Louisiana HIV/AIDS Strategy

For Prevention, Treatment and Care Services 2017-2021

Zero New HIV Infections and Universal Access to Quality Treatment and Care for Everyone Living with HIV

Table of Contents

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List of Figures

List of Tables

Executive Summary

The State of Louisiana 2017 – 2021 HIV/AIDS Strategy (LAHAS) for Prevention, Treatment and Care Services fully integrates the key activities and programmatic expectations of the CDC-funded State HIV Prevention grantee and the HRSA funded Ryan White Part A (New Orleans and Baton Rouge) and Part B grantees. The Strategy was developed through a community engagement process during 2015 and early 2016, with recommendations and written contributions from the diverse and participatory membership of the Louisiana HIV Prevention Treatment and Care Services Planning Group (LAHPG) and Louisiana Department of Health (LDH) Office of Public Health (OPH) STD/HIV Program (SHP) staff, along with the support of the City of New Orleans Office of Health Policy (OHP), New Orleans Regional AIDS Planning Council (NORAPC) and City of Baton Rouge Ryan White Program.

According to the U.S. Census Bureau, in 2015, the total population of Louisiana was 4,670,724 people. Louisiana is made up of 64 Parishes (equivalent subdivisions to counties in other states) and while the state is considered rural, 75% of the population resides in urban areas (Census, 2010). According to the U.S. Census Bureau, the racial and ethnic composition of the state was estimated to be 63% white, 32% African American, 2% Asian, and <1% American Indian. People of Hispanic origin were estimated to make up 5% of the total population. In 2014, people under the age of 18 made up 24% of the population, while people 65 and older made up 14% of the population. As in previous years, the proportion of females in the overall population in 2010 was slightly higher than the proportion of males (51% vs. 49%) (Census, 2014).

As of December 31, 2015, 20,480 people were known to be living with HIV (PLWH) in Louisiana. African Americans continue to be disproportionately impacted by HIV in Louisiana. Although African Americans make up only 32% of the state's population, they represent 74% of new AIDS cases diagnosed, 72% of new HIV diagnoses and 68% of all PLWH.

In 2015, 1,142 persons were newly diagnosed with HIV infection in Louisiana. Of those, 72% were African American and 75% were male. In the same year, 523 persons were newly diagnosed with AIDS. Males, African Americans and persons aged 25 – 44 were most likely to be diagnosed with AIDS. The number of AIDS diagnoses may be impacted by such factors as late HIV testing and delayed entry into care, limited use of medical services and limited access or poor adherence to pharmaceutical treatments. The New Orleans public health region had the highest number of new HIV diagnoses at 376 individuals.

Based on Louisiana HIV Epidemiologic data, the LAHPG identified the following Priority Populations for the provision of HIV prevention, treatment and care services in the State of Louisiana (listed in order of greatest disparity) for 2017-2021:

- PLWH
- Gay, Bisexual and other men who have sex with men (GBM) of all races/ethnicities
- Injection Drug Users (IDU) of all races/ethnicities

- African American Men
- African American Women
- Latino/Hispanic Men
- Youth (ages 15-24)
- Young Adults (ages 25-34)
- Older Adults (ages 35-54)
- Residents of Public Health Regions 1 and 2 (New Orleans and Baton Rouge areas), in particular Orleans and East Baton Rouge Parishes.

All known HIV prevention, treatment and care service needs (met and unmet) for these populations were highlighted and discussed broadly and in detail. From those assessments, the LAHPG, with input from the New Orleans Regional AIDS Planning Council and Baton Rouge Ryan White Advisory Board, developed recommendations to reduce the current gaps in the continuum of care. These recommendations were further distinguished as specific goals, objectives and related activities in the LAHAS (See Section II for more details).

Statewide Coordinated Statement of Need/ Needs Assessment

Candle light vigil at the HIV/AIDS Memorial at Washington Square Park.

Section I. Statewide Coordinated Statement of Need/Needs Assessment

2015 Statewide Needs Assessment

Background and Methodology

To collect data for the 2015 Needs Assessment, a convenience sample survey on the current care service needs of PLWH was conducted with clients of Ryan White-funded services in the New Orleans Eligible Metropolitan Area (NO EMA), the Baton Rouge Transitional Grant Area (BR TGA) and the LDH Regions III through IX that primarily receive funding from the Ryan White Part B grantee. The survey, a self-administered questionnaire, was conducted at 18 agencies that provide HIV-related medical care and services. The survey instruments, data collection period, data collection methods, and incentives offered to clients varied between the NO EMA, BR TGA, and Regions III through IX.

Clients from the NO EMA were eligible to take the survey over a 5½ week period, from March 9 to April 17, 2015. Survey administration was managed by staff at the New Orleans Regional AIDS Planning Council (NORAPC). As an incentive for their participation, clients who completed the survey were entered into a raffle to win one of five Kindle Fire HD tablets. Peer coordinators promoted the 2015 Needs Assessment at their local agencies and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets.

Clients from the BR TGA were eligible to take the survey over a 7½ week period, from May 18 to July 10, 2015. Survey administration was managed by staff of the Ryan White Part A grantee. As incentives for their participation, clients from the BR TGA who completed the Needs Assessment survey were entered into a raffle to win one of five $100 Walmart gift cards. Peer coordinators promoted the 2015 Needs Assessment at their local agencies and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets.

Clients from Regions III through IX were eligible to take the survey over an eight-week period, from June 1 to July 22, 2015. Survey administration was managed by staff of the OPH SHP, which is the Ryan White Part B grantee. As an incentive for their participation, clients from Regions III through IX were given a $10 Subway gift card. Site representatives promoted the 2015 Needs Assessment at their local agencies and in the community, assisted clients in completing the questionnaire, and distributed and documented gift cards.

Survey Instrument

The 2015 Needs Assessment Questionnaire comprised the following six sections:

- Health Insurance
- Medical Care
- HIV Medication

- Housing
- General Information
- Income

The Medical Care section in the questionnaires administered in the NO EMA and BR TGA addressed HIV-specific primary medical care, while the questionnaire administered in Regions III through IX addressed overall medical care. Questions were mostly closed-ended and included multiple-selection, dichotomous, and select-all-that-apply response options. Some questions included an "other" category so that clients could write in a unique response if the available categorical response options were not comprehensive. Each questionnaire took between 30 and 45 minutes to complete. There are variations between the instruments administered to clients in the NO EMA, BR TGA, and Regions III through IX.

The questionnaire administered to clients in the NO EMA was created at NORAPC with feedback from OPH SHP, City of New Orleans Office of Health Policy and AIDS Funding, Collaborative Solutions, Inc., and clients in the NO EMA. The questionnaire was available in both English and Spanish; the Louisiana Latino Health Coalition (LLHC) assisted in developing the Spanish translation. The instrument had a total of 40 primary questions, three sub-questions to account for skip patterns and questions not applicable to certain individuals, and seven multiple-category questions with 45 total categories. Thus, the instrument contained 88 total questions within seven pages.

The questionnaire administered to clients in the BR TGA was created by the Baton Rouge Ryan White Program in conjunction with the OPH SHP and the NO EMA. The instrument was only available in English. The instrument had a total of 35 primary questions, five sub-questions to account for skip patterns and questions not applicable to certain individuals, and 10 multiple-category questions with 54 total categories. Thus, the instrument contained 94 total questions within six pages.

The questionnaire administered to clients in Regions III through IX was created by the OPH SHP in conjunction with the NO EMA and BR TGA. Collaborative Solutions, Inc. also provided input on questions related to housing issues. The instrument was only available in English. The instrument had a total of 28 primary questions, 15 sub-questions to account for skip patterns and questions not applicable to certain individuals, and six multiple-category questions with 41 total categories. Thus, the instrument contained 84 total questions within eight pages.

Sample

The Louisiana Public Health Regions (Figure 1) and Ryan White funding structures were used to organize the distribution and administration of the 2015 Needs Assessment. In the NO EMA, NORAPC determined that the desired sample size would be 600 people, stratified by agency. The NO EMA includes all parishes in Region I (Orleans, St. Bernard, Plaquemines, and Jefferson), and several additional parishes from Region III (St. Charles, St. John the Baptist, and St. James) and Region IX (St. Tammany). In the BR TGA, the Baton Rouge Ryan White Part A grantee determined that the desired sample size would be 400 people, stratified by agency. The BR TGA includes all

parishes in Region II (Ascension, East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, and Iberville), and two parishes from Region IX (Livingston and St. Helena). In Regions III through IX, OPH SHP determined that the desired sample size would be 675 people, stratified by region. Figure 1 provides a map of these regions.

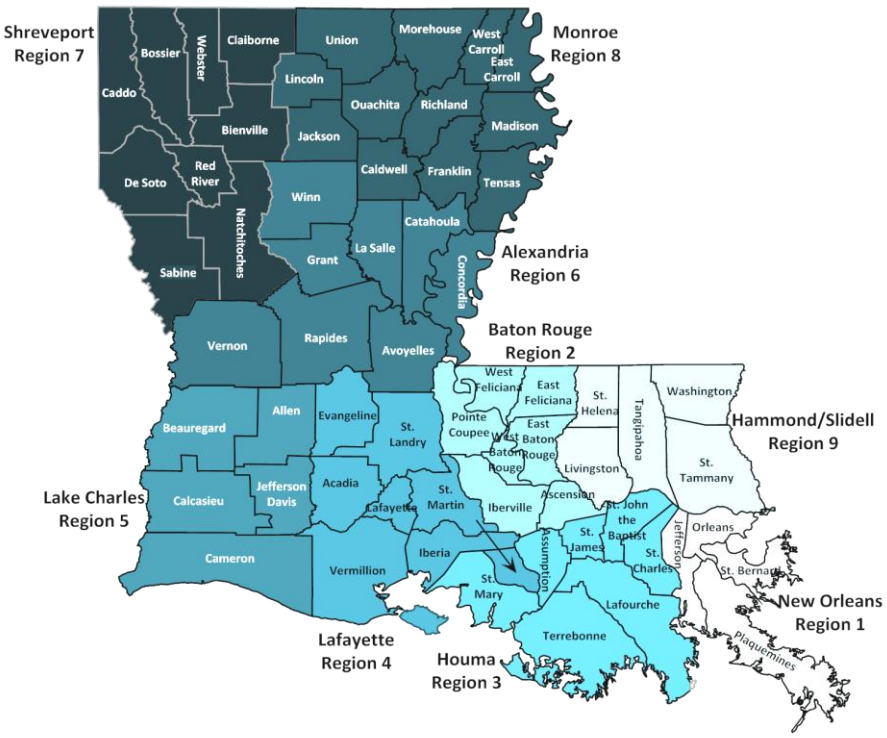


Figure 1. Louisiana Public Health Regions

The survey used convenience sampling, meaning the sample is not considered representative of all PLWH in Louisiana, but rather, a subset of that population sharing the characteristics – observed and unobserved – with those who were asked and responded to the questionnaire. Because the survey was additionally stratified by region, the resulting sample is weighted according to the proportions of the subsamples. Any PLWH who walked into any one of the participating agencies and was at least 13 years old during the administration period was eligible to complete the 2015 Needs Assessment Survey. Staff at the Baton Rouge Ryan White Part A grantee, OPH SHP, and NORAPC were in regular communication with each local agency during survey administration to ensure the sampling size target was being met.

Partners

The 2015 Needs Assessment was conducted with the cooperation of 18 agencies across the state. Partner agencies were responsible for distributing the questionnaires and raffle tickets or gift cards (depending on the incentive method being used at the agency) to clients and tracking the distribution of incentives. A partner list is provided at the end of this report.

During the NO EMA survey administration period, trained peer coordinators were assigned to work in each partner agency. Their role was to manage administration of questionnaires and distribution of raffle tickets, as well as to serve as the point of contact during data collection for NORAPC. Peer coordinators were selected based on responses to applications submitted. Preference was given to those with previous experience administering surveys as well as their ability to reach clients. The peer coordinators' responsibilities included promoting the 2015 Needs Assessment at their local agency and in the community, helping clients complete the survey, collecting all surveys, and distributing and documenting raffle tickets.

During the BR TGA survey administration period, peer coordinators were assigned to work at each partner agency. Their role was to manage administration of questionnaires and distribution of raffle tickets, as well as to serve as the point of contact during data collection for the Baton Rouge Ryan White Program. Peer coordinators were employees of each agency that routinely conduct Peer-Based Early Intervention Services. The peer coordinators' responsibilities included promoting the 2015 Needs Assessment at their local agency and in the community, helping clients complete the survey, collecting all surveys, distributing and documenting raffle tickets, and mailing completed questionnaires to the contractor selected to complete the 2015 Needs Assessment data collection and analysis—the Policy and Research Group (PRG)—on a weekly basis.

During the Regions III through IX survey administration period, site representatives were designated at each partner agency to serve as the primary contacts for the 2015 Needs Assessment; their role was to manage administration of questionnaires and distribution of gift cards. The site representatives' responsibilities included promoting the 2015 Needs Assessment at their local agency and in the community, helping clients complete the survey, collecting all surveys, distributing and documenting raffle tickets or gift cards, and mailing completed questionnaires to PRG on a weekly basis.

Training

Staff from the OPH SHP provided training for all participating agencies in the BR TGA and Regions III through IX during a statewide conference call held on May 20, 2015. The training covered survey administration, an overview of the questionnaire, management of incentives, and logistics. In March, staff from NORAPC provided training for peer coordinators in the NO EMA to ensure consistent survey methodology and adherence to protocols.

Needs Assessment Survey Administration

For the NO EMA, all materials necessary to begin collecting data, including questionnaires and raffle tickets, were provided by NORAPC to the partner agencies. For the BR TGA, all of these materials were provided by Baton Rouge Ryan White Program to the partner agencies. For Regions III through IX, OPH SHP provided data collection materials, including questionnaires and incentives, to the participating agencies. Data were collected from March 9 to April 17, 2015 in the NO EMA, from May 18, 2015 to July 10, 2015 in the BR TGA, and from June 1 to July 22, 2015 in Regions III through IX. Each agency had a target for the number of questionnaires it aimed to

administer to clients. Agencies were provided with the specific number of questionnaires needed to reach their target.

During data collection in all regions, each client who visited a participating agency was offered the chance to take the 2015 Needs Assessment Survey. Site representatives and peer coordinators were involved in recruiting participants for the survey. Participation was completely voluntary, and clients had to verbally consent to participate in the survey. Each client who agreed to participate was given survey materials, including the paper version of the questionnaire, instructions, a clipboard, and a pen. The instruction sheet explained the purpose of the 2015 Needs Assessment, how long it would take to complete the questionnaire, that participation was completely voluntary, details about the raffle or gift card (depending on the region of administration), and a reminder that clients could only complete one questionnaire.

The questionnaire was completed by clients within the designated sites. Clients were assured that the survey was completely confidential and anonymous, that their responses would not be used to identify them, and that the information collected would be used only for planning purposes. Clients were also instructed not to write any identifying information on the questionnaire itself. Peer coordinators (in the NO EMA and BR TGA) and site representatives (in Regions III through IX) were available to assist clients as needed.

When the client completed the questionnaire, he/she either (1) folded up the finished questionnaire and placed it in a locked survey drop box, or (2) sealed the questionnaire in an envelope and gave it to the site representative at the agency who was the primary contact for the 2015 Needs Assessment. As a gesture of appreciation for their time and participation, clients from the NO EMA received raffle tickets for entry into a drawing for one of five Kindle Fire HD tablets; clients from the BR TGA received raffle tickets for entry into a drawing for one of five $100 Walmart gift cards; and clients in Regions III through IX received $10 Subway gift cards.

For the NO EMA, completed questionnaires were kept in a secure place and delivered to NORAPC by the peer coordinators on a regular basis during the data collection period. In May 2015, NORAPC delivered all completed questionnaires to PRG. For the BR TGA and Regions III through IX, peer coordinators and site representatives kept completed questionnaires in a secure place and mailed them to PRG on a weekly basis during the data collection period.

Data Entry and Cleaning

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped into stacks of 50. Each group of questionnaires was entered into an online Remark Web Survey data form that was created by PRG. Once a stack of 50 questionnaires was entered, 10% of the questionnaires from the stack were randomly chosen, and responses on the paper instruments were compared with the corresponding data in the data set. If any errors were found in the first 10% data check, a subsequent 10% data check was completed. This process continued until no errors were found in a 10% data check, or all 50 questionnaires in a stack were checked. This was done to ensure

data entry accuracy. Once all questionnaires were entered and cleaned, they were converted to Stata 12.1 for data analysis.

Data Preparation

Responses to all questions were tabulated, and corresponding figures and tables were created to depict distribution of responses. The total number of people who responded to each question ("n") was reported for each figure. However, the reported "n" varies throughout the report. Some respondents chose not to answer certain questions. Furthermore, respondents were excluded from analyses if: (1) they did not provide an answer to a particular question, (2) they provided multiple responses to a question in which only one response was permitted, (3) they did not belong to the subpopulation of respondents to which the question pertained, or (4) they provided conflicting information (e.g., indicated they had not used drugs and also named drugs they had used).

As previously mentioned, some questions allowed respondents to provide "other" responses if they felt their situation was not represented by the given answers. PRG reviewed responses to all questions with an "other" category. For each particular question, if over 20% of respondents selected the "other" category, any response written in by more than one respondent below the appropriate figure is reported. The responses are presented from most common to least common. It should be noted that not all persons who responded "other" provided written-in responses.

For pie charts and bar charts, if the response percentage to a category was less than one percent, the category was still retained in the calculation, but it was either omitted from the figure or included in the "other" category percentage. In all of these cases, a note was included below the appropriate figure describing the distribution. For all questions, any category with zero responses was omitted from figures and was noted below the figure.

Purpose of Needs Report

This report was prepared by PRG for the OPH SHP within the LDH. The purpose of the 2015 Needs Assessment is to gain an understanding of the current care service needs of PLWH in the nine administrative regions of Louisiana. In particular, the 2015 Needs Assessment aimed to provide an estimate of the extent of PLWH's unmet primary care and HIV-related support service needs, their experiences in accessing those services, their perceived barriers to those services, and some insight into their reported knowledge of those services.

Characteristics of Survey Respondents

The 2015 Needs Assessment targets by region and the resulting survey response rates are presented in the following table, in comparison with the overall state census of persons known to be living with HIV. A convenience sample of 1,625 questionnaires was submitted to PRG for review and analysis. This represents 97% of the goal of 1,675 responses as set by the OPH SHP.

