



Kentucky Public Health
Prevent. Promote. Protect.

**Kentucky Ending the HIV Epidemic
Strategic Plan
2021 – 2026
Release Date: 12/29/2020**

Overarching Goal: Reduce all new HIV infections by seventy-five percent (75%) during the first 5 (five) years and by ninety percent (90%) in ten (10) years.

Pillar One: Diagnose

Goal: To diagnose two-thousand five hundred (2,500) PWH (Persons with HIV) in five (5) years, a forty-two percent (42%) increase.

Key Activities and Strategies:

- 1) Initiate routine testing in acute care settings (such as emergency departments [ED], urgent care) to at least fifty (50) sites in five (5) years.
 - Research number of existing EDs, urgent care, other acute care settings presently offering testing services and inquire about process and protocols.
 - Pilot rapid-rapid testing algorithm in three (3) selected EDs in high risk populations in two (2) years.
 - Research statewide and national resource opportunities (funding, staffing) for EDs, urgent care, other acute care settings needing assistance to offer testing.
 - Collaborate with Kentucky AIDS Education and Training Center (KYAETC) to educate hospital management and/or hospital associations about Kentucky's Ending the HIV Epidemic plan.
 - Explore funding to hire a medical liaison to compile and review data, and serve as a liaison between Kentucky Department for Public Health (KDPH) and medical institutions.
 - Develop provider detailing on universal screening based on Centers for Disease Control and Prevention (CDC) screening recommendations for HIV and hepatitis C.
 - Identify and/or develop outreach materials for distribution to healthcare facilities and providers to share with identified high risk populations.

- Offer educational webinars with KYAETC if testing barriers identified in acute care settings.
 - Develop protocols for referral process to HIV services in newly diagnosed and lost to care HIV+ persons.
 - Explore using Emergency Medical Services (EMS) teams for testing and referrals.
- 2) Increase testing 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.
- Develop provider detailing on universal screening based on CDC screening recommendations for HIV and hepatitis C.
 - Identify and/or develop prevention and treatment outreach materials for distribution to healthcare facilities and providers to share with identified high risk populations.
 - Develop and offer two (2) trainings and educational webinars a year with KYAETC to identify and address potential testing barriers.
 - Develop protocols for referral process to HIV Services in newly diagnosed and lost to care HIV+ persons.
 - Explore partnerships with payers for HIV testing claims numbers in aggregate.
 - Collaborate with KYAETC to educate healthcare system administrators, professional medical and dental societies about Kentucky's Ending the HIV Epidemic plan.
 - Recommend opt-out HIV testing as part of routine screening.
 - Recommend healthcare providers to incorporate HIV testing with wellness testing, such as same day as flu shots, diabetes screening, blood pressure screening.
 - Pilot use of Best Practice Advisory (BPA) in an electronic medical record in one (1) healthcare delivery system. If successful, encourage CMOs (Chief Medical Officers) and CMIOs (Chief Medical Information Officers) to implement BPAs in medical settings.
- 3) Explore testing in retail (chain and independently owned) pharmacies.
- Survey pharmacies to assess their interest in providing HIV testing.
 - Explore HIV and hepatitis C testing by pharmacy staff in three (3) pharmacy locations.
 - Increase testing collaborations between nonprofit organizations, community-based organizations (CBO), and pharmacies.
 - Identify and/or develop outreach materials for distribution to pharmacies to share with identified high risk populations.
 - Offer educational webinars with KYAETC to identify and address potential barriers.
- 4) Promote and increase testing in the criminal justice system.
- Continue to increase awareness of new policy for Ryan White (RW) Services for local and county jails for HIV+ persons.
 - Establish regular meetings with representatives from the Kentucky Jailers Association, Department of Corrections, Administrative Office of the Courts, and KDPH.

