WYOMING INTEGRATED HIV PREVENTION AND CARE PLAN 2022 - 2026

Improving HIV Outcomes and Ending the HIV Epidemic

WYOMING DEPARTMENT OF HEALTH
Communicable Disease Unit

Section I: Executive Summary

Approach

Wyoming's *2022-2026 Integrated Prevention and Care Plan* (the Integrated Plan) is an entirely new plan based on relevant data and current assessment findings. The Integrated Plan reflects the input of planning groups, providers, people with HIV, stakeholders, and affected communities during a wide range of community engagement and planning activities.

In August 2021, the Wyoming Department of Health (DOH), Communicable Disease Unit (CDU) issued a request for proposals (RFP) to hire a consultant to support CDU in conducting a comprehensive statewide communicable disease needs assessment and develop the Integrated HIV Prevention and Care Plan. Health Management Associates (HMA) was the selected vendor and began work in October 2021.

The Comprehensive Care and Prevention Planning Alliance (CAPPA) is Wyoming's Ryan White Part B and HIV Prevention planning body and serves as a statewide community planning group for HIV, AIDS, viral hepatitis, and sexually transmitted infections (STIs). CDU and HMA worked closely with CAPPA to conduct the needs assessment and facilitate the development of the Integrated Plan. HMA's approach was to develop an entirely new plan based on relevant qualitative and quantitative data and current assessment findings.

How the Plan was Developed

The planning process included:

- Facilitation of monthly meetings of the needs assessment work group. This group was comprised of CDU staff, members of the Care and Prevention Planning Alliance (CAPPA) and other interested stakeholders.
- Conducting an inventory of all existing and current data sources and indicators related to the development of the Integrated HIV Prevention and Care Plan, including HIV, hepatitis C, and Sexually Transmitted Infections (i.e., gonorrhea, syphilis, and chlamydia);
- Supporting the needs assessment workgroup in clearly defining appropriate domains for the needs assessment. This process included identifying quantitative or qualitative methods for primary data collection, and relevant secondary data sets to analyze the needs of priority populations including people at risk for HIV infection and people living with HIV;
- Completion of the needs assessment providing a written report of the findings in accordance with the CDC and HRSA Integrated HIV Prevention and Care Plan;
- Discussion of the needs assessment findings with the needs assessment workgroup and revisions based on workgroup feedback;
- HMA, in collaboration with the needs assessment work group and the CDU staff, developed the statewide Integrated HIV Prevention and Care Plan.

Entities Involved in Integrated Planning

HMA engaged people with different interests, responsibilities, and involvement with HIV to inform and support the development and implementation of our Integrated Plan that will guide the delivery of HIV prevention and care services for the next five years. CAPPA, CDU, and the consultant team stood up a Needs Assessment Work Group, which consisted of healthcare providers and affiliates, CDU and local

public health staff, people living with HIV, and individuals from communities at higher risk of HIV in the state. HMA developed ecosystem maps to visualize past and current data and presented trend analysis of STIs, viral hepatitis, and HIV. The data was shared with the Work Group and discussion helped to inform the questions for the stakeholder interviews, focus groups, and surveys.

We were successful in engaging the required individuals/groups through the Needs Assessment Work Group, key stakeholder interviews, focus groups, and/or surveys including:

- Health department staff
- Community-based organizations serving populations affected by HIV as well as HIV service providers
- People with HIV, including members of a Federally recognized Indian tribe as represented in the population, and individuals co-infected with hepatitis B or C
- Epidemiologists
- HIV clinical care providers including (RWHAP Part C and B)
- STD clinics and programs
- Non-elected community leaders including faith community members and business/labor representatives
- Community health care center representatives including FQHCs
- Substance use treatment providers
- Hospital planning agencies and health care planning agencies
- Mental health providers

However, due to low HIV prevalence in Wyoming, we unfortunately were not successful in engaging individuals (or representatives) with an HIV diagnosis during a period of incarceration (within the last three years) at a federal, state, or local correctional facility.

Relationship to Other Planning Materials

The Integrated Plan closely aligns with Wyoming's ETE efforts as well as the National Strategic Plan and the updated HIV/AIDS Strategy (NHAS).

HIV, STIs, and Viral Hepatitis in Wyoming

The community engagement and planning activities were informed by HIV-related and other data. The Epidemiologic Snapshot described in detail in Section III provides a summary of HIV in Wyoming. Among the key results:

Overall

There were 356 cases of HIV known to the Wyoming Department of Health at the end of 2021; 66.6% of cases were non-Hispanic White, 16.6% were Hispanic of any race, and 7.3% were Black or African American. Of the known cases, 80.6% identified as male.

Linked to Care and Viral Suppression

According to 2020 data, 98.3% of HIV cases were linked to care. Wyoming out-of-care investigations indicated that 94.8% of HIV cases were retained in care. Most of those retained in care (80.6%) had a suppressed viral load at the time of the investigation. The decline in viral suppression may have been due in part to the overall lack of healthcare access associated with the COVID-19 pandemic.

Populations at High Risk of Exposure and Infection

The percentage of male cases attributed to sex with men (MSM) remained steady as the highest risk population for new HIV cases over the past several years. Men who have sex with men and inject drugs (IDU) accounted for the second highest risk factor percentage of diagnoses among cases that provided risk factor information. The number of cases attributed to injection drug use alone decreased over the past five years. In 2021, 71.4% of new HIV diagnoses were in MSM or MSM/IDU. Close to 50% of the HIV cases known to WDH were MSM, 9.8% reported using injection drugs, and 12.4% of the cases reported both MSM and IDU. An additional 12.4% reported only heterosexual sexual contact. HIV Incidence rates between 2017 and 2021 were highest among the 25-34 age group, accounting for 47.5% of new diagnoses, and people who identified as male (71.4%).

STIs

Between 2017 and 2021, the average rate of new syphilis diagnoses for the state of Wyoming was 6.4 per 100,000. It was 2.6 times higher among men (9.1 per 100,000) than women (3.5 per 100,000) and highest among Black and African Americans, with 44.2 cases per 100,000 people. Average syphilis incidence rates were highest among the 25-34 age group (17.6 per 100,000) and the 15-24 age group (11.0 per 100,000). The five-year average chlamydia incidence rate across Wyoming was 636.9 per 100,000 between 2017-2021. Five-year average rates were highest among the 15-24 age group (1808.6 per 100,000) and 25-34 age group (760.8 per 100,000), and dropped steeply for each subsequent age group. The five-year average incidence rate of gonorrhea between 2017 and 2021 was 72.0 per 100,000 and was similar between men (71.6 per 100,000) and women (72.4 per 100,000).

Viral Hepatitis

Wyoming's five-year average incidence rate of hepatitis B (HBV) from 2017 to 2021 was 2.4 cases per 100,000 people. Women were infected at lower rates (1.8 per 100,000) than men (2.9 per 100,000), and rates were significantly higher in Native Hawaiian and Pacific Islanders than in any other racial and ethnic group (136.8 per 100,000); the next highest rates were in Asians (62.7 per 100,000) and Black and African Americans (13.6 per 100,000).

Average five-year incidence rates for hepatitis C (HCV) were much higher than hepatitis B, at 50.5 cases per 100,000 people. Hepatitis C was diagnosed in men (62.6 per 100,000) at much higher rates than in women (37.9 per 100,000), and was highest in the 55-64 age group (107.0 per 100,000). Black and African Americans had the highest burden of new HCV diagnosis, with 62.8 cases per 100,000 people, followed closely by American Indians and Alaskan Natives (60.0 per 100,000).

Ongoing and Emerging Needs

The needs assessment highlights the data-driven and community-defined needs, challenges, and barriers related to the prevention, treatment, and care of human immunodeficiency virus (HIV), viral hepatitis (VH), and sexually transmitted infections (STIs) in Wyoming. Given the overlap in risk factors, healthcare and public health interventions, and communities impacted by these three health conditions, this needs assessment employs a syndemic approach and frames its findings under the "Four Pillars" of the CDC's Ending the HIV Epidemic (EHE) Initiative: Diagnose, Treat, Prevent, and Respond.[1]

[1] https://www.cdc.gov/endhiv/index.html

HMA coordinated and facilitated the twelve-person work group, which met monthly from February through July 2022 to develop the needs assessment. The needs assessment was informed by six key data collection components including 1) a literature reviews and environmental scan, 2) ecosystem mapping, 3) key population focus groups, 4) a community survey, 5) HIV, VH, STI provider interviews, and 6) a HIV, VH, STI provider survey.

The literature review highlighted national best practices and promising approaches to address HIV, VH, and STI prevention, treatment, and care. HMA visualized epidemiological data on interactive dashboards, charts, and maps to review trends alongside available services and resources. This analysis helped inform primary data collection for the needs assessment and identify gaps and priorities to explore in the data collection activities.

HMA conducted large-scale online surveys, 1-1 interviews and focus groups to collect additional data and feedback from key stakeholders and populations. An online community member survey and key population focus groups helped better understand experiences and needs related to HIV, VH, and STI prevention, testing, and treatment. The provider survey and phone interviews assessed providers' experiences delivering services, barriers to delivering services, comfort delivering services to different types of clients, and knowledge and utilization of different state and national resources to support providers.

Qualitative and any relevant quantitative data were summarized and synthesized to help inform the need assessment recommendations. The findings from all of the data collection activities are outlined in this plan and key themes and takeaways and are categorized into the 4 EHE pillars.

While Wyoming has many challenges in serving people at risk of and/or living with HIV, STI, and VH due to its conservative social and political climate, there is a strong commitment from the Communicable Disease Unit and providers to enhance and expand services.

Situational Analysis

After analyzing and reviewing findings from the data collection activities, the work group discussions and recommendations were synthesized to create goals for the Integrated Plan and grouped according to the four EHE pillars: Diagnose, Prevent, Treat, and Respond.

The key takeaways from discussions with the work group are outlined in the situational analysis of the Plan. This section highlights strengths, challenges/needs, gaps and priority populations that were discovered during the activities.

Integrated Plan Goals

The goals identified in the Integrated Plan are aligned with the four EHE pillars – diagnose, treat, prevent, respond.

2022 – 2026 Integrated Plan Goals	
Diagnose all people with HIV as early as possible • Provide tools and education to make providers more comfortable in discussing	Treat all people with HIV rapidly and effectively to reach sustained viral suppression

sexual health to reduce stigma and promote routine and self-testing in the community. • Increase community outreach and provide community testing in both traditional and non-traditional venues where higher risk clients are receiving other services. • Train and support providers and nurses in PCP offices to offer and encourage routine screening and testing to every patient.	• Provide easier access to training and consulting opportunities to build provider networks so PCPs feel more comfortable providing VH and HIV treatment to improve retention of clients. • Increase field staff awareness and utilization of Expedited Partner Therapy (EPT). • Improve telehealth options for HIV/VH care, treatment options for VH, rapid ART for HIV, and HCV navigation assistance.
Prevent new HIV transmissions by using proven interventions • Increase Wyoming's PrEP/PEP prescribers' network (including pharmacists and public health nurses) through increased training to bolster comfort and knowledge of providing PrEP/PEP. • Improve community education and awareness about PrEP/PEP, WhY PrEP Matters, and KnoWyo websites as well as PrEP navigation assistance. • Promote harm reduction strategies for PWID by providing education that increases understanding, decreases stigma, and normalizes testing for all diseases.	Respond quickly to potential HIV outbreaks • Provide education to providers on CDU data on an annual basis to improve awareness of state response services. • Utilize outreach staff to build a network of champions who are willing and able to respond to outbreaks and increase the number of providers willing to see people living with HIV. • Improve care for persons with HIV, VH, and STIs by seeking and maximizing funding sources and establish clear lines of communication and guidelines for connecting individuals to care.

Monitoring Progress

These outlined goals outlined in this plan were developed and refined through community and stakeholder feedback. The activities to sustain the goals will be supported through braided funds from 1) CDC-HIV, STD & Hepatitis, 2) HRSA Ryan White, 3) HRSA FQHC, and 4) WyAETC grants and awards.

CDU will rely on continued engagement with CAPPA through implementation and evaluation of the plan's objectives. The group will review most data on a quarterly basis. Outreach staff will provide monthly updates and opportunities for improvement based on community engagement and feedback. Providers will share regular feedback through contract progress reports and contact with key staff.

Letter of Concurrence

A letter of concurrence was received from CAPPA. The Integrated Plan supports efforts to achieve the goals of Ending the HIV Epidemic. All required documents are included in the Integrated Plan and are summarized in the checklists provided at the conclusion of the plan.

Section II: Community Engagement and Planning Process

Integrated Planning Process Summary

The Integrated Planning process was overseen by the Wyoming Department of Health (WDH) Communicable Disease Unit (CDU). CDU contracted with a national research and consulting firm (Health Management Associates) to assist in the needs assessment process and support community engagement planning. The Comprehensive Care and Prevention Planning Alliance (CAPPA) is Wyoming's Ryan White Part B and HIV Prevention planning body and serves as a statewide community planning group for HIV, AIDS, viral hepatitis, and sexually transmitted infections (STIs). CDU and its consultant team worked closely with CAPPA to facilitate the development of this Integrated Plan.

First, CAPPA, CDU, and the consultant team stood up a Needs Assessment Work Group, which consisted of healthcare providers and affiliates, CDU and local public health staff, people living with HIV, and individuals from communities at higher risk of HIV in the state. The Needs Assessment Work Group, co-chaired by an HIV case manager, a person living with HIV, and a CDU staff member, met monthly between February and July 2022. Given the overlapping at-risk populations and service provision, the Work Group structured the needs assessment using a syndemic approach by collecting and analyzing quantitative and qualitative data on HIV, viral hepatitis, and STIs together.

The Work Group began by examining epidemiological trends on new infections, co-infections, the HIV care continuum, and publicly-funded testing and prevention service utilization using data captured in the WDH's PRISM Data Management System and other data reported from WDH's contracted entities. These data were overlayed with the locations of prevention, testing, treatment, and care resources to map the ecosystem of HIV services in the state. Next, the Work Group, assisted by CDU's consultant team, surveyed and interviewed healthcare providers and community members across the state, with a focus on individuals living with HIV and communities at risk of HIV. These surveys, interviews, and focus groups probed on individuals' experiences with testing, treatment, and care services, their met and unmet physical health, behavioral health, and other social needs, and asked them to identify how services across Wyoming should be enhanced to address current provider and client challenges, gaps, and barriers. After analyzing and reviewing findings from these activities, the Work Group developed recommendations of Goals for the Integrated Plan using the four EHE pillars: Diagnose, Prevent, Treat, and Respond. With the needs assessment completed, CDU and its consultant team finalized Sections III and IV of the Integrated Plan.

CAPPA then reviewed the needs assessment and the Goals recommended by the Work Group, refined these Goals, and brainstormed activities for implementation and monitoring of these Goals. CDU and its consultant team turned CAPPA's refined Goals and brainstorming into the final Integrated Plan Goals using a S.M.A.R.T.I.E. framework with defined implementation activities, monitoring methods, and process and outcomes indicators for evaluation and follow-up. With this, CDU and its consultant team drafted the full Integrated Plan and presented to CAPPA and WDH for final feedback and approval.

Timeline of Activities

Jan 2022
- Needs Assessment Work Group is assembled by CAPPA and CDU.
- Research on current national, state, and local HIV strategies and interventions.

Feb 2022
- Needs Assessment Work Group crafts methodolgy and data collection materials.
- CDU gathers information on HIV prevention, treatment, and care resource inventory.

Mar 2022
- Needs Assessment Work Group finalizes provider survey, client survey, provider interview guide, priority population focus group guides, and begins outreach for data collection.
- CAPPA reviews research on national, state, and local HIV strategies and interventions.

Apr 2022
- Needs Assessment Work Group reviews 2016-2021 epidemiological data on HIV trends and ecosytem maps on prevention, testing, and treatment resources across the state.

May 2022
- Providers and priority populations are surveyed and interviewed about their HIV prevention, treatment and care needs.

Jun 2022
- Findings from provider and priority population survey, interview, and focus groups are shared with the Needs Assessment Work Group
- Needs Assessment Work Group drafts recommendations of Goals for CAPPA.

Jul 2022
- The needs assessment and epidemiological profile is finalized by CDU and the Needs Assessment Work Group.

Aug 2022
- CAPPA reviews the needs assessment and the Goals recommended by the Needs Assessment Work Group
- CAPPA refines Goals for the Integrated Plan and drafts recommendations for implementation, monitoring, and follow up.

Sep 2022
- CDU finalizes Integrated Plan Goals and implementation, monitoring, follow up activities, and finishes a draft of the Integrated Plan.

Oct 2022
- CAPPA reviews draft Integrated Plan and provides final feedback.

Nov 2022
- Integrated Plan is finalized and approved by CDU and WDH.
- CAPPA provides Letter of Concurence.

Dec 2022
- Final Integrated HIV Prevention and Care Plan, 2022-2026 is submitted to CDC and HRSA.

Entities Involved in the Process

Community Planning Bodies

The development of Wyoming's Integrated Plan is a joint effort between WDH and its partners, engaging persons at higher risk for HIV, viral hepatitis, and sexually transmitted infections (STIs), people living with HIV (PLWH, service delivery providers, and others in the community who work on these issues.

Care and Prevention Planning Alliance (CAPPA)

The Care and Prevention Planning Alliance (CAPPA) is the Ryan White Part B and HIV Prevention planning body and serves as the statewide community planning group for HIV, AIDS, hepatitis and sexually transmitted infections (STI) in Wyoming. WDH works in partnership with CAPPA and other key stakeholders to enhance access to HIV, hepatitis, and STI prevention, care, and treatment services for high-risk populations. CAPPA is comprised of three different constituency groups:

- Specific populations at-risk and/or living with HIV, viral hepatitis, or STIs: This group includes individuals with lived drug use experiences, individuals with lived hepatitis B and C experience, PLWH, older adults living with HIV, and LGBTQ+ individuals.
- Professionals: This group includes individuals working in the criminal justice system, Department of Education, HIV case management, HIV medicine, mental/behavioral health, Ryan White Part C Early Intervention Services, pharmacy, public health nursing, STI prevention, substance use prevention/treatment, Title X clinics, and federally qualified health centers (FQHCs).
- Community members: This group includes clergy members, STI prevention advocates, youth, individuals from tribal communities, and the general population with regional representation broken down into five regions.