PLWH in Each Region

Region	2015 State Surveillance Data		2015 Needs Assessment Sample	
	Number of PLWH*	Percentage of PLWH	Number in Sample	Percentage of Sample
NO EMA	7,897	38.96%	582	35.82%
BR TGA	5,163	25.47%	375	23.08%
III	813	4.01%	75	4.62%
IV	1,517	7.48%	125	7.69%
V	1,020	5.03%	102	6.28%
VI	896	4.42%	75	4.62%
VII	1,707	8.42%	127	7.82%
VIII	1,045	5.15%	99	6.09%
IX	1,243	6.13%	65	4.00%
TOTAL	**20,272**	**100.00%**	**1,625**	**100.00%**

* "Number of PLWH" are as reported by state surveillance data in the June 30, 2015, *Louisiana HIV, AIDS, and Early Syphilis Surveillance Quarterly Report.*

2015 PLWH Needs Assessment: Louisiana

Figure 2. PLWH Surveyed for Needs Assessment by Region

As evidenced by the map below, the survey responses reflected the geographic distribution of PLWH with a high degree of similarity. Overall findings are described in Section 1 D, Assessing Needs, Gaps, and Barriers

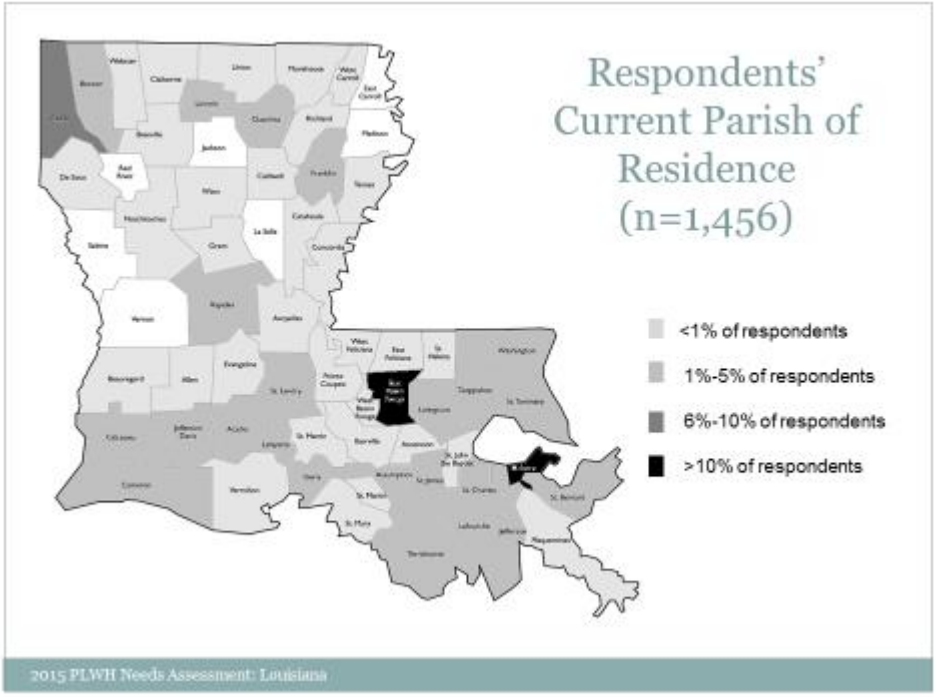


Figure 3. Needs Assessment Respondent's Current Parish of Residence

In addition to participating in the 2015 Statewide Needs Assessment, the Baton Rouge Ryan White Program conducted a needs assessment specific to the BR TGA.

Purpose of Baton Rouge Transitional Grant Area (BR TGA) Needs Assessment Report

The purpose of the Baton Rouge Needs Assessment conducted March through April of 2016 was to assess two target populations; Newly Diagnosed and those Returning to Care, within the Br TGA. Data acquired regarding demographics, services within the BR TGA, access to care, and barriers to care, was collected and analyzed to report back to the Grantee where services may need to be targeted in alignment with the LAHAS.

The survey was conducted throughout the BR TGA with the support of service providers, their clients, and Germane Solutions Consulting Staff located on-site to assist in the interview and completion process.

2016 Baton Rouge TGA Newly Diagnosed and Out of Care Needs Assessment

The scope of the needs assessment included:

1) Client survey of Newly Diagnosed and Out of Care PLWH; data from Out of Care clients and Newly Diagnosed clients are included in this needs assessment. In total, 70 surveys were collected, of which 29 or 6% were Newly Diagnosed. There were forty-one (41) Out of Care clients who participated in the study, along with 5 providers.
2) Assessment of service needs among affected populations covered information provided by PLWH, their families and their caregivers to synthesize common themes and trends. A newly diagnosed survey was conducted with Baton Rouge clients that are in care for their HIV/AIDS responding to one instrument, and another used for those meeting the HRSA out of care survey definition. All services in the Ryan White Continuum of Care were assessed. The report reflected statistical frequency data for newly diagnosed and out of care respondents. Data analysis resulted in findings and recommendations to the Baton Rouge Ryan White Part A Program. These findings will be used to guide policies as to how to reduce or eliminate barriers to accessing care, and to specifically meet the objectives included in the LAHAS.
3) Service gaps and unmet need of services offered to Baton Rouge PLWH were assessed and validated by qualitative and quantitative data on service needs, resources, barriers and gaps. Recommendations to meet service needs and improve service delivery, as well as strategies to reduce barriers to service and eliminate gaps in service were included.

Free HIV testing advertisement at a local community organization.

Louisiana Epidemiologic Overview

Louisiana Epidemiologic Overview

2015 Louisiana Epidemiologic Profile for HIV/AIDS Prevention, Treatment and Care Planning

Louisiana's Population and Healthcare Environment

In the 2015 census, the total population of Louisiana was 4,670,724 persons. Louisiana is comprised of 64 county-equivalent subdivisions called parishes. In 2015, parish populations ranged from a low of 4,740 persons (Tensas Parish) to a high of 443,598 persons (East Baton Rouge Parish). While the state is considered rural, 75% of the population resides in urban areas. The state has nine public health regions and eight metropolitan statistical areas (MSAs). The largest MSA is the New Orleans Metro Area (1,241,321) followed by the Baton Rouge Metro Area (830,480). (Census, 2015).

Table 1. Distribution of the General Population by Region Louisiana, 2015

Public Health Region	2015 Total Population
1 - New Orleans	894,795
2 - Baton Rouge	682,125
3 – Houma	405,954
4 – Lafayette	608,079
5 - Lake Charles	299,189
6 – Alexandria	306,221
7 – Shreveport	545,747
8 – Monroe	355,045
9 - Hammond/Slidell	573,569
Louisiana	**4,670,724**

Source: [a]Census 2015 US Bureau of the Census; [b]Census 2015 Population Estimates, US Bureau of the Census

Demographic Composition

According to the 2015 estimated census data, the racial and ethnic composition of the state was estimated to be 59.1% white, non-Hispanic, 32.0% black, non-Hispanic, 1.8% Asian, and <1% American Indian. Persons of Hispanic origin were estimated to make up 5.0% of the total population.

The following table summarizes the demographics of Louisiana's population according to the U.S. Census Bureau (Table 2):

Table 2. Demographic Composition of Population Louisiana, 2015		
Race/Ethnicity and Sex	**Population Number**	**Population Percent**
African American Women	786,202	16.8%
African American Men	710,283	15.2%
White Women	1,401,321	30.0%
White Men	1,359,452	29.1%
Hispanic Women	107,159	2.3%
Hispanic Men	125,373	2.7%
Asian Women	43,786	0.9%
Asian Men	41,802	0.9%
Am. Indian Women	14,966	0.3%
Am. Indiana Men	14,633	0.3%
Other Women	33,481	0.7%
Other Men	32,266	0.7%
Total	**4,670,724**	**100%**
Age Group*	**Population Number**	**Population Percent**
10-24	947,102	20.3%
15-24	642,237	13.8%
<18	1,114,813	23.9%
18-64	2,902,817	62.1%
>64	653,094	14.0%
*Total of age groups listed exceeds the total population because some of the age groups overlap.		
		Source: 2015 US Census

Poverty, Income, and Education

In 2014, the average household size in Louisiana was 2.6 persons and the average family size was 3.2 persons. Of all Louisiana households, 65.9% are considered family households of which 16.9% have a female head of household with no husband present. An estimated 82.8% of Louisiana residents aged 25 years and older had attained a high school degree or higher, and 22.1% had a bachelor's degree or higher. The estimated median household income in Louisiana was $44,991 for 2014. Moreover, an estimated 19.8% of the population had an income below the federally defined poverty level, and 15.1% of families had an income below the poverty level. Louisiana has one of the highest proportions of children living in poverty, with an estimated 27.7% of all children 18 years or younger living in households with an income below the federally defined poverty level in 2014 compared to the national estimate of 21.9% of all US children (Census, 2014). The unemployment rate as of December 2014 in Louisiana was 6.9% (US Bureaus of Labor and Statistics, 2016).

Incarceration/Crime

In 2014, the crime rate in Louisiana was 37% higher than the national average rate. Property crimes accounted for 87% of the crime rate and violent crimes accounted for 13% of the crime rate. Of the 50 states, the Louisiana incarceration rate ranked 1st with 816 per 100,000 adults incarcerated. A total of 38,030 inmates were managed by the Louisiana Department of Public Safety and Corrections in 2014 (DOC, 2016) (National Institute of Corrections, 2016).

Health Indicators

In the 2014 United Health Foundation's *America's Health Rankings* report, Louisiana ranked 48th out of 50 in overall health. This national health survey compares multiple health outcomes and health determinants in all states. The low-place ranking is predominately due to high rates of obesity, low high school graduation rates, high infant mortality rates, high percentage of children in poverty and high infectious disease rates. In 2014, an estimated 13% of Louisiana residents lack health insurance, compared to a national average of 10% (Kaiser, 2016).

Public Aid

In 2014, Medicaid covered 23% and Medicare covered 11% of all persons living in Louisiana. Medicaid expenditures in Louisiana totaled $7.4 billion in the 2014 fiscal year. In 2014, 54% of children ages 0-18 were insured through Medicaid (Kaiser, 2016).

Gay, Bisexual and other Men who have Sex with Men (GBM)

Researchers and demographers at the Williams Institute averaged findings from two distinct statistical models previously developed to estimate the total state-specific percentage and number of GBM (Leib, et al, 2011). The models are based on state specific rural/suburban/urban characteristics and an index using state-specific census data on same-sex male unmarried partners. A third model, based on racial/ethnic ratios from a nationally representative behavioral survey (National Survey of Family Growth), partitioned these statewide numbers by race/ethnicity. The combined estimate (from both statistical models) indicates that approximately 5.4% of Louisiana's male population are GBM. Stated differently, 5.4% (or 123,325) of the 2,283,809 men living in Louisiana are GBM which equates to 2.6% of the total Louisiana population. The study also provides estimates of the number of GBM living in Louisiana by Race/Ethnicity. These estimates were applied to the 2014 Louisiana Census Estimates to create the table below (Table 3).

Table 3. Estimated Distribution of GBM by Race/Ethnicity Louisiana, 2015

Racial/ Ethnic Group:	White GBM	African American GBM	Hispanic GBM	Asian GBM	American Indian GBM	Other GBM	Total GBM
Number	73,411	38,355	6,770	2,257	790	1,742	123,325
Percent	59.5%	31.1%	5.5%	1.4%	0.6%	1.4%	100%

Although the estimates cited here are noted by the authors to likely be susceptible to underestimation, a number of other studies based on probability samples report that at least 3%–6% of adults in the general population are homosexual (Binson, et al, 1995; Fay, et al, 1989; Laumann, et al., 1994; Black, et al, 2000). Also, based on national survey data, Binson, et al (1995) found that 5.3% of men aged 18 to 49 years reported same-gender sexual activity, and Fay, et al (1989) estimated that 6.7% of adult men in the United States reached orgasm with another man after age 19 years. Black, et al (2000) used other national survey data to find that 4.7% of men aged 18–59 years reported having sexual contact with another man at least once since age 18 and one additional study, using random sampling, found that approximately 1% of adult men in rural areas, 4% in suburban areas, and 9% in large cities self-identify as gay (Laumann, et al., 1994). In summary, the culmination of research on the size of the GBM population in the United States supports the estimates adopted for this Louisiana HIV Epidemiological Profile (5.4% of the Louisiana Male population and 2.6% of the total Louisiana population are GBM).

Injection Drug Users (IDUs)

The LAHPG, in consultation with the CDC funded New Orleans HIV Behavioral Surveillance Project, adopted an estimate of the population of persons who inject drugs (PWID) from research by Friedman, et al (2004), which allocated IDU population sizes among 96 of the largest metropolitan areas in the United States (including New Orleans) using four different estimation methods. The best estimate from the four models indicates that approximately 1% of Louisiana's population (or 46,707 individuals) are PWID. The HIV Behavioral Surveillance Project and other national research indicates that racial/ethnic characteristics of PWID are very similar to the general population; however, PWID are approximately three times more likely to be male (Kaplan and Soloshatz, 1993; CDC, 2001) The cumulative available research on the size and demographic characteristics of the population were applied to the population residing in Louisiana to create the following table (Table 4):

Table 4. Estimated Distribution of Persons who Inject Drugs by Race/Ethnicity and Sex[1] Louisiana, 2015

Racial/Ethnic Group:		White PWID	African American PWID	Hispanic PWID	Asian PWID	Native American PWID	Total PWID
Women	Number	6,902	3,741	581	214	74	11,677
	Percent	59%	32%	5%	2%	1%	100%
Men	Number	20,706	111,224	1,744	642	222	35,029
	Percent	59%	32%	5%	2%	1%	100%

[1] Estimates were calculated by multiplying the total number of IDUs (45,334) by 75% to determine the overall number of male IDUs and by 25% to determine the overall number of female IDUs (based on research that there are three times more male IDUs than female IDUs); finally, the total number of male and female IDUs were multiplied by the percentage of each racial/ethnic group in the general population (based on research that IDUs are similar to the general population in terms of race/ethnicity).

Because much of the existing research on PWID in general, and the population size in particular, largely focuses on urban areas (such as New Orleans), applying these estimates to determine an entire state's IDU population may result in an overestimate of the population size (if PWID are more likely to reside in urban areas). However, no studies have examined or compared the population of PWID in rural areas with urban areas, northern states with southern states, etc. Some other national estimates of the overall population of IDUs are fairly similar to the 1% estimate adopted by the LAHPG. For example, Holmberg (1996) estimated that 0.4%–1.3% of the nationwide adult population were IDUs in the past year and Leib, et al (2004) estimated 1.4% of the US population to be IDU, both of which lend support for the estimate chosen.

Transgender and Other Gender Non-Conforming People (TGN)

According to the Williams Institute (2016), there are an estimated 20,900 transgender individuals living in Louisiana (0.6% of the total population). Also, the National Transgender Discrimination Survey found that transgender people are four times as likely to have a household income under $10,000 and twice as likely to be unemployed as the typical person in the U.S. Ninety percent of those surveyed reported experiencing harassment, mistreatment, or discrimination on the job. Almost one in five reported being homeless at some point in their lives. However bleak these statistics seem, there are an increasing number of transgender people entering Louisiana's work force and positively contributing to society as a whole, smashing stereotypes and leading productive, honored and fruitful lives.

The CDC reports findings from a systematic review (Herbst et al. 2008) of 29 published studies that revealed 28% of transgender women had HIV, but only 12% self-report having HIV. The incidence of HIV in transmen is dramatically lower. These numbers make it apparent that transwomen in Louisiana are either not aware of their status or something is preventing them from seeking treatment and dealing with the epidemic. Stigma has been identified nationally as one of the foremost barriers to actively seeking out testing in transgender populations and Louisiana is no exception. Fear and misinformation fuels ignorance and can lead people to hide the problem. Pre-exposure prophylaxis (PrEP) is being implemented in Louisiana and through education, people are being encouraged to get tested and treated, enabling transmission of the infection to decrease. The LAHPG intends to expand its efforts to include all communities in order to fight HIV/AIDS.

People Living With HIV and/or AIDS (PLWH)

As of December 31, 2015, 20,480 people were known to be living with HIV infection in Louisiana; 10,733 (52%) were living with a previous AIDS diagnosis and 9,747 (48%) were living with HIV (non-AIDS).

Table 5. Characteristics of Persons Living with HIV Infection (PLWH) Louisiana, 2015

	Number	Percent
TOTAL	**20,480**	**100%**
Race/Ethnicity and Sex		
African American Women	4,903	23.9%

African American Men	8,974	43.8%
African American Trans Women	131	0.6%
African American Trans Men	1	0.0%
White Women	839	4.1%
White Men	4,488	21.9%
White Trans Women	19	0.1%
Hispanic Women	160	0.8%
Hispanic Men	684	3.3%
Hispanic Trans Women	11	0.1%
Asian Women	14	0.1%
Asian Men	70	0.3%
Asian Trans Women	1	0.0%
Am. Indian Women	11	0.1%
Am. Indian Men	29	0.1%
Other Women	37	0.2%
Other Men	108	0.5%
Age Group	**Age in 2015**	
0-12	57	0.3%
13-19	175	0.9%
20-24	958	4.7%
25-34	4,042	19.7%
35-44	4,823	23.5%
45-54	5,782	28.2%
55-64	3,566	17.4%
65+	988	4.8%
Imputed Transmission Category		
GBM	10,056	49.1%
Trans Women, Male Sex Partner	140	0.7%
Trans Men, Male Sex Partner	1	0.0%
Injection Drug User	2,613	12.8%
GBM/IDU	1,292	6.3%
Trans Women, Male Sex Partner and IDU	21	0.1%
High Risk Heterosexual (HRH)	6,082	29.7%
Transfusion/Hemophilia/Other	73	0.4%
Perinatal/Pediatric	202	1.0%
Rural/Urban		
Rural	2,581	15.0%
Urban	15,154	85.0%
Region		
1-New Orleans	7,087	34.6%
2-Baton Rouge	4,925	24.0%
3-Houma	841	4.1%
4-Lafayette	1,548	7.6%
5-Lake Charles	1,068	5.2%
6-Alexandria	941	4.6%
7-Shreveport	1,747	8.5%
8-Monroe	1,053	5.1%
9-Hammond/Slidell	1,270	6.2%

- At the end of 2015, males accounted for 70% of all PLWH in Louisiana, females accounted for 29%, and transgender persons accounted for 1%.

- Although African Americans made up only 32% of Louisiana's population in 2015, they accounted for 68% of all PLWH.
- The majority of PLWH live in urban areas and are gay, bi, or other men who have sex with men. Slightly more than 19% of PLWH reported injection drug use.

New AIDS Diagnoses

The surveillance case definition for an AIDS diagnosis is a CD4 cell count <200 or the diagnosis of an opportunistic infection (OI) such as Kaposi Sarcoma or wasting syndrome. Once a person is diagnosed with AIDS, they remain categorized as AIDS even if their CD4 count rises above 200 or they are cured of an OI. The number of AIDS diagnoses has been collected since the beginning of the epidemic, both nationally and in Louisiana. AIDS diagnoses are useful for highlighting issues regarding access to testing, medical care, medication and treatment adherence. In 2014, the AIDS surveillance case definition was altered to no longer define an AIDS case based on CD4 percentage. This change in case definition only impacts AIDS cases diagnosed after 2013 and makes 2014 data difficult to compare to prior years.

In 2014, Louisiana ranked 2nd in estimated AIDS case rates and 11th in the number of AIDS cases reported in the U.S. according to the CDC's 2014 HIV Surveillance Report, VOL 26.