- Support and develop collaborations between local health departments (LHD), RW service centers, probation officers, drug courts, and local/county jails for increased testing and access to treatment.
 - Offer educational webinars with KYAETC to identify and address potential barriers.
 - Explore HIV screening barriers in the criminal justice system, such as need for testers, education of criminal justice system staff.
- 5) Increase testing in syringe services programs (SSP).
- Explore incentives to encourage HIV testing in SSPs.
- 6) Increase outreach testing efforts, especially for rural and hard-to-reach populations.
- Explore existing transportation access, i.e., vans/buses to get to testing sites and increase awareness of available resources.
 - Recommend increased testing in homeless shelters, lesbian/gay/bisexual/transgender/questioning/queer (LGBTQ) offices in colleges/universities.
 - Explore drive-through/drive-up testing.
 - Evaluate effectiveness of Kentucky Finding Cases (KyFC) for reaching hard-to-reach populations.
- 7) Advocate for legislative changes to allow for home HIV testing.
- 8) Increase public awareness campaigns for HIV and hepatitis C in one hundred twenty (120) counties to reach all Kentuckians, specifically the following targeted populations: African Americans, Latinx, men who have sex with men, transgender persons, youth, people who exchange sex for money/drugs, high risk women including pregnant women, and persons who inject drugs (PWID).
- Partner with community leaders and champions to discuss appropriate and sensitive outreach efforts.
 - Approach prominent community influencers to explore innovative strategies to promote screenings.
 - Partner with local HIV CBOs and LHDs to increase HIV/AIDS and hepatitis C basic education, dispel myths, and encourage testing.
 - Coordinate HIV risk reduction workshops for African Americans, Latinx, transgender persons, and men who have sex with men communities in private homes to help reduce concerns of stigma and disclosure.
 - Increase awareness for educational institutions through social media outlets.
 - Explore awareness campaigns through dating apps and other social media.
 - 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.

- Consult communities to help develop appropriate HIV testing messages for billboards, posters, fliers, bus wraps, public service announcements, and branded materials.
 - Partner with national and regional community planning groups for community resources and expertise.
 - Increase awareness of free, anonymous HIV testing available at LHDs and CBOs.
- 9) Increase healthcare professionals' awareness of KYAETC and KYTRAIN.org educational offerings.
- Provide continuing education units (CEU) for professionals and paraprofessionals.
 - Ensure up-to-date information is available.
 - Provide CEUs for providers 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.

Key Partners: diagnosing providers, Matthew 25, Heartland Cares, Bluegrass Care Clinic, 550 Clinic, Ryan White Case Management program staff, Kentucky Health Information Exchange (KHIE), LHDs, AVOL Kentucky, Kentucky Income Reinvestment Program (KIRP), KyFC, Louisville Youth Group, regional community planning groups, universities, LGBTQ organizations, faith-based organizations, African American, Latinx, and Appalachian organizations, syringe service programs (SSPs), KYAETC

Potential Funding Resources: PS 18-1802 grant, Ryan White Rebate funds, KIRP, HRSA, National Institutes of Health (NIH), Magic Johnson HIV/AIDS Foundation, Elton John HIV/AIDS Foundation

Estimated Funding Allocation: \$110,000.00 total

Outcomes: Increase number of persons newly diagnosed with HIV. Decrease concurrent and late tester diagnoses.

Monitoring Data Source: EvaluationWeb, surveillance data, potentially payer data

Pillar Two: Treat

Goal: To engage fifteen hundred (1,500) PWH not currently engaged in care in ongoing HIV care and treatment over five (5) years.

Increase viral suppression to ninety percent (90%) in RW programs and community programs.

Key Activities and Strategies:

Kentucky EHE CDC Prevention Grant - Targeted Populations:

- Any Kentucky resident that is HIV+ and not in care
 - ❖ Persons that are HIV+ that live in rural areas and have issues accessing quality care and services, and fear of disclosure of status
 - ❖ PWID
 - ❖ Persons of color especially HIV+ women
 - ❖ Transgender persons
 - ❖ Young gay men and men who have sex with men
- HIV+ Kentuckians unaware of their status