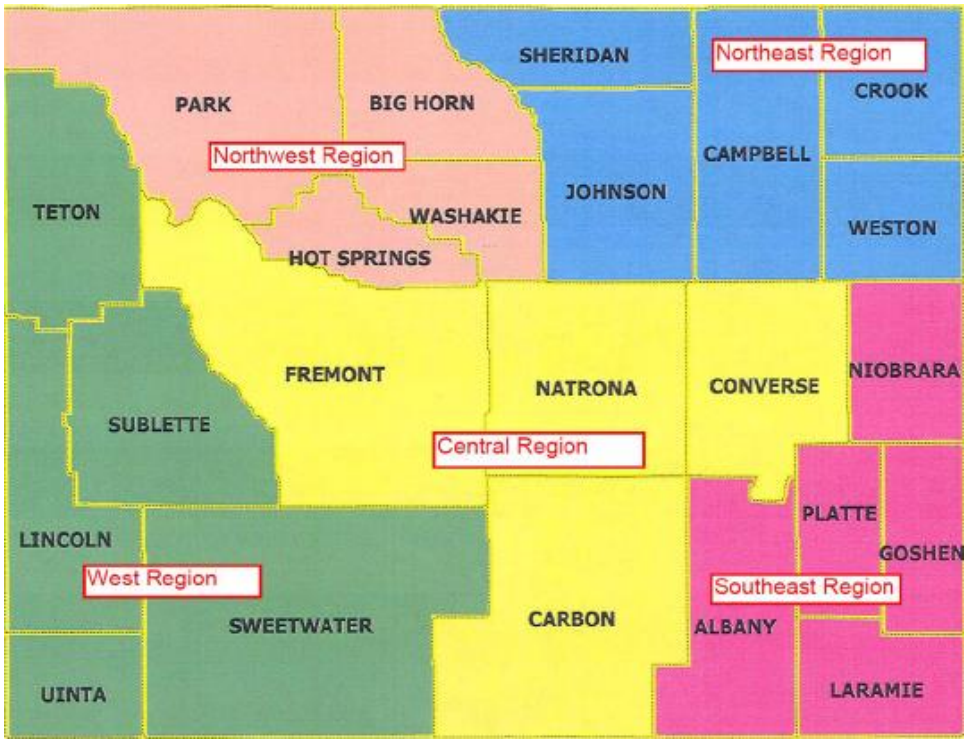

FIGURE 1 - SNAPSHOT OF COUNTIES IN WYOMING CAPPA SERVICE AREA

CAPPA members worked with CDU and the consulting team to stand up the Needs Assessment Workgroup. CAPPA reviewed the needs assessment and the Goals recommended by the Work Group, refined these goals, and brainstormed activities for implementation and monitoring of these goals. CAPPA's feedback was refined by CDU and the consulting team and incorporated in the final Integrated Plan using a S.M.A.R.T.I.E. framework. As the official Ryan White Part B and HIV Prevention planning group in the state, CAPPA reviewed the final draft of the Integrated Plan and provided a Letter of Concurrence.

The composition of the membership is comprised of the following positions:

WDH CO-CHAIR
COMMUNITY CO-CHAIR
HIV+ COMMUNITY CO-CHAIR
HIV+
HIV+
HIV+
HIV+
HIV+
IDU
MSM
HEP C+
HIGH RISK HETEROSEXUAL
GENERAL POPULATION
PART C EIS
TITLE X FAMILY PLANNING
CASE MANAGEMENT
CRIMINAL JUSTICE
WYO DEPT OF EDUCATION
SUBSTANCE ABUSE
BEHAVIORAL SCIENCE/MENTAL HEALTH
SEXUALLY TRANSMITTTED INFECTIONS
PUBLIC HEALTH NURSING
CLERGY/FAITH COMMUNITY
NORTHEAST REGION
SOUTHEAST REGION
NORTHWEST REGION
CENTRAL REGION

TABLE 1- CAPPA MEMBERSHIP LIST

Needs Assessment Work Group

CDU worked with CAPPA and the consulting team to convene the Needs Assessment Work Group to ensure community and stakeholder engagement in the needs assessment process. The Work Group consisted of healthcare providers and affiliates, CDU and local public health staff, PLWH, people with lived viral hepatitis experience, and people with lived STI experience, as well as individuals from communities at higher risk of HIV infection in the state. The workgroup was co-chaired by an HIV case manager, a person living with HIV, and a CDU staff member. The group structured the CDU needs assessment using a syndemic approach by collecting and analyzing quantitative and qualitative data on HIV, viral hepatitis, and STIs together. The Work Group reviewed epidemiological data, helped develop qualitative data collection tools, publicized, and recruited for stakeholder and community surveys and interviews, reviewed all findings from community engagement, and recommended a set of Goals for the Integrated Plan. Aligning with the four EHE pillars (Diagnose, Prevent, Treat and Respond), these recommendations were then refined by CDU, CAPPA, and the consulting team and incorporated into the finalized Integrated Plan.

Key takeaways from the numerous workgroup meetings include:

Diagnose	Treat
• Most providers and emergency rooms do not offer routine testing, even to individuals who may be at high risk of infection because of potential exposure and/or lived experience with human immunodeficiency virus (HIV), viral hepatitis (VH), or sexually transmitted infections (STI)s. • Community stigma inhibits individuals from getting tested and providers from discussing testing with their patients. • Providers face limited staff, financial, and time capacity to offer routine and rapid testing for HIV, VH, and STIs. • Capacity to provide testing is greater among local public health offices than in other care settings; however, community stigma often inhibits individuals from going to local public health offices for testing. • Providers and patients do not routinely request three-site testing (vaginal/urine, rectal, and pharyngeal) when offering STI testing. • Offering routine testing helps to diffuse patient-level stigma. • Most individuals diagnosed with HIV, VH, and STIs were tested for routine testing	• Most referrals for treatment of HIV, VH, and STIs are to private (non-public) providers. • There are very few HIV and VH treatment providers in Wyoming and transportation to these providers is a huge barrier for linking people to receive treatment. • Few providers are offering rapid antiretroviral treatment (ART) initiation due to discomfort and lack of expertise. • Existing, inter-provider relationships between organizations that offer testing and organizations that provide treatment is important to supporting patients' rapid linkage to treatment. • Primary care physicians are relied on when infectious disease specialists are unavailable; however, patients have not always received the most appropriate or highest quality of care from PCPs. • Beyond providing referrals, organizations have limited capacity to ensure clients are linked to treatment services. • Providers express a need for more training and guidance around rapid initiation of ART, VH care for people living with HIV (PLWH), and HIV and VH care for people who inject drugs (PWID).

at their clinician's office or community testing site. • Redemption rates of KnoWyo.org low or no-cost testing vouchers varies largely by geography. Local community outreach and education staff in each county are a strong indicator of increasing testing.	• Organizations and clients express the lack of LGBTQIA+-affirming care providers. • Continuity of care is challenging for transient and unhoused people because of difficulties in establishing and re-establishing care and coordinating housing. • Continuity of care presents challenges for people experiencing substance use disorders (SUD) and/or mental illness because of the lack of effective collaborations between physical and behavioral health providers. • COVID-19 decreases staff capacity and disrupted organizations' ability to provide in-person HIV, VH, and STI testing and treatment services. • Few treatment providers offer telehealth treatment services but are interested in offering these services. These providers need guidance and technical assistance to stand up telehealth services. • PLWH find it easy to get connected to treatment after testing positive, whereas people diagnosed with VH or STIs have varying difficulty connecting to treatment. • Clients experience overall good quality of care. • Mental health services are the most needed and least received service among those diagnosed with HIV, VH, and STIs.
Prevent	**Respond**
• Sexual health counseling and screening are not routinely offered to patients and criteria for who is offered counseling and screening varies by provider. • The lack of PrEP treatment availability and PEP providers in Wyoming due to geographic distance in comparison to prescribers and pharmacists is a barrier. • Providers' comfort level in providing PrEP and PEP varies. There are some that would like more education and training on PrEP and PEP prescribing and there are some that would prefer to refer to someone else.	• Providers lack familiarity with and engagement in key response initiatives in the state, including Data-to-Care and non-medical case management. • Planning and interventions for outbreak response need to take a syndemic approach. • Providers would like timely and understandable information and data on incidence, prevalence, and social determinants of health to improve HIV testing, treatment, and prevention strategies.

- Providers would like more training and education about U=U; undetectable equals untransmittable.
- Most community members obtain information about prevention from their primary care doctor but expressed that this information was only somewhat helpful.
- Community stigma against HIV, VH, and STIs, and stereotypes of the types of people at risk for these conditions is a major barrier to knowledge and engagement in prevention measures.
- Comprehensive and inclusive K-12 sex education is needed to reduce stigma and enhance engagement in prevention.

TABLE 2- KEY TAKEAWAYS FROM CDU AND CAPPA WORKGROUP MEETINGS

People Living with HIV

People living with HIV (PLWH) were involved in the Integrated Planning process through several methods. First, 4 (out of 21) of PLWH serve on CAPPA and were involved in the creation of the Needs Assessment Work Group, reviewed needs assessment findings, and refined the final Goals of the Integrated Plan. One individual living with HIV served on the Needs Assessment Work Group as a co-chair and helped review work group meeting agendas and materials, and provided comments and feedback on all needs assessment data collection tools. Additionally, this individual reviewed all initial findings from the needs assessment process and helped brainstorm recommendations of Goals for the Integrated Plan.

Additionally, 5 PLWH participated in focus groups and 5 responded to the community survey. These survey and focus groups probed on individuals' experiences with testing, treatment, and care services; their met and unmet physical health, behavioral health and other social needs; and asked them to identify how services across Wyoming should be enhanced to address current provider and client challenges, gaps, and barriers.

Ryan White, HRSA, CDC, and Other Federally Funded Providers and Recipients

The Communicable Disease Unit Treatment Program (CDTP) is funded by three federal grants, HRSA's Ryan White Part B, AIDS Drug Assistance Program (ADAP), Ryan White Part C, and HUD's Housing Opportunities for Persons With AIDS (HOPWA) grants. The CDTP staff work together to oversee services supported by these federal grants for Wyoming residents who are living with HIV. Services offered by the grants include core medical services, support services, and housing services. Dependent upon eligibility, services offered by the CDTP include but are not limited to case management, prescription medication support, nutrition services, health insurance premium assistance, health insurance copay/deductible assistance for allowable medical services, home health care services, mental health services, substance use services, oral health services, Tenant-Based Rental Assistance (TBRA), Short-term, Rent, Mortgage and Utilities (STRMU), permanent housing placement, emergency shelter, and

transportation. Having these grants housed in a single agency allows for a single-entry point for clients resulting in better client service coordination and eliminating service duplication.

CDTP clients are seen by Wyoming Medicaid-approved providers across Wyoming and neighboring states for their medical needs. Depending upon the service, there may be a need to have the service prior authorized. Case management services are available in all 23 counties across Wyoming. Given the current number of PLWH in Wyoming and number of HIV treatment providers, Ryan White Part B, ADAP, Ryan White Part C, and HOPWA funds are reimbursed on a fee-for-service (FFS) basis to qualified providers and for qualifying services. Unlike other states and jurisdictions receiving these funds, CDTP does not put out Request for Applications (RFAs) for specific funding amounts to community providers.

Ryan White Part B*:* Many Ryan White Part B funded providers and case managers served as members of CAPPA and the Needs Assessment Workgroup and others provided input through participation in focus groups, interviews, and the provider survey of the needs assessment.

Ryan White Part C*:* Representatives from community groups that receive Ryan White Part C funds also sit on CAPPA and participated in interviews.

The AIDS Education & Training Center Program (AETC*)* offers HIV training, technical assistance, and/or capacity building assistance. AETC supports CDU's goal of increasing access to care and improving health outcomes for people living with HIV. CDU programs also work closely with the Wyoming AETC on education and training opportunities for case managers and providers. The coordinator for Wyoming's AETC served as a member on the Needs Assessment Work Group and provided input in brainstorming the initial Goals recommended to CAPPA for the Integrated Plan. Additionally, several providers that participated in the AETC were interviewed and/or responded to the provider survey as part of the needs assessment process.

State and Local Agencies

The WDH Communicable Disease Unit (CDU) is the unit within the Public Health Division of WDH that monitors, tracks, and helps prevent communicable diseases, including HIV, throughout the state. CDU led the Integrated Planning process in collaboration with its consultant partner, CAPPA, and the newly established, Needs Assessment Workgroup. CDU staff were responsible for supplying all epidemiological data and information related to HIV prevention, testing, and treatment for the needs assessment process and working with CAPPA to finalize all Goals and implementation, evaluation, and monitoring plans in the Integrated Plan.

The WDH Behavioral Health Division, Mental Health and Substance Use Treatment Services Program oversees programs and grants for community-based outpatient and regional mental health and substance use treatment services and supports, including court-supervised treatment programs, that are accessible, affordable, and provide in the least restrictive and most appropriate environment. A representative from the Behavioral Health Division, Mental Health and Substance Use Treatment Services Program reviewed the finalized needs assessment and provided feedback on the Goals recommended by the Needs Assessment Work Group to ensure that they aligned with the strategies and work of their division.

The WDH Infectious Disease Epidemiology Unit conducts surveillance for infectious diseases and investigates clusters and outbreaks. Though all reporting and epidemiological data for HIV, hepatitis B and C, and STIs is conducted and managed by CDU, the Infectious Disease Epidemiology Unit occasionally assists in CDU's outbreak and cluster investigation, lending staff capacity. A representative from the unit reviewed the drafted Goals and provided feedback to CDU, particularly on Goals associated with the *Response* pillar.

Wyoming Medicaid helps pay for certain health care services, and is available to qualifying families, children, individuals who are aged, blind or disabled, and qualified or non-qualified aliens. Wyoming is not a Medicaid expansion state. Thirty-six PLWH in Wyoming are covered through Medicaid. Wyoming Medicaid offers one managed care organization, known as the Wyoming Care Management Entity (CME), through Magellan Health. A representative from Wyoming Medicaid reviewed the drafted Goals, as well as the drafted implementation, evaluation, and monitoring plans and provided feedback to ensure that the final Goals and plans are aligned with the current Medicaid and CME service offerings, strategies, and data reporting. This review focused especially on the *Diagnose*, *Treat*, and *Prevent* pillars.

Federally Recognized Tribes

Wind River Family & Community Health Care services the Northern Arapaho and Eastern Shoshone Tribes in Wyoming. A local provider reviewed and provided feedback on the Needs Assessment to ensure that the takeaways were accurate for the reservation. The provider was grateful to see the statistics in writing and supported the need for more education around the importance of testing to diagnose and treat clients more efficiently.

Other Stakeholder Groups

Through interviews, focus groups and town halls, HMA engaged other stakeholder groups in the needs assessment process. These organizations include:

- Public/Government Agencies
    - CDU Outreach Staff
    - Public Health/CDU Liaison
    - Substance Unit
    - Behavioral Unit
    - Wyoming AIDS Education Training Center
- Health Care Associations/Federally Qualified Health Centers
    - Wyoming Primary Care Association
    - Wyoming Health Council: Title X Clinics
    - Harm Reduction Collective
- Schools
    - University of Wyoming Student Health Services
    - University of Wyoming Wellness
    - University of Wyoming Rainbow Room
- Community Based Organizations
    - Nebraska AIDS Project
    - Wyoming AIDS Assist
    - Wyoming Equality
- Federally Recognized Tribes

- Wind River Cares
- Easter Shoshone
- Northern Arapaho (Check Spelling)
- Indian Health Services

Priorities from Community Planning

HMA conducted 2 brainstorming sessions with CDU to and CAPPA to develop the community priorities. This included utilizing a Jamboard, a collaborative digital tool, to capture ideas and suggestions. The group then revised the priorities based on the community input. The following is a result of that activity:

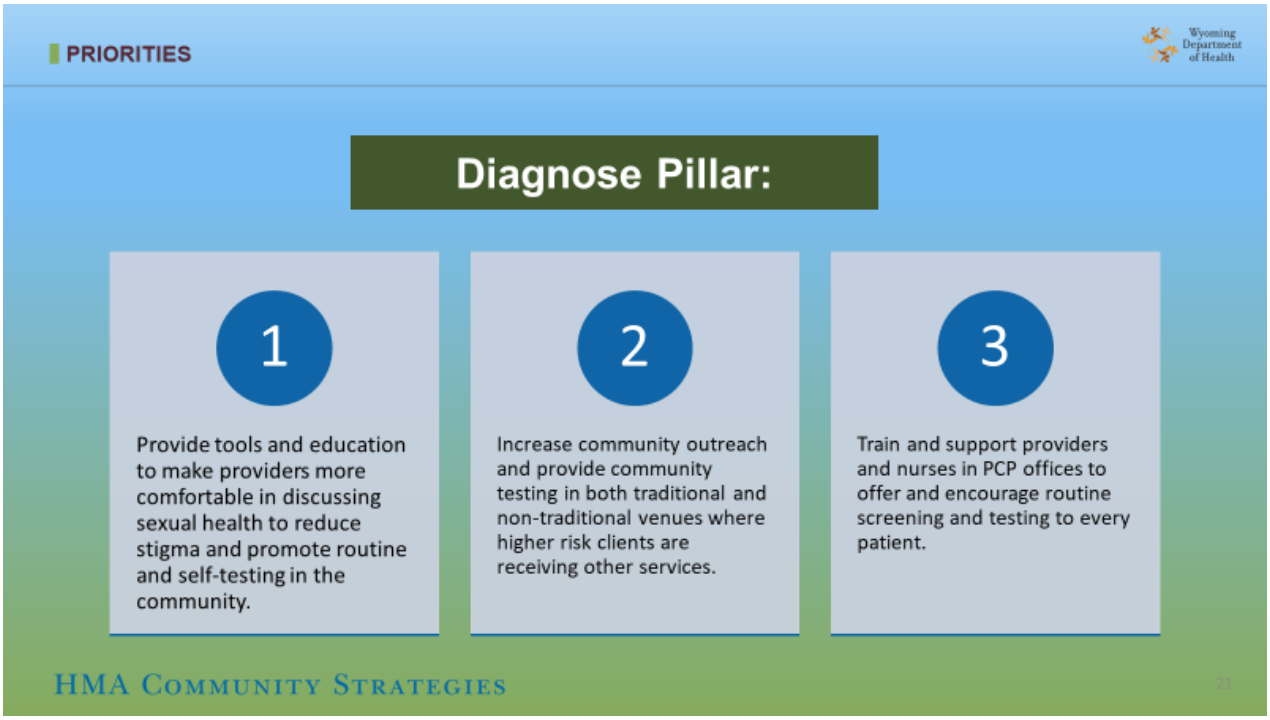

FIGURE 2 - COMMUNITY PRIORITY DISCOVERED IN CDU AND CAPPA SESSIONS (DIAGNOSE PILLAR)