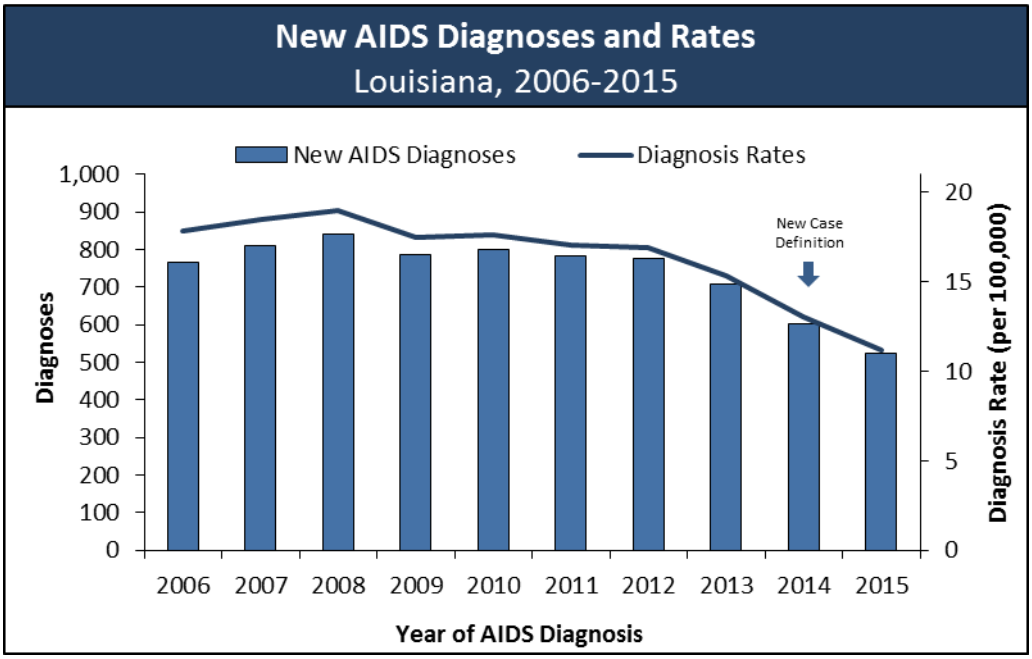


Figure 4. New AIDS Diagnoses and Rates

- In 2014, the number of new AIDS cases diagnosed in Louisiana was 601, and in 2015, the number of newly diagnosed AIDS cases was 523 (a 13% decrease).
- Over the past 10 years, the number of AIDS diagnoses has ranged from a high of 842 cases in 2008 to a low of 523 cases in 2015.

Table 6. Characteristics of People Newly Diagnosed with AIDS Louisiana, 2015

	Number	Percent
TOTAL	**523**	**100.0%**
Sex At Birth		
Female	153	29.3%
Male	370	70.7%
Race/Ethnicity		
African American	385	73.6%
Hispanic/Latino	23	4.4%
White	103	19.7%
Other/Unknown/Multi-race	12	2.3%
Age Group	**Age at AIDS diagnosis**	
0-12	1	0.2%
13-19	5	1.0%
20-24	42	8.0%
25-34	149	28.5%
35-44	129	24.7%
45-54	120	22.9%
55-64	60	11.5%
65+	17	3.3%
Imputed Transmission Category*		
GBM	260	49.7%
Injection Drug User	64	12.2%
GBM/IDU	19	3.6%
High Risk Heterosexual (HRH)	178	34.0%
Perinatal/Pediatric	2	0.4%
Rural/Urban		
Rural	91	17.4%
Urban	423	82.6%
Region		
1-New Orleans	172	33.1%
2-Baton Rouge	120	22.9%
3-Houma	25	4.8%
4-Lafayette	37	7.1%
5-Lake Charles	22	4.2%
6-Alexandria	23	4.4%
7-Shreveport	49	9.4%
8-Monroe	35	6.7%
9-Hammond/Slidell	39	7.5%

*based on sex at birth.

- In 2015, 29% of new AIDS diagnoses were among females and 71% were among males.
- The large majority (74%) of AIDS diagnoses occurred among African Americans. Whites accounted for only 20% of new AIDS diagnoses and Hispanics accounted for an additional 4%.
- In 2015, the greatest number of new AIDS diagnoses were among people age 25-34, followed by people age 35-44.

- In 2015, the greatest number and percentage of new AIDS diagnoses were in GBM, followed by HRH and IDUs.
- The majority of AIDS diagnoses occurred in urban areas in 2015 (83%). Just over 33% of all new AIDS diagnoses occurred in the New Orleans region, followed by the Baton Rouge region with an additional 23% of new AIDS diagnoses.

New HIV Diagnoses

In 2005 and 2006, there was a large disruption to HIV testing services due to Hurricane Katrina. Since 2006, the number of new HIV diagnoses has remained above 1,000 new HIV diagnoses per year.

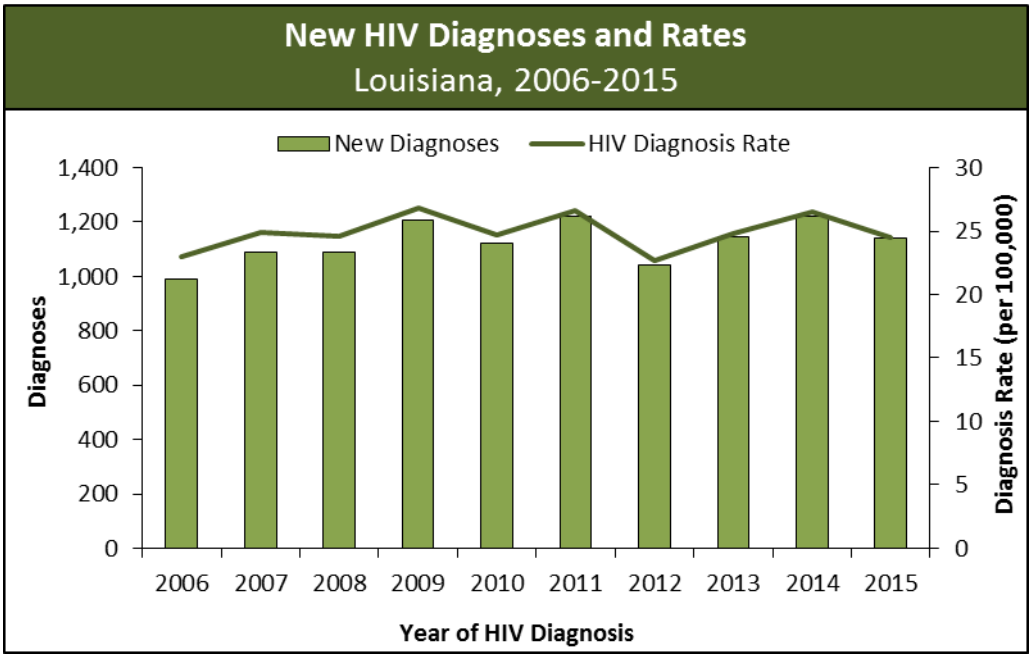


Figure 5. New HIV Diagnoses and Rates

- In 2015, 1,142 individuals were newly diagnosed with HIV in Louisiana, a 7% decrease from the 1,222 new HIV diagnoses in 2014.

Table 7. Characteristics of People Newly Diagnosed with HIV Louisiana, 2015

	Number	Percent
TOTAL	**1,142**	**100.0%**
Race/Ethnicity and Current Gender		
African American Women	227	19.9%
African American Men	585	51.2%
African American Trans Women	4	0.4%
White Women	39	3.4%
White Men	198	17.3%
White Trans Women	0	0.0%
Hispanic Women	10	0.9%
Hispanic Men	55	4.8%

Hispanic Trans Women	1	0.1%
Asian Women	0	0.0%
Asian Men	4	0.4%
Am. Indian Women	4	0.4%
Am. Indian Men	5	0.4%
Other Women	2	0.2%
Other Men	8	0.7%
Age Group	**Age at HIV Diagnosis**	
0-12	2	0.2%
13-19	67	5.9%
20-24	224	19.6%
25-34	373	32.7%
35-44	211	18.5%
45-54	156	13.7%
55-64	89	7.8%
65+	20	1.8%
Imputed Transmission Category		
GBM	695	60.9%
Trans Women with Male Sex Partner	4	0.4%
Injection Drug User (IDU)	95	8.3%
GBM & IDU	43	3.8%
Trans Women with Male Partner & IDU	1	0.1%
High Risk Heterosexual (HRH)	301	26.4%
Perinatal/Pediatric	2	0.2%
Rural/Urban		
Rural	181	15.8%
Urban	961	84.2%
Region		
1-New Orleans	376	32.9%
2-Baton Rouge	254	22.2%
3-Houma	64	5.6%
4-Lafayette	92	8.1%
5-Lake Charles	45	3.9%
6-Alexandria	54	4.7%
7-Shreveport	131	11.5%
8-Monroe	66	5.8%
9-Hammond/Slidell	60	5.3%

- In 2015, 25% of new HIV diagnoses were among females, 75% of new HIV diagnoses were among males, and 5 new diagnoses were among transgender women.
- African Americans accounted for 72% of all new HIV diagnoses in Louisiana and whites accounted for 21%, followed by Hispanics with 6%.
- In 2015, the greatest number and percentage of diagnoses were in people age 25-34 and people age 20-24 years made up almost 20% of all new HIV diagnoses.
- In 2015, the majority of new diagnoses were among gay, bi and other men who have sex with men. A total of 12% of new diagnoses reported injection drug use.
- In Louisiana, most new diagnoses (84% in 2015) were among people residing in urban areas. Almost 33% of all new HIV diagnoses occurred in the New Orleans region followed by the Baton Rouge region with 22% of new HIV diagnoses.

Late Diagnoses

Since improved antiretroviral medications and preventive therapies are now available for people living with HIV, it is important that people are tested for HIV and if positive, are referred into care early so that they can benefit from these treatment advances. However, a significant number of people are not tested for HIV until they are symptomatic. In 2006, the CDC released new recommendations for HIV testing of adults, adolescents and pregnant women in health-care settings. HIV screening is recommended for all patients age 13 and older, unless the patient declines testing ("opts out"). Persons at high risk of HIV should be tested annually. HIV screening is required for all pregnant women as part of their routine prenatal screening tests. The percentage of people considered to have a late diagnosis is also impacted by the new surveillance definition for an AIDS diagnosis. The new case definition does not use a CD4 percent below 14%; instead it only uses a CD4 count below 200 or the diagnosis of an opportunistic infection (OI).

Table 8. Late HIV Testing
Louisiana, 2015

	New HIV Diagnoses	AIDS at Time of Diagnosis*		AIDS Within 3 Months of Diagnosis		AIDS Within 6 Months of Diagnosis	
		Count	Percent	Count	Percent	Count	Percent
Total	**1,142**	**215**	**19%**	**258**	**23%**	**271**	**24%**
Current Gender Identity							
Female	282	60	21%	71	25%	73	26%
Male	855	155	18%	187	22%	198	23%
Transgender Women	5	0	0%	0	0%	0	0%
Race/Ethnicity							
American Indian/Alaskan Native	9	3	33%	5	56%	5	56%
Asian/Pacific Islander	4	1	25%	1	25%	1	25%
African American	816	147	18%	175	21%	184	23%
Hispanic/Latino	66	18	27%	19	29%	21	32%
White	237	45	19%	56	24%	58	24%
Other/Unknown/Multi-race	10	1	10%	2	20%	2	20%
Age Group							
0-12	2	0	0%	0	0%	0	0%
13-19	67	3	4%	5	7%	7	10%
20-24	224	15	7%	20	9%	22	10%
25-34	373	59	16%	71	19%	76	20%
35-44	211	48	23%	59	28%	61	29%
45-54	156	55	35%	63	40%	64	41%
55-64	89	29	33%	33	37%	34	38%
65+	20	6	30%	7	35%	7	35%
Imputed Transmission Category							
GBM	695	110	15.8%	134	19.3%	141	20.3%
Trans Women with Male Sex Partner	4	0	0.0%	0	0.0%	0	0.0%
Injection Drug User (IDU)	95	26	27.4%	32	33.7%	34	35.8%

GBM & IDU	43	6	14.0%	8	18.6%	8	18.6%
Trans Women with Male Partner & IDU	1	0	0.0%	0	0.0%	0	0.0%
High Risk Heterosexual (HRH)	301	73	24.3%	84	27.9%	88	29.2%
Pediatric/Perinatal	2	0	0.0%	0	0.0%	0	0.0%
Region							
1-New Orleans	376	65	17%	82	22%	88	23%
2-Baton Rouge	254	49	19%	58	23%	59	23%
3-Houma	64	12	19%	14	22%	15	23%
4-Lafayette	92	14	15%	17	18%	17	18%
5-Lake Charles	45	9	20%	11	24%	12	27%
6-Alexandria	54	12	22%	15	28%	15	28%
7-Shreveport	131	23	18%	29	22%	32	24%
8-Monroe	66	16	24%	16	24%	17	26%
9-Hammond/Slidell	60	15	25%	16	27%	16	27%
* If AIDS diagnosis was within 1 month of HIV diagnosis							

- Of the 1,142 people diagnosed with HIV in 2015, 19% had an AIDS diagnosis at the time of their initial HIV diagnosis, based on the new surveillance definition for AIDS. Overall, 23% of people had an AIDS diagnosis within three months of their HIV diagnosis and an additional 1% had an AIDS diagnosis within 6 months.
- Females were slightly more likely to have an AIDS diagnosis at the same time as their HIV diagnosis, and at 3 and 6 months post HIV diagnosis.
- American Indian/Alaska Natives and Hispanic/Latinos were more likely to have an AIDS diagnosis soon after their HIV diagnosis.
- People over the age of 45 were more likely to have an AIDS diagnosis at three and six months after diagnosis.
- IDUs were more likely to have AIDS at the time of their HIV diagnosis and to have an AIDS diagnosis within three and six months of their initial HIV diagnosis compared to people with other risk factors.
- Of the nine public health regions in Louisiana, Hammond/Slidell and Monroe had the greatest percentage of new diagnoses with AIDS at the time of HIV diagnosis.
- Of the nine public health regions, Alexandria and Hammond/Slidell had the greatest percentage of new diagnoses with an AIDS diagnosis within three months. Alexandria, Hammond/Slidell and Lake Charles had the greatest percentage of new diagnoses with an AIDS diagnosis within 6 months.

Unmet Need (PLWH but Not In Care)

People who had at least one CD4 or VL test within a 12-month period are considered to have been "in care" during that year. People who did not, are considered "out of care," and are deemed as having an "unmet need" for treatment. Louisiana's Public Health Sanitary Code requires that laboratories report all test results indicative of HIV infection for people residing in Louisiana. As a result, laboratory data can be used to assess whether a person is in care or not in care during a specified time period.

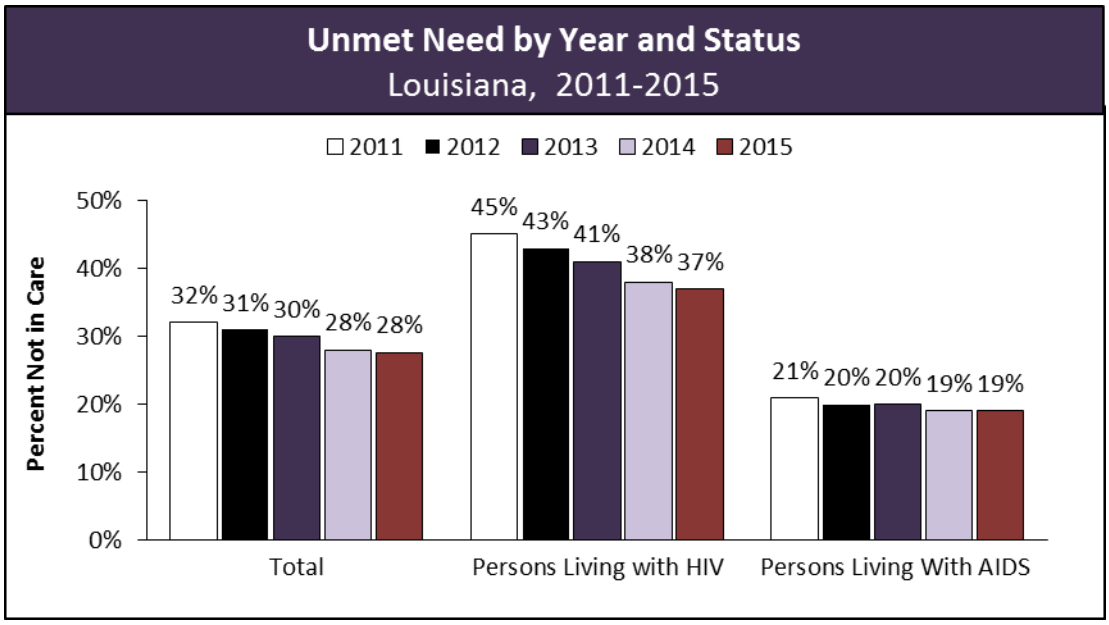


Figure 6. Unmet Need by Year and Status

- Over the last 5 years, there has been a steady decrease in the number of persons living with HIV infection who are out of HIV medical care. In 2015, 28% of all persons living with HIV infection did not have a single CD4 count or viral load conducted in the 2015 calendar year.
- People living with an AIDS diagnosis continue to have lower percentages of unmet need than people living with HIV and no AIDS diagnosis. People living with AIDS diagnoses may require more medications and may have more symptoms, leading them to seek out more frequent medical visits.

Table 9. Unmet Need for Primary Medical Care
Louisiana, 2015

	2015	
	Percent in Care	**Percent Not in Care (Unmet Need)**
Overall	72%	28%
People Living with HIV (non-AIDS)	63%	37%
People Living with AIDS	81%	19%
Sex At Birth		
Female	76%	24%
Male	71%	29%
Race/Ethnicity		
African American	73%	27%
Hispanic/Latino	53%	47%
White	74%	26%

Other/Multirace/Unknown	68%	32%
Age Group (Age in 2015)		
0-12	84%	16%
13-24	75%	25%
25-44	72%	28%
45-64	73%	27%
65+	66%	34%
Region of Current Address		
1-New Orleans	73%	27%
2-Baton Rouge	78%	22%
3-Houma	76%	24%
4-Lafayette	69%	31%
5-Lake Charles	64%	36%
6-Alexandria	70%	30%
7-Shreveport	66%	34%
8-Monroe	68%	32%
9-Hammond/Slidell	74%	26%

- Of people living with HIV infection in 2015, only 72% had at least one HIV medical care visit during the year. People living with AIDS were more likely to have a medical visit (81%) compared to those without AIDS diagnoses (63%).
- Females, black and whites, and people under the age of 13 were also more likely to be receiving medical care. People 65 and older were the age group least likely to be receiving HIV medical care.
- People residing in the Baton Rouge and Houma regions were most likely to be in care, while people in the Lake Charles and Monroe regions were least likely to be in care.

