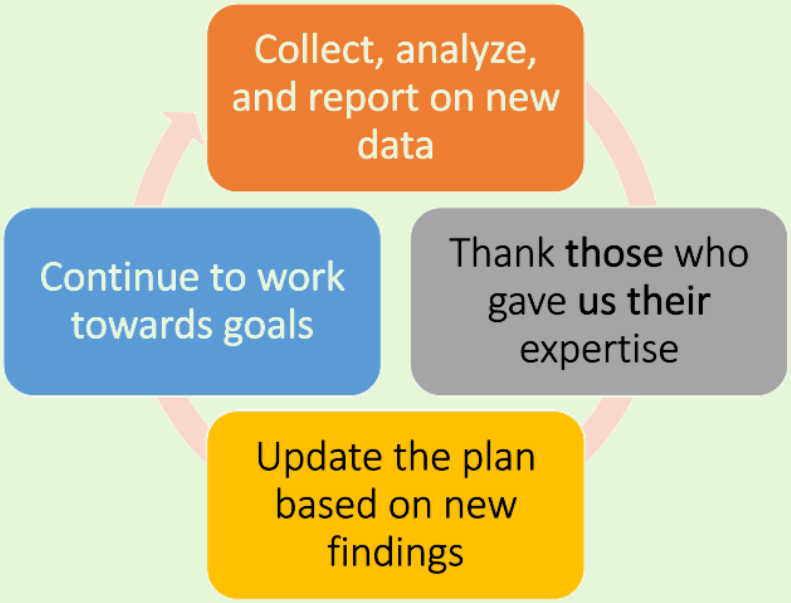
Developing the 2022-2026 Integrated Plan

TIMELINE

Recruit people for Maine's HIV/AIDS Advisory Board (MeHAAB)	November 2021
MeHAAB Kickoff meeting	November 2021
Collect new and existing data	January to June 2022
Analyze all data	April to July 2022
Develop goals and objectives	July 2022
Write 2022-2026 Integrated Plan	August to November 2022
Submit Integrated Plan to CDC/HRSA	December 2022

ANNUAL PLAN REVIEW CYCLE



MeHAAB PARTICIPANTS

- Church of Safe Injection
- City of Portland
- Department of Education
- Eight Mainers living with HIV
- Frannie Peabody Center
- Gilman Clinic
- Greater Portland Health
- Health Equity Alliance
- Healthy Living for ME®
- Horizon Program at MaineGeneral Medical Center
- Maine Access Immigrant Network
- Maine Access Points
- Maine CDC Rural Health and Primary Care Program
- Maine Family Planning
- Maine's HIV Legislative Advisory Committee
- Office of Behavioral Health
- Office of MaineCare Services
- Regional Medical Center at Lubec
- St. Mary's Regional Medical Center
- University of Maine at Farmington
- Wabanaki Public Health and Wellness

Integrated Planning Goals

Diagnose all people with HIV as early as possible.

Objective 1: By December 31, 2026, increase the number of home tests in Maine by 10 percent from 2022 baseline of annual home tests.

Objective 2: By December 31, 2026, increase routine testing in high impact settings in Maine as demonstrated by a 10 percent increase in the number of tests at high impact settings from 2022 baseline.

Objective 3: By December 31, 2026, needs assessment data show an increase in knowledge and awareness of testing in Maine from 2022 baseline.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Objective 1: By December 31, 2026, increase the number of peer support and community events for PLWH in Maine by 10 percent from 2023 baseline.

Objective 2: From January 1, 2022, to December 31, 2026, increase viral suppression rates by five percent from 2022 baseline within subpopulations with statistically significant disparities.

Objective 3: By December 31,2026, increase linkage to care within 14 days for those who have fallen out of care or who are newly diagnosed by five percent from 2023 baseline.

Objective 4: By December 31, 2026, Maine's HIV/AIDS Advisory Committee (HIVAC) annual strategic plans will include advocacy to increase the access of prescription drugs for people living with HIV/AIDS (PLWHA).

Prevent new HIV transmission by using proven interventions including PrEP and SSPs.

Objective 1: By December 31, 2026, increase the number of PrEP and nPEP users in Maine by 10 percent from 2022 baseline.

Objective 2: By December 31, 2026, increase number of HIV/STD outreach and educational activities to priority populations within Maine by 10 percent from 2023 baseline.

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

Objective 1: By January 31, 2023, the State of Maine will create a molecular sequencing data monitoring program to detect and respond to HIV clusters.

Objective 2: By May 31, 2023, the State of Maine will create and distribute a comprehensive HIV/HCV/STD Outbreak Response Plan.

Objective 3: By December 31, 2026, the State of Maine will facilitate routine tabletop exercises with entities included in the comprehensive HIV/HCV/STD Outbreak Response Plan.

Data Collected to Write the Integrated Plan

HOW DID WE COLLECT OUR DATA?