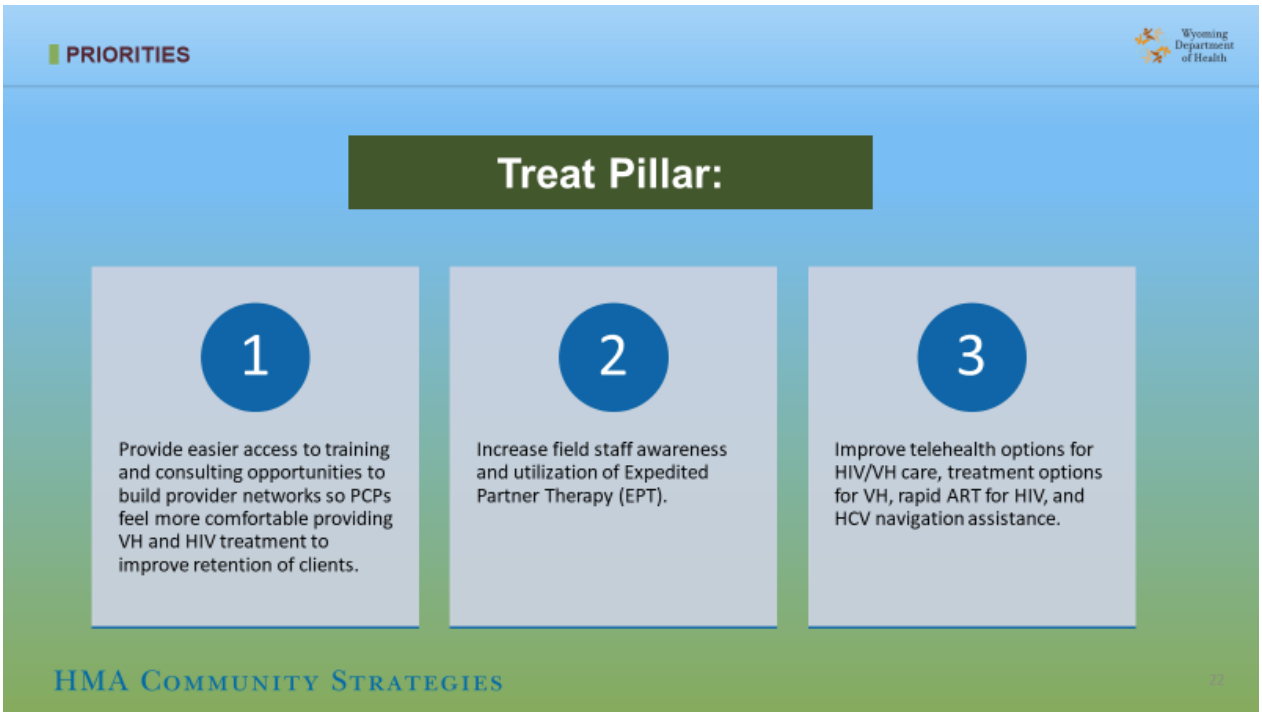

FIGURE 3 - COMMUNITY PRIORITY DISCOVERED IN CDU AND CAPPA SESSIONS (TREAT PILLAR)

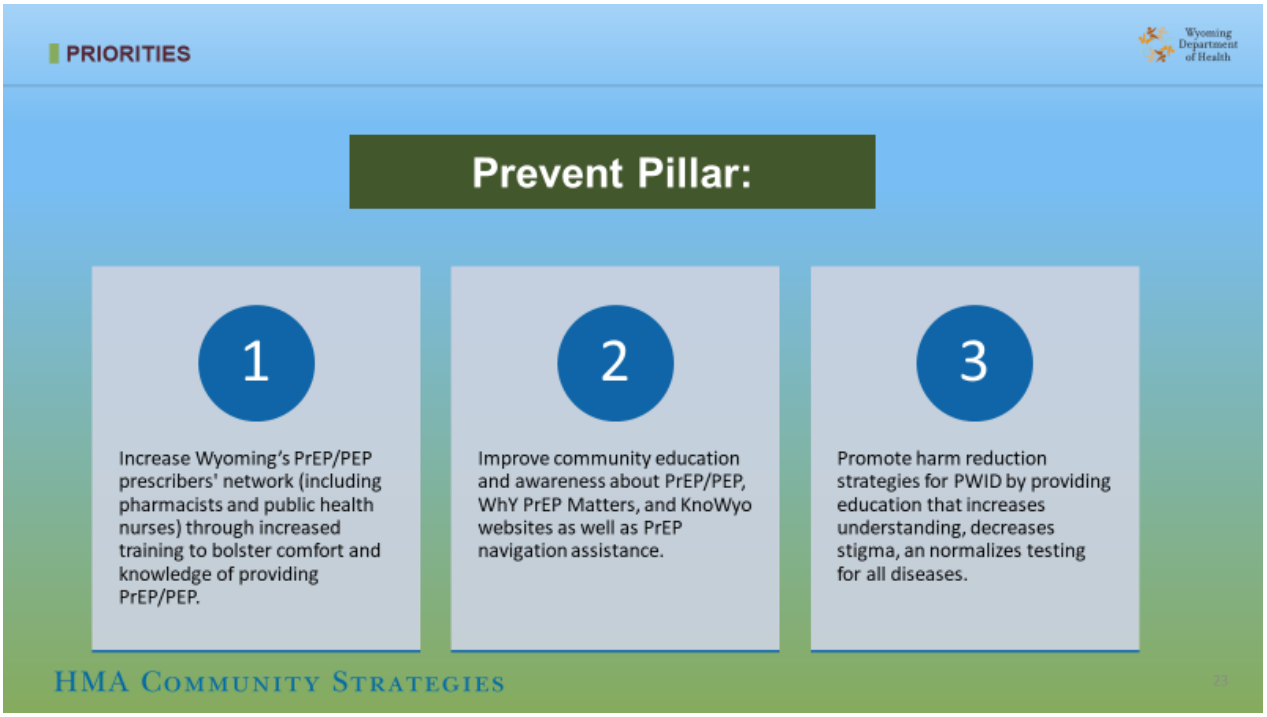

FIGURE 4- COMMUNITY PRIORITY DISCOVERED IN CDU AND CAPPA SESSIONS (PREVENTION PILLAR)

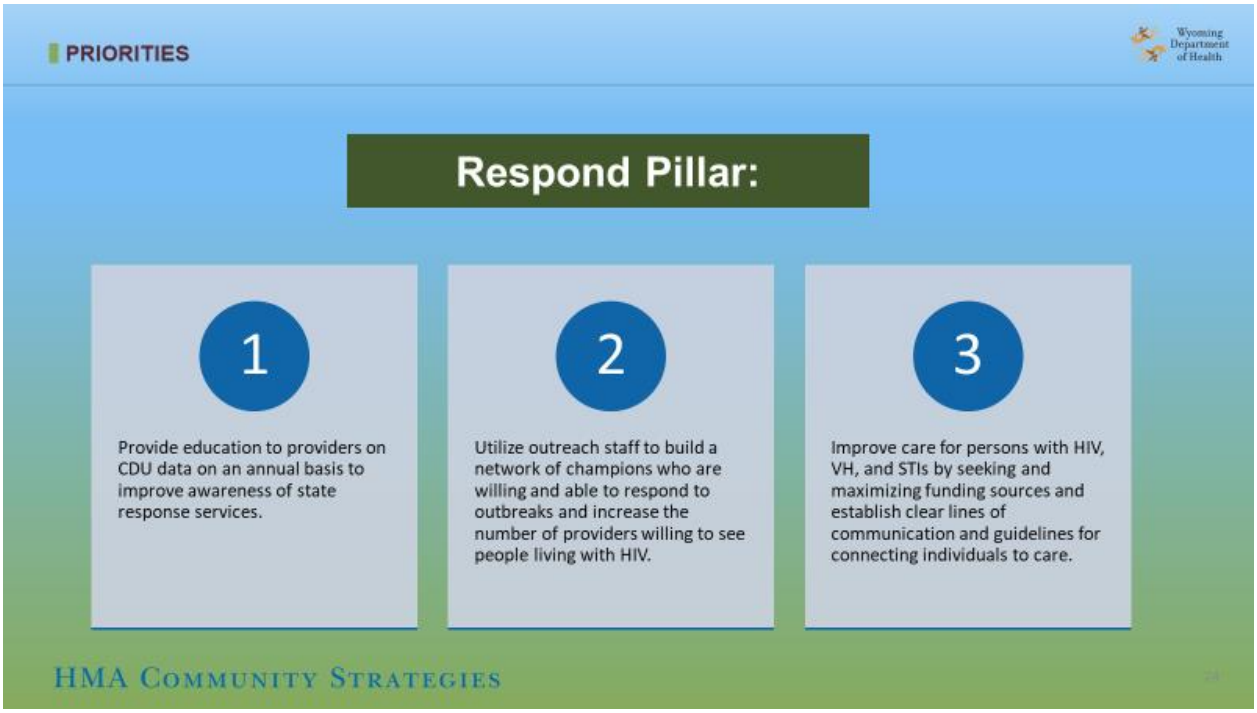

FIGURE 5 - COMMUNITY PRIORITY DISCOVERED IN CDU AND CAPPA SESSIONS (RESOND PILLAR)

Section III: Contributing Data Sets and Assessments

Data Inventory

Data Source	Description of Use	Sharing Agreements
Name of data source and owner	How was data used in SCSN/planning	List of who the data were share with and for what purpose
Patient Reporting Investigation Surveillance Manager (PRISM) - CDU	Aggregate client data	Contractor-Needs Assessment and development of Integrated Plan
eHARS-CDC	Aggregate Client data	Contractor-Needs Assessment and development of Integrated Plan

TABLE 3- DATA INVENTORY DESCRIPTION

Epidemiologic Snapshot

General Population

Wyoming has the smallest population in the United States, with an estimated population of 578,803 in 2021. The state is approximately 98,000 square miles, making Wyoming the 9th largest state based on geographic area. Additionally, 87.5% of counties have a population density of fewer than ten people per square mile. These characteristics classify Wyoming as a frontier state, a term for the most isolated and least densely populated areas with long distances separating residents from necessities like healthcare, grocery stores, and schools. The largest racial and ethnic groups in Wyoming in 2021 were non-Hispanic White (83.3%), Hispanic of any race (10.6%), American Indian and Alaska Native (2.1%), and Black or African American (1.2%). In total, 93.6% of Wyoming adults 25 and older have a high school diploma, 61.9% have a household income above $50,000 (median $65,304), and 88.6% report having health insurance. Wyoming's population is relatively evenly distributed, with 25.4% of Wyomingites aged 19 and younger and 17.9% 65 and older.

In 2021, 17.4% of the state's population lived in Laramie County (population 100,863), the home of the State Capitol in Cheyenne, and 13.7% lived in Natrona County (population 79,555), primarily concentrated in Casper. Laramie County residents reported their race as Black (2.5%) or Hispanic of any race (15.5%) more than the state average, and American Indian or Alaska Native (1.3%) and non-Hispanic White (91.5%) less than the state average. Approximately 94.1% of Laramie County adults over the age of 25 had a high school diploma, 72% had a household income above $50,000 (median $69,369), and 95% were insured. Natrona County's population, when compared to state averages, was more likely to be non-Hispanic White (93.7%) or Black (1.3%), and less likely to be American Indian or Alaska Native (1.5%), Hispanic of any race (9.3%), or Asian (1.0%) than the state average. 93.7% of Natrona County residents 25 years old and older had a high school diploma, 60.1% had a household income over $50,000 (median $62,168), and 87.7% were insured.

HIV Trends

There were 356 cases of HIV known to the Wyoming Department of Health at the end of 2021; 66.6% of cases were non-Hispanic White, 16.6% were Hispanic of any race, and 7.3% were Black or African American. Of the known cases, 80.6% identified as male. The rate of new HIV diagnoses in Wyoming varied from 2017-2021, rising slowly from 2017 to 2019, plateauing in 2020, and dropping steeply in 2021 (Figure 1), though the role of the COVID-19 pandemic on healthcare and testing accessibility

should be considered when examining data for 2020 and 2021. The 5-year average rate of new HIV diagnosis from 2017-2021 were highest among people aged 25-34 (7.3 per 100,000) and 35-44 (4.9 per 100,000), and those who identified as either Black (9.3 per 100,000) or Hispanic/Latino (3.7 per 100,000). The 5-year average rate of new HIV diagnosis was highest in Goshen County (4.7 per 100,000), compared to the Wyoming 5-year average rate (1.7 per 100,000). Potentially confounding this rate is the Wyoming Medium Correctional Facility, a prison and Department of Justice intake facility located in Torrington, the county seat of Goshen County. The facility performs testing for HIV, syphilis, and hepatitis C for new inmates, leading to increased surveillance and the diagnosis of people previously residing outside Goshen County, both possibly contributing to the high HIV incidence rates. The next highest rate was in Hot Springs County (4.3 per 100,000). The 5-year average rates of new HIV diagnoses were lower in Laramie County (1.4 per 100,000), but higher in Natrona County (2.5 per 100,000).

Populations Disproportionately Impacted by HIV

Overall, Wyoming is a low-morbidity state for HIV cases. Therefore, healthcare and public health professionals focus special attention to outreach for newly diagnosed cases of HIV in Wyoming residents. According to 2020 data, 98.3% of HIV cases were linked to care. Wyoming out-of-care investigations indicated that 94.8% of HIV cases were retained in care. Most of those retained in care (80.6%) had a suppressed viral load at the time of the investigation. The decline in viral suppression may have been due in part to the overall lack of healthcare access associated with the COVID-19 pandemic. As part of our planning process, we identified several populations with low engagement in HIV care.

Populations Disproportionately at Risk of Exposure and Infection

We use a variety of data sources to characterize the population at high risk of HIV exposure and infection in the State of Wyoming. The percentage of male cases attributed to sex with men (MSM) remained steady as the highest risk population for new HIV cases over the past several years. Men who have sex with men and inject drugs (IDU) accounted for the second highest risk factor percentage of diagnoses among cases that provided risk factor information. The number of cases attributed to injection drug use alone decreased over the past five years. In 2021, 71.4% of new HIV diagnoses were in MSM or MSM/IDU. Close to 50% of the HIV cases known to WDH were MSM, 9.8% reported using injection drugs, and 12.4% of the cases reported both MSM and IDU. An additional 12.4% reported only heterosexual sexual contact. HIV Incidence rates between 2017 and 2021 were highest among the 25-34 age group, accounting for 47.5% of new diagnoses, and people who identified as male (71.4%). No pediatric cases were reported between 2017 and 2021. Syphilis was the most reported sexually transmitted infection (STI) co-infection and was diagnosed in 16.9% of newly diagnosed HIV cases between 2017 and 2021.

The potential impact of the COVID-19 pandemic on access to sexually transmitted disease (STD) testing should be considered when interpreting disease rates for 2020 and 2021. Statewide chlamydia cases and rates increased steadily between the years 2017 and 2019, dropped steeply in 2020, and rebounded somewhat in 2021. During the same time period, gonorrhea cases and rates fluctuated, but overall, increased statewide. Syphilis rates and cases varied by year, peaking in 2018, falling through 2019 and 2020, and increasing again in 2021. The 2017 incidence rate of gonorrhea was 70.6 per 100,000; in 2021, it was 89.7 per 100,000. In 2017, the rate of newly diagnosed syphilis infections was 4.3 per 100,000; in 2021, it was 7.3. The rate of new chlamydia diagnoses was 369.1 per 100,000 in 2017 and 356.3 per 100,000 in 2021.

Between 2017 and 2021, the average rate of new syphilis diagnoses for the state of Wyoming was 6.4 per 100,000. It was 2.6 times higher among men (9.1 per 100,000) than women (3.5 per 100,000) and highest among Black and African Americans, with 44.2 cases per 100,000 people. Average syphilis incidence rates were highest among the 25-34 age group (17.6 per 100,000) and the 15-24 age group (11.0 per 100,000). Average syphilis incidence rates for 2017 to 2021 were higher than the state average in Laramie County (6.8 per 100,000) and lower in Natrona County (5.8 per 100,00). People diagnosed with syphilis in 2021 reported risk factors of condomless sex (33%), having anonymous sexual partners (29%), having new sexual partners (19%), and having multiple sexual partners (14%). Additionally, 45% of males diagnosed with syphilis in 2021 reported having sex with other males as a risk factor. Approximately 62% of Wyoming's syphilis diagnoses in 2021 were staged as syphilis of an unknown duration or late.

The five-year average chlamydia incidence rate across Wyoming was 636.9 per 100,000 between 2017-2021. Five-year average rates were highest among the 15-24 age group (1808.6 per 100,000) and 25-34 age group (760.8 per 100,000), and dropped steeply for each subsequent age group. The average five-year incidence rate was much higher among women (491.6 per 100,000) than men (241.6 per 100,00), Black and African Americans (1081.5 per 100,000), American Indian and Alaskan Natives (794.2 per 100,000), and Native Hawaiian and Pacific Islanders (817.7 per 100,00). The average incidence rates were lower than the state average in both Natrona (553.7 per 100,00) and Laramie (399.7 per 100,000) Counties during the 2017 to 2021 time period. The vast majority of newly diagnosed chlamydia cases are not actively investigated by the Wyoming Department of Health. Therefore, the risk factors associated with the disease are not quantifiable.

The statewide five-year average incidence rate of gonorrhea between 2017 and 2021 was 72.0 per 100,000 and was similar between men (71.6 per 100,000) and women (72.4 per 100,000). Black and African Americans had the highest average five-year incidence during the same time frame (419.5 per 100,000), followed closely by American Indians and Alaskan Natives (403.8 per 100,000). Hispanics of any race (81.4 per 100,000) and Native Hawaiian and Pacific Islanders (202.5 per 100,000) also had incidence rates higher than the state average during the 2017 to 2021 time period. Five-year incidence rates were highest in the 15-24 age group (203.0 per 100,000) and the 25-34 age group (226.3 per 100,00), and were above the state average in the 35-44 age group (92.2 per 100,000), with a precipitous drop for all older age groups. Laramie and Natrona Counties saw higher than state average five-year incidence rates between 2017 and 2021 (130.5 per 100,000 and 123.3 per 100,000, respectively). Cases newly diagnosed in 2021 most commonly reported condomless sex (28%), having multiple sexual partners (16%), having anonymous sexual partners (16%), and injection drug use (6%) as risk factors for infection.

Wyoming's five-year average incidence rate of hepatitis B (HBV) from 2017 to 2021 was 2.4 cases per 100,000 people. Women were infected at lower rates (1.8 per 100,000) than men (2.9 per 100,000), and rates were significantly higher in Native Hawaiian and Pacific Islanders than in any other racial and ethnic group (136.8 per 100,000); the next highest rates were in Asians (62.7 per 100,000) and Black and African Americans (13.6 per 100,000). People aged 35-44 had the highest average rate of new HBV diagnosis (5.4 per 100,000), followed by the 25-34 age group (4.2 per 100,000). Laramie County had a higher than state average five-year incidence rate for the 2017 to 2021 time period (4.2 per 100,000), while Natrona's rate was lower than the state average (1.3 per 100,000). No perinatal transmission was

identified in 2021, and 8.3% of new HBV infections were diagnosed as acute infections, indicating they had been infected within the previous six months.