Table 10. NO EMA Unmet Need (1/1/2015-12/31/2015)

Group/Category	**Individuals IN CARE**	**Individuals OUT OF CARE**	
Definitions	HIV+ individuals with a CD4 and/or VL during the time period specified.	HIV+ individuals without a CD4 and/or VL during the time period specified.	% of total Out of Care in the respective group/category.
	#	**#**	**%**
PLWH Category			
Persons Living with HIV (non AIDS)	2,420	1,333	35.5
Persons Living with AIDS	3,386	803	19.2
All Persons Living with HIV/AIDS	5,806	2,136	26.9
Sex			
Female	1,527	479	23.9
Male	4,271	1,651	27.9

Race/Ethnicity			
Black, Non-Hispanic	3,648	1,291	26.1
White, Non-Hispanic	1,757	640	26.6
Hispanic/Latino	321	169	34.6
Asian	28	19	40.4
American Indian/Native American	6	2	25.0
Multi-race	33	10	23.3
Unknown	3	5	62.5
Age			
<2	3	0	0
2-12	17	4	19.1
13-19	47	14	23.0
20-24	268	72	21.3
25-34	1,096	400	26.7
35-44	1,382	506	28.3
45-54	1,704	576	25.3
55-64	1,108	401	26.6
65+	281	163	36.8
Exposure Category			
GBM	2,616	788	23.1
IDU	345	191	35.6
GBM/IDU	237	96	28.7
HRH	945	251	21.0
Transfusion/Hemophilia	23	9	28.1
Perinatal/Pediatric	51	28	35.4
No Reported Risk	1,589	773	32.7
Parish			
Jefferson	1,390	503	26.6
Orleans	3,628	1,388	27.7
Plaquemines	36	6	14.3
St. Bernard	134	41	23.6
St. Charles	95	21	17.7
St. James	57	15	20.8
St. John the Baptist	122	43	26.4
St. Tammany	345	118	25.5
Other			
Newly Diagnosed in 2010	290	106	26.8
Newly Diagnosed in 2011	316	102	24.4
Newly Diagnosed in 2012	279	87	23.8
Newly Diagnosed in 2013	313	80	20.4
Ever Been Incarcerated	762	291	27.6

Unaware Estimate (1/1/2015-12/31/2015)

For planning purposes, NOEMA considers the estimate of individuals unaware of their HIV status to establish plans to increase awareness of status and to reduce new HIV infections. Using the formula* provided by the Centers for Disease Control and Prevention (CDC), it is estimated that

992 PLWH are unaware of their status in NO EMA. This method was used to compare the unaware in NO EMA.

$$\frac{1}{8}x\ 7,947\ \textbf{diagnosed} = \textbf{992 individuals unaware}$$

Within NO EMA, Orleans Parish continues to be disproportionately impacted representing 63% of the unaware population.

While approaches to further assess the demographics, needs and barriers to care for the Unaware are being developed at the Federal and local levels, it is best to estimate the EMA's Unaware are likely similar to those who know their status.

Table 11. New Orleans Unaware Estimate 1/1/2015 – 12/31/2015

Parish	HIV/AIDS Prevalence	Number Unaware
Jefferson Parish	1,893	236
Orleans Parish	5,016	627
Plaquemines	42	5
St. Bernard	175	21
St. Charles	116	14
St. James	72	9
St. John the Baptist	165	20
St. Tammany	463	57
NO EMA	**7,942**	**992**

Populations Most at Risk of HIV Infection or Transmission (Priority Populations)

The LAHPG identified priority populations based on the local epidemiology of HIV compared to population proportions. Priority populations are defined as any identified group that accounts for a significantly greater proportion[2] of the HIV/AIDS epidemic in Louisiana (percentage of PLWH and/or percentage of New Diagnoses) than they proportionately represent in the general Louisiana population. The following table lists groups of interest along with their corresponding HIV/AIDS burden and population share (Table 12):

[2] A significantly greater proportion is defined as a difference of at least 5 absolute percentage points.

Table 12. Analysis of HIV Burden for Priority HIV Planning				
Group	**% PLWH**	**% New Dx**	**% of LA Pop.**	**Priority Population**
HIV Burden Among GBM				
African American GBM	**29.0%**	**41.7%**	**0.82%**	**Yes**
White GBM	**17.8%**	**14.7%**	**1.57%**	**Yes**
Hispanic GBM	**2.3%**	**3.6%**	**0.14%**	**Yes**
Asian GBM	**0.3%**	**0.3%**	**0.05%**	**Yes**
Other GBM	**0.4%**	**1.1%**	**0.05%**	**Yes**
HIV Burden Among IDUs				
African American Women IDU	**3.8%**	**1.5%**	**0.08%**	**Yes**
African American Men IDU	**9.2%**	**5.7%**	**2.38%**	**Yes**
White Women IDU	**1.5%**	**1.8%**	**0.15%**	**Yes**
White Men IDU	**3.5%**	**2.3%**	**0.44%**	**Yes**
Hispanic Women IDU	**0.2%**	**0.1%**	**0.01%**	**Yes**
Hispanic Men IDU	**0.7%**	**0.6%**	**0.04%**	**Yes**
Asian Women IDU	**0.0%**	**0.0%**	**0.00%**	**Yes**
Asian Men IDU	**0.1%**	**0.1%**	**0.01%**	**Yes**
Other Women IDU	**0.0%**	**0.0%**	**0.00%**	**Yes**
Other Men IDU	**0.2%**	**0.1%**	**0.00%**	**Yes**
HIV Burden Among Racial/Ethnic and Gender Groups				
African American Women	**23.9%**	**19.9%**	**16.8%**	**Yes**
African American Men	**43.8%**	**51.2%**	**15.2%**	**Yes**
White Women	4.2%	3.4%	30.1%	No
White Men	21.9%	17.3%	29.1%	No
Hispanic Women	0.8%	0.9%	2.3%	No
Hispanic Men	**3.3%**	**4.8%**	**2.7%**	**Yes**
Asian Women	0.1%	0.0%	0.9%	No
Asian Men	0.3%	0.4%	0.9%	No
Other Women	0.2%	0.2%	0.1%	No

Group	% PLWH	% New Dx	% of LA Pop.	Priority Population
Other Men	0.5%	0.7%	0.1%	No
Transgender Men and Women	**0.8%**	**0.4%**	**0.6%**	**Marginal[3]**
HIV Burden Among Age Groups				
15-24	**5.4%**	**25.4%**	**13.8%**	**Yes**
25-34	**19.7%**	**32.7%**	**14.5%**	**Yes**
35-44	**23.5%**	**18.5%**	**12.2%**	**Yes**
45-54	**28.2%**	**13.7%**	**12.9%**	**Yes**
55-64	**17.4%**	**7.8%**	**12.8%**	**Marginal**
65-74	4.2%	1.7%	8.3%	No
75+	0.6%	0.1%	5.7%	No
People Living with HIV (PLWH)				
PLWH	**100%**	**100%**	**0.4%**	**Yes**
HIV Burden Among Public Health Regions				
Region 1 (New Orleans)	**34.6%**	**32.9%**	**19.2%**	**Yes**
Region 2 (Baton Rouge)	**24.0%**	**22.2%**	**14.6%**	**Yes**
Region 3 (Houma)	4.1%	5.6%	8.7%	No
Region 4 (Lafayette)	7.6%	8.1%	13.0%	No
Region 5 (Lake Charles)	5.2%	3.9%	6.4%	No
Region 6 (Alexandria)	4.6%	4.7%	6.6%	No
Region 7 (Shreveport)	**8.5%**	**11.5%**	**11.7%**	**Marginal**
Region 8 (Monroe)	5.1%	5.8%	7.6%	No
Region 9 (Slidell)	6.2%	5.3%	12.3%	No

[3] "Marginal" indicates that the proportion of PLWH and/or the proportion of new HIV diagnoses is greater than the population proportion by less than 5 absolute percentage points for the indicated group.

Table 12 (cont.) HIV Burden by Parish				
Louisiana Parish	**% PLWH**	**% New Dx**	**%LA Pop**	**Priority Population**
Acadia Parish	0.6%	0.6%	1.3%	No
Allen Parish	**1.3%**	**0.0%**	**0.5%**	**Marginal**
Ascension Parish	1.2%	1.7%	2.6%	No
Assumption Parish	0.2%	0.1%	0.5%	No
Avoyelles Parish	0.8%	0.2%	0.9%	No
Beauregard Parish	0.2%	0.2%	0.8%	No
Bienville Parish	0.1%	0.2%	0.3%	No
Bossier Parish	1.0%	1.7%	2.7%	No
Caddo Parish	**5.6%**	**7.1%**	**5.4%**	**Marginal**
Calcasieu Parish	3.4%	3.2%	4.3%	No
Caldwell Parish	0.1%	0.2%	0.2%	No
Cameron Parish	0.0%	0.0%	0.1%	No
Catahoula Parish	0.1%	0.2%	0.2%	No
Claiborne Parish	0.3%	0.4%	0.3%	No
Concordia Parish	0.2%	0.4%	0.4%	No
De Soto Parish	0.3%	0.3%	0.6%	No
East Baton Rouge Parish	**19.1%**	**18.4%**	**9.6%**	**Yes**
East Carroll Parish	0.1%	0.1%	0.2%	No
East Feliciana Parish	**0.8%**	**0.3%**	**0.4%**	**Marginal**
Evangeline Parish	0.4%	0.6%	0.7%	No
Franklin Parish	0.2%	0.3%	0.4%	No
Grant Parish	0.2%	0.3%	0.5%	No
Iberia Parish	0.6%	0.7%	1.6%	No
Iberville Parish	**1.5%**	**0.7%**	**0.7%**	**Marginal**
Jackson Parish	0.1%	0.2%	0.3%	No
Jefferson Parish	**9.1%**	**9.0%**	**9.3%**	**Marginal**
Jefferson Davis Parish	0.3%	0.5%	0.7%	No
Lafayette Parish	3.7%	3.9%	5.1%	No
Lafourche Parish	0.8%	1.5%	2.1%	No
La Salle Parish	**0.1%**	**0.6%**	**0.3%**	**Marginal**
Lincoln Parish	0.5%	0.8%	1.0%	No
Livingston Parish	1.1%	1.1%	3.0%	No
Madison Parish	**0.2%**	**0.2%**	**0.2%**	**Marginal**
Morehouse Parish	0.3%	0.4%	0.6%	No
Natchitoches Parish	0.6%	1.0%	0.8%	No
Orleans Parish	**24.4%**	**22.9%**	**8.3%**	**Yes**
Ouachita Parish	**3.0%**	**3.1%**	**3.4%**	**Marginal**
Plaquemines Parish	0.2%	0.2%	0.5%	No
Pointe Coupee Parish	0.2%	0.0%	0.5%	No
Rapides Parish	**2.3%**	**2.6%**	**2.8%**	**Marginal**
Red River Parish	0.1%	0.1%	0.2%	No

Richland Parish	0.2%	0.4%	0.4%	No
Sabine Parish	0.1%	0.3%	0.5%	No
St Bernard Parish	0.9%	0.9%	1.0%	No
St Charles Parish	0.6%	0.6%	1.1%	No
St Helena Parish	0.1%	0.1%	0.2%	No
St James Parish	0.4%	0.1%	0.5%	No
St John the Baptist Parish	**0.8%**	**1.0%**	**0.9%**	**Marginal**
St Landry Parish	1.4%	1.8%	1.8%	No
St Martin Parish	0.5%	0.1%	1.2%	No
St Mary Parish	0.4%	0.6%	1.1%	No
St Tammany Parish	2.2%	1.6%	5.4%	No
Tangipahoa Parish	1.9%	2.1%	2.8%	No
Tensas Parish	0.2%	0.1%	0.1%	No
Terrebonne Parish	1.0%	1.8%	2.4%	No
Union Parish	0.2%	0.1%	0.5%	No
Vermilion Parish	0.4%	0.4%	1.3%	No
Vernon Parish	0.4%	0.5%	1.1%	No
Washington Parish	0.9%	0.4%	1.0%	No
Webster Parish	0.4%	0.5%	0.9%	No
West Baton Rouge Parish	0.5%	0.7%	0.5%	No
West Carroll Parish	0.1%	0.0%	0.2%	No

The LAHPG's analysis of HIV burden among the various demographic and risk groups reveals that PLWH, GBM of all races/ethnicities, IDUs of all races/ethnicities, African American Men, African American Women, Incarcerated Individuals, Youth (individuals ages 15 – 24), Young Adults (25-34) and Older Adults (individuals ages 35-54) are disproportionately impacted by HIV in Louisiana. The analysis of HIV burden further reveals that the New Orleans and Baton Rouge areas (Public Health Regions 1 and 2) are home to a disproportionate number of PLWH and new HIV diagnoses. More specifically, Orleans Parish (within region 1) and East Baton Rouge Parish (within Region 2) are home to a combined 41% of all new diagnoses and 44% of all PLWH, but the two parishes combined only account for roughly 18% of Louisiana's population. The identification of health disparities related to HIV/AIDS and the importance of targeting of resources for the groups and geographical areas most impacted by HIV are clear goals of NHAS--as well as directives from federal HIV prevention and services funders (CDC and HRSA). In summary, the LAHPG has identified the following Priority Populations for the enhanced provision of HIV prevention, treatment care and supportive services in the State of Louisiana (listed in order of greatest disparity) for 2017-2021:

- PLWH
- GBM of all races/ethnicities
- IDU of all races/ethnicities
- African American Men
- African American Women

- Latino/Hispanic Men
- Youth (ages 15 – 24)
- Young Adults (ages 25-34)
- Older Adults (ages 35-54)
- Residents of Public Health Regions 1 and 2 (New Orleans and Baton Rouge areas), in particular Orleans and East Baton Rouge Parishes.

It is also important to note that although allocation of prevention, treatment and care resources should be primarily focused on the priority populations identified in this strategy, this prioritization is not intended nor should it result in the exclusion of other groups/populations from benefiting/receiving HIV prevention, treatment and care services in the state of Louisiana. The LA HPG is committed to ensuring equitable service provision statewide and supports capacity building in under-resourced areas.

Former volunteers of AIDS United Americorps supporting National Youth HIV/AIDS Awareness Day.

HIV Care Continuum

HIV Care Continuum

The HIV Care Continuum shows, in visual form, the number of PLWH who are receiving the full benefits of the medical care and treatment they need. The HIV Care Continuum is used to identify issues and highlight opportunities for improving the delivery of services to PLWH at each stage of the continuum. The continuum is also used to identify important inequities (e.g., racial, geographic, gender disparities) that exist in Louisiana and to measure progress over time. Louisiana uses the *diagnosis-based* approach to develop the continuum. This approach displays each step of the continuum as a percentage of the number of PLWH who were diagnosed and reported to the OPH SHP. Louisiana is not able to create a *prevalence-based* continuum since reliable estimates of the number of undiagnosed PLWH are not yet available. Figure 7 shows the Louisiana-specific continuum created by the SHP using data from surveillance and laboratory reporting.

- Column 1: The number of PLWH at the end of 2015 includes people living with HIV as of 12/31/2015 who were diagnosed before 1/1/2015 and whose current address is in Louisiana. This number is smaller than the overall number of PLWH because it does not include persons newly diagnosed in 2015. In 2015, there were 19,398 persons living with HIV in Louisiana who met these criteria.
- Column 2: The number of PLWH engaged in HIV care includes all PLWH who had at least one CD4 count or viral load (VL) test conducted in 2015. In 2015, 72% of PLWH in Louisiana had at least one medical care visit.
- Column 3: The number of PLWH retained in HIV care includes the number of PLWH who had two or more CD4 counts or VL tests conducted in 2015 at least 90 days apart. In 2015, 55% of PLWH in Louisiana were retained in HIV medical care.
- Column 4: The number of PLWH who are virally suppressed are the number of PLWH whose most recent VL test in 2015 was less than 200 copies/ml. In 2015, 57% of PLWH in Louisiana were virally suppressed.
- An additional feature that Louisiana has added to the HIV Care Continuum is viral suppression among persons engaged in HIV medical care. Of the 13,930 PLWH engaged in care in Louisiana (Column 2), 79% were virally suppressed.
- The Louisiana HIV Care Continuum does not include a column for antiretroviral use because those data are not available for all PLWH in the surveillance database.
- Date on linkage to HIV medical care for persons newly diagnosed with HIV are also not included in the continuum. These data are displayed on a separate graph (Figure 8) that shows trends in linkage to care over time. The 2015 National HIV/AIDS Strategy goal was to link 85% of newly-diagnosed persons to HIV medical care within 90 days. Although Louisiana did not meet this goal in 2015, linkage to care has increased significantly over time. In 2007, only 67% of newly diagnosed persons were linked within 90 days, and this percentage increased to 82% in 2015.

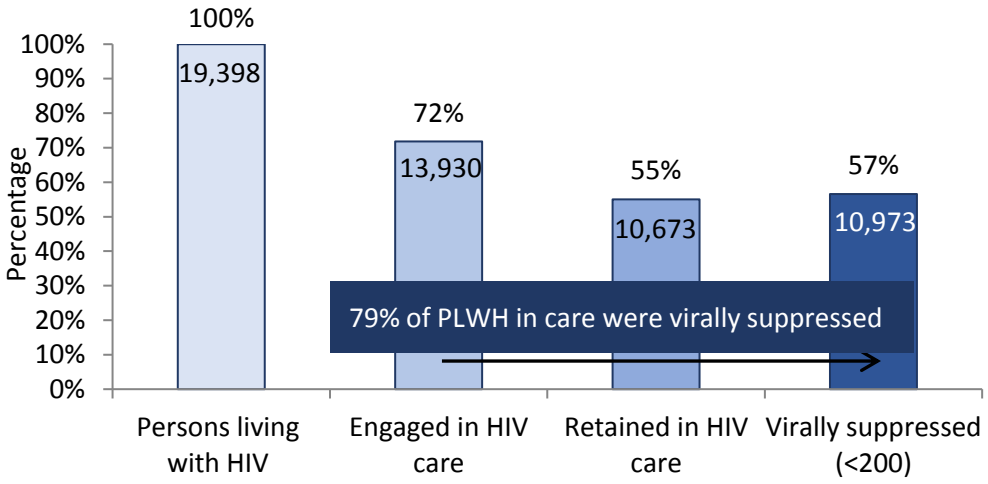


Figure 7. Louisiana HIV Care Continuum, 2015

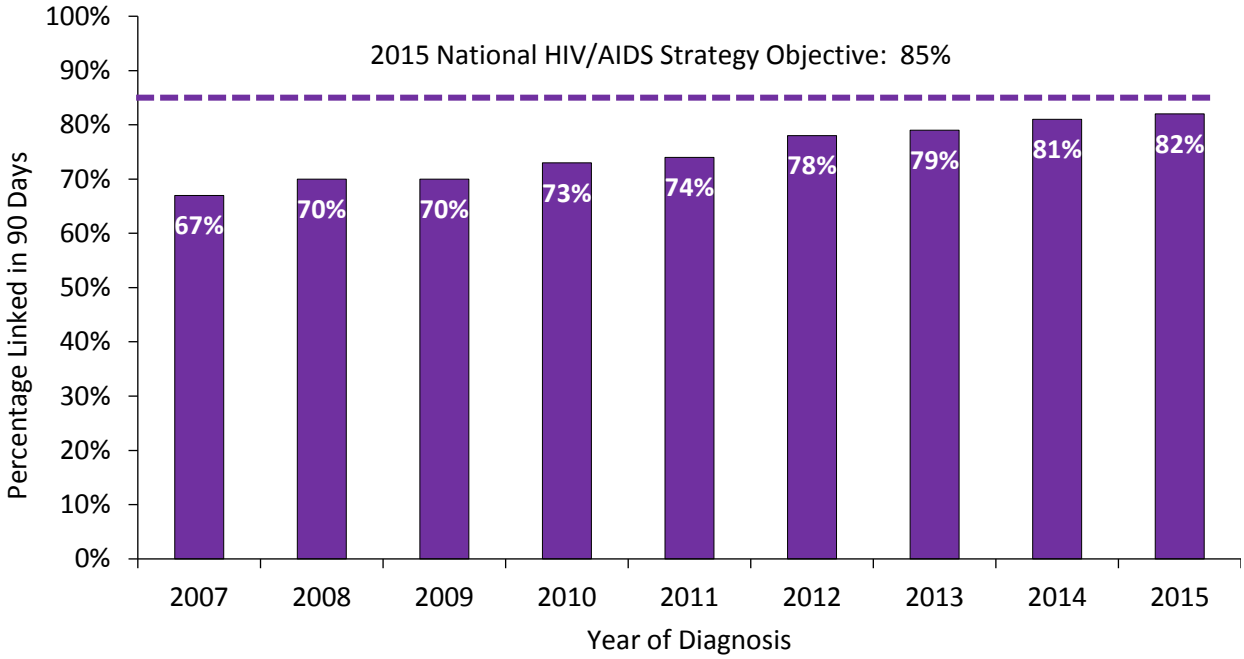


Figure 8. Linkage to HIV Care within 90 Days, 2007-2015

Disparities in Outcomes along the HIV Care Continuum

Louisiana has created HIV Care Continua for many different demographic and geographic subgroups in order to identify and address disparities in linkage, retention and viral suppression. Several of these continua are shown below (Figures 9 and 10). Additional continua are in Appendix A.