⇒ **Satisfaction surveys** of people living with HIV (PLWH) who are using services

⇒ **Needs assessment surveys** of PLWH and people at higher risk for HIV

⇒ **Training assessments and key informant surveys** of HIV case managers, HIV/STD prevention and harm reduction providers, and health care providers

⇒ **Focus group and interviews** with PLWH

⇒ **Interviews** with people at higher risk for HIV

⇒ **Existing reports and data**

WHAT DATA WERE COLLECTED?

939 surveys collected from PLWH

564 surveys collected from people at higher risk for HIV

38 surveys collected from professionals in the field

22 interviews conducted with PLWH and people at higher risk for HIV

1 focus group conducted

MOST COMMON CONCERNS

- Mental health
- Access to health care
- Improved communication
- Stigma reduction through general outreach and education
- Addressing the difference between perceived risk and actual risk

What did we learn from the data?

PEOPLE LIVING WITH HIV

People are very happy with the **quality and type of services** currently available.

The most common **unmet needs** were:

- Activities with other PLWH
- Food
- Alternative therapies
- Social retreats
- Paying for utilities/Internet
- Dental care
- Eye care
- Paying for housing

Clients want better/more frequent **communication.**

PEOPLE AT HIGHER RISK FOR HIV

Most **common barriers** to accessing services were:

- Cost
- Transportation
- Mental health issues

Internet access is common except among people who inject drugs. Internet is often accessed via phone.

People engaging in high-risk activities were not often aware of their **level of risk**.

There is limited knowledge of Pre-exposure Prophylaxis (**PrEP**) and Post-exposure Prophylaxis (**PEP**).

PROVIDERS

Prevention and care partners want **more coordinated training opportunities**.

Health care providers need **additional capacity-building** in the areas of HIV and STDs.

Who did we interview?

LOCATIONS

DEMOGRAPHICS

Gender	Number of Interviewees
Transgender	1
Female	7
Male	14

Age Range	Number of Interviewees
18-30	4
31-50	6
50+	12

Race/Ethnicity	Number of Interviewees
BIPOC Black, Indigenous, People of Color	4
White	18

22 interviews

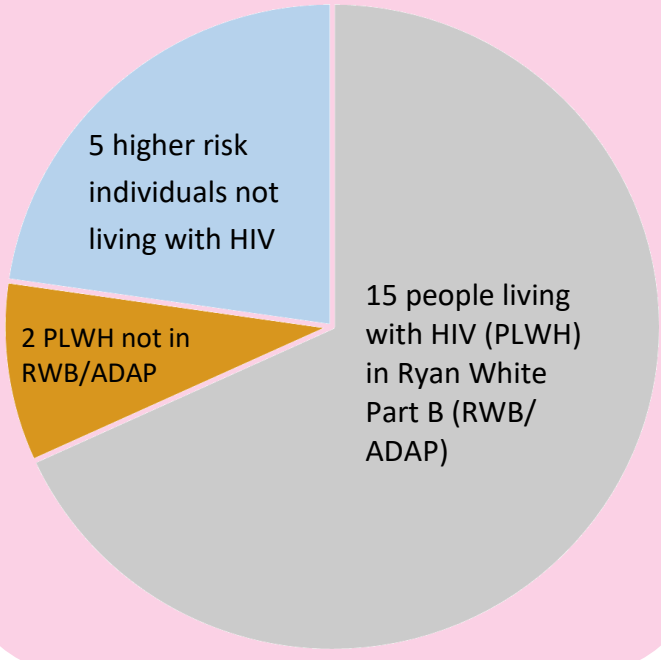
over

8 weeks

averaging

90 minutes each

HIV STATUS



What did we learn from the interviews?

THOUGHTS FROM PEOPLE LIVING WITH HIV

What's Working

- Medical care
- RWB/ADAP services
- Case management for RWB/ADAP clients

What's Not Working

- Too much red tape when accessing services
- Unreliable or nonexistent transportation
- Primary Care Providers (PCP) are hesitant to treat clients for non-HIV related medical issues (like COVID-19 or flu) so they refer the patient to their Infectious Disease Provider, even though PCPs are the most appropriate providers to address many of these medical conditions.

Other Ideas and Thoughts

- Telehealth is beneficial, but patients wanted to see their providers in person as well.
- There is a desire for financial support when it comes to alternative therapies, like acupuncture and vitamins.
- Many people born outside of the U.S. need free or reduced cost legal help and want individual lessons on American cultural norms.
- Providers need additional training to take sexual history, including cultural norms concerning the sex lives of gay men.

THOUGHTS FROM PEOPLE AT HIGHER RISK FOR HIV

Thoughts on Education

There is a need for public awareness concerning:

- Free or low-cost HIV and STD testing services
- Rapid HIV tests

Thoughts on Syringe Service Programs (SSP)

- There is a desire for more, and more easily accessible, SSPs.
- Those who need SSP access often do not have reliable transportation and are unable to effectively utilize services.
- There is a high satisfaction with SSP services.
- There is dissatisfaction with one-for-one needle exchange regulations. Need-based models were referred as most effective.