Average five-year incidence rates for hepatitis C (HCV) were much higher than hepatitis B, at 50.5 cases per 100,000 people. Hepatitis C was diagnosed in men (62.6 per 100,000) at much higher rates than in women (37.9 per 100,000), and was highest in the 55-64 age group (107.0 per 100,000). Black and African Americans had the highest burden of new HCV diagnosis, with 62.8 cases per 100,000 people, followed closely by American Indians and Alaskan Natives (60.0 per 100,000). Laramie County's five-year average incidence rate was slightly above the state average (51.1 per 100,000), while Natrona County's rates were substantially higher (62.7 per 100,000). Almost all (99.4%) of the HCV cases diagnosed in 2021 were in the chronic stage of infection. Injection drug use was reported as a risk factor in 33.3% of newly diagnosed HCV infections in people younger than 26, compared to 5.1% of all newly diagnosed HCV cases in 2021.

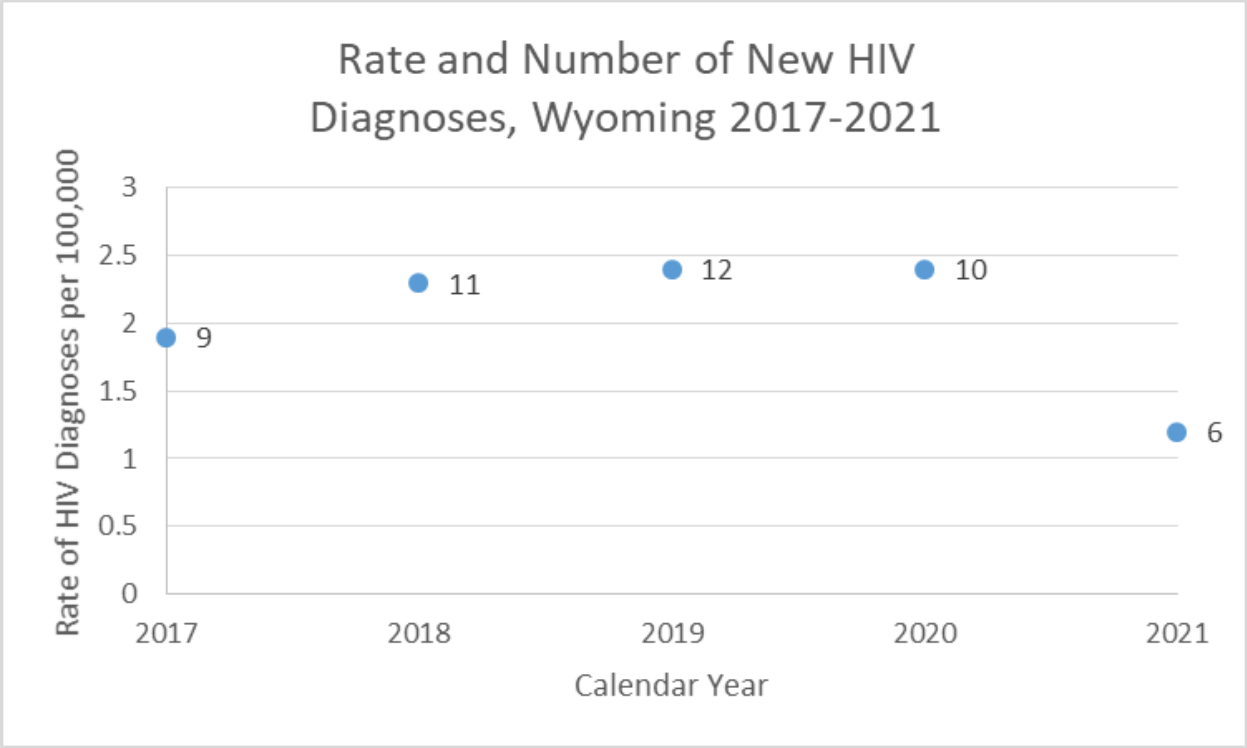

FIGURE 6- RATE AND NUMBER OF NEW HIV DIAGNOSIS, WYOMING 2017-2021

HIV Prevention, Care, Treatment Resource Inventory

Description of strategy for funding to provide high quality services for PLWH and people at-risk for HIV, including coordination of SUD prevention and treatment services.

CDU reviewed grant applications and contractor funding agreements to complete the HIV prevention, care, and treatment resource inventory. The information was loaded into the Integrative HIV/AIDS Planning Technical Assistance Center's HIV Resource Inventory Compiler and the result is shared below.

Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Subrecipients	Services Delivered	Diagnose	Treat	Prevent	Respond
CDC-INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH DEPTS	FEDERAL	WDH	$1,015,468.00	-	Other Professional Services, Capacity building/technical assistance, Community engagement/PLANNING GROUP, Condom distribution, HIV transmission cluster and outbreak identification and response, Partner services, Perinatal HIV prevention and surveillance, PrEP delivery, Prevention for persons living with diagnosed HIV infection, Social marketing campaigns, Social media strategies, Surveillance	✠		✠	✠
HRSA-RYAN WHITE CARE ACT TITLE II	FEDERAL	WDH	$742,214.00	-	AIDS Drug Assistance Program Treatments, Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals , Home and Community-Based Health Services , Home Health Care , Hospice , Medical Case Management, including Treatment Adherence Services, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Substance Abuse Outpatient Care, Child Care Services, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Housing, Legal Services, Linguistic Services, Medical Transportation, Non-Medical Case Management Services, Outreach Services, Psychosocial Support Services , Referral for Health Care and Support Services , Respite Care, Capacity building/technical assistance, Community engagement/PLANNING GROUP		✠		
HOPWA-HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	HOPWA-HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	WDH	$268,727.00	-	Home Health Care , Medical Nutrition Therapy, Food Bank/Home Delivered Meals, Housing, Medical Transportation, Non-Medical Case Management Services		✠		
CDC-STRENGTHENING STD PREVENTION AND CONTROL FOR HEALTH DEPTS	FEDERAL	WDH	$300,000.00	-	Capacity building/technical assistance, Condom distribution, Partner services, Social media strategies, Surveillance, Testing	✠		✠	✠
CDC-INTEGRATED VIRAL HEPATITIS SURVEILLANCE AND PREVENTION FUNDING FOR HEALTH DEPTS	FEDERAL	WDH	$310,910.00	-	Community engagement/PLANNING GROUP, Surveillance				✠

TABLE 4- RESOURCE INVENTORY

Strengths

Description of strengths in the HIV prevention, treatment, and care ecosystem based on funded services and epidemiologic snapshot.

- Limited department size offers opportunities for increased coordination and communication
- Surveillance, treatment, and prevention services are supported by a collaborative funding model
- Access to funding for creatinine tests associated with required PrEP tests
- No waiting list for Ryan White enrollment which provides vision and non-HIV medication support for PLWH
- Public Health offices actively advocate for testing, support Take Me Home tests, and promote condom distribution
- Strong partnerships with providers; providing HIV/STI/VH prevention, screening, testing and treatment education
- Partnership with WY AIDS ASSIST which provides financial support for PLWH

Gaps

Description of gaps in the HIV prevention, treatment, and care landscape and weaknesses relative to the epidemiologic snapshot:

- Stated social norms and stigma related to HIV/STI/VH inhibit interest and access to testing and diagnosis
- Limited federal funding and no state funding for testing
- Lack of patient access to HIV/STI/VH providers
- Transportation reimbursements restricted to patients who cannot drive themselves to an appointment; no funding for office visits for PrEP monitoring
- Lack of provider education, awareness, and knowledge around HIV/STI/VH prevention, treatment, and care
- Reduced retention in provider trainings around HIV/STI/VH prevention, screening, testing and treatment due to low incidence, stigma and awareness
- Lack of telehealth access; minimal provider enrollment and limited patient access to broadband In the Ryan White program, STI treatment activities are subsumed with overall prevention activities

Needs Assessment

Purpose

The purpose of this needs assessment is to identify the data-driven and community-defined needs, challenges, and barriers related to the prevention, treatment, and care of human immunodeficiency virus (HIV), viral hepatitis (VH), and sexually transmitted infections (STIs) in Wyoming. Given the overlap in risk factors, healthcare and public health interventions, and communities impacted by these three health conditions, this needs assessment employs a syndemic approach in its analysis and discussion of needs.[2] This approach also aligns with the White House's new *National HIV/AIDS Strategy for 2022-2025* and Centers for Disease Control and Prevention's (CDC) updated and individual *National Strategic Plans*

[2] https://onlinelibrary.wiley.com/doi/full/10.1002/9781118924396.wbiea1719

for HIV, VH, and STIs for 2021-2025, which all highlight the need for integrated and collaborative approaches to prevention, treatment, and care across these health conditions.[3,4,5,6] Additionally, this needs assessment frames its findings under the "Four Pillars" of the CDC's Ending the HIV Epidemic (EHE) Initiative: Diagnose, Treat, Prevent, and Respond.[7] Since the launch of the EHE initiative in 2019, federal agencies, states, and local jurisdictions have begun categorizing assessments, strategic goals, and services under these pillars. While this assessment examines needs related to VH and STIs in addition to HIV, these findings are also categorized under the four EHE pillars.

Methods

Needs Assessment Work Group

The needs assessment process was overseen by a twelve-person work group consisting of individuals representing federally qualified health centers (FQHCs), Title X clinics, student health services, local public health offices, HIV case managers, CDU, and PLWH. The work group was governed by a tri-chair leadership structure, with one chair from each of the following constituency groups: CDU, the provider community, and PLWH. HMA coordinated and facilitated the group, which met monthly from February through July 2022.

HMA met with the work group tri-chairs prior to each meeting to review the proposed agenda, prepare meeting materials, and develop the specific objectives for the meeting. Work group meetings centered around data collection material development and recruitment, ongoing presentations of data and findings, and finally a review of the final needs assessment and brainstorming of priorities to recommend.

Structure

The needs assessment was informed by six key data collection components, as described in Figure 7.

FIGURE 7 -NEEDS ASSESSMENT DATA COLLECTION COMPONENTS

[3] https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS-2022-2025.pdf
[4] https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf
[5] https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf
[6] https://www.hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf
[7] https://www.cdc.gov/endhiv/index.html

Literature Review and Environmental Scan

At the first needs assessment work group meeting, work group members shared their interests and goals for how to better address HIV, VH, and STIs in Wyoming. HMA used these initial priorities to formulate a set of search criteria and identified literature on national and other states' best practices and promising approach to address HIV, VH, and STI prevention, treatment, and care. The resulting literature review discussed innovative community-based interventions—including social media, mobile services, pill delivery, and community champions—and systems-based interventions—including care integration, Project ECHO, rapid ART initiation, telehealth, primary care, and behavioral health—that could be considered as strategies to enhance services. The literature review was disseminated to the work group and was used to guide the group's discussion on recommendations for the strategic goals included in this needs assessment.

Ecosystem Mapping

HMA obtained epidemiological data from CDU on the counts and rates of newly diagnosed HIV, VH, and STIs between 2017 and 2020 broken down by race, ethnicity, sex-at-birth, age, exposure category, county of residence, and year of diagnosis. CDU also provided HMA with data on the number of low or no-cost testing vouchers requested and redeemed, free condom distributed by entities across the state, and PrEP referrals made. HMA visualized these data on interactive dashboards, charts, and maps, so that work group members could identify specific geographic and demographic trends in HIV, VH, and STI incidence and testing. Additionally, HMA compiled information on the locations of HIV, VH, STI testing and treatment providers, PrEP providers, and free condom distributors in the state and plotted these locations over relevant trends in incidence rates, PrEP prescribing counts, testing counts, and condom distribution. This allowed the needs assessment workgroup to identify areas of the state where there may be gaps given high incidence rates, low prevention distribution, and few resources. By analyzing and reviewing the geographic and demographic trends alongside available services and resources presented in the ecosystem maps, HMA, CDU, and the needs assessment work group identified gaps and priorities for enhancing these ecosystems across the state. These data were also used to help inform primary data collection for the needs assessment, including community outreach and engagement.

Provider Survey

To ensure broad input from various providers of HIV, VH, and STI testing, treatment, and prevention, HMA conducted a large-scale online survey between May 1 and May 31. The provider survey targeted physical and behavioral health clinicians, case managers, local public health nurses, and other professionals who provide direct client services to PLWH and people diagnosed with or at risk for VH or STIs. The survey consisted of a mix of multiple choice, open response, and matrix questions and assessed providers' experiences delivering services, barriers to delivering services, comfort delivering services to different types of clients, and knowledge and utilization of different state and national resources to support providers. The survey also asked providers to identify specific recommendations they had on how they state could better support providers. The needs assessment work group reviewed and revised the survey before dissemination and reviewed survey findings.

The provider survey was distributed by the work group members through their provider network communication channels. Additionally, CDU advertised a promotional flyer for the provider survey through its social media.

The survey was analyzed in Excel. Analytics included descriptive statistics of responses. Cross tabs were conducted to understand to what extent response differed between specific service provider types and geographic locations. Questions with open-ended responses were analyzed to identify key themes across the responses. Findings were categorized into the 4 EHE pillars.

Practice Setting	Number of Respondents
FQHC	5
ER or urgent care	3
Private practice	2
University Health Center	2
Local Health Department	33
Family Planning Clinic	4

TABLE 5 - PRACTICE SETTINGS OF PROVIDER SURVEY RESPONDENTS

Eighty-one providers submitted electronic responses to the survey. Most respondents were providers at local county health departments. Twenty-nine providers receive Ryan White funding and nine receive Title X funding.

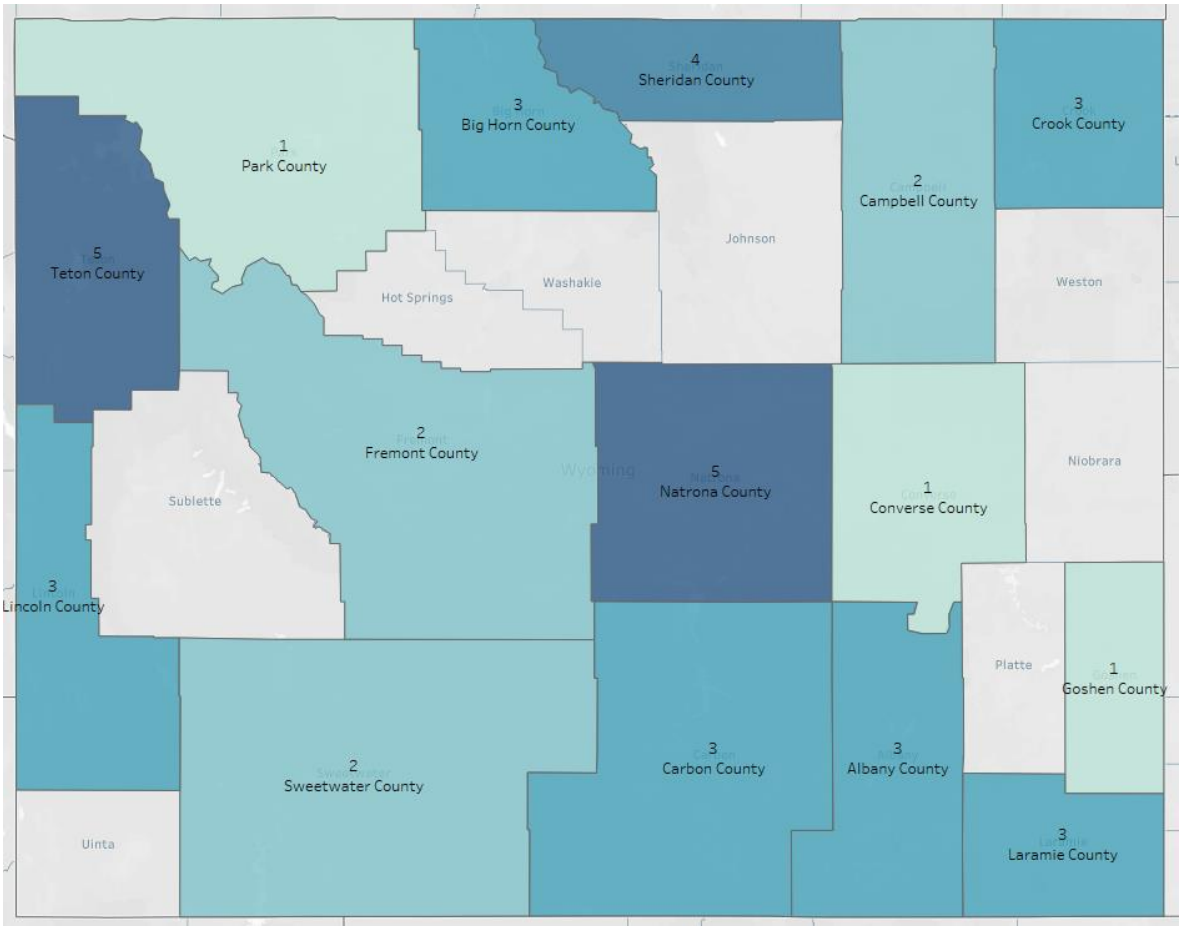

FIGURE 8 - GEOGRAPHIC DISTRIBUTION OF PROVIDER SURVEY RESPONDENTS

Respondents practice in counties across Wyoming, with Teton County and Natrona County having the highest number of respondents.

Services	Number of Respondents
HIV testing	38
HIV treatment	5
PrEP	11
PEP	10
VH testing	36
VH treatment	3
STI testing	39
STI treatment	37
Primary health care	11
Medical case management	21
Non-medical case management	14
Oral health care	4
Substance use treatment	3
Medication-assisted treatment (MAT)	3
Mental health	1

TABLE 6- SERVICES PROVIDED BY PROVIDER SURVEY RESPONDENTS

Lastly, respondents provide a variety of different services related to HIV, VH, and STI testing, treatment, and prevention; however, only one respondent was a mental health provider.

Community Survey

In addition to the provider survey, HMA conducted a large-scale online survey of community members to better understand their experiences and needs related to HIV, VH, and STI prevention, testing, and treatment. This survey asked respondents about their experiences with prevention, testing, and treatment services, any barriers or challenges they had with these services, and other physical health, behavioral health, or social needs. The survey also asked respondents to identify what they believe works well and what could be improved about HIV, VH, and STI prevention, treatment, and care services in Wyoming. Not all respondents answered every question. The survey included branching logic so that individuals who indicated they were living with HIV, had ever been diagnosed with VH, and/or had ever been diagnosed with and STI would be asked an additional set of questions about their experiences related to treatment and care of those health conditions. The needs assessment work group reviewed and revised the survey questions before dissemination.

