Integrated HIV Plan: PREVENT Workgroup Tracking Form

IHP 'PREVENT' OBJECTIVES	QUESTIONS	DISCUSSION	DATA	SUCCESSES	CHALLENGES	RESOLVE THE CHALLENGE	ACTION LIST	MISSING PARTNERS	MEETING DATE DISCUSSED	DATE COMPLETED
Increase uptake of Pre-Exposure Prophylaxis by 10% in five years.	1) Is there a specific population or community this Is focused on? 2) Lakes Region (SUD) is a large problem and would like to see access increase which would push the 10% up. 3) Does not matter who is having sex with whom, everyone should have access to PrEP. 4) Increase visibility of PrEP in NH.	1) Why are the promotional materials provocative? 2) Is it informing people clearly?	1) What is our baseline? How are we going to measure this? Is this already being done?	1) Who is providing PrEP (DH- at all HIV clinics, problems with PCPs following up on labs, etc: Nashua HD: ID clinic in Concord?: UNH Health & Wellness: Medicaid does cover PrEP:	1) Having the big picture of who all is prescribing PrEP and does it cover the entire state? 2) PrEPLocator.org information is current/accurate. 3) Insurance companies not following U.S. Preventative Services Task Force (USPSTF) guidelines to provide the coverage for PrEP. 4) Is coding an issue? ICD-10 and CPT codes. 5) Does anyone know there is free testing or access to condoms? Increase visibility. 6) Is there education about PrEP in NH high schools? 7) Not having community role models share experiences and educational messages 8) Access to PrEP/DoxyPEP via online services, i.e. Q, Mister, Hims/Hers, etc. 9) Ability to reach youth/young adults, including Mental Health access and ChemSex	1) Prepare a coding document provides guidance on correct codes for PrEP and testing (living document). 2) Most success w/ insurance companies for payment is a letter of appeal with resources and data. One for both the providers and patients. 3) Increase visibility of free HIV testing, including self-test kits, and free condoms/lube. 4) Leverage Boys/Girls Club, Police Athletic League (Manchester; Nashua?; Dover - Youth to Youth) Seacoast Outright (LGBTQ+ focus) 5) Use online sites to promote self-care resources, i.e. Grindr, Scruff	1) Review preplocator.org and f/u w/providers to see if the info is accurate. 2) Update CPT/ICD-10 Codes and place document on HIV Planning Group (HPG) webpage. Make preplocator providers aware it exists. 3) Rehabilitation/Correctional Facilities - provide educational outreach and testing (sober living) 4) Create letters of appeal 5) Review existing data for PrEP in NH on the internet 6) Sexual Health education at public schools 7) Identify community role models willing to share their PrEP experiences and educational messages	3) Rehab and Correctional Facility Staff or Harm Reduction Staff 6) Maternal and Child Health and School Nurse Association 7) Community members	6/21/24 8/23/24 10/25/24	Check progress at next meeting
Increase number of people accessing SSP services by 5% in five years.	1) Is there a specific population or community to focus on? 2) Lakes Region (SUD) is a large problem and are there SSPs available in this region? 3) What support is needed for SSPs to exist?	1) Number of SSPs and people with SUDs - to determine urgency 5) What regions/counties have the highest number of SUDs and SSPs	1) What is our baseline? How are we going to measure this? Is this already being done? 2)Review annual SSP report. https://heyzine.com/flip-book/864f79bc63.html#page/8	1) SSPs exist and provide some prevention services 2) Mobile SSPs - meeting people where they are 3) Visibility of mental health has increased dramatically	1) Capacity of SSPs is small/limited 2) SSPs are in every state strategic plan, yet limited funding to support the efforts being asked of them 3) Funding to support SSPs 4) In Lakes Region, transportation and homelessness increasing which affects ability to access SSPs 5) Philisophical challenge and how we view SSPs and the services needed by the communities - need to be viewed as sites of healthcare, address stigma 6) Has access to mental healthcare increased 7) Manchester updated guidance for SSPs (October 2024) - May directly affect mobile SSPs 8) Mobile SSPs are being evaluated in many cities/town	1) Include SSPs when building out budgets, especially if rely on them to support your work 2) Bring them to the table during any work discussions that may affect their work 3) Promote SSPs in the correct locations, i.e. SUD facilities, homeless shelters, food pantries/kitchens, etc. 4) Shift how society views SSP work, using data to show what is impacted by SUD, esp. injection drug use, and the other issues directly tied to this 5) Continue to support visibility of and access to mental healthcare		1 & 2) SSPs, including NH Harm Reduction Coalition (NH HRC)	8/23/24	
Increase treatment as prevention efforts (U=U) by diagnosing People with HIV (PWH) as early as possible and getting them into care to achieve and maintain viral suppression by 2% in five years.										