- Although black and white PLWH have similar engagement and retention in care, viral suppression among PLWH in care is significantly higher among white PLWH (88%)

compared to black PLWH (75%). Among Hispanic/Latino PLWH, engagement and retention in care is low. This may be due in part to persons moving out of state. Hispanic/Latino PLWH in care have similar viral suppression rates similar to white PLWH (86%).

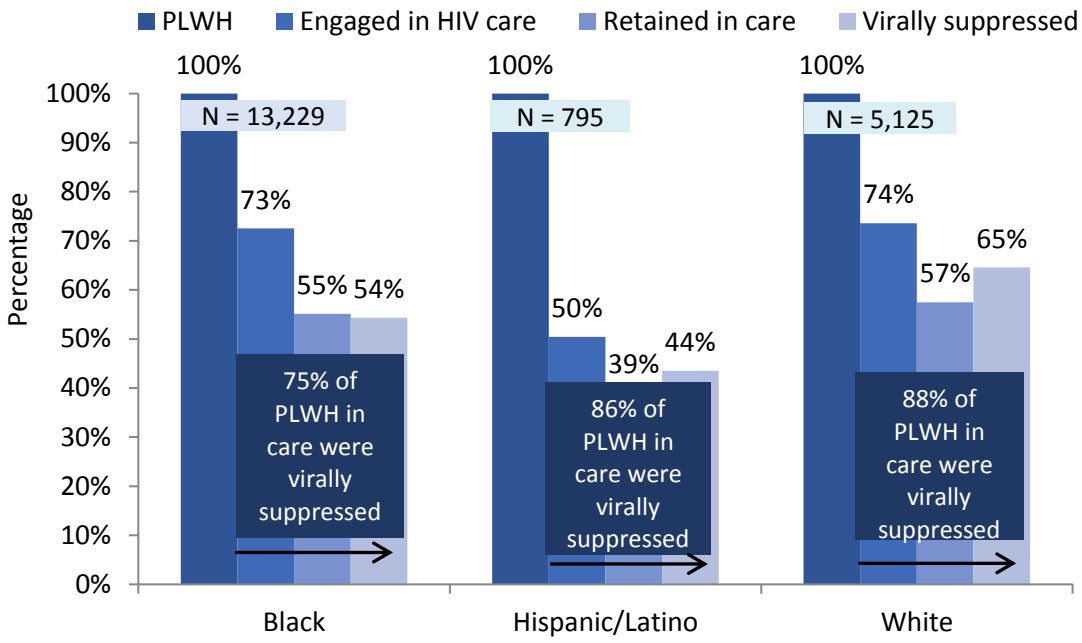


Figure 9. HIV Care Continuum by Race, 2015

- Figure 10 shows a significant disparity between young, black gay/bisexual males ages 13-29 and older, white gay/bisexual males ages 55 and older. Although the percentage of gay/bisexual males engaged in HIV care is identical for both groups, only 52% of young, black gay/bisexual males are retained in care compared to 62% of older, white gay/bisexual males. Viral suppression among young, black gay/bisexual males in care is only 75% compared to 93% among older, white gay/bisexual males.

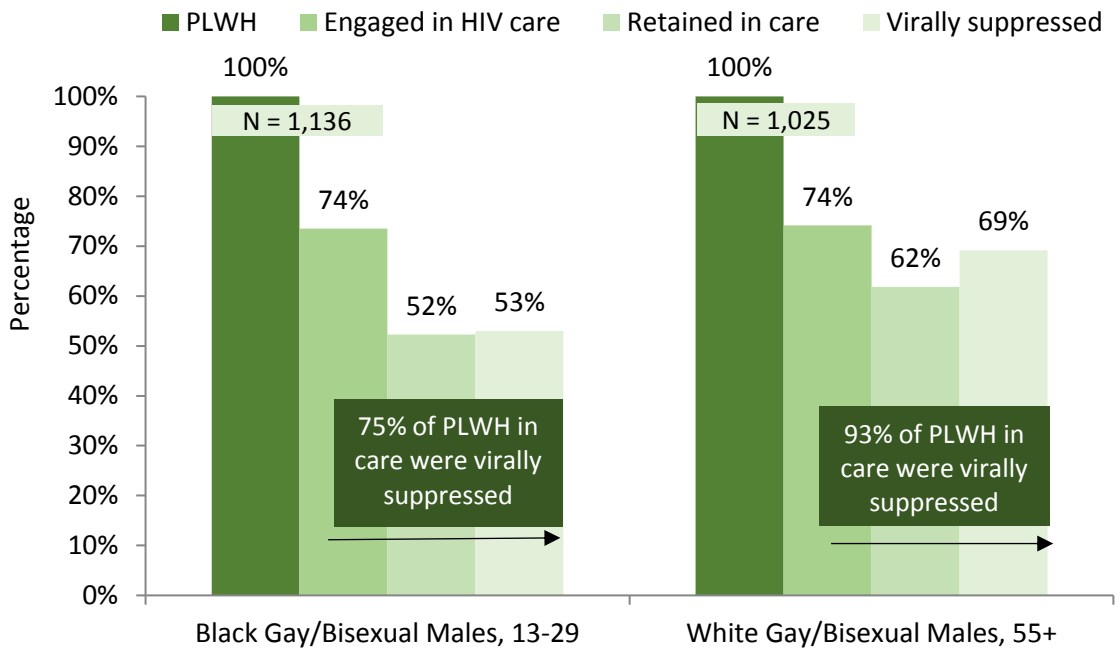


Figure 10. Care Continuum for Gay and Bisexual Men, 2015

Additional highlights from the HIV Care Continua in Appendix A:

- In 2015, retention in HIV care was highest in the Baton Rouge and Houma regions and lowest in the Shreveport and Lake Charles regions. Viral suppression among persons in care was highest in the New Orleans, Hammond/Slidell and Houma regions and lowest in the Baton Rouge, Lake Charles and Monroe regions.
- Older PLWH who are engaged in care are significantly more likely to be virally suppressed than younger persons. Viral suppression was 65% among 13-24 year olds, 73% among 25-44 year olds, 84% among 45-64 year olds and 80% among persons 65 and older.
- Female PLWH were more likely to be engaged and retained in care (76%, 58% respectively) than male PLWH (70%, 54% respectively). However, males in care were more likely to be virally suppressed (81%) compared to females (74%). Transgender women in care had the lowest rate of viral suppression (70%).

Gathering at HIV Memorial in New Orleans, Louisiana.

Financial & Human Resources Inventory

Financial & Human Resources Inventory

Provision of Ryan White Part B Supportive Services in Louisiana

SHP receives federal grant dollars from the Health Resources and Services Administration (HRSA), conducts a Request for Proposals (RFP) process, and then distributes those funds to the successful applicants of that process. Currently, the Louisiana Department of Health allocates a majority of the Part B and ADAP resources to the procurement and maintenance of comprehensive health insurance policies for low-income persons living with HIV. One contract with a Pharmacy Benefits Manager (PBM) and another with a community-based Health Insurance Program (HIP) supports the payment of monthly insurance premiums and cost shares that are associated with co-payments for medications and medical visits or with deductible requirements. SHP also allocates more than $3 million annually to provide Ryan White Part B funding to community-based organizations in seven of the nine public health regions to provide supportive services for people living with HIV. Those agencies are located in the major metropolitan area of each region, and provide services to a predominantly rural population. Each entity is funded for Case Management and Medical Transportation through Ryan White Part B resources, and Tenant Based Rental Assistance through the Housing Opportunities for People With AIDS (HOPWA). Additional supportive services are included in each budget based on unmet service needs in the community and the availability of qualified staff in each region. The entities that are currently funded are provided in Table 13 below:

Table 13. Ryan White Funded Care by Region and Agency

Region 3: Houma/Thibodeaux	Exchange Support Services administered by Crescent Care Health
Region 4: Lafayette	Acadiana CARES
Region 5: Lake Charles	Southwest Louisiana AIDS Council (SLAC)
Region 6: Alexandria	Central Louisiana AIDS Support Services (CLASS)
Region 7: Shreveport	Philadelphia Center
Region 8: Monroe	GO CARE
Region 9: Northshore	Volunteers of America of Greater New Orleans
Region 9: Northshore	Lallie Kemp Regional Medical Center

The remaining two public health regions in the state (the greater New Orleans and the greater Baton Rouge metropolitan areas) receive Ryan White Part A funding.

Survey of Local Regional Resources

As a component of the LAHAS, during the summer of 2016, SHP developed a Resource Inventory from responses provided by the Ryan White Part B funded agencies throughout the state. The purpose of this inventory was to take a snapshot of each agency's available financial and community resources excluding those received from the state. This assessment of resources is intended to inform the Statewide Coordinated Statement of Need (SCSN) as part of the LAHAS.

Table 14 includes the known and utilized community resources reported by each agency funded for Ryan White Part B in its respective public health region.

Table 14. Non-Ryan White Funded Care And Service Inventory	
Organization/Provider	**Services**
Region 3	
Terrebonne Behavioral Health	Primary Care Medical Clinic
Start Corporation	Community Health Center (Primary/Behavioral/Dental Health)
Chabert Medical Center	Medical Center and HIV Specialty
Louisiana Dental Center	Dental Care
Teche Action Clinic	Community Health Center (Primary/Behavioral/Dental Health)
Region 4	
Southwest Primary Clinic	Primary Care
Iberia Comprehensive Clinic	Primary Care
Affordable Dentures	Dental Care
Council on Aging	Transportation
City Cab	Transportation
Region 5	
Rhonda R. Smith, LCSW	Mental Health
Nanette Territa-Prejean, LPC	Mental Health/Substance Use Treatment
SWLA Center for Health Services	Oral Health/ OB/GYN
Said Cantu, MD	Psychiatric/Outpatient Mental Health Day Program
Region 6	
Affordable Dentures	Dental Care
Lake District Family Dentistry	Dental
Edgefield Recovery Center	Substance Use Treatment
Pathways Community Behavioral Healthcare	Substance Use Treatment
Caring Choice	Mental Health
Thompson Home Health	Home Health
Heart of Hospice	Hospice
Health South Hospital	Rehabilitative Services
Incarnate Word	Clinic
HPL Urgent Care at Rapides	Clinic
Region 7	
University Health: Viral Disease Clinic	HIV Clinic
GO CARE Clinic in Monroe	HIV Clinic

Willis-Knighton Health System – Pierremont	Infectious Disease Medical Group
Willis-Knighton Health System – North	Infectious Disease Medical Group
Region 8	
University Health Conway	Medical
Primary Health Care	Mental Health
Rayville Recovery	Substance Use Treatment services
Kim Caldwell, DDS	Dental Care
Region 9	
Lallie Kemp Medical Center	Public Hospital/Mental Health
Dental Care Associates	Dental Care
Our Lady of Angels Hospitals	Private Hospital/Mental Health
Louisiana Dental Center	Dental Care
Bogalusa Family Dental	Dental Care
HAART	STD Screening
Trinity Mental Health	Mental Health
St. Anthony's Home	Nursing Home
Bogalusa Mental Health	Mental Health
Florida Parish Human Services Authority	Mental Health/Substance Use/Behavioral Therapy
Veteran Affairs	Medical Care
University Medical Center	Medical Care

Regional Needs

As part of the Resource Inventory, agencies highlighted additional needs in their respective regions. The reported needs included:

- emergency shelter and housing for women
- peer led support groups
- more comprehensive public transportation
- more reliable Medicaid transportation
- services for individuals who are homeless
- services for individuals with Low English Proficiency (LEP)
- services for individuals who are deaf
- more focused services for the African American clients
- primary care facilities with nontraditional hours
- additional mental health and substance use inpatient treatment beds
- more dental providers
- additional public housing vouchers

Provision of HIV Prevention, Care and Treatment Services in Baton Rouge TGA

The City of Baton Rouge Ryan White Program (BRRWP) receives Ryan White Part A and MAI grant dollars from the Health Resources and Services Administration (HRSA), conducts a Request for Proposals (RFP) process, and then distributes those funds to the successful applicants of that process. All entities currently funded are located within East Baton Rouge Parish, and provide services to PLWH in all nine parishes of the Baton Rouge Transitional Grant Area.

In addition to the Part A funded services in the BR TGA, other federal, state and local monies for HIV/AIDS services flow into the area. The state receives federal funding for the Louisiana AIDS Drug Assistance Program (LaDAP) administered with Part B funds. PLWH in the Baton Rouge TGA are assisted through SHP's LA HAP Program with health insurance premiums and cost shares. Two providers receive Ryan White Part C funding for Outpatient Ambulatory Medical services in the BR TGA. Ryan White Part D funding is available through Our Lady of the Lake (OLOL). OLOL sub-contracts some of the Part D services to Family Service of Greater Baton Rouge and Woman's Hospital. The City of Baton Rouge's Office of Community Development receives federal funding for Housing Opportunities for Persons with AIDS (HOPWA) within Region 2 and Region 9, as well as other HUD funded housing programs. The BR TGA, through the state, receives limited funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) for addiction prevention and treatment services for PLWH. Table 13 provides the detail of funding sources in the TGA, the funding amounts, funded service provider agencies, the services delivered to PLWH, and the HIV Care Continuum steps impacted with this funding to those who know their status.

Table 15. Baton Rouge TGA HIV Prevention, Care and Treatment Service Inventory

Funding Sources	Funding Amounts (% of Total in FY2016)	Funded Service Provider Agencies	Services Delivered	HIV Care Continuum Steps Impacted
RWHAP-Part A/ MAI	$4,513,207 (15%)	HIV/AIDS Alliance for Region Two (HAART), Volunteers Of America Greater Baton Rouge (VOAGBR), Our Lady Of the Lake (OLOL), Family Services Greater Baton Rouge (FSGBR), NO AIDS, AIDS Healthcare	Outpatient/Ambulatory Medical Care (OAMC), AIDS Drug Assistance Local (LPAP), Oral Health (OH), Early Interventions Services (EIS), Mental Health (MH), Medical Case Management (MCM), Substance Abuse Outpatient (SA-O), Non-medical Case Management (NMCM), Emergency Financial Assistance (EFA),	HIV-Diagnosed, Linkage to Care, Retained in Care, Antiretroviral Use, Viral Load Suppression

Table 15. Baton Rouge TGA HIV Prevention, Care and Treatment Service Inventory				
Funding Sources	**Funding Amounts (% of Total in FY2016)**	**Funded Service Provider Agencies**	**Services Delivered**	**HIV Care Continuum Steps Impacted**
		Foundation (AHF), Capitol City Family Healthcare Center (CCFHC)	Housing Services, Legal Services, Medical Transportation (MT), Outreach Services, Psychosocial Services	
RWHAP-Part B	$15,180,000 (5%)	LA STD/HIV Program HAART	ADAP, Health Insurance Premium/ Cost Sharing Assistance	Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression
RWHAP-Part C	$782,238 (3%)	OLOL, CCFHC	OAMC, OH, EIS, MH, MCM, MT	Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression
RWHAP-Part D	$564,180 (2%)	OLOL, FSGBR, Woman's Hospital	OAMC, OH, MH, MCM, MT	Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression
CDC Prevention	$236,798 (1%)	HAART	HIV Testing	HIV-Diagnosed
HUD/ HOPWA	$2,538,685 (9%)	VOAGBR, HAART, Baton Rouge Area Alcohol and Drug Center (BRAADC), Office of Social Services, OLOL St. Anthony's Home, Metro Health, Louisiana Health and Rehab Center	MH, SA-Outpatient and In-patient, Tenant Based Housing, Project Based Housing, Respite Care, Short Term Rental, Mortgage and Utility Assistance, Housing Information Services, Housing Case Management	Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression
State	$1,369,230 (5%)	CCFHC, FSGBR, HAART, Baton Rouge AIDS Society (BRASS), Metro Health, Capitol Area Re-	OAMC, HIV Testing, Health Education/Risk Reduction	HIV-Diagnosed, Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression

Table 15. Baton Rouge TGA HIV Prevention, Care and Treatment Service Inventory				
Funding Sources	**Funding Amounts (% of Total in FY2016)**	**Funded Service Provider Agencies**	**Services Delivered**	**HIV Care Continuum Steps Impacted**
		Entry Program (CARP)		
Federal	$3,540,524 (12%)	CCFHC, HAART	OAMC, OH, EIS, MH, HIV Testing	HIV-Diagnosed, Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression
Local	$855,922 (2%)	FSGBR, VOAGBR, HAART	MCM, Health Education/ Risk Reduction, Housing, Outreach Services, HIV Testing, HIV education, training and community awareness, PrEP,	HIV-Diagnosed, Linkage to Care, Retention in Care, Antiretroviral Use, Viral Load Suppression

Baton Rouge HIV Workforce Capacity and how it impacts the HIV prevention and care service delivery system: The BR TGA Continuum of Care for Ryan White Part A services begins with Outpatient/Ambulatory Medical Care (OAMC). An individual who is eligible for Ryan White services can access all services within the TGA through HIV Medical Case Management (MCM) services. It is preferred that all PLWH have a case manager, but it is not required for access to HIV medical care once eligibility is established. Four HIV medical providers comprise the Outpatient/Ambulatory Medical Care within the TGA, two of which are Federally Qualified Healthcare Centers (FQHCs). HIV medical care within the BR TGA has a major link to MCM, allowing eligible clients to access multiple core services, as well as their support services needs. The eligible client is referred to Ryan White Part A ancillary services within the TGA through a developed and uniform medical case management model. This medical case management model allows for continuity of care and coordination of needs while ensuring services are not duplicated. Eligible clients enter the system via several points of entry (including emergency rooms, homeless shelters, primary care providers, HIV testing sites, etc.) and are connected with Early Intervention Services (EIS) peer advocates and case managers at the various agencies within the TGA. Clients that enter the system through EIS are assisted by peer advocates, who are also community health workers. Peer advocates help clients navigate the system of care, enter care, and become fully linked to and engaged in medical and other HIV/AIDS care. Peer advocates work with the client and their case managers by providing additional support (coaching and mentoring, relationship building, education about the system of care, HIV literacy education, etc.) to help clients become fully engaged in care. This system attempts to eliminate barriers to care and establish an efficient continuum for the client to access. Services provided include Outpatient/Ambulatory Medical Care, Medical Case Management, Mental Health, Oral Health

Services, Substance Abuse Treatment, and Drug Reimbursement; as well as supportive services necessary to maintain the client's medical retention such as Housing Assistance, Emergency Financial Aid, Medical Transportation, et al.