The community survey was sent by the work group members through their provider network communication channels to encourage providers to publicize the survey among their clients. CDU advertised a promotional flyer for the community survey through its social media. Additionally, promotional flyers with a link and scannable QR code were distributed at local Pride events through the state in the month of June. The community survey ran from May 1 to June 30.

The survey was analyzed in Excel. Analytics included descriptive statistics of responses. Cross tabs were conducted to understand to what extent response differed between specific service provider types and geographic locations. Questions with open-ended responses were analyzed to identify key themes across the responses. Findings were categorized into the 4 EHE pillars.

One hundred and sixty-three community members responded to the community sexual health survey, though not every respondent answered each question, including the demographic questions. Of these, five respondents were living with HIV, five had been diagnosed with VH (two with HAV, two with HBV, and one with HCV), and 23 had been diagnosed with another STI (two with gonorrhea, seven with chlamydia, two with syphilis, eight with HPV, and four with other STIs). Three of the five individuals living with HIV identified as long-term survivors. Of the five PLWH, one had experienced co-infection with HBV, one had experienced co-infection with HPV, and one had experienced co-infection with syphilis.

Age Range	Number of Respondents
<15	0
15-24	47
25-34	11
35-44	9
45-54	10
55-64	6
65+	1

TABLE 7- AGE DEMOGRAPHICS OF COMMUNITY SURVEY RESPONDENTS

Just over half of all respondents who answered demographic information were between 15 and 24 years old.

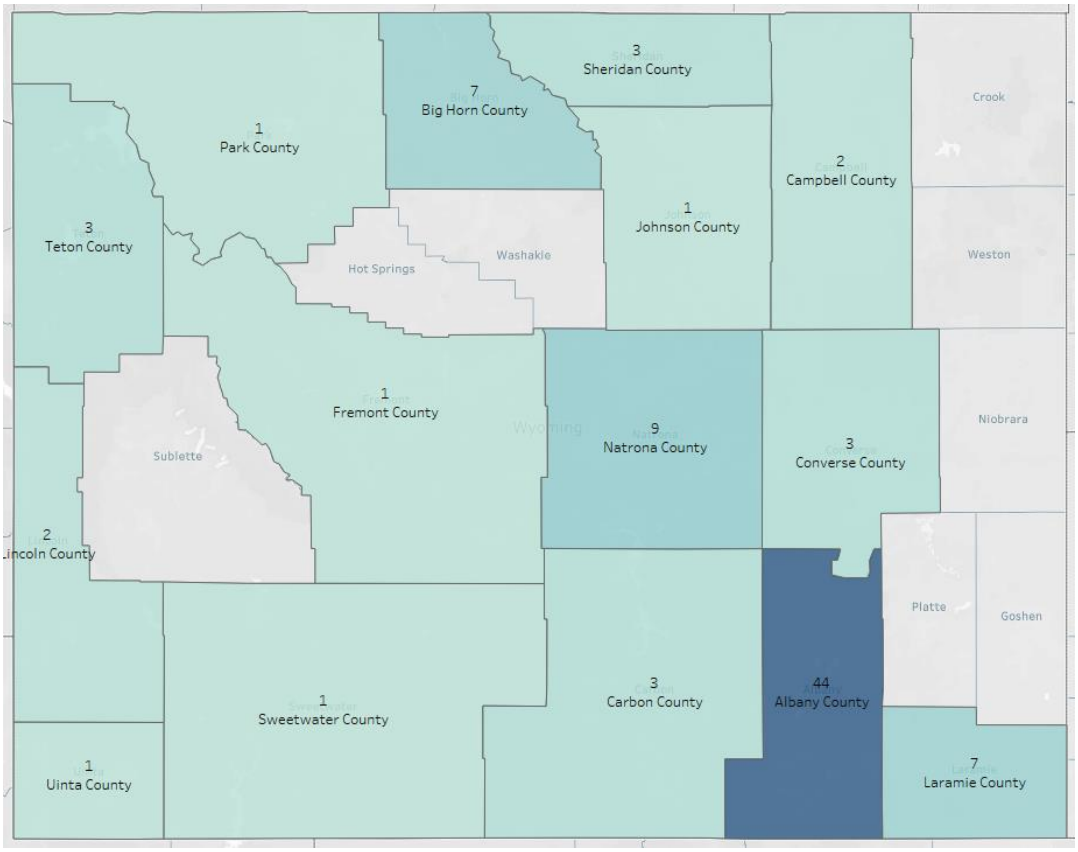

FIGURE 9- GEOGRAPHIC DISTRIBUTION OF COMMUNITY SURVEY RESPONDENTS

Most respondents also were from Albany County, which is where the University of Wyoming's main campus is located, so likely, a good portion of respondents were current UW students.

Answer	Number of Respondents
Asian American or Asian Born	2
Black American, African American, or African Born	2
Hispanic, Latino, Latina, Latinx, or Latin American	4
Middle Eastern or Arab American	0
Native Hawaiian or Other Pacific Islander	1
Native American, Indigenous, or Alaska Native	1
White or European American	84
Other	0
Prefer not to answer	4

TABLE 8 - RACIAL/ETHNIC DEMOGRAPHICS OF COMMUNITY SURVEY RESPONDENTS

Additionally, most respondents identified as White or of European American descent.

Answer	Number of Respondents
Heterosexual or Straight	63
Gay or Man who has sex with other men	6
Lesbian or Woman who has sex with other women	3
Bisexual or Bi	10
Pansexual or Pan	5
Asexual or Ace	3
Queer or Questioning	9
Other	2
Prefer not to answer	5

TABLE 9- SEXUAL ORIENTATION DEMOGRAPHICS OF COMMUNITY SURVEY RESPONDENTS

A majority of respondents also identified as heterosexual or straight, followed by bisexual, and queer or questioning. Only six respondents identified as men who have sex with men.

Answer	Number of Respondents
Agender	1
Cisgender man	17
Cisgender woman	54
Gender Expansive	9
Intersex	1
Transgender man	4
Transgender woman	0
Two Spirit	0
Questioning	4
Other	5
Prefer not to say	4

TABLE 10- GENDER DEMOGRAPHICS OF COMMUNITY SURVEY RESPONDENTS

Cisgender women made up the largest represented group in terms of gender, followed by cisgender men and individuals who identified as gender expansive—which includes identities like gender-fluid, gender neutral, genderqueer, gender nonconforming, and nonbinary.

Provider Interviews

Phone interviews were conducted with case managers, public health nurses, providers, and clinics throughout Wyoming. A discussion guide was developed to learn about provider experiences delivering and supporting services, any barriers or challenges, and other needs related to delivering high quality HIV, VH, and STIs services and supporting clients. Additionally, questions probed on providers' thoughts on what works well and what could be improved about HIV, VH, and STI prevention, treatment, and care services in Wyoming. The work group members reviewed the draft discussion guide and provided edits and comments, which were then incorporated, and a draft was finalized by HMA.

The work group helped to identify a list of providers to interview. Each person interviewed received a $20 gift card for their time. Four stakeholder interviews were conducted and are listed in Table 11.

Organization	Provider Type	Services Offered	County or Counties Served
UW Family Practice	DO	PrEP prescribing, health clinic, gender affirming care	Natrona (Casper)
St John's Family Health/Teton County Public Health	FNP	PrEP prescribing, health clinic	Teton
Casper Natrona County Health Dept.	Communicable Disease Manager	Health clinic, case management, HIV/STI outreach	Natrona (Casper)
Northwest Healthcare	Executive Director	Health clinic, STI testing and treatment, Rapid HIV testing, wellness exams	Cody

TABLE 11- DESCRIPTION OF PROVIDER INTERVIEWEES

A content analysis was conducted of the provider interviews and community focus groups, where data was categorized to classify and summarize using 4 EHE pillars: Diagnose, Treat, Prevent, Respond. Coding was done manually, in Excel, and looked for word and phrase repetitions, primary and secondary data comparisons, and missing information. Noteworthy quotations from transcripts were used to highlight major themes within the findings. Qualitative and any relevant quantitative data were summarized and synthesized to help inform the need assessment recommendations.

Unfortunately, few providers were able to participate in interviews. Providers were overwhelmed due to workforce shortages and their capacity to participate in a one-hour interview was limited. However, the findings from the interviews did align with the provider survey. Together, the two data sources create a more robust illustration of the key perspectives of providers delivering high quality HIV, VH, and STIs services in Wyoming.

Key Population Focus Groups

A discussion guide was developed to learn the community member experiences receiving services, any barriers or challenges with receiving HIV, VH, and STIs services and supports. Additionally, questions were asked about community members' perspectives on what works well and what could be improved about HIV, VH, and STI prevention, treatment, and care services in Wyoming. The work group members reviewed the draft discussion guide and provided edits and comments, which were then incorporated, and a draft was finalized by HMA. Each focus group participant received a $25 gift card for their time. Focus groups lasted 60 to 90 minutes.

Focus group participants were recruited with the support of the Needs Assessment Workgroup members. The survey had an option for respondents to opt in to learn more about opportunities to participate in a focus group on the survey topics. Twelve respondents opted in to learn more and two of these twelve respondents participated in focus groups.

Two focus groups were conducted and a total of six individuals participated across both focus groups. One focus group was held in-person and one was held virtually. All participants gave consent to participate in the focus groups. The focus group feedback provided a deeper dive into findings from the survey as well as insight and examples of participants' experience in accessing testing and treatment services. Demographic information was not formally collected for focus group participants; however, five participants disclosed that they were living with HIV, and all participants disclosed they had experience with STIs. No one disclosed experience with viral hepatitis.

A content analysis was conducted of the community focus groups, where data was categorized to classify and summarize using 4 EHE pillars: Diagnose, Treat, Prevent, and Respond. Coding was done manually, in Excel, and looked for word and phrase repetitions, primary and secondary data comparisons, and missing information. Noteworthy quotations from transcripts were used to highlight major themes within the findings. Qualitative and any relevant quantitative data were summarized and synthesized to help inform the need assessment recommendations.

Findings

I. Diagnose

The goal of EHE's "Diagnose" pillar is to diagnose all people with HIV as early as possible. Key approaches to achieving this goal are:[8]

- Routine testing in all health care settings;
- Annual testing, at a minimum, among people at substantial risk;
- Self-testing kits for people with HIV; and
- Expansion of innovations, such as telemedicine and telehealth; rapid HIV tests, and same-day delivery of PrEP or treatment upon HIV test results

Using a syndemic approach, these key findings from interviews, focus groups, and surveys relate to enhancing diagnoses of HIV, VH, and STIs in Wyoming.

[8] https://www.cdc.gov/endhiv/diagnose.html

Key Takeaways

- Most providers do not offer routine testing, even to individuals who may be at high risk of infection because of potential exposure and/or lived experience with HIV, VH, or STIs.

Situation	STI Testing (n=37)	HIV Testing (n=26)	VH Testing (n=20)
All individuals who enter into our organization are offered HIV, VH, and STI testing	30%	27%	20%
Diagnostic testing based on clinical signs or symptoms consistent with STI/HIV/VH infection	54%	58%	65%
Targeted testing of people who use drugs	27%	42%	55%
Targeted testing of all youth	14%	N/A	N/A
Targeted testing of men who have sex with men	24%	50%	55%
Targeted testing of pregnant individuals	22%	31%	30%
Targeted testing of individuals with high numbers of sexual partners	27%	28%	50%
Targeted testing of individuals who are currently or have been treated for HIV/VH/STI	27% (HV) 22% (VH)	38% (VH) 50% (STIs)	35% (HIV) 55% (STIs)
Other	27%	12%	15%
All individuals who present for STI screening	N/A	85%	85%
Targeted testing of partners in sero-discordant relationships	N/A	42%	N/A
Targeted testing of all patients born between 1945 and 1965	N/A	N/A	40%

TABLE 12- WHICH SITUATIONS DOES YOUR ORGANIZATION OFFER STI/HIV/VH TESTING?

- Community stigma inhibits individuals from getting tested and providers from discussing testing with their patients.
- Providers face limited staff, financial, and time capacity to offer routine and rapid testing for HIV, VH, and STIs.
- Capacity to provide testing is greater among local public health offices than in other care settings; however, community stigma often inhibits individuals from going to local public health offices for testing.

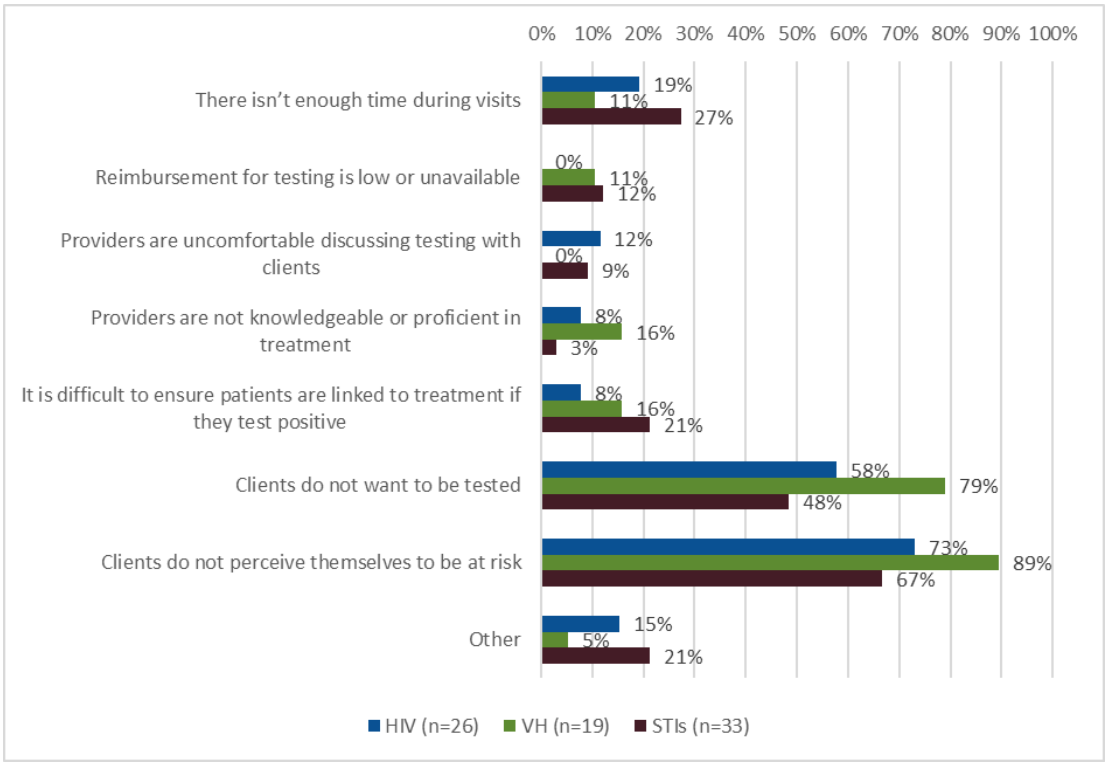

FIGURE 10- BARRIERS PROVIDERS FACE WHEN OFFERING TESTING

- Providers and patients do not routinely request three-site testing (vaginal/urine, rectal, and pharyngeal) when offering STI testing.
- Offering routine testing helps to diffuse patient-level stigma.

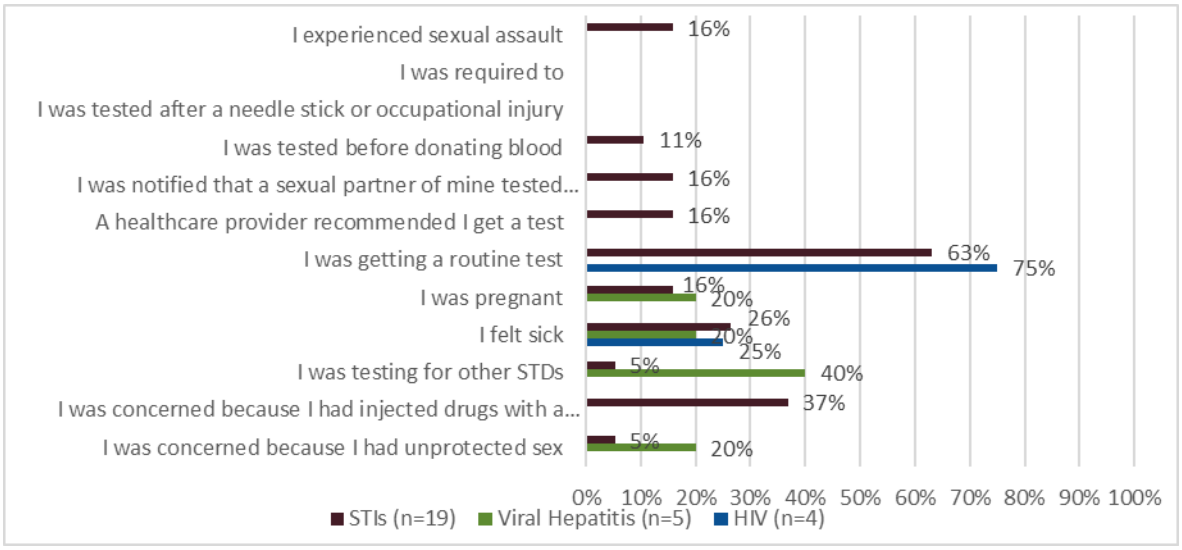

FIGURE 11- WHAT MADE YOU DECIDE TO GET TESTED FOR HIV/VH/STIS AT THAT TIME?

- Most individuals diagnosed with HIV, VH, and STIs got tested for routine testing at their clinician's office or community testing site.

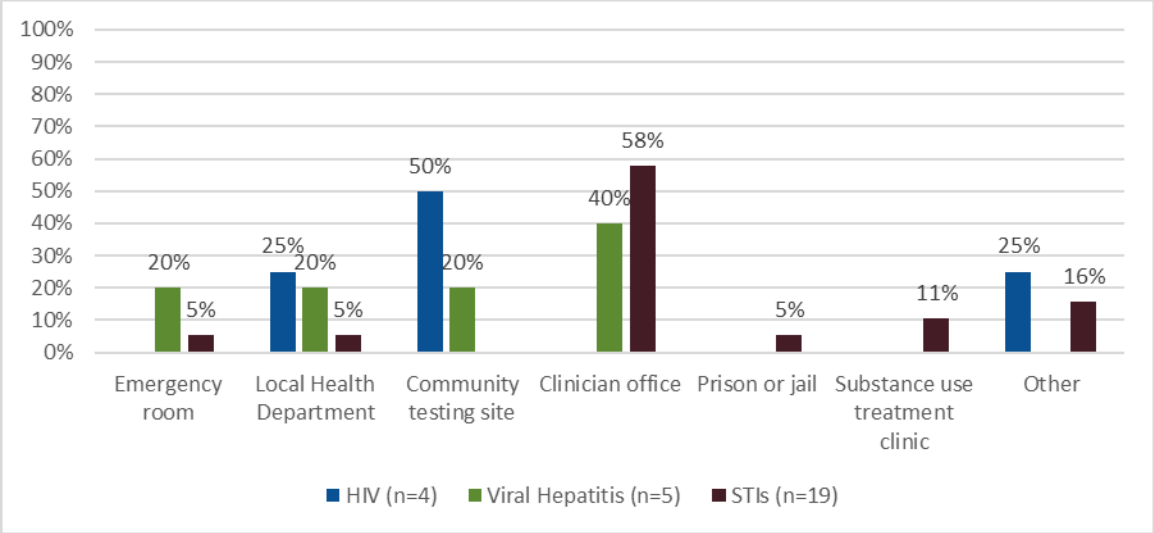

FIGURE 12- WHERE DID YOU TEST POSITIVE FOR HIV/VH/STIS?