1) Increase linkage to care activities for targeted populations

- Any Kentucky Resident that is HIV+ and not in care
 - Rural: Work with LHDs, healthcare delivery systems, pharmacies, and community partners to find and engage HIV+ people into care.
 - Urban: Work with health departments, healthcare delivery systems, pharmacies, and community partners serving identified targeted populations to find and engage clients. This could include testing at events such as LGBTQ Pride Festivals and working at SSPs.
 - Engage and increase collaboration across linkage navigators, disease intervention specialists, risk reduction specialists, community health outreach workers, social workers, and case managers to enhance linkage to care.
 - Continue to implement the Data to Care initiative. Data to Care (DTC or D2C) is a public health strategy that uses HIV surveillance data to identify PWH who are not in care and link to re-engage them in care.
- Persons that are HIV+ that live in rural areas and have issues accessing quality care and services, and fear of disclosure of status
 - Work more closely with LHDs and local healthcare delivery systems to engage more healthcare providers in the area to provide HIV care including pre-exposure prophylaxis (PrEP) for discordant partners and treatment.
 - Partner with KYAETC to provide ongoing education.
 - Increase community and provider awareness of existing services and support that are available, including transportation, housing, and financial resources.
- PWID
 - Increase collaboration with and across SSPs.
 - Explore “Swarming Syringe Services Programs” in the event of outbreaks and times of increased need for services.

- Increase collaboration with substance use disorder treatment programs, including methadone programs, continuing therapy programs, housing assistance programs, recovery community organizations, and behavioral health.
 - Explore and develop partnerships with law enforcement agencies.
 - Persons of color especially HIV+ women
 - Continue to expand partnerships with professional associations, faith-based communities, and other organizations.
 - Continue to expand partnerships with academic institutions.
 - Develop and expand partnerships with social justice and health equity associations.
 - Transgender persons
 - Develop partnerships with transgender communities, organizations, and academic institutions.
 - Increase collaboration with health centers that work with transgender persons due to stigma.
 - Young gay men and men who have sex with men
 - Continue and expand community conversations to target interventions for youth.
 - Develop social media outreach.
 - Expand partnerships with academic institutions, including fraternities.
 - HIV+ Kentuckians unaware of their status.
 - Awareness events in highly visible nontraditional events, such as sporting events, festivals, academic informational events, and state and county fairs.
 - Incarcerated persons
 - Collaborate with the criminal justice system to increase treatment for persons with HIV through the RW Services.
 - Review linkage to care and case management process and increase efficiency and timeliness where able.
 - Ensure linkage navigation for pre-released, local and state prisons, HIV+ inmates to keep them in the treatment system.
- 2) Increase public awareness focused on getting HIV+ people living in Kentucky into care.
- Working with local communities, health centers, health departments, community health workers, and correctional systems including drug courts.
 - Educate boards of health and executive judges on HIV.
 - Working with organizations that work with at risk populations.
 - Working with SSPs.
 - Working with D2C program and Linkage Navigator Program to reach more HIV+ people and get them into care.
 - Community programming, such as summits and conferences on sexual health and harm reduction. Include education that HIV is a chronic, manageable disease with near normal lifespans.
 - Increase awareness of available support resources for homeless PWH.
- 3) Reduce barriers to accessing treatment services.

- Community conversations to identify barriers to receiving care and support services.
 - Explore processes, policies, and strategies to address identified barriers in communities.
 - Provide programming to address and reduce HIV stigma.
 - Enhance transportation options, especially in rural areas, such as incentives and mobile units.
 - Explore telemedicine options, rapid start, and the ECHO (extension for community healthcare outcomes) model to address stigma and provider shortages.
 - Increase awareness about RW services.
 - Address barriers for pregnant women (such as child-care needs) to complete routine and follow-up care/appointments.
 - Increase access to mental health counselors to address life issues (e.g., anxiety, fear, stigma, medication side effects).
 - Collaborate with churches and other outreach groups that help the homeless to re-engage in care.
- 4) Increase provider education on HIV treatment and quality of care, and hepatitis C co-infection.
- Expand outreach and educational services to community providers regarding clinical quality management.
 - Partner with KYAETC to provide additional resources to providers.
 - Increase healthcare professionals' awareness of KYAETC educational offerings.
 - Provide CEUs 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.

