

IHP Workgroup Status Report

Diagnose Goal: Diagnose all people with HIV as early as possible.

In Attendance: redacted

Meeting Date: September 19, 2024

Submitted By: state chair

Objective	Data Updates	Successes	Problems	Next Steps
<p>Increase the number of people who identify as having lived experience with HIV actively participating in efforts impacting HIV, STI and or HCV by 15% in five years.</p>	<p>Decline in participation from last group</p>	<p>-Participants identified the importance of peer support, especially when newly diagnosed. -Suggestion of a Warm/Hotline staffed by HIV+ folks to speak with newly diagnosed people, over the phone or in person, to let them know everything will be ok and to talk through the next steps. -</p>	<p>-Technology issue in meeting 9/19, were not able to get new link for 15 minutes. -Low retention for workgroup, more outreach needed. -Identified the lack of education in the community around HIV around risk or when/why to get tested, and visibility. Visibility and community engagement/education as well as peer support and peer prevention efforts needed. -Women and people not traditionally in messaging around HIV tend to feel forgotten in HIV efforts. Important to let people know that all people can be affected by HIV, and to let HIV+ women find community. -Time of workgroup identified as a problem. Suggestion of later in the evening, weekend, or an abbreviated version for people who do not have the time to commit.</p>	<p>-Share flyer for IHP workgroup with members to do peer outreach, and develop a Business Card for express outreach - Develop “Elevator Pitch” Version of IHP meeting to receive information from HIV+ people in community who can’t be part of IHP group or attend meetings. -Explore supporting a newsletter for ASOs to increase communication among people living with HIV and share updates on successes and outreach.</p>

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<p>Increase HIV, STI and HCV testing by 10% in five years.</p>	<p>Reviewed previously selected factors within HIV testing trends from data derived from the following NH sources: -EHARS -JSI Consulting (NH DHHS PrEP Navigation Site & At-Home HIV Testing)</p>	<p>-Between 2020-2024, there were 36 concurrent HIV/AIDS diagnoses, of which 44% were not born in the United States. -Identified Mpox diagnoses, testing and Mpox vaccination effort as another additional concurrent focus as Mpox has been increasingly and disproportionately affecting people living with HIV in NH in 2024.</p>	<p>-Finding the number of people who were recently diagnosed with HIV in MA, ME, or VT while being a NH resident is not readily available and will take time to verify through the respective health departments as well as EHARS data. -Home testing data is not structured in a way that may be helpful for this project, but may offer an opportunity for us to restructure with input from our workgroup.</p>	<p>-Research other at-home testing programs for best practice, successes and challenges. -Continue to compile number of NH residents recently diagnosed in MA, ME and VT.</p>
<p>Increase capacity of three healthcare delivery systems and their workforce to effectively identify, diagnose and care for people living with HIV/STIs/HCV in five years.</p>	<p>No healthcare systems identified yet.</p>	<p>Identified organizations for outreach for workgroup members to discover regions of need and organizations that may have capacity to deliver services: Keene Pride, Queerlective (Manchester), Manchester LGBTQ Community Center (opening Jan 2025), Seacoast Outright, HPG meeting, Recovery Centers, Concord Coalition to End Homelessness, NH Queer Consort, ASOs across NH, NH Harm Reduction Coalition.</p>	<p>-Training or other support may need to be developed before buy-in from organizations -Relationships need to be built between DHHS and these organizations</p>	<p>-Build relationships with each organization named and begin outreach -Flyers sent to members to share with potential new members</p>