- Redemption rates of KnoWyo.org free testing vouchers varies largely by geography. Local community outreach and education staff in each county are a strong indicator of increased testing.

II. Treat

The goal of the EHE's "Treat" pillar is to treat people with HIV rapidly and effectively to reach sustained viral suppression. Key approaches to achieving this goal are:[9]

- Collaboration with partners and providers so people who receive a positive HIV test result are quickly linked to care and receive treatment as soon as possible after diagnosis; and
- Helping partners expand local programs that identify and follow up with people who have stopped receiving HIV care and treatment.

These key findings from interviews, focus groups, and surveys highlight what is working well and provide opportunities for improvement in Wyoming's capacity to treat all people with HIV, VH and STIs as quickly and effectively as possible.

Key Takeaways

- Most referrals to treatment for HIV, VH, and STIs are to non-public external providers.
- There are very few HIV and VH treatment providers in Wyoming and transportation to these providers is a huge barrier for linking people to receive treatment.
- Few providers are offering rapid ART initiation due to discomfort and lack of expertise.

[9] https://www.cdc.gov/endhiv/treat.html

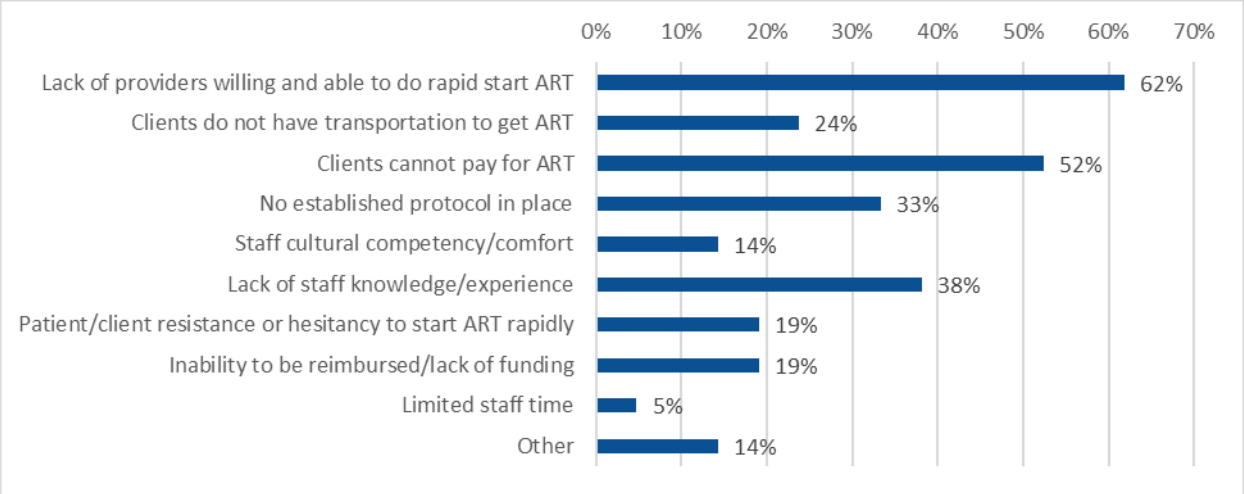

FIGURE 13- BARRIERS TO RAPID ART INITIATION (N=21)

- Having personal, inter-provider relationships between organizations that offer testing and organizations that provide treatment is important to supporting patients' rapid linkage to treatment.

	HIV (n=25)	VH (n=21)	STIs (n=35)
Provide referrals to specific providers	96%	90%	57%
Refer clients internally for care	16%	19%	49%
Schedule appointments for clients	44%	19%	34%
Refer clients to the local health department	16%	14%	31%
Provide clients with a list of local providers for treatment	44%	19%	29%
Provide case management services	72%	10%	26%
Provide early intervention services	28%	5%	23%
Provide reminders to clients about upcoming treatment appointments	20%	10%	17%
Confirm that clients attended the treatment appointment	24%	14%	17%
Provide transportation assistance to clients for treatment appointment	24%	0%	6%
Accompany clients to treatment appointments	0%	0%	0%

TABLE 13- WHAT DOES YOUR ORGANIZATION DO TO LINK PEOPLE WHO TEST POSITIVE FOR AN STI, HIV OR VH?

- Primary care physicians are relied upon when infectious disease specialists are unavailable; however, patients have not always received the most appropriate or highest quality of care from PCPs.
- Beyond providing referrals, organizations have limited capacity to ensure clients are linked to treatment services.

Barriers	HIV (n=24)	VH (n=19)	STIs (n=28)
Lack of treatment providers	67%	68%	32%
Treatment providers are not accepting new patients	17%	16%	4%
Treatment providers are too far away for clients	54%	53%	25%
Clients do not have transportation to go to treatment provider	50%	32%	29%
Treatment providers don't take clients' insurance	8%	21%	11%
Clients cannot pay for treatment services	38%	37%	50%
No established protocol in place	0%	11%	21%
Staff cultural competency/comfort	4%	0%	4%
Staff knowledge/experience	0%	5%	7%
Patient/client resistance or hesitancy	8%	11%	32%
Inability to be reimbursed/lack of funding for linkage services	8%	0%	4%
Limited staff time	17%	11%	18%
Other	8%	5%	14%

TABLE 14- BARRIERS PROVIDERS FACE IN LINKING CLIENTS TO TREATMENT

- Providers expressed a need for more training and guidance around rapid initiation of ART, VH care for PLWH, and HIV and VH care for PWID.

Barrier	HIV Services (n=18)	VH Services (n=2)	STI Services (n=20)
Lack of referral partners for services not offered by our organization	50%	0%	50%
Lack of reimbursement for services	11%	33%	15%
Lack of available providers proficient in the provision of treatment	72%	67%	40%
Lack of providers who are comfortable talking with clients who have HIV/VH/STIs	28%	0%	10%
Stigma or avoidance among staff	6%	0%	20%
Lack of cultural competency when communicating with clients who are LGBTQIA+	17%	0%	10%
Lack of cultural competency when communicating with clients who use drugs	6%	0%	10%
Insurance coverage concerns	22%	0%	35%
Prior authorization concerns	17%	0%	10%
Formulary restrictions	6%	0%	15%
Other	11%	0%	20%

TABLE 15- TOP BARRIERS FACED WHEN PROVIDING TREATMENT SERVICES

- Organizations and clients express a lack of LGBTQIA+-affirming care providers.
- Continuity of care is challenging for transient and unhoused people because of difficulties in establishing and re-establishing care and coordinating housing.
- Continuity of care presents challenges for people experiencing SUD and/or mental illness because of a lack of effective collaboration between physical and behavioral health providers.

- COVID-19 decreased staff capacity and disrupted organizations' ability to provide in-person HIV, VH, and STI testing and treatment services.
- Few treatment providers offer telehealth treatment services but are interested in offering these services. These providers need guidance and technical assistance to stand up these services.
- PLWH found it easy to get connected to treatment after testing positive, whereas people diagnosed with VH or STIs had varying difficulty being connected to treatment.

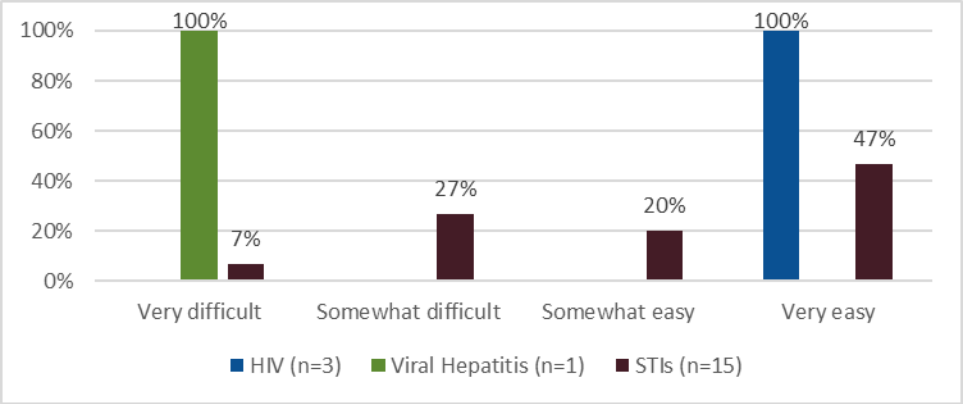

FIGURE 14- HOW EASY WAS IT TO GET CONNECTED TO TREATMENT AFTER YOU FIRST TESTED POSITIVE?

- Clients experience overall good quality of care.

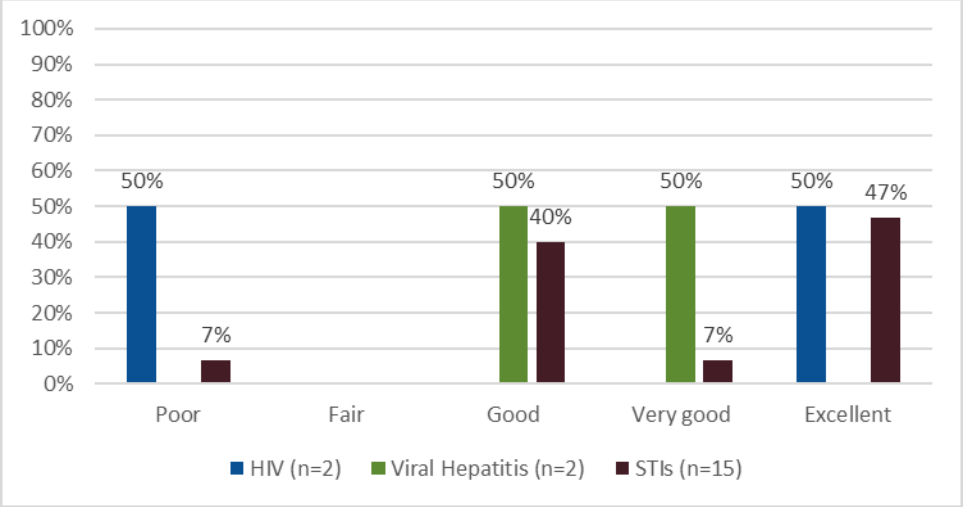

FIGURE 15- HOW WOULD YOU RATE THE OVERALL QUALITY OF HIV/VH/STI MEDICAL CARE YOU HAVE ACCESSED?

- Mental health services are the most needed and least received service among PLWH and people diagnosed with VH and STIs.

III. Prevent

The goal for the EHE "Prevent" pillar is to prevent new HIV transmissions by using proven interventions. This includes pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

PrEP is only an effective form of prevention for HIV and not for VH and STIs. Given the syndemic approach of this needs assessment, these key findings from focus groups, interviews, and surveys highlight the current strengths and needs of various prevention services available in Wyoming.

Key Takeaways

- Sexual health counseling and screening are not routinely offered to patients and criteria for who is offered counseling and screening varies by provider.

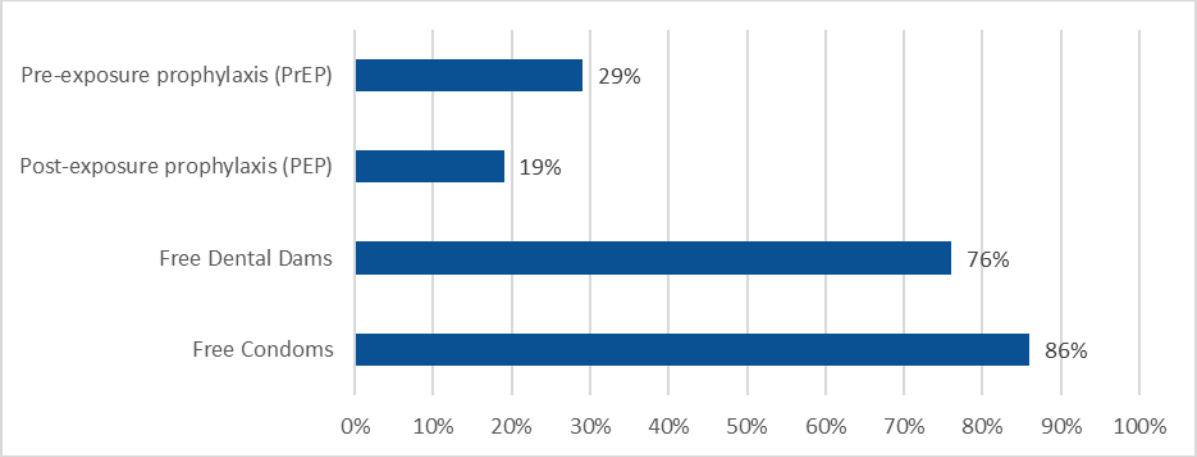

FIGURE 16- PERCENT OF PROVIDERS WHO OFFER DIFFERENT PREVENTION METHODS

- There are few PrEP and PEP providers in Wyoming and geographic distance to prescribers and pharmacists is a barrier.
- Providers' comfort level in providing PrEP and PEP varies and many providers would like more education and training on PrEP and PEP prescribing.

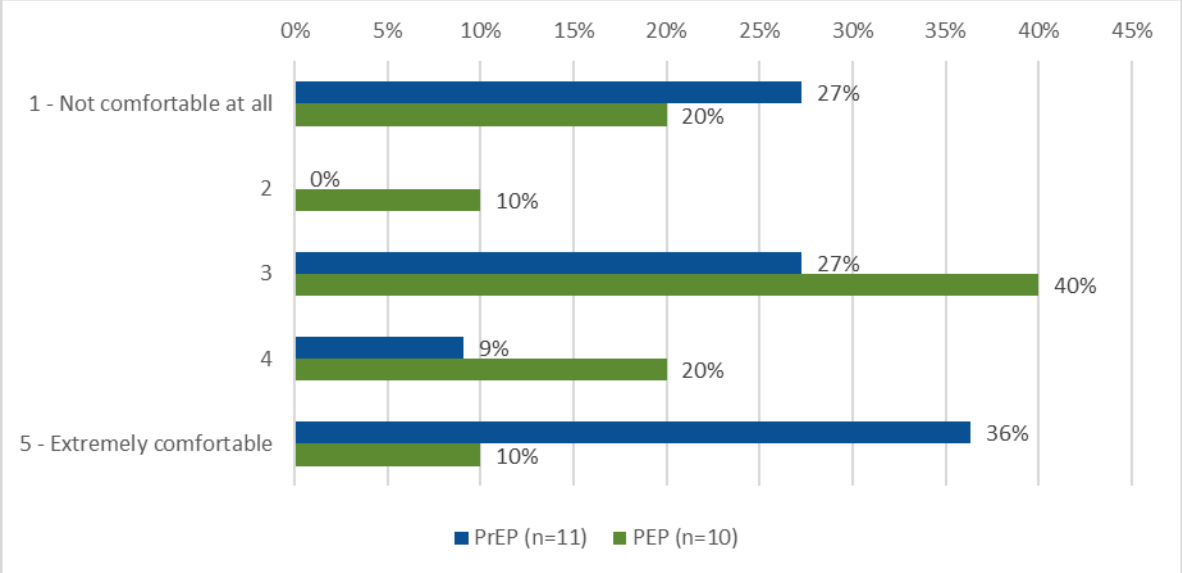

FIGURE 17- PROVIDERS' COMFORT LEVEL IN PROVIDING PREP AND PEP

- Providers would like more training and education about U=U.
- Most community members get information about prevention from their primary care doctor but expressed that this information was only somewhat helpful.

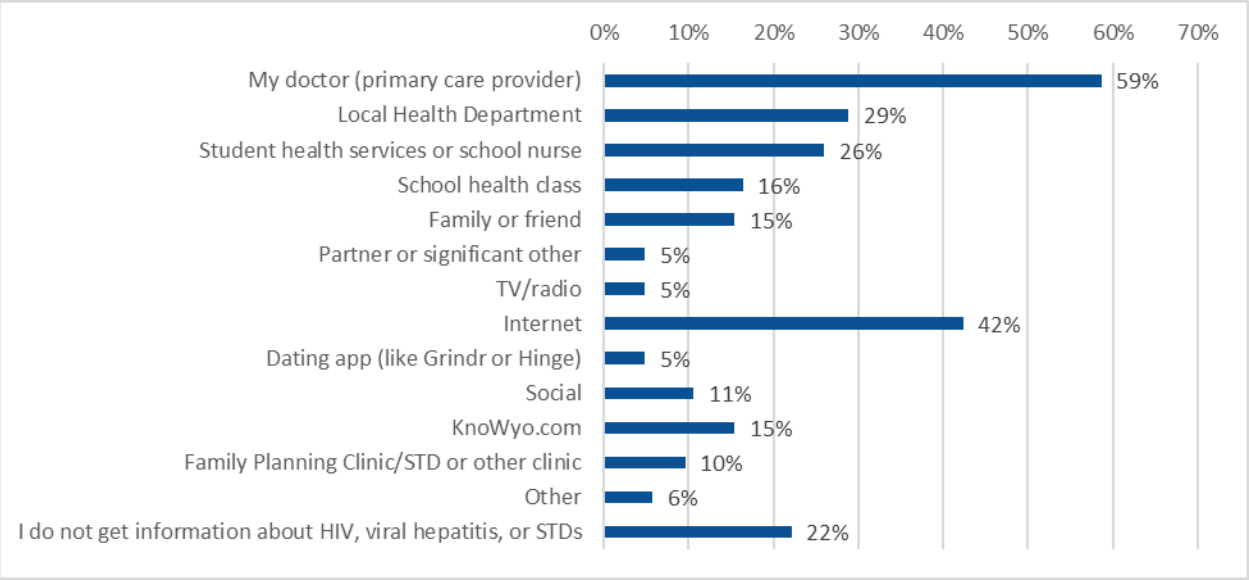

FIGURE 18- WHERE DO YOU RECEIVE INFORMATION ABOUT PREVENTION? (N=104)

- Community stigma against HIV, VH, and STIs and stereotypes of the types of people at risk for these conditions is a major barrier to knowledge and engagement in prevention.
- Comprehensive and inclusive K-12 sex education is needed to reduce stigma and enhance engagement in prevention.