Thoughts on Medical Care

There is a desire for medical providers to be better at discussing:

- Sexual history
- Drug use
- Harm reduction practices
- HIV/STD prevention and testing options

State of HIV Care in Maine

WHAT DOES HIV CARE MEAN?

There are many ways to talk about the state of HIV in Maine. One way is to use the **HIV Care Continuum** (seen in the graph on the right). The continuum describes a series of critical points for people living with HIV (PLWH). The spectrum starts when a person is diagnosed and ends when they become virally suppressed. **Viral load suppression** is a key goal to improve health outcomes and reduce HIV transmission.

HIV VIRAL SUPPRESSION

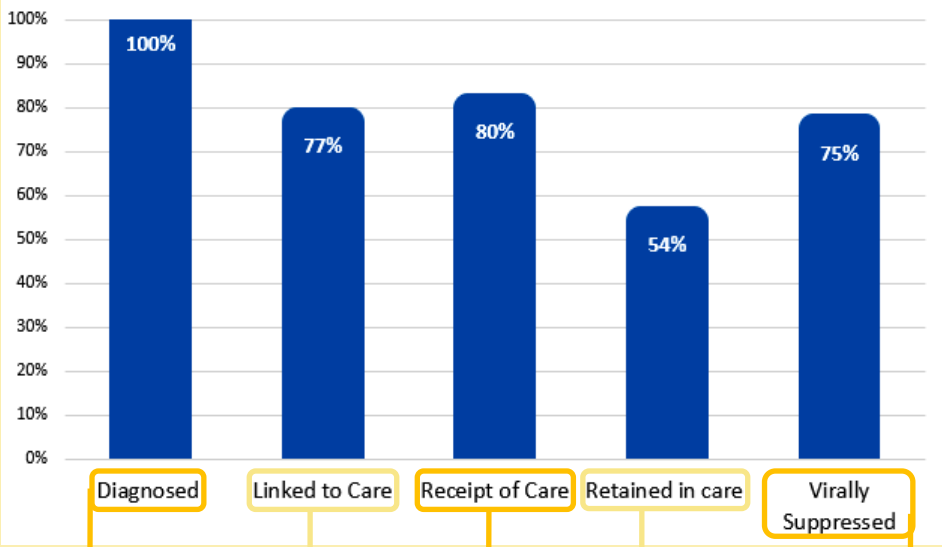
What is viral suppression?

A PLWH is virally suppressed when they have a very small amount of HIV in the blood (less than 200 copies/mL). Being virally suppressed shows the virus is under control.

Why is it important?

People who are virally suppressed are more likely to live longer, healthier lives. Their medical care is likely to be less complex, so it costs less. People who are durably virally suppressed cannot sexually transmit the virus to others.

2021 HIV CONTINUUM OF CARE AMONG PLWH 13 YEARS AND OLDER



People age 13 years and older diagnosed with HIV on or before 12/31/20 living with HIV in Maine as of 12/31/21

Percent of people who had one or more CD4/viral load lab during the year

Percent of people who had a viral load of less than 200 copies per milliliter of blood

Percent of people diagnosed with HIV in 2021 who had a CD4/ viral load lab within 30 days of diagnosis

Percent of people who had recurring CD4/viral load labs (two or more labs at least 90 days apart)

This graph reflects 1,760 Mainers living with HIV.

State of HIV, STD, and Viral Hepatitis Prevention in Maine

VIRAL HEPATITIS

Viral hepatitis describes viruses that cause inflammation of the liver. The most common in Maine are hepatitis A, B, and C. Vaccinations are available for hepatitis A and B. Hepatitis C does not have a vaccination but can be cured with treatment.

Viral Hepatitis Cases in 2021	
Hepatitis A	50
Acute Hepatitis B	33
Chronic Hepatitis B	163
Acute Hepatitis C	168
Chronic Hepatitis C	1573

STD INFECTIONS IN 2021

101 Infectious syphilis cases

30 New HIV cases

462 Gonorrhea cases

3372 Chlamydia cases

SYRINGE SERVICE PROGRAMS

A Syringe Service Program (SSP) is a place where individuals can go to access new needles and injection drug use supplies and get referrals for HIV or hepatitis C medical care and substance use disorder treatment. These supplies help to reduce new blood-borne infections, like HIV and hepatitis C. All SSPs in Maine offer free Naloxone to rapidly reverse an opioid overdose. As of 2022, there are 17 operating SSP sites in the state across nine counties.

1347 Number of HIV tests conducted in Maine by funded providers in 2021

SAFER SEX MATERIALS

Safer sex materials include external condoms, internal condoms, dental dams, and lubricant. Maine CDC has an online ordering system for organizations to order these materials and educational brochures for free.

NUMBER OF SAFER SEX MATERIALS DISTRIBUTED BY MAINE CDC

2018	83,025
2019	83,818
2020	34,375
2021	142,265