How funding sources interact in the BR TGA to ensure continuity of HIV prevention, care and treatment services: In the Baton Rouge region, Ryan White Parts A, B, C, and D, the State of Louisiana HIV Prevention program and the City of Baton Rouge HOPWA program collaborate to ensure continuity of HIV prevention, care and treatment services in the Baton Rouge region. Several Ryan White providers are also funded for STD and HIV prevention and HOPWA services. The HIV prevention providers conduct outreach and HIV testing to identify HIV positive individuals. When an individual is identified as HIV positive, they are referred to the Ryan White programs for care and treatment. The Ryan White Part A, C and D programs interact with the State Ryan White Part B program to assist clients in applying for ADAP and health insurance premium and cost sharing assistance. Clients enrolled in Ryan White Parts C and D are able to access services not available in Part C and D through the Ryan White Part A program. HOPWA services (short term rental and utility assistance, tenant based housing and project based housing) are also available to clients enrolled in Ryan White Parts A, B, C, and D programs.

Identifying needed resources and/or services in the BR TGA not being provided and steps taken to secure them: The BR TGA Advisory Council has identified childcare assistance and food bank/home delivered meals as needed services in the BR TGA. Childcare assistance was reported by Women of Color residing in the BR TGA as one of two 'priority' need services that would help them enter and remain in care. Woman's Hospital, the largest provider for obstetrical and gynecological services for HIV positive women in the Baton Rouge region, reports that many women miss their appointments because they do not have family or friends or the money to pay someone to watch their pre-school aged children while they are attending medical appointments. Children are not allowed in the waiting areas of the obstetrical and gynecological providers, which prevent women from bringing their pre-school aged children with them to appointments. Pregnant clients are missing vital prenatal appointments that may reduce the risk of perinatal transmission. Offering childcare assistance will help eliminate this barrier to care and address the gaps along the BR TGA HIV Care Continuum. The BRRWP has also received considerable feedback from the Ryan White funded case management agencies regarding requests for food from Ryan White clients. The majority of African American PLWH are geographically concentrated in low-income neighborhoods within the city of Baton Rouge and Parish of East Baton Rouge. Clients not only lack the resources to purchase food, they also reside in "food desert" areas. More than 70,000 East Baton Rouge Parish residents live in "food deserts," according to the U.S. Department of Agriculture. These areas are defined by poverty and poor access to supermarkets and large grocery stores where fresh fruits and vegetables and other healthy foods are available for sale. Implementing food bank or home delivered meal services that include fresh fruits and vegetables will help remove barriers to care and improve the health and well-being of PLWH in the Baton Rouge region. The BRRWP plans to implement child care assistance for PLWH while attending their medical appointments and food bank/home delivered meals over the next three years.

Provision of HIV Prevention, Care and Treatment Services in New Orleans EMA

NO EMA receives Ryan White Part A and MAI funding from HRSA, conducts an RFP process, and then distributes funds to those accepted service providers. The funds distributed to each provider are based on the services offered by that provider and the level of funding that has been allocated to each prioritized service category. The entities currently funded by Part A are located in Orleans, Jefferson, and St. Tammany Parishes, and provide services to PLWH in all eight parishes located within NO EMA.

In addition to the Part A funded services in NO EMA, Federal and State monies are also available for the provision of services to PLWH in NO EMA. The State receives federal funding for LDAP, which is administered with Part B funds. PLWH in NO EMA are assisted through SHP's LA HAP Program with health insurance premium and cost share coverage. Two providers in NO EMA receive Ryan White Part C funds for Outpatient Ambulatory Medical services. Ryan White Part D funding is provided to Crescent Care, which subcontracts to UMCNO HOP and is available to PLWH in NO EMA. HUD/HOPWA funding is provided to Unity GNO, which subcontracts to multiple providers, as well as to the City of New Orleans, which also subcontracts with multiple providers. HUD/HOPWA funding has a total of six providers, contracted through Unity and the City of New Orleans, and is responsible for providing housing support services to PLWH in NO EMA. The CDC Prevention program awarded direct funding to three providers in NO EMA, contributing to prevention, as well as HIV diagnosis and linkage to care. Funding is also provided through SAMSHA and Medicaid at the Federal level, in addition to MHSD, OMH, and LSU which are all, in part, state funded entities. Table 13 provides additional detail of funding sources in NO EMA, the funding amounts, funded service providers, the services delivered to PLWH, and the HIV Care Continuum steps impacted with this funding.

Table 16. New Orleans EMA HIV Prevention, Care and Treatment Service Inventory

Funding Sources	Funding Amounts (% of Total in FY2016)	Funded Service Provider Agencies	Services Delivered	HIV Care Continuum Steps Impacted
RWHAP – Part A/MAI	$6,636,171	Office of Health Policy (contracted to Belle Reeve, Concerned Citizens for a Better Algiers, CrescentCare (dba NO/AIDS Taskforce), Frontline Legal Services, Priority Health Care, Project Lazarus, St. Thomas Community Health Center, Southeast LA Area Health	Medical/Non-Medical Case Management, Psychosocial Support Services, Outpatient Substance Abuse Services, Dental Care, Emergency Financial Assistance, Foodbank, Health Education, Health Insurance	Testing→HIV Diagnosed→ Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression

Table 16. New Orleans EMA HIV Prevention, Care and Treatment Service Inventory				
Funding Sources	**Funding Amounts (% of Total in FY2016)**	**Funded Service Provider Agencies**	**Services Delivered**	**HIV Care Continuum Steps Impacted**
		Education Center, T-Cell Clinic, University Medical Center New Orleans – Infectious Disease Center)	Assistance, Home Delivered Meals, Home Health Care, Housing Assistance, Legal Services, Medical Nutrition Therapy, Medical Transportation, Medications Program(LPAP), Mental Health Services, Primary Medical Care, Referral for Healthcare, Treatment Adherence, Early Intervention Services	
RWHAP – Part B	$20,249,635	LA STD/HIV Program HAART	Louisiana Drug Assistance Program (LDAP), Health Insurance Assistance	Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression
RWHAP – Part C	$1,156,504	Crescent Care*, UMCNO HOP	Oral Health Care, Ambulatory Care, Food Bank, Medical Case Management, Medical Transportation, Mental Health Counseling, Early Intervention Services, Health Education/Risk Reduction, Legal Services, Referral for Health Care	HIV Diagnosed→ Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression

Table 16. New Orleans EMA HIV Prevention, Care and Treatment Service Inventory				
Funding Sources	**Funding Amounts (% of Total in FY2016)**	**Funded Service Provider Agencies**	**Services Delivered**	**HIV Care Continuum Steps Impacted**
RWHAP – Part D	$1,038,609	CrescentCare*/FACES (contracted to UMCNO HOP)	Oral Health Care, Ambulatory Care, Medical Case Management, Medical Transportation, Mental Health Counseling, Medical Nutrition Therapy, Treatment Adherence Counseling	Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression
CDC Prevention	$5,578,991	Brotherhood, Inc., Institute of Women and Ethnic Studies, CrescentCare*, STD/HIV Program, Institute of Women and Ethnic Studies	Psychosocial Support, Early Intervention Services, Health Education/Risk Reduction, Referral Health Care, PrEP	Prevention, Testing→ HIV Diagnosed→ Linkage to Care
HUD/HOPWA	$5,661,864	Unity GNO (contracted to Belle Reve, Project Lazarus, CrescentCare*), City of New Orleans (contracted to Belle Reve & Project Lazarus, Brotherhood, Inc., Concerned Citizens for a better Algiers, Responsibility House)	Housing Assistance, Medical Transportation	Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression
State (Including MHSD, OMH, LSU, & 330)	$2,600,267	UMCNO HOP, Crescent Care*, HIV Cancer Care Program (funded by LSU), Louisiana Public Health Institute (LPHI)	Oral Health Care, Ambulatory Care, Medical Case Management, Early Intervention Services, Legal	Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression

Table 16. New Orleans EMA HIV Prevention, Care and Treatment Service Inventory				
Funding Sources	**Funding Amounts (% of Total in FY2016)**	**Funded Service Provider Agencies**	**Services Delivered**	**HIV Care Continuum Steps Impacted**
			Services, Referral for Healthcare	
Federal (including Medicaid and SAMHSA; excluding CDC, HUD/HOPWA)	$72,964,995	Priority Health Care, Project Lazarus, Crescent Care*, Institute of Women and Ethnic Studies, Odyssey House, Tulane T-Cell Clinic, HAART	Oral Health Care, Ambulatory Care, Medical Case Management, Medical Transportation, LPAP, Mental Health Counseling, Early Intervention Services, Home Health Care, Substance Abuse – Outpatient, Non-Medical Case Management	Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression
Public-Private Partnership	$2,649,728	LSU/UMC	Oral Health Care, Ambulatory Care, Medical Case Management, Medical Transportation, Mental Health Counseling, Non-Medical Case Management, Outreach Services, Referral for Health Care	Linkage to Care → Retained in Care→ Antiretroviral Use→ Viral Load Suppression
Private/Donation	$1,745,700	Priority Health Care, Tulane T-Cell Clinic, UMCNO HOP, Project Lazarus, Crescent Care*	Unspecified Program Support	Unspecified Impact

Members of a community advisory board.

Assessing Needs, Gaps, and Barriers and Assessing Impact of Changing Healthcare Landscape, including Medicaid Expansion

Assessing Needs, Gaps, and Barriers and Assessing Impact of Changing Healthcare Landscape, including Medicaid Expansion

Gaps and Limitations

It is important to emphasize that the needs assessment data presented in this report may not be representative of or generalizable to all PLWH across the state. There are several reasons for this. The primary reason is that the data are derived from a convenience sample. The PLWH who were surveyed are those who are currently "in care" and happened to be available and present at the data collection sites during the survey administration. They also self-selected themselves into the sample (i.e., they were not randomly selected), which means they may systematically differ from those individuals who are "out of care," or those who did not want to participate in the survey process. As a result, we cannot say that those in the sample are representative of any broader population (i.e., one that includes those who select out). Instead, the PLWH included in the sample represent only those persons who responded or who would have responded if they had been similarly available. This limitation applies to the full statewide sample, as well as any regional subsample; the samples cannot be said to be representative of the PLWH population within each region or across Louisiana.

The statewide sample also may not be generalizable to the broader population of PLWH in Louisiana because the regional subsamples differ slightly from the estimated distribution of PLWH across the state. Prior to data collection, the sampling area (Louisiana) was divided based on the Louisiana Department of Health's nine administrative regions. The OPH SHP chose a target number of respondents for each region; however, the targets (and ultimately the regional samples) were not in exact proportion to the distribution of PLWH across the state. While the percentage of returned survey responses are similar to the percentage of PLWH known to be living in each geographic area of the state, this is statistically not generalizable to the larger geographic area.

Additionally, as evidenced in other areas of the LAHAS, HIV disease disproportionately impacts specific subpopulations to a greater degree than others, but based on the convenience sample survey methodology, many of those subpopulations were not consistently represented in the responses that were submitted. For example, surveys submitted from individuals who identified as transgender only comprised 3% of the total responses statewide while responses from individuals identifying as heterosexuals comprised 53% of the total responses statewide (which is an over representation).

As a result of all of these issues, generalizations and inferences about the needs of PLWH across the state should be made with caution.

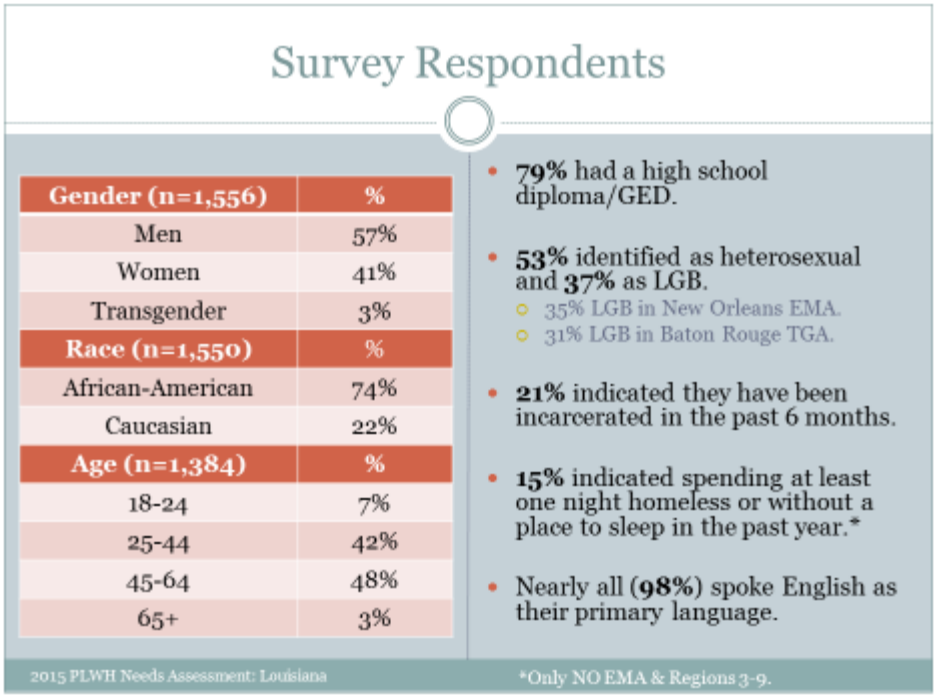


Figure 11. Characteristics of Needs Assessment Survey Respondents

Although 66% of the survey respondents indicated that they had achieved viral suppression, it is concerning that one out of every five respondents did not know their current viral load.

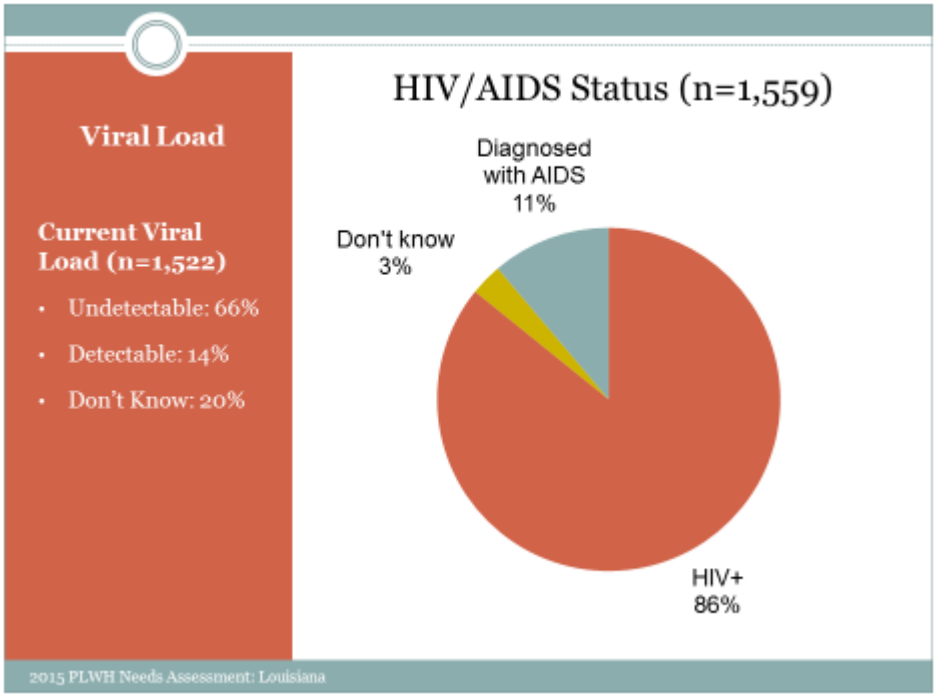


Figure 12. HIV Status/Stage of Needs Assessment Sample

This graphic validates the importance of clients being able to access HIV-related medical care and medications, as 38% of the respondents have been living with HIV for 15 or more years. But it also highlights the importance of HIV prevention strategies and education, since one out of four respondents have been diagnosed with HIV within the last four years.

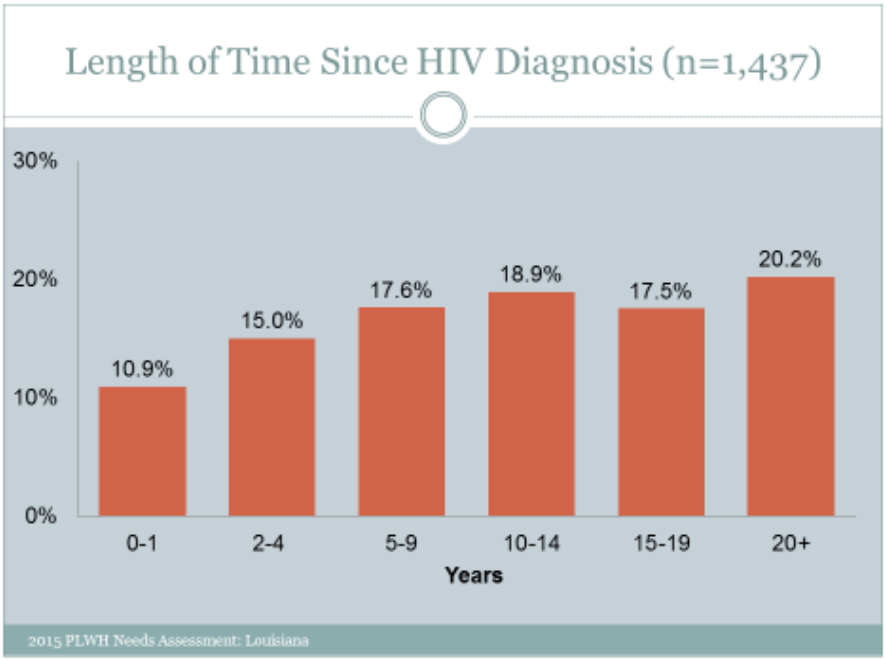


Figure 13. Length of Time Since HIV Diagnosis, Needs Assessment Sample

The STD/HIV Program of the Office of Public Health supports HIV testing at all of these types of locations.