IV. Respond

The goal of the EHE "Respond" pillar is to respond quickly to potential HIV outbreaks and get vital prevention and treatment services to people who need them.[10] Strategies included:

- Real time response systems;
- Public health approaches that can pinpoint areas of rapid transmission and can mobilize resources for HIV treatment and prevention; and
- Cluster detection and outbreak response uses data routinely reported to health departments to identify groups of people and communities experiencing rapid transmission.

CDU and county public health nurses are the primary implementers of response-related interventions and strategies in Wyoming. Therefore, the following key findings reflect the perspectives that these stakeholders shared about the current state of response efforts for HIV, VH, and STIs. Few data were collected from healthcare practitioners on their understanding of some response efforts. No data were collected from community members about response efforts.

[10] https://www.cdc.gov/endhiv/respond.html

Key Takeaways

- Providers lack familiarity with and engagement in key response initiatives in the state, including Data-to-Care and non-medical case management.

Services	I am FAMILIAR WITH and HAVE USED this service	I am FAMILIAR WITH but HAVE NOT USED this service	I am NOT FAMILIAR WITH this service
Immunizations	90%	10%	0%
Partner Services	65%	20%	15%
Ryan White Program Services	60%	30%	10%
Medical Case Management	60%	25%	15%
AIDS Drug Assistance Program (ADAP)	60%	10%	30%
Outreach services	60%	10%	30%
Non-medical case management	50%	10%	40%
Wyoming Surveillance Program	45%	40%	15%
Data to Care Program	10%	25%	65%

TABLE 16- PROVIDERS' FAMILIARITY WITH AND USE OF STATE RESPONSE SERVICES

- Outbreak response planning and interventions must take a syndemic approach.
- Providers would like timely and understandable information and data on incidence, prevalence, and social determinants of health to improve HIV testing, treatment, and prevention strategies.

Conclusion

While Wyoming has many challenges in serving people at risk of and/or living with HIV, STI, and VH due to its conservative social and political climate, there is a strong commitment from the Communicable Disease Unit and providers to enhance and expand services. There are a handful of champion providers who are willing to enhance and expand services yet continue to face challenges in recruiting a knowledgeable and culturally competent workforce. Expanding the workforce needs to be a key priority for the state. Moreover, there is a significant barrier to normalize prevention efforts like PrEP and treatment as prevention like "Undetectable = Untransmittable." To support a greater understanding of the interrelationships of drug user health, HIV, STI, and VH, HMA encourages CDU to foster a syndemic approach to its data analysis and utilize a framework of sexual health services for addressing these health conditions.

Opportunities to strengthen the continuum of care for HIV, VH and STI. Interviewees were asked "in an ideal world, what kind of things would you like to see happen?" The responses focused on increased awareness, reduced stigma in getting tested, and improved accessibility, sharing a theme of "start to educate and start early":

- "It would be improved awareness. In WY they are fighting a battle that they are decades behind. For example, they tried to initiate a gender assessment at check-in. There was so much push back within their system. It felt defeating. A form is mocked.
- "There would be no hesitation to come in and get tested from the patients."

- “We have more funds for availability. The provider is only at the office 2 days a week. If we could provide that service more than 2 days a week.”
- "I would get everyone to talk openly about HIV and HEP and other STIs – I would use it to make sure that our patients were able to get to clinic for visits for medications and for immunizations. That they have access to medications routinely. They had someone they could call anytime to get answers about what for a lot of people can be very frightening situations they find themselves in at first.”

Section IV: Situational Analysis

Process

The Integrated Planning process was overseen by the Wyoming Department of Health (WDH) Communicable Disease Unit (CDU). CDU contracted with a national research and consulting firm to assist in the needs assessment process and support community engagement in planning. The Comprehensive Care and Prevention Planning Alliance (CAPPA) is Wyoming's Ryan White Part B and HIV Prevention planning body and serves as a statewide community planning group for HIV, AIDS, viral hepatitis, and sexually transmitted infections (STIs). CDU and its consultant team worked closely with CAPPA to facilitate the development of this Integrated Plan.

First, CAPPA, CDU, and the consultant team stood up a Needs Assessment Work Group, which structured the needs assessment using a syndemic approach by collecting and analyzing quantitative and qualitative data on HIV, viral hepatitis, and STIs together. The Work Group began by examining epidemiological trends on new infections, co-infections, the HIV care continuum, and publicly funded testing and prevention service utilization. Next, the Work Group, assisted by CDU's consultant team, surveyed, and interviewed healthcare providers and community members across the state, with a focus on individuals living with HIV and communities at risk of HIV. After analyzing and reviewing findings from these activities, the Work Group developed recommendations of Goals for the Integrated Plan using the four EHE pillars: Diagnose, Prevent, Treat, and Respond.

The key takeaways, priorities, gaps and priority populations highlighted during these activities are outlined in this section.

Diagnose

Strengths

- Offering routine testing helps to diffuse patient-level stigma.
- Most individuals diagnosed with HIV, VH, and STIs got tested for routine testing at their clinician's office or community testing site.
- Strong partnerships with providers; providing HIV/STI/VH prevention, screening, testing and treatment education

Challenges/Needs

- Most providers do not offer routine testing, even to individuals who may be at high risk of infection because of potential exposure and/or lived experience with HIV, VH, or STIs.
- Community stigma inhibits individuals from getting tested and providers from discussing testing with their patients.
- Providers face limited staff, financial, and time capacity to offer routine and rapid testing for HIV, VH, and STIs.
- Capacity to provide testing is greater among local public health offices than in other care settings; however, community stigma often inhibits individuals from going to local public health offices for testing.
- Providers and patients do not routinely request three-site testing (vaginal/urine, rectal, and pharyngeal) when offering STI testing.

- Redemption rates of KnoWyo.org free testing vouchers varies largely by geography. Local community outreach and education staff in each county are a strong facilitator of increasing testing.

Gaps

- Conservative social norms and stigma related to HIV/STI/VH inhibit interest and access to testing and diagnosis
- Limited federal funding and no state funding for testing

Priorities

- Provide tools and education to make providers more comfortable in discussing sexual health to reduce stigma and promote routine and self-testing in the community.
- Increase community outreach and provide community testing in both traditional and non-traditional venues where higher risk clients are receiving other services.
- Train and support providers and nurses in PCP offices to offer and encourage routine screening and testing to every patient.

Priority Populations

- Clinicians, Higher risk clients receiving other services, unhoused individuals, college health services, urgent care, hospital emergency departments, People who use drugs, LGBTQ+, Field Staff, Justice involved

Treat

Strengths

- Having strong inter-provider relationships between organizations that offer testing and organizations that provide treatment is important to supporting patients' rapid linkage to treatment.
- PLWH found it easy to get connected to treatment after testing positive.
- Clients experience overall good quality of care.
- No waiting list for Ryan White enrollment which provides vision and non-HIV medication support for PLWH.
- Partnership with WY AIDS ASSIST which provides financial support for PLWH.

Challenges/Needs

- Most referrals to treatment for HIV, VH, and STIs are to non-public external providers.
- There are very few HIV and VH treatment providers in Wyoming and transportation to these providers is a huge barrier for linking people to receive treatment.
- Few providers are offering rapid ART initiation due to discomfort and lack of expertise.
- Primary care physicians are relied upon when infectious disease specialists are unavailable; however, patients have not always received the most appropriate or highest quality of care from PCPs.
- Beyond providing referrals, organizations have limited capacity to ensure clients are linked to treatment services.
- Providers expressed a need for more training and guidance around rapid initiation of ART, VH care for PLWH, and HIV and VH care for PWID.
- Organizations and clients express a lack of LGBTQIA+-affirming care providers.

- Continuity of care is challenging for transient and unhoused people because of difficulties in establishing and re-establishing care and coordinating housing.
- Continuity of care is challenging for people experiencing SUD and/or mental illness because of lack of effective collaborations between physical and behavioral health providers.
- COVID-19 decreased staff capacity and disrupted organizations' ability to provide in-person HIV, VH, and STI testing and treatment services.
- Few treatment providers offer telehealth treatment services but are interested in offering these services. These providers need guidance and technical assistance to stand up these services.
- People diagnosed with VH or STIs had varying difficulty being connected to treatment.
- Mental health services are the most needed and least received service among PLWH and people diagnosed with VH and STIs.

Priorities

- Provide easier access to training and consulting opportunities to build provider networks so PCPs feel more comfortable providing VH and HIV treatment to improve retention of clients.
- Increase field staff awareness and utilization of Expedited Partner Therapy (EPT).
- Improve telehealth options for HIV/VH care, treatment options for VH, rapid ART for HIV, and HCV navigation assistance.

Gaps

- Transportation reimbursements restricted to patients who cannot drive themselves to an appointment; no funding for office visits for PrEp monitoring.
- In the Ryan White program, STI treatment activities are subsumed with overall prevention activities.

Priority Populations

- Health care providers, Field staff, unhoused individuals, policy makers.
- Clinicians, Higher risk clients receiving other services, unhoused individuals, college health services, urgent care, hospital emergency departments, People who use drugs, LGBTQ+, Field Staff, Justice involved.

Prevent

Strengths

- Providers would like more training and education about U=U.
- There are few PrEP and PEP providers in Wyoming.
- Access to funding for creatinine tests associated with required PrEP tests.
- Public Health offices actively advocate for testing, support Take Me Home tests, and promote condom distribution.

Challenges/Needs

- Sexual health counseling and screening are not routinely offered to patients and criteria for who is offered counseling and screening varies by provider.
- Geographic distance to PrEP and PEP prescribers and pharmacists is a barrier.
- Providers' comfort level in providing PrEP and PEP varies and many providers would like more education and training on PrEP and PEP prescribing.
- Most community members get information about prevention from their primary care doctor but expressed that this information was only somewhat helpful.

- Community stigma against HIV, VH, and STIs and stereotypes of the types of people at risk for these conditions is a major barrier to knowledge and engagement in prevention.
- Comprehensive and inclusive K-12 sex education is needed to reduce stigma and enhance engagement in prevention.

Priorities

- Increase Wyoming's PrEP/PEP prescribers' network (including pharmacists and public health nurses) through increased training to bolster comfort and knowledge of providing PrEP/PEP.
- Improve community education and awareness about PrEP/PEP, WhY PrEP Matters, and KnoWyo websites as well as PrEP navigation assistance.
- Promote harm reduction strategies for PWID by providing education that increases understanding, decreases stigma, an normalizes testing for all diseases.

Gaps

- Lack of telehealth access; minimal provider enrollment and limited patient access to broadband.
- Lack of provider education, awareness, and knowledge around HIV/STI/VH prevention, treatment, and care.

Priority Populations

- Providers, public health staff, college health services.
- Clinicians, Higher risk clients receiving other services, unhoused individuals, college health services, urgent care, hospital emergency departments, People who use drugs, LGBTQ+, Field Staff, Justice involved.

Respond

Strengths

- Providers would like timely and understandable information and data on incidence, prevalence, and social determinants of health to improve HIV testing, treatment, and prevention strategies.
- Limited department size offers opportunities for increased coordination and communication.
- Surveillance, treatment, and prevention services are supported by a collaborative a funding model.

Challenges/Needs

- Providers lack familiarity with and engagement in key response initiatives in the state, including Data-to-Care and non-medical case management.
- Outbreak response planning and interventions must take a syndemic approach.

Priorities

- Provide education to providers on CDU data on an annual basis to improve awareness of state response services.
- Utilize outreach staff to build a network of champions who are willing and able to respond to outbreaks and increase the number of providers willing to see people living with HIV.
- Improve care for persons with HIV, VH, and STIs by seeking and maximizing funding sources and establish clear lines of communication and guidelines for connecting individuals to care.

Gaps

- Reduced retention in provider trainings around HIV/STI/VH prevention, screening, testing and treatment due to low incidence, stigma and awareness.
- Lack of patient access to HIV/STI/VH providers.

Priority Populations

- Clinicians, Higher risk clients receiving other services, unhoused individuals, college health services, urgent care, hospital emergency departments, People who use drugs, LGBTQ+, Field Staff, Justice involved.

Section V: 2022-2026 Goals and Objectives

Summary

DIAGNOSE all people with HIV as early as possible.	
Goal 1	Provide tools and education to make providers more comfortable in discussing sexual health to reduce stigma and promote routine and self-testing in the community.
Goal 2	Increase community outreach and provide community testing in both traditional and non-traditional venues where higher risk clients are receiving other services.
Goal 3	Train and support providers and nurses in PCP offices to offer and encourage routine screening and testing to every patient.
TREAT all people with HIV rapidly and effectively to reach sustained viral suppression.	
Goal 4	Provide easier access to training and consulting opportunities to build provider networks so PCPs feel more comfortable providing VH and HIV treatment to improve retention of clients.
Goal 5	Increase field staff awareness and utilization of Expedited Partner Therapy (EPT).
Goal 6	Improve telehealth options for HIV/VH care, treatment options for VH, rapid ART for HIV, and HCV navigation assistance.
PREVENT new HIV transmissions by using proven interventions.	
Goal 7	Increase Wyoming's PrEP/PEP prescribers' network (including pharmacists and public health nurses) through increased training to bolster comfort and knowledge of providing PrEP/PEP.
Goal 8	Improve community education and awareness about PrEP/PEP, WhY PrEP Matters, and KnoWyo websites as well as PrEP navigation assistance.
Goal 9	Promote harm reduction strategies for PWID by providing education that increases understanding, decreases stigma, and normalizes testing for all diseases.
RESPOND quickly to potential HIV outbreaks.	
Goal 10	Provide education to providers on CDU data on an annual basis to improve awareness of state response services.
Goal 11	Utilize outreach staff to build a network of champions who are willing and able to respond to outbreaks and increase the number of providers willing to see people living with HIV.
Goal 12	Improve care for persons with HIV, VH, and STIs by seeking and maximizing funding sources and establish clear lines of communication and guidelines for connecting individuals to care.

DIAGNOSE

Goal 1	Provide tools and education to make providers more comfortable in discussing sexual health to reduce stigma and promote routine and self-testing in the community.			
Objective 1	**Schedule at least one annual webinar focused on taking an affirming sexual health history or gender affirming care.**			
Objective 2	**Establish 1:1 meetings with 5 new providers about self-testing and routine sexual health testing**			
Objective 3	**CDU will provide one annual webinar about services provided by Unit for sexual health testing**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, Denver PTC or other training entity, providers*	What outcomes should be achieved through this work? *Increased provider knowledge and comfort with sexual health assessments.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *By increasing awareness of HIV, hepatitis & STIs among Wyoming's at-risk populations.*	Annually and ongoing
Impact on the HIV Continuum: *Identify infections earlier and retained in care.* How will this impact				
Advancement of Health Equity: *Reduce stigma by increasing awareness and normalize screening and testing.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 17- GOAL 1 (DIAGNOSE)

Goal 2	**Increase community outreach and provide community testing in both traditional and non-traditional venues where higher risk clients are receiving other services.**			
Objective 1	**Maintain funding for five outreach contract positions located around the state.**			
Objective 2	**Each contracted entity will hold at least two community testing events annually, one of which is encouraged tobe at non-traditional testing venue.**			
Objective 3	**Partner with the three highest enrollment community college health services programs to hold at least one testing event annually**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, outreach positions, public health nursing, community college health programs.*	What outcomes should be achieved through this work? *More testing events and outreach, especially in non-traditional venues.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *By increasing awareness of HIV, hepatitis & STIs among Wyoming's at-risk populations.*	Annually and ongoing
Impact on the HIV Continuum: *Identify infections earlier and linked to care.* How will this impact				
Advancement of Health Equity: *Normalize screening and testing in traditional and non-traditional venues.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 18- GOAL 2 (DIAGNOSE)

Goal 3	Train and support providers and nurses in PCP offices to offer and encourage routine screening and testing to every patient.			
Objective 1	**Contract outreach positions and public health detailer position will provide communicable disease screening recommendations to providers in their area annually or whenever recommendations are updated.**			
Objective 2	**DIS will provide communicable disease education to PCP office staff across Wyoming annually or whenever recommendations are updated.**			
Objective 3	**Wyoming AETC will provide at least one annual training to PCPs and office staff across Wyoming about routine screening and testing for communicable diseases.**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, outreach positions, public health nursing, provider office staff, and WyAETC..*	What outcomes should be achieved through this work? *Increased provider knowledge of appropriate screening and testing.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Appropriate and routine screening and testing will increase the number of individual who are award of their status.*	Annually and ongoing
***Impact on the HIV Continuum**: Identify infections earlier and linked to care.* How will this impact				
***Advancement of Health Equity:** Normalize screening and testing for at-risk populations.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 19- GOAL 3 (DIAGNOSE)

TREAT

Goal 4	Provide easier access to training and consulting opportunities to build provider networks so PCPs feel more comfortable providing VH and HIV treatment to improve retention of clients.			
Objective 1	**Identify 5 providers to participate in WyAETC educational opportunities.**			
Objective 2	**Continue funding contract with Wyoming Primary Care Association (WyPCA) and support the work with FQHCs to increase screening, testing and treatment of HIV, hepatitis and STIs.**			
Objective 3	**CDU will host a total of 5 (one each year) regional meetings within the 5 year plan to provide education and networking opportunity of sexual health providers in Wyoming**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, WyAETC, WyPCA, FQHCs, providers*	What outcomes should be achieved through this work? *Increased provider knowledge and comfort in treating Wyoming's at risk population.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Appropriate and routine screening and testing will increase the number of individual who are aware of their status.*	Ongoing
***Impact on the HIV Continuum:** Identify infections earlier, linked to care, retained in care and viral suppression.* How will this impact				
***Advancement of Health Equity:** More accessible treatment options for at-risk populations that test position for HIV, hepatitis and STIs.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 20- GOAL 4 (TREAT)

Goal 5	Increase field staff awareness and utilization of Expedited Partner Therapy (EPT).			
Objective 1	**CDU will provide corrective action to clinics not meeting 100% of EPT quality measurements and standards.**			
Objective 2	**Provide guidance and education to identified public health nursing, family planning clinics and FQHCs using EPT.**			
Objective 3	**Identify 2 new locations to engage in EPT medication use over 5 year plan.**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, PHN, family planning, FQHCs.*	What outcomes should be achieved through this work? *Increased partners of positive individuals treated.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds; HRSA FQHC funding*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Appropriate treatment to reduce reinfections.*	Ongoing
Impact on the HIV Continuum: NA				
Advancement of Health Equity: *More infected and at-risk individuals are treated and reduce reinfections.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 21-GOAL 5 (TREAT)