Key Partners: federally qualified health centers, healthcare providers, public health organizations, hospitals, CBOs especially LGBTQ organizations, various professional healthcare associations, correctional systems, judicial systems. Federal agencies including the Health Resources Services Administration (HRSA)/ HIV/AIDS Bureau (HAB), CDC

Potential Funding Resources: Ryan White HIV/AIDS Program (RWHAP), CDC, state and local funding, Substance Abuse and Mental Health Services (SAMSHA), Housing and Urban Development/Housing Opportunities for People with AIDS (HUD/HOPWA), Medicaid expenditures, Administration for Children and Families, other public and private funding sources, Kentucky Ryan White Part B/KADAP Programs, Kentucky HIV Care Coordinator Program, Kentucky Ryan White Part C & D Programs, HRSA Bureau of Primary Health Care (BPHC) – over twenty (20) funded Federally Qualified Health Centers in Kentucky with over seventy-five (75) clinical sites, KIRP

Estimated Funding Allocations: \$200,000 from Ryan White Part B Program

Outcomes: Any Kentucky Resident that is HIV+ and not in care

- Increasing numbers of HIV+ people participating in and sustaining care
- Increasing numbers of HIV+ people who are virally suppressed
- Increasing numbers of providers who provide quality HIV care and support services

Monitoring Data Source: Data from the Data to Care initiative, CAREWare, HIV Surveillance data

Pillar Three: Prevent

Goal: To increase sites providing PrEP by one hundred percent (100%) in five (5) years.

Expand preventive services through SSPs.

Key Activities and Strategies:

- 1) Increase the number of providers trained to prescribe PrEP.
 - Collaborate with LHDs to identify providers who are willing to learn about and provide PrEP.
 - Integrate introduction to PrEP trainings into professional conferences throughout the state to identify potential providers for the PrEP delivery.
 - Coordinate PrEP trainings for providers including clinicians, pharmacists, physician assistants, nurses at locations such as medical associations, nursing associations, pharmacy associations, professional conferences, physician assistant associations.
 - Coordinate, distribute, and offer PrEP, HIV, and health equity webinars and other communications for updates and promotion of use such as web-based, written communications.
 - Work with universities and other academic programs to offer educational workshops for medical, pharmacy, and nursing faculty, staff, and students.
 - Develop PrEP programs with PrEP coordinator to gather data to expand and improve PrEP services, serve as an expert for KDPH, and serve as a liaison to sites providing or considering PrEP services.
 - Partner with PrEP champions in medical communities for promotion.
 - Partner with CDC and HRSA to train healthcare providers.
 - Explore telePrEP opportunities, particularly where transportation is a problem (mountain and rural areas).

- 2) Increase PrEP awareness and prescriptions among priority populations.
 - Explore funding for one (1) PrEP ambassador for the east, west, north, and central regions of the state – total ambassadors four (4). These individuals would be PrEP experts locally available and able to educate, conduct outreach, and support local providers, pharmacists, communities.
 - 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.
 - 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.

- Partner with regional community planning groups, faith-based organizations, and CBOs for community resources, expertise, and increased reach.
 - Partner with PrEP champions in communities for promotion.
 - Implement PrEP education in HIV testing settings.
- 3) Support local communities in approval of and implementation of SSPs and expand available HIV prevention services at SSPs.
- 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.
 - Refine existing data sources of HIV prevention services available, such as Harm Reduction Program Best Practice Evaluation Tool and REDCap.
 - Promote HIV testing, linkage to care, PrEP, cultural competency, and harm reduction strategies in SSPs.
 - Increase use of and access to SSP services among PWID.
 - Encourage flexible hours for late evening/night/weekend hours to increase accessibility. Utilize mobile vans or offsite buildings as available.
 - Explore existing transportation access to get to SSPs.
- 4) Increase awareness of treatment as prevention.
- With community input, as funding available, 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 (Undetectable = Untransmittable).
- 5) Increase awareness of support groups for those at risk for HIV, such as PWID.
- Explore availability of online support groups.
- 6) Increase youth awareness of HIV.
- Collaborate with schools for age-appropriate education and information.

Key Partners: diagnosing providers, Bluegrass Care Clinic, 550 Clinic, Ryan White case management program staff, KHIE, LHDs, AIDS Volunteers of Kentucky, KIRP, KyFC, regional community planning groups, schools/universities, LGBTQ organizations, faith-based organizations, African American, Latinx and Appalachian organizations, SSPs, substance abuse agencies, homeless shelters

Potential Funding Resources: PS 18-1802 grant, KIRP, HRSA, NIH, Magic Johnson HIV/AIDS Foundation, Elton John HIV/AIDS Foundation

Estimated Funding Allocation: \$200,000.00 total

Outcomes: Increase in PrEP awareness, access, and utilization. Increase access to and use of comprehensive SSPs.

