore) to see what training plans are in place for their staff). Community chair will look at DHMC for Halogen modules (and associated hospitals, to verify what training plans are in place for staff). <b>Draft letter below.</b></p> <p>Tasks – Check with DH nurse educator regarding required/mandatory education for staff</p> <p>Check with other regional hospitals (see draft letter) for mandatory education (ie. TIC/BH/Sexual Health, Fair &amp; Respectful learning, workplace harassment prevention, cultural diversity, values and policies)</p> <p>Mandatory education vs available education (CME/CNE/CEUs) for health topics.</p> <p>Reach out to 2-1-1 to review resources and public health nurses</p>
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Objective 3: removed "ID" from before "healthcare workforce" to broaden this objective to include other providers.

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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 \(nh.gov\)](#)

## UPDATES:

- <https://www.dartmouth-hitchcock.org/project-echo> (add to resource list).
- Collaboration with other workgroup teams (EHE pillars) - PHED team. They will be happy to chat with you about your goals but want to wait until the supervisor returns.
- Outreach to other workgroup teams (EHE pillars) – team member spoke with someone from Diagnose Team who represents NH Harm Reduction Coalition - The Respond team has a goal about increasing capacity to respond to an HIV outbreak. What is existing capacity is to respond to an outbreak? Role with NH Harm Reduction Coalition sense of what is available around the state for testing and support. How do SSPs measure their success?
- <https://www.nhpr.org/politics/2024-07-19/sununu-signs-bills-to-ban-trans-girls-from-girls-sports-restrict-gender-affirming-surgeries>
- <https://www.nhpr.org/nh-news/2024-07-03/spurred-by-u-s-supreme-court-ruling-manchester-tightens-restrictions-on-camping>
- NEXT MEETING: August 8th at 4pm (Question for next month icebreaker: "What is your favorite movie"?)
- Meetings changed to once monthly (from every other month).

## UPDATES:

- <https://www.dartmouth-hitchcock.org/project-echo> (STI ECHO starts 9/3/24).
- NEXT MEETING: September 12<sup>th</sup> at 4pm (Question for next month icebreaker: "What is your favorite fruit/vegetable?")

Draft sample letter of inquiry to area hospitals regarding (if in place/mandatory education) training plans for the healthcare workforce which address client-centered and culturally responsive care, delivery of stigma-free sexual histories and behavioral health assessments, and trauma-informed care:

To Whom It May Concern,

My name is \*\*\*, I am one of the committee members for the NH Integrated HIV Plan (NH IHP). The New Hampshire Integrated HIV Plan (NH IHP) Workgroup is made up of community members, healthcare professionals, case managers, people with lived experiences, community-based organizations, and state employees. The NH IHP Workgroup leads the execution, review, and updates of the current IHP. As one of the committee members for the Respond group, we are reaching out to area hospitals regarding what training plans, and/or mandatory education modules, are in place for the healthcare workforce? Specifically, through the lens of client-centered and culturally responsive care, delivery of stigma-free care, and trauma-informed care.

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Thank you,

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## UPDATES:

- <https://www.dartmouth-hitchcock.org/project-echo> (STI ECHO starts 9/3/24).
- NEXT MEETING: October 10<sup>th</sup> at 4pm (Question for next month icebreaker: "What is your favorite animal?")
- State chair to reach out to PHED/Public Health Education Detailing team to come speak to our group
- Team member to reach out to DHHS Homelessness program regarding partnership opportunities