Goal 6	Improve telehealth options for HIV/VH care, treatment options for VH, rapid ART for HIV, and HCV navigation assistance.			
Objective 1	**Identify at least 1 telehealth champions to partner with CDU and provide education and support to Wyoming's health care system**			
Objective 2	**Offer TA and equipment options for new telehealth providers and sites.**			
Objective 3	**Continue supporting contract with WyPCA to sign up at least 2 providers for either HIV or hepatitis ECHO through an FQHC.**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU Staff, WIND, providers*	What outcomes should be achieved through this work? *Provider comfort in using telehealth and ECHO. More individuals receiving timely care.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Reduce new infections, retain patients in care.*	Ongoing
Impact on the HIV Continuum: *Identify infections earlier, linked to care, retained in care and viral suppression.* How will this impact				
Advancement of Health Equity: *Reduce new infections, reduce stigma and discrimination.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 22- GOAL 6 (TREAT)

PREVENT

Goal 7	Increase Wyoming's PrEP/PEP prescribers' network (including pharmacists and public health nurses) through increased training to bolster comfort and knowledge of providing PrEP/PEP.			
Objective 1	**WyAETC will add two new PrEP providers to the prescriber list annually.**			
Objective 2	**DIS and CHN will provide PrEP education and referrals to clients, client partners, and case managers annually**			
Objective 3	**Provide at least two presentations to the University of Wyoming Pharmacy students and University of Wyoming Family Practice Residency Program.**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, WyAETC, FQHCs, providers, University of Wyoming School of Pharmacy and UW Residency Program*	What outcomes should be achieved through this work? *Increased number of PrEP providers.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds; WyAETC*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Reduced infections and retention in care.*	Annually and Ongoing
Impact on the HIV Continuum: *Prevent new infections.* How will this impact				
Advancement of Health Equity: *Evidence-based interventions to reduce stigma and discrimination.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 23- GOAL 7 (PREVENT)

Goal 8	Improve community education and awareness about PrEP/PEP, WhY PrEP Matters, and KnoWyo websites as well as PrEP navigation assistance.			
Objective 1	**CDU will develop a U=U position statement and disseminate via community partners by December 2023.**			
Objective 2	**Public health detailers and Outreach positions will connect with community healthcare providers in high HIV morbidity areas (more that 15% disease burden) and populations (as identified during monthly data driven meetings).**			
Objective 3	**CDU will work with West Edge to utilize social media to track metrics and target communities with high morbidity**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU Staff, outreach and public health detailer positions, Colorado Health Network, West Edge*	What outcomes should be achieved through this work? *Education and awareness in communities on PrEP/PEP. Increased enrollment in PrEP from CHN navigation assistance.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	*How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? Greater community education and awareness. Reduced infections and retention in care.*	Annually and Ongoing
Impact on the HIV Continuum: *Prevent new infections.* *How will this impact*				
Advancement of Health Equity: *Train and expand public health workforce.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 24 - GOAL 8 (PREVENT)

Goal 9	Promote harm reduction strategies for PWID by providing education that increases understanding, decreases stigma, and normalizes testing for all diseases.			
Objective 1	**Continue partnership with National Harm Reduction Coalition and grassroots efforts.**			
Objective 2	**Completion of the Viral Hepatitis Elimination Plan by December 2023.**			
Objective 3	**CDU will provide education annually about harm reduction strategies and clinical reduction of HIV and Hep C cases.**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, HRC contract staff, community partners, providers*	What outcomes should be achieved through this work? *Decreased stigma and increase in those who know their status.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Reduce stigma, reduce disparities and health inequities.*	Annually and Ongoing
Impact on the HIV Continuum: *Prevent new infections.* How will this impact				
Advancement of Health Equity: *Decrease stigma and discrimination; linkage to care.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 25- GOAL 9 (PREVENT)

Goal 10	Provide education to providers on CDU data on an annual basis to improve awareness of state response services.			
Objective 1	**Publish CDU infographics and rate sheets on the CDU website no later than May 31stnnually.**			
Objective 2	**Share CDU data with CAPPA, community partners and stakeholders via websites, newsletters and webinars annually.**			
Objective 3	**CDU will host a total of 5 (one each year) regional meetings within the 5 year plan to provide CDU data to sexual health providers in Wyoming.**			
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, CAPPA,*	What outcomes should be achieved through this work? *Increased community and provider awareness.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Reduce disparities and health inequities.*	Annually and Ongoing
Impact on the HIV Continuum: *Identify infections earlier, linked to care, retained in care and viral suppression.* How will this impact				
Advancement of Health Equity: NA How will this address disparities seen in needs assessment/situational analysis?				

TABLE 26- GOAL 10(RESPOND)

Goal 11	Utilize outreach staff to build a network of champions who are willing and able to respond to outbreaks and increase the number of providers willing to see people living with HIV			
Objective 1	**Outreach and detailer positions must identify 2 community providers to educate on HIV, hepatitis and STIs.**			
Objective 2	**Outreach positions will identify 2 non-clinical settings and provide education to increase awareness of priority populations in their respective communities.**			
Objective 3				
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, contracted outreach and detailer positions, providers, communities*	What outcomes should be achieved through this work? *Increased provider capacity; retention in care.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Expanded health care workforce.*	Annually and Ongoing
Impact on the HIV Continuum: *Identify infections earlier, linked to care, retained in care and viral suppression.* How will this impact				
Advancement of Health Equity: *Reduce disparities and increase retention in care.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 27- GOAL 11 (RESPOND)

Goal 12	Improve care for persons with HIV, VH, and STIs by seeking and maximizing funding sources and establish clear lines of communication and guidelines for connecting individuals to care.			
Objective 1	**Provide education to providers on CDC and HRSA standards of care for communicable diseases annually.**			
Objective 2	**Update CDU website for more community user friendly access by December 31st, 2023**			
Objective 3				
Key Partners	**Intended Outcomes**	**Funding Sources**	**Alignment Across Plans**	**Target Timeline**
Who is involved in this work? *CDU staff, contracted outreach and detailer positions, providers, communities*	What outcomes should be achieved through this work? *Reduced infections, viral suppression and retention in care.*	What potential funds could be used to support this work? *CDC-HIV, STD & Hepatitis grant funds; HRSA RW grant funds.*	How does this align with goals/objectives of NHAS, EHE, STI National Strategic Plan, Viral Hepatitis National Strategic Plan? *Increase retention in care.*	Annually and Ongoing
Impact on the HIV Continuum: *Identify infections earlier, linked to care, retained in care and viral suppression.* How will this impact				
Advancement of Health Equity: *Reduced health disparities and inequities.* How will this address disparities seen in needs assessment/situational analysis?				

TABLE 28- GOAL 12 (RESPOND)

Section VI: Implementation, Monitoring, and Jurisdictional Follow Up

Implementation

This plan outlines a set of goals developed and refined through community and stakeholder feedback. Key partnerships and varied funding sources will help ensure that the intended outcomes are achieved.

Coordinating Partners

Key partners have been identified to support the objectives defined by each goal. CDU will create and sustain relationships with CAPPA, local training entities, targeted providers and FQHC's, public health nursing, community college health programs, university pharmacy schools and residency programs, community partners and family planning groups, and residents to implement new programs and monitor their success.

Coordinating Funding

The efforts outlined in the plan will be supported with funds from 1) CDC-HIV, STD & Hepatitis, 2) HRSA Ryan White, 3) HRSA FQHC, and 4) WyAETC grants and awards.

Monitoring

CDU will rely on continued engagement with CAPPA through implementation and evaluation of the plan's objectives. The groups will monitor the data regularly and discuss the progress on a quarterly basis. Outreach staff will provide monthly updates and present regular opportunities for improvement. Providers will share regular updates through contract progress reports and contact with key staff.

Evaluation

<table>
<tr><td colspan="4">Goal 1: Provide tools and education to make providers more comfortable in discussing sexual health to reduce stigma and promote routine and self-testing in the community.</td></tr>
<tr><td colspan="4">Process Indicators</td></tr>
<tr><td colspan="2">Indicators</td><td>Data Sources</td><td>Reporting Frequency</td></tr>
<tr><td colspan="2">Description: CDU will schedule webinars and one-on-one provider meetings focused on sexual health testing and affirming care education.</td><td rowspan="4">CDU webinar registrations; Denver PTC webinar registrations; grant progress reports</td><td rowspan="4">Annual</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>2021 Baseline</td><td>2026 Goal</td></tr>
<tr><td>NA</td><td>Five one-on-one provider meetings; Two webinars</td><td colspan="2"></td></tr>
<tr><td colspan="4">Outcomes Indicators</td></tr>
<tr><td colspan="2">Indicators</td><td>Data Sources</td><td>Reporting Frequency</td></tr>
<tr><td colspan="2">Description: Number of participants in sexual health testing and affirming care webinars; Number of one-on-one provider meetings held</td><td rowspan="3">CDU webinar registrations; Denver PTC registrations; grant progress reports</td><td rowspan="3">Annual</td></tr>
<tr><td>2021 Baseline</td><td>2026 Goal</td></tr>
<tr><td>NA</td><td>25 webinar participants; 5 one-on-one provider meetings</td></tr>
</table>

TABLE 29- GOAL 1

Goal 2: Increase community outreach and provide community testing in both traditional and non-traditional venues where higher risk clients are receiving other services.			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Executed outreach contracts; scheduled community testing events		Contract progress reports; grant reporting	Annual
2021 Baseline	2026 Goal		
NA	5 contracts; 4 testing events		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Number of executed outreach contracts; number of community testing events		Contract progress reports; grant reporting	Annual
2021 Baseline	2026 Goal		
NA	5 contracts; 4 community testing events		

TABLE 30- GOAL 2

Goal 3: Train and support providers and nurses in PCP offices to offer and encourage routine screening and testing to every patient.			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Screening recommendations supplied to local health care providers annually and upon recommendation updates.		Google form; grant reporting;	Annual
2021 Baseline	2026 Goal		
NA	50 providers		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Number of providers receiving and/or educated on screening recommendations. Number of provides attending WyAETC training.		AETC registrations; grant reporting	Annual
2021 Baseline	2026 Goal		
NA	50 providers		

TABLE 31- GOAL 3

Goal 4: Provide easier access to training and consulting opportunities to build provider networks so PCPs feel more comfortable providing VH and HIV treatment to improve retention of clients.			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Scheduled WyAETC educational opportunities; executed contract with WyPCA; scheduled regional meetings.		WyAETC registrations; executed contract; regional meeting participants	Annual
2021 Baseline	2026 Goal		
NA	One educational opportunity; executed contract; one regional meeting		
Outcomes Indicators			

Indicators		Data Sources	Reporting Frequency
Description: Number of providers educated; number of regional meetings held.		WyAETC registrations; number of participants in regional meetings	Annual
2021 Baseline	2026 Goal		
NA	5 providers; 5 meetings-one each year		

TABLE 32- GOAL 4

Goal 5: Increase field staff awareness and utilization of Expedited partner Therapy (EPT).			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description: EPT clinics not meeting quality measures; EPT education and guidance provided; Identify new locations		EPT correction action plans; targeted PHN, FP and FQHC clinics; grant reporting	Annual
2021 Baseline	2026 Goal		
NA	2 new locations		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Number of EPT clinics with a corrective action plan; number of PHN, FP and FQCHs receiving education and guidance; number of new EPT locations		EPT corrective action plans; grant reporting; clinic medication orders	Annual
2021 Baseline	2026 Goal		
NA	10		

TABLE 33- GOAL 5

Goal 6: Improve telehealth options for HIV/VH care, treatment options for VH, rapid ART for HIV, and HCV navigation assistance.			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description: CDU partners with Telehealth champion(s); WyPCA finds FQHC providers to sign up for HIV or hepatitis ECHO.		WyPCA quarterly report; grant reporting	Annual
2021 Baseline	2026 Goal		
NA	2 providers		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description: Number of telehealth champion(s) identified; number of telehealth sites receiving equipment; number of FQHC providers signed up to participate in ECHO.		Grant reporting; WyPCA quarterly reporting	Annual
2021 Baseline	2026 Goal		
NA	1 champion; 2 ECHO participants		

TABLE 34- GOAL 6

Goal 7: Increase Wyoming's PrEP/PEP prescribers' network (including pharmacists and public health nurses) through increased training to bolster comfort and knowledge of providing PrEP/PEP.			
Process Indicators			
Indicators		**Data Sources**	**Reporting Frequency**
Description CDU to partner with WyAETC to identify new PrEP prescribers; education clients, client partners and case managers on PrEP and PrEP referrals; present to the UW School of Pharmacy and Family Practice Residency Program.		PrEP provider list; PRISM records; grant reporting	Annually
2021 Baseline	2026 Goal		
NA	2 providers; 2 presentations		
Outcomes Indicators			
Indicators		**Data Sources**	**Reporting Frequency**
Description Number of new providers prescribing PrEP; Number of clients, partners, and case managers educated; Number of presentations.		W(h)yPrEP Matters 5 provider listing; grant reporting	Annually
2021 Baseline	2026 Goal		
NA	2 new PrEP providers; 2 presentations		

TABLE 35- GOAL 7

Goal 8: Improve community education and awareness about PrEP/PEP, WhY PrEP Matters, and KnoWyo websites as well as PrEP navigation assistance.			
Process Indicators			
Indicators		**Data Sources**	**Reporting Frequency**
Description PrEP/PEP community awareness and education via the Knowyo, W(h)YPrEP Matters websites and PrEP navigation services		Website hits	Annually
2021 Baseline	2026 Goal		
NA	NA		
Outcomes Indicators			
Indicators		**Data Sources**	**Reporting Frequency**
Description Number of website hits, number of clients referred to PrEP via navigation services		CHN progress reporting ; PRISM patient records, grant reporting	Annually
2021 Baseline	2026 Goal		
NA	25		

TABLE 36- GOAL 8

Goal 9: Promote harm reduction strategies for PWID by providing education that increases understanding, decreases stigma, and normalizes testing for all diseases.		
Process Indicators		
Indicators	**Data Sources**	**Reporting Frequency**
Description Partner with the National Harm Reduction Coalition and WY Harm Reduction Collective to provide	Grant Reporting	Annually

community education; completion of the Viral Hepatitis Elimination Plan; hepatitis statistics published			
2021 Baseline	2026 Goal		
NA	NA		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description Number of community education events; completion of VH Elimination Plan		Grant Reporting	Annually
2021 Baseline	2026 Goal		
NA	5		

TABLE 37- GOAL 9

Goal 10: Provide education to providers on CDU data on an annual basis to improve awareness of state response services.			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description Disease specific infographics and Communicable Disease Epi Report; quarterly CAPPA meetings; targeted regional meetings scheduled.		Grant Reporting, published infographics and epi report	Annually
2021 Baseline	2026 Goal		
NA	NA		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description Infographics published by June 1st each year; number of CAPPA meetings; number of regional meetings scheduled		Grant reporting	Annually
2021 Baseline	2026 Goal		
NA	1 meeting		

TABLE 38- GOAL 10

Goal 11: Utilize outreach staff to build a network of champions who are willing and able to respond to outbreaks and increase the number of providers willing to see people living with HIV			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description Identifying 2 community providers to target HIV, hepatitis and STI education; Identify 2 non-clinical settings for community education		Grant reporting	Annual
2021 Baseline	2026 Goal		
NA	2 providers; 2 non clinical settings		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description Number of providers educated by outreach contract positions or detailer position; Number of non-clinical settings educated on Wyoming priority populations		Grant reporting	Annual
2021 Baseline	2026 Goal		

NA	2 providers; 2 non-clinical settings		

TABLE 39- GOAL 11

Goal 12: Improve care for persons with HIV, VH, and STIs by seeking and maximizing funding sources and establish clear lines of communication and guidelines for connecting individuals to care.			
Process Indicators			
Indicators		Data Sources	Reporting Frequency
Description Providers receive education on CDC and HRSA Standards of Care; Revise the Communicable Disease Website providing a user-friendly format; Assure regular content updates		Website	Annual
2021 Baseline	2026 Goal		
NA	15 reviews		
Outcomes Indicators			
Indicators		Data Sources	Reporting Frequency
Description Number of providers receiving education on CDC and HRSA Standards of Care; Annual review of CDU website for user-friendly environment; quarter review of content		Website; grant reporting	Annual
2021 Baseline	2026 Goal		
NA	25		

TABLE 40- GOAL 12

Improvement

Data: Relevant indicators will be reviewed at CAPPA meetings which are held quarterly.

Communities: Outreach contract reporting and monthly meetings will provide feedback and discussions on area of the plan that involve the outreach staff. CAPPA will also provide feedback at the quarterly meetings.

Providers: Most of this input and feedback will come from WyAETC and the Outreach contract progress reports. These staff are responsible for reaching and educating Wyoming providers. The DIS can also provide input when educating providers on appropriate screening and treatment.

Reporting and Dissemination

CDU will post the Integrated Prevention and Surveillance Plan on the unit's website. Notification of the final plan will be provided in the CDU monthly newsletter with a link to the document. The newsletter is sent to over 236 providers, clinics and individuals.

Data will be provided and reviewed during the quarterly CAPPA meetings. Progress on goals will be notated in the plan based on feedback from CAPPA. Program improvements will be implemented based on the feedback from CAPPA.

The plan will also be used to guide monthly calls with the Outreach and Public Health Detailer positions to guide outreach efforts in their respective communities.

The plan will also be shared with the Wyoming Department of Health's senior management.

Section VII: Letter of Concurrence

Wyoming Department of Health

Public Health Division
122 West 25th Street, 3rd Floor West
Cheyenne, WY 82002
307-777-6004 • 800-599-9754
Fax 307-777-8687 www.health.wyo.gov

Stefan Johansson
Director

Mark Gordon
Governor

October 22, 2022

Ref.: PHSS-2022-457

Beau Mitts, MPH
Public Health Advisor
National Center for HIV, Viral Hepatitis, STD & TB Prevention
Centers for Disease Control and Prevention

Zanne Gogan, MPH
Public Health Analyst, Western Services Branch
Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources Services Administration

Dear Mr. Mitts and Gogan:

Wyoming Integrated HIV Prevention and Care Plan

The Wyoming Care and Prevention Planning Alliance (CAPPA) concurs with the following submission by the Wyoming Department of Health in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The CAPPA planning body has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The CAPPA planning body concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The Wyoming Department of Health, Communicable Disease Unit contracted with Health Management Associates (HMA) to develop the Needs Assessment and Integrated Plan. HMA presented data, survey results and the draft plan to CAPPA at the April, August and October meetings. CAPPA members participated in the Needs Assessment Workgroup as well as community and population surveys and focus groups.

Date: October 22, 2022
Ref.: PHSS-2022-457

The signature(s) below confirms the concurrence of the CAPPA planning body with the Integrated HIV Prevention and Care Plan.

Signature(s):

Chad Sheldon, Community Co-Chair

Date: October 26th, 2022

Megan Cragun, Community Co-Chair

Date: October 27th 2022

INDEX OF TABLES & FIGURES