Monitoring Data Source: KDPH Prevention staff, Surveillance data, REDCap

Pillar Four: Respond

Goal: To increase capacity to identify and investigate active HIV transmission clusters and respond to HIV outbreaks statewide in year one (1).

Key Activities and Strategies:

- 1) Increase capacity for rapid detection and response to active HIV transmission clusters by:
 - Build partnership with KHIE to allow for more complete and timely laboratory reporting.
 - Complete onboarding of major commercial laboratories to report HIV viral sequences to KDPH by March 2021.
 - Using the molecular sequence analysis removes the manmade boundaries of counties and can link cases from any region of state, if somehow connected.
 - 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.
 - Continue to regularly share data with regions of largest HIV burden in Kentucky, such as Louisville metro, Lexington, and Northern Kentucky.
 - Continue to share data with LHDs as needed dependent on changes in data at the county level.
 - Train the Regional Epidemiologists across Kentucky in HIV Prevention and Cluster Response Activities, to increase our capacity to respond to HIV Clusters in every region of Kentucky.
 - Increase HIV Surveillance staff capacity (such as D2C, shared prevention/surveillance staff member, HIV/hepatitis C co-infection) to achieve more timely, complete, and accurate case surveillance activities.
 - Explore funding to increase Disease Intervention Specialist (DIS) capacity.
 - Further develop interstate partnerships to enhance data sharing and earlier detection of clusters.
 - Recommend non-governmental agencies/CBOs/Quick Response Teams/Emergency Medical Services (QRT/EMS), and community members who suspect HIV+ cases/clusters report to HIV surveillance for investigation.
 - Promote new positions of disease intervention specialists/linkage navigators/cluster response teams across the state.
 - Explore using HIV hotline in outbreak response to support cluster activities.
 - Share cluster response plan with stakeholders when completed.
 - Encourage LHDs to develop and utilize regional resource directory that may be used for cluster response.

- 2) Increase community engagement and input in response activities
 - KDPH will increase its outreach activities to engage stakeholders with HIV Cluster Detection and Response activities. This will be done by:

- Educate community stakeholders on different aspects of Cluster Detection and Response activities. At present KDPH HIV Surveillance is using the platform of quarterly Prevention and Ryan White meetings, and other HIV conferences to reach stakeholders.
- Community outreach will be expanded to local HIV planning groups and other stakeholders by September 2020 to enhance and grow response activities.
- Conduct tabletop exercise(s) of an HIV cluster outbreak response.
- Establishing and build collaborative relationships with clinicians and other providers across Kentucky; educate on reporting HIV labs and cases to HIV Surveillance.
- KDPH will develop a best practices policy statement for improving clinicians' and other providers' information on patient HIV data to enhance treatment and improve patient outcomes.
- Train and encourage partner services staff to detect HIV transmission clusters during investigative activities.
- Continue to link response activities to data and use to inform HIV/hepatitis C prevention activities and linkage to care.
- Recommend education via local activities, to include the Arts – troupe performing plays with a message, and art/painting competitions with messages, schools, civic organizations to help reduce the stigma of HIV; include culturally and linguistically sensitive media.
- Recommend incentives to test special risk populations, such as gift cards, food, hygiene needs, and transportation.
- Enhance transportation options, especially in rural areas, such as incentives and mobile units.
- Recommend allocating monies to hot spot communities to tailor outreach activities and test specific populations through non-traditional means.

Key Partners: such as diagnosing providers, Bluegrass Care Clinic, 550 Clinic, Ryan White Case Management program staff, KHIE, regional epidemiologists, AVOL KY, KIRP, KYAETC

Potential Funding Resources: PS 18-1802 grant, Ryan White Rebate funds

Estimated Funding allocation:

\$188,000.00 for D2C manager and Senior Epidemiologist positions

\$30,000.00 shared HIV Prevention and Surveillance data entry/investigator

Outcomes: Complete Cluster Detection and Response Plan. Ability to more effectively respond to identified clusters.

Monitoring Data Source: KDPH Annual Report, RYAN White Services Annual Reports, Surveillance Standard Evaluation Report (SER).