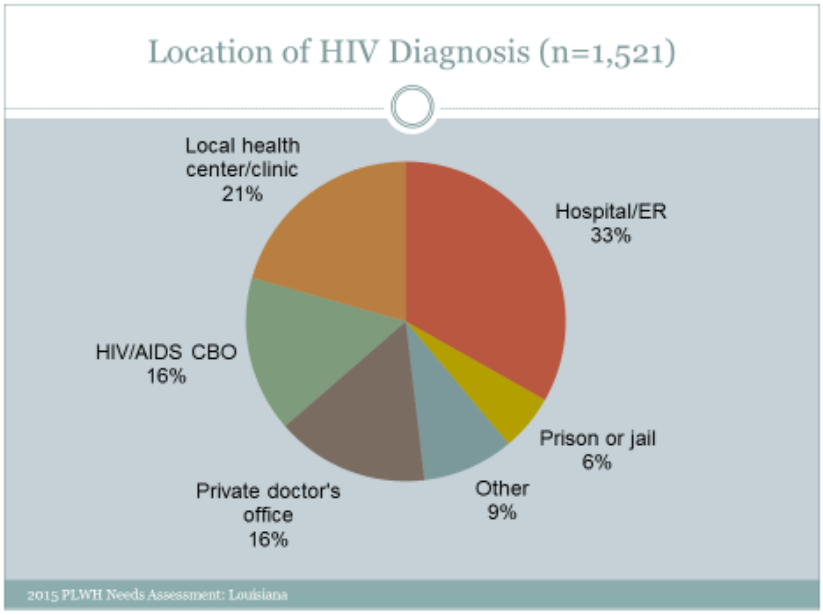


Figure 14. Location of HIV Diagnosis, Needs Assessment Respondents

These responses underscore the importance of making timely, accurate, appropriate and easily understandable HIV information available to a wide variety of people and professions.

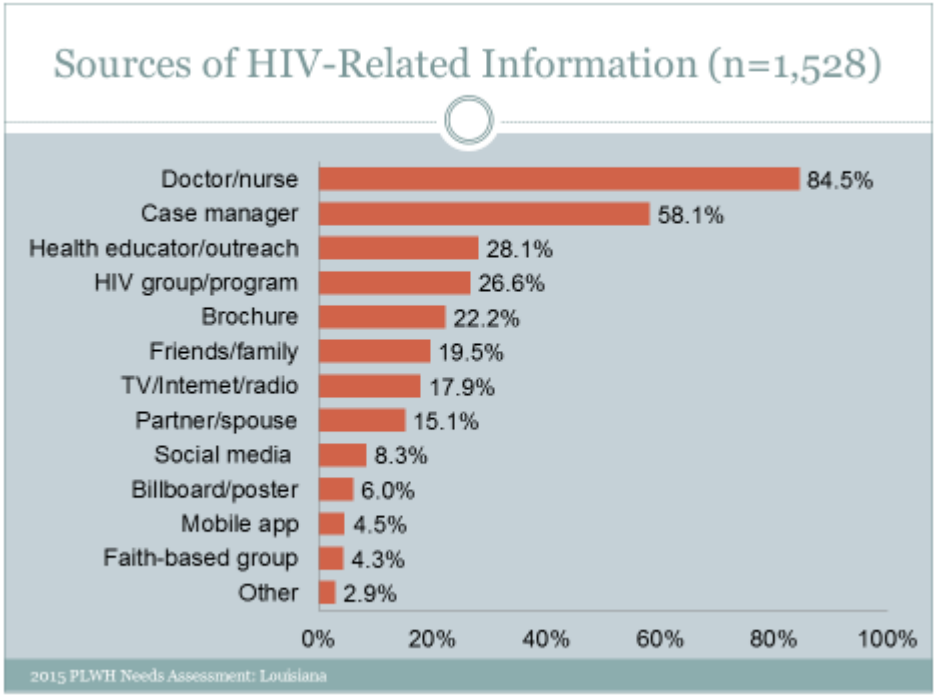


Figure 15. Sources of HIV-Related Information, Needs Assessment Respondents

And also to Ryan White clients and all people living with HIV.

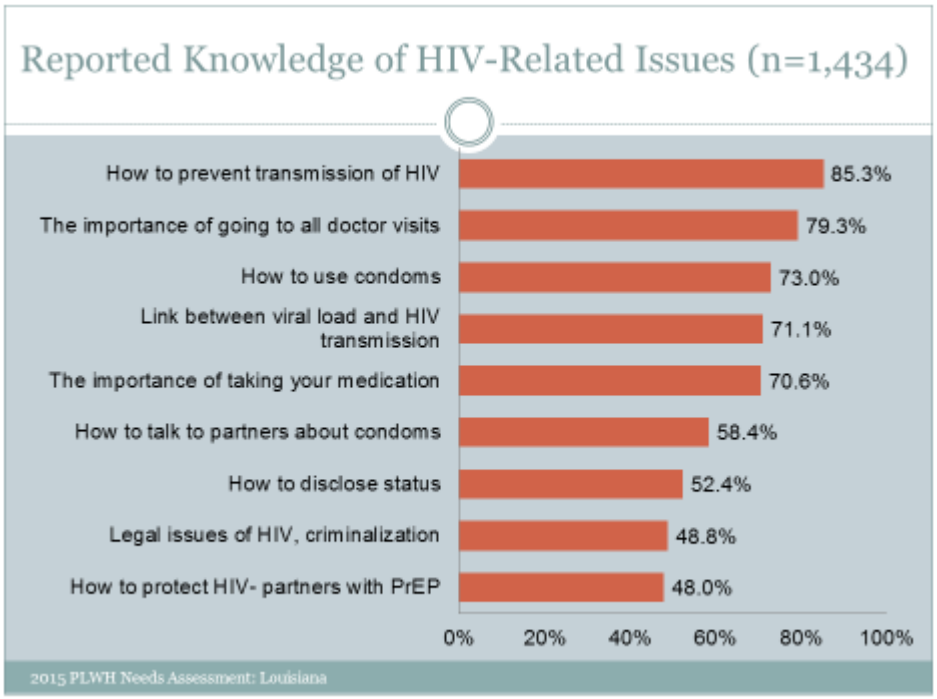


Figure 16. Reported Knowledge of HIV-Related Issues, Needs Assessment Respondents

The responses to the questions about the amount and sources of income mirror much of the information that is reported on various applications to Part A and Part B contractors to request financial assistance and supportive services. A vast majority (67%) of PLWH in Louisiana report being unemployed or being disabled.

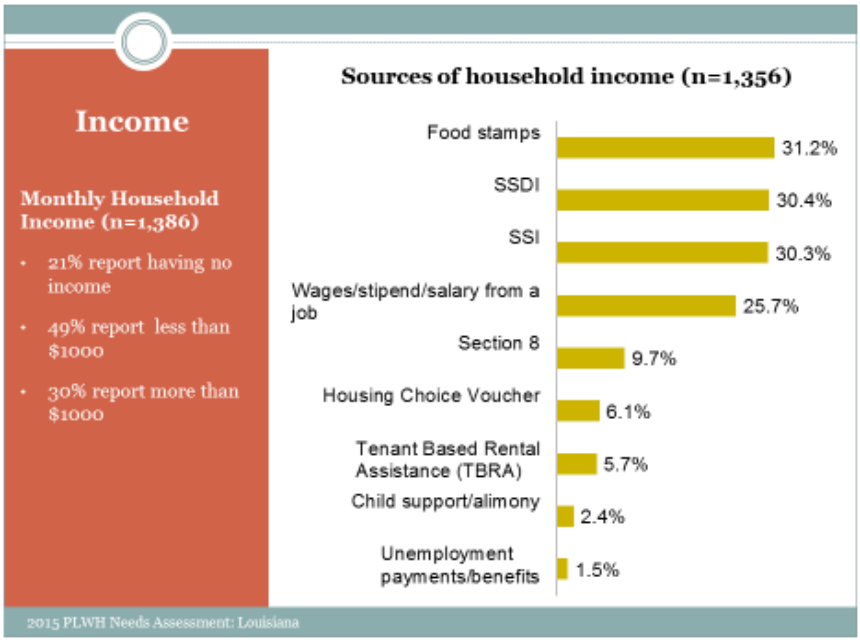


Figure 17. Sources of Household Income, Needs Assessment Respondents

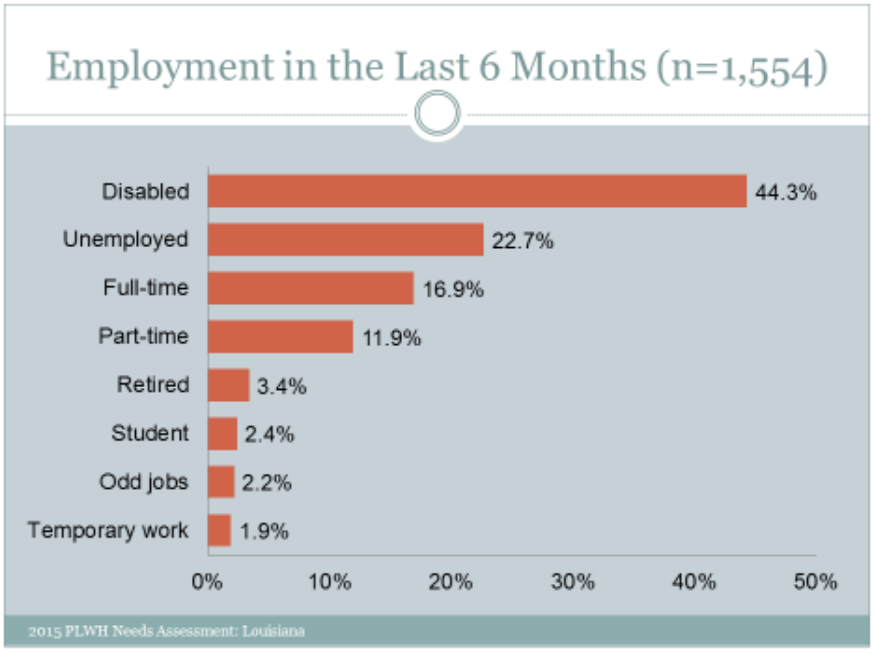


Figure 18. Employment in Last 6 Months, Needs Assessment Respondents

Despite efforts to grow housing stock statewide, and collaborate with other community-based housing providers, the need for appropriate, safe and affordable housing continues to be a significant challenge for many clients.

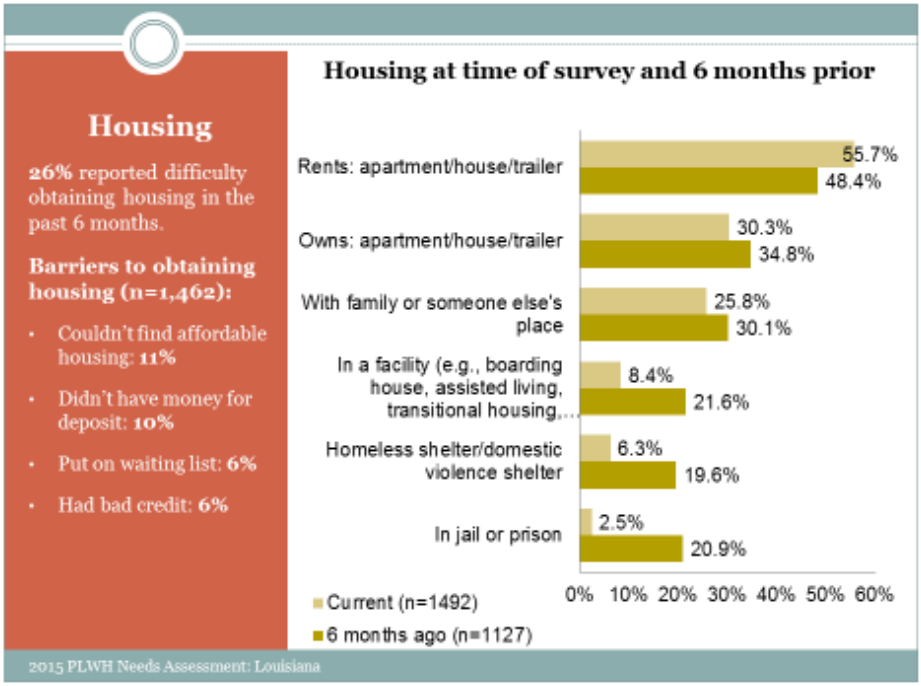


Figure 19. Housing Status, Needs Assessment Respondents

Similarly, although comprehensive health insurance coverage for persons living with HIV is more available than ever before, 46% of respondents can't afford to purchase policies.

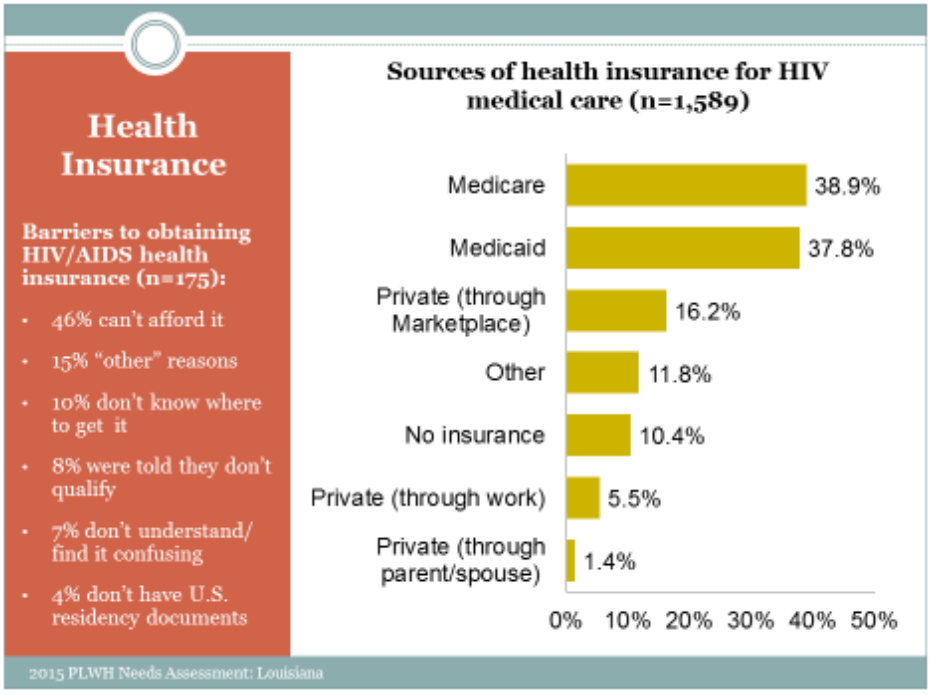


Figure 20. Health Insurance Status, Needs Assessment Respondents

Even though the survey respondents indicated that needs for medical care services continue to be great, the health insurance plans are not without challenges and barriers to care.

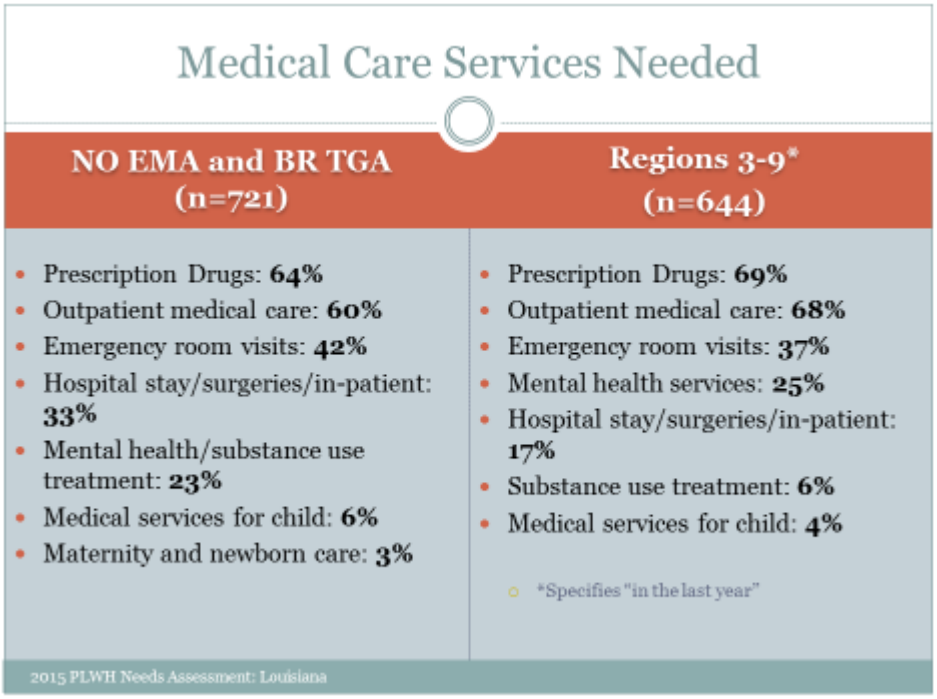


Figure 21. Medical Care Services Needed

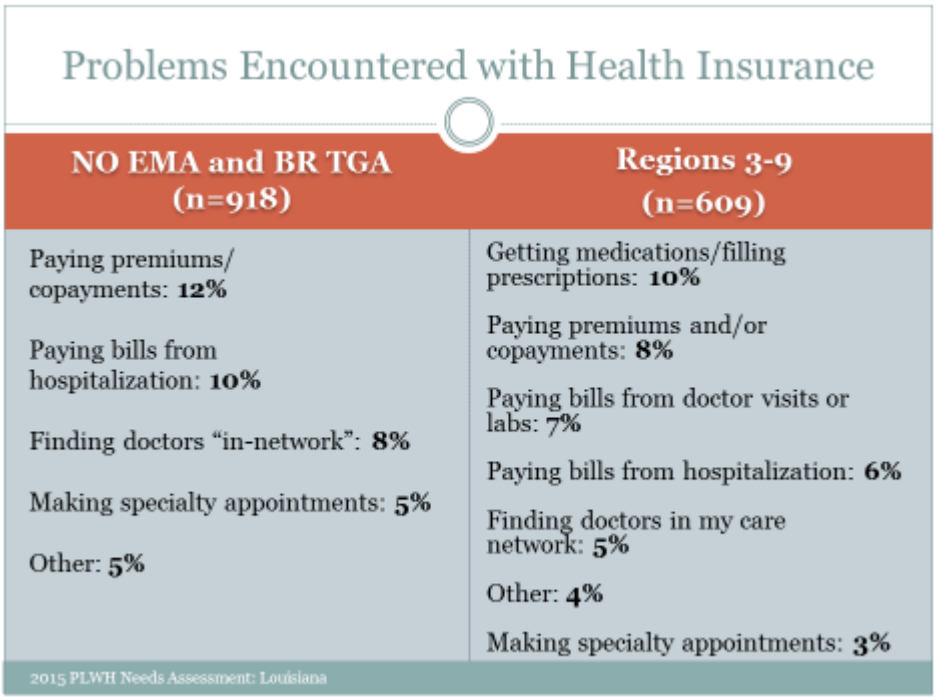


Figure 22. Problems Encountered with Health Insurance

Of all survey respondents statewide, an average of 93% indicated that they had at least one HIV-related primary medical care visit within the last year, and most (55%) reported that they sought care at an HIV-specific community clinic.

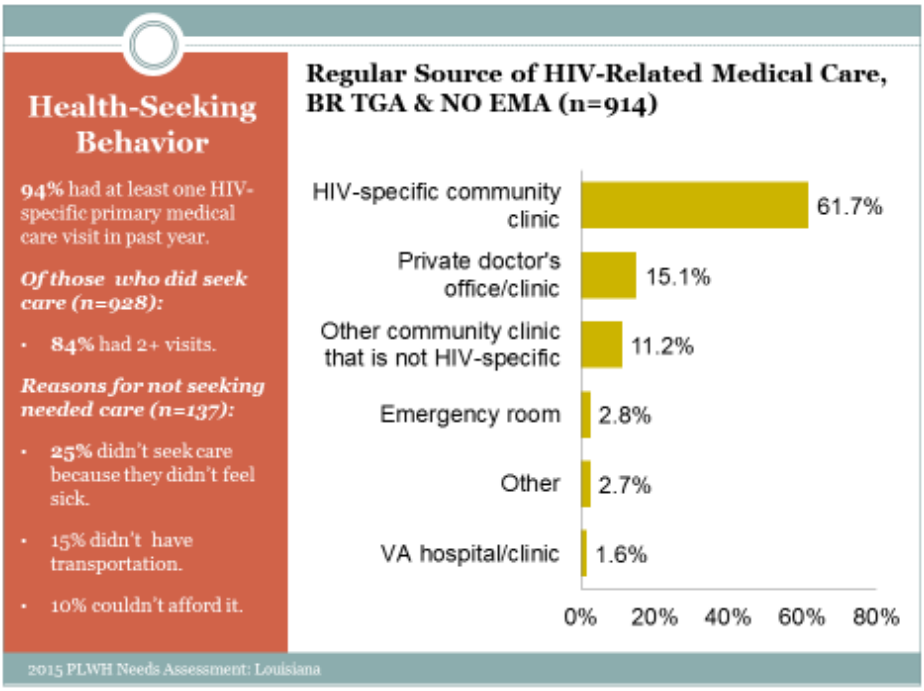


Figure 23. HIV Medical Care Sources NO and BR

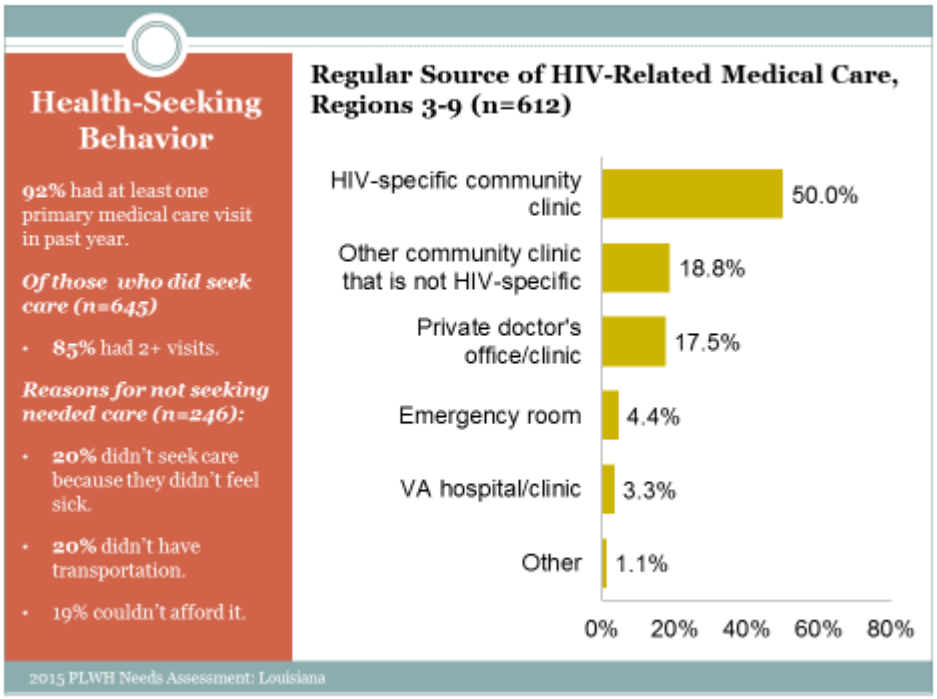


Figure 24. Medical Care Sources Regions 3-9

While 90% of respondents indicated that they are currently taking HIV medications prescribed by a doctor, 18% reported that they had missed one or more doses in the last three days.

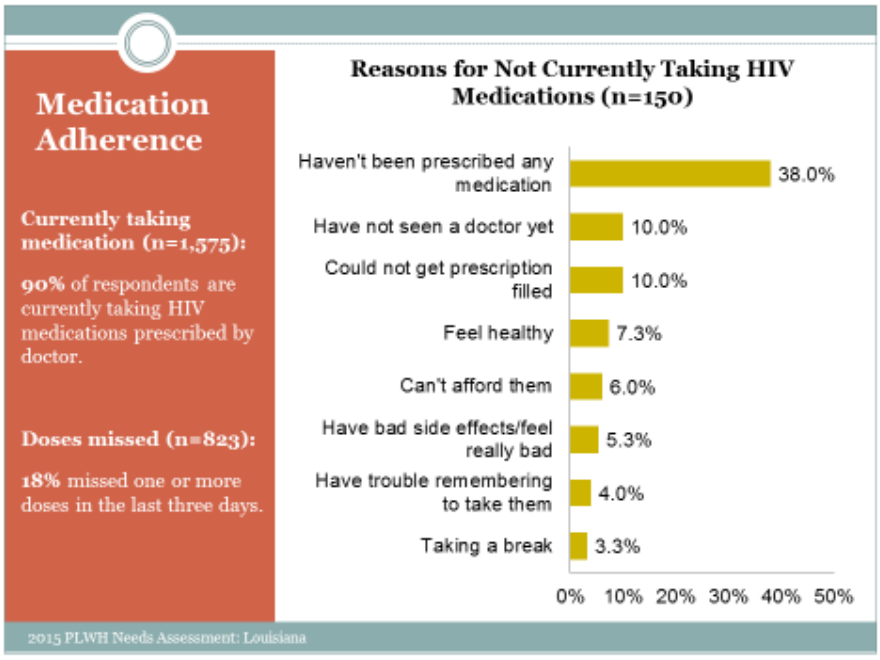


Figure 25. Reasons for Not Taking Meds

And not surprisingly, most respondents also reported that they had one or more health concerns in addition to their HIV diagnosis.

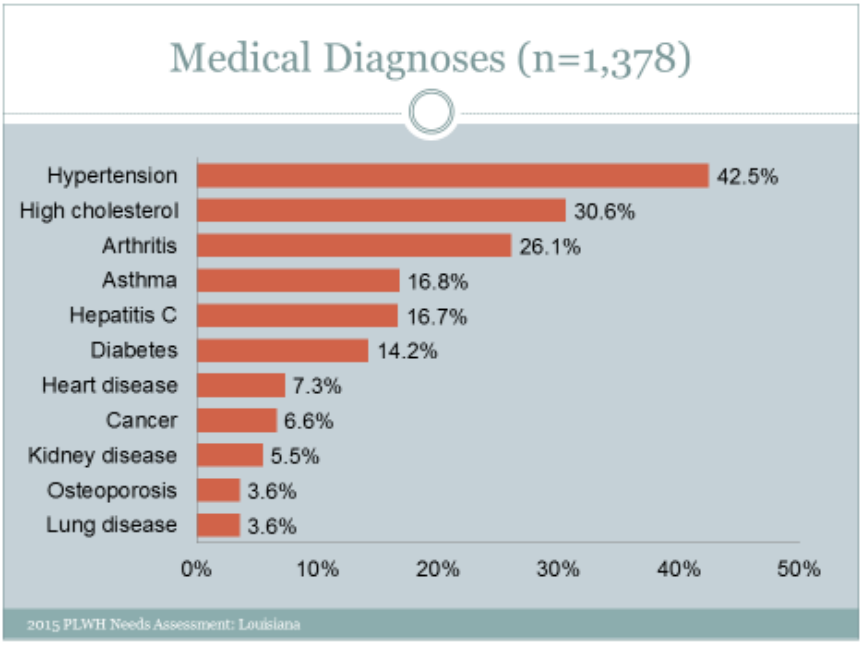


Figure 26. Other Medical Diagnoses

Similar to responses in previous Statewide Needs Assessment surveys, 40% of the respondents reported feeling "down, depressed or hopeless," and 38% had "little or no interest in doing

things." These results were further validated by 58% of respondents reporting that they had been diagnosed with depression, 30% with anxiety or a panic disorder, and 10% with PTSD. Some have reported using substances in the past year to help them cope.

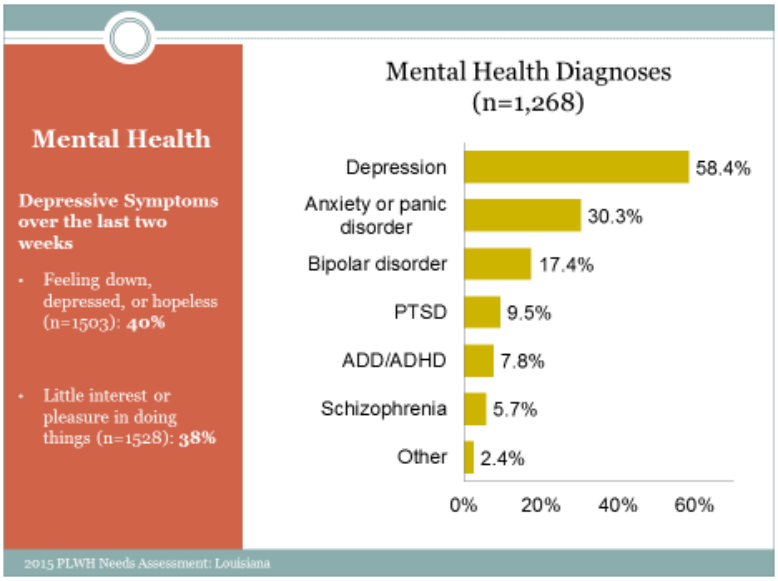


Figure 27. Mental Health Diagnoses

New Orleans EMA and Baton Rouge TGA Specific Data

The following tables summarize data on services needed and received among clients receiving Ryan White Part A funded services in the New Orleans and Baton Rouge areas. These data were only collected in the New Orleans EMA and Baton Rouge TGA and were not collected in the other areas of the state. Full reports for the NO EMA and BRTGA needs assessment results are available from their respective Part A program offices.

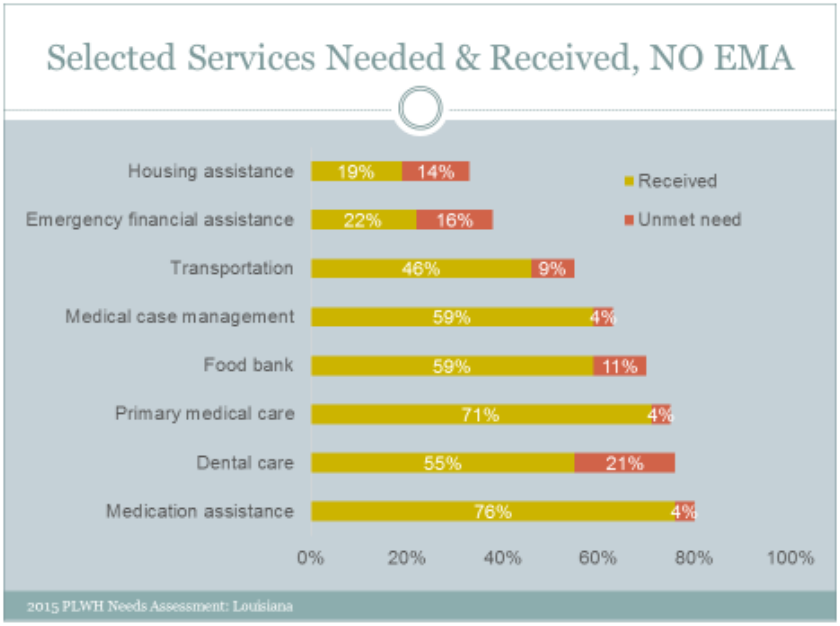


Figure 28. NO EMA Service Needed and Received

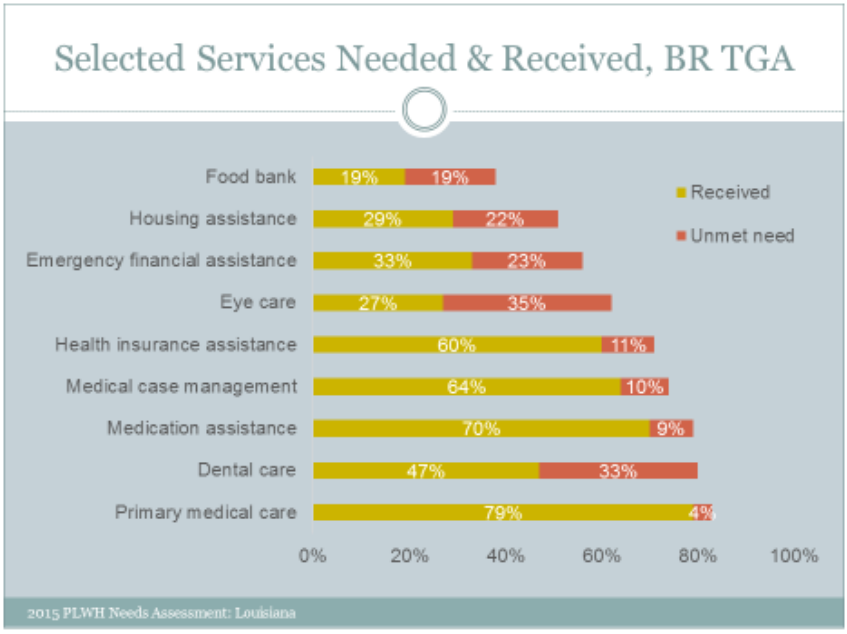


Figure 29. BR TGA Services Needed and Received

2016 Comprehensive Needs Assessment for BR TGA

The 2016 Comprehensive Needs Assessment completed for the BR TGA by Germane Solutions, Inc. in April 2016 was designed to ask questions specific to determining a person's willingness or hesitation to: 1) getting tested for HIV; 2) entering in care, whether newly diagnosed or out of care; and 3) retaining and maintaining medical treatment adherence. Results were shared with HIV prevention partners in the BR TGA to provide a client's perspective to testing and entering into medical care. Sharing this data with HIV prevention partners in the BR TGA provides insight to developing, refining, and approaching testing strategies to reach the population in the community still hesitant to test for HIV status.

HIV Prevention Needs: *Newly diagnosed PLWH* in the 2016 NA survey were asked, "Prior to being newly diagnosed, what held you back from being tested?" with the following responses:

FACTORS FOR *NOT* GETTING TESTED EARLIER	
Thought about it, but something held me back	21%
Lack of Insurance	17%
Embarrassment	28%
Not ready to know / Afraid to know	24% / 21%
I feel well	38%
Fear of others finding out	17%
Worried to tell partner	14%
General Stigma	24%
Fear of Discrimination / Fear of Legal Discrimination	17% / 3.5%
Privacy / Confidentiality Concerns	28%
Didn't think I was at risk	38%
Too old to get HIV/AIDS / Didn't understand system	3.5% / 3.5%
Other	17%

To aid in determining support systems needed for improved outreach/education, survey respondents were asked, "Did any of the items listed below help in convincing you to get tested?"

Support Systems In Getting Tested	
Street or Community Outreach Program	7%
Sex Trade Testing/ Educational Program	3.5%
Peer Counselors	21%
Physical Exam as Part of Dr. Visit	38%
Hospital or ER Visit	10%
Health Fair	3.5%
Infirmary in Jail/Prison	7%

Note: Not all Newly Diagnosed Respondents answered; some indicated more than one.

Location and frequency of places respondents would go to meet sexual partners:

Location and Frequency of Places to Meet Sexual Partners						
	Never	Rarely	Monthly	Weekly	Daily	No Response
Bars/Night Clubs	9	6	1	2	2	3
Gyms	12	0	0	1	1	8
Internet	0	1	1	1	4	9

Parks	16	0	0	0	0	11
Adult Bookstores	16	1	1	0	0	11
Bath Houses	16	1	1	0	0	11
Coffee Houses	13	2	1	0	1	12
Faith Based Groups	14	14	1	1	1	11
Other	14	14	11	0	3	11

This data provided key insight to locations where outreach and prevention strategies should be targeted for increased testing and education about HIV.

For *Out of Care*, the following questions assess their receptivity to re-engage in HIV medical care for Prevention and Outreach partners to utilize in determining better strategies:

If you haven't received medical care in the last 12 months, which of the following things would help you to get to a doctor? (Please check all that apply.)

FACTORS WHICH MIGHT HELP GETTING INTO CARE	**# of Responses**
Not applicable	14
Transportation Assistance	11
Housing Assistance	0
Legal assistance with Housing issues	0
Childcare	1
Free Medical Care	5
Insurance	6
Better Quality of services	0
Referrals of advice	1
More information about services	1
Better trained doctors and nurses	1
Substance abuse treatment	1
More outreach services	0
More governmental services	0
Employment Issues:	
Not able to take time off work	1
Worried about employer finding out about illness	1
Nothing	3

Why don't you get medical care for HIV? (Please check all that apply.)

Reasons Not Getting Care for HIV	**# of Responses**
Worried that other people will find out/privacy	7
Fear of telling someone else	5
Feel healthy	0
Can't afford it	5
Don't have insurance	8
Housing issues	2
Employment issues	0
Don't have transportation	1
Couldn't get an appointment	0

Drugs	3
Don't want to take HIV medication	0
Material/Instructions are confusing	1
Communication Issues	0
Cultural Issues	0

The most prominent service needs identified for ***Newly Diagnosed*** respondents in the 2016 Comprehensive Needs Assessment completed for the BR TGA were dental services, outreach, case management, and insurance. Although housing was not listed as a 'service need', Newly Diagnosed respondents (n=11 or 38%) indicated their current housing status as "living with a friend/family member".

For the ***Out of Care*** respondents in the 2016 Comprehensive NA completed, the following responses were provided:

NEED: As a person living with HIV/AIDS, what are your 5 most important needs?

TOP 5 "NEEDS"– OUT OF CARE
1. Housing
2. Money/ Income
3. Medications / Dr. Visit
4. Transportation
5. Support
Other needs mentioned were: *Job, Bills, Insurance, Education, Love, Case Management, Meetings, Food, Kids, Health*

Service gaps for prevention, treatment and support were noted in the 2016 Comprehensive Needs Assessment conducted for the BR TGA in April 2016. Questions that indicated service gaps for HIV prevention included queries about general information/education, mental health, substance use (current or past), incarceration and delays in getting tested for HIV.

Newly Diagnosed: What might help you to prepare to be tested and enter into medical care for HIV/AIDS, if needed?

FACTORS TO HELP ENTER INTO TREATMENT	
More Information	59%
Knowing Importance of Early Care	69%
Mental Health Counseling	48%
Not having to support my family	10%
Being Clean	31%
Knowing who to call/where to get care	41%
A Peer to discuss testing and care	31%
An Advocate to come with for testing	14%
Transportation	31%
Legal Help	3.5%
Other: (written in, not on list)	
Accessibility and time to take test	3.5%

Talking to my Case Manager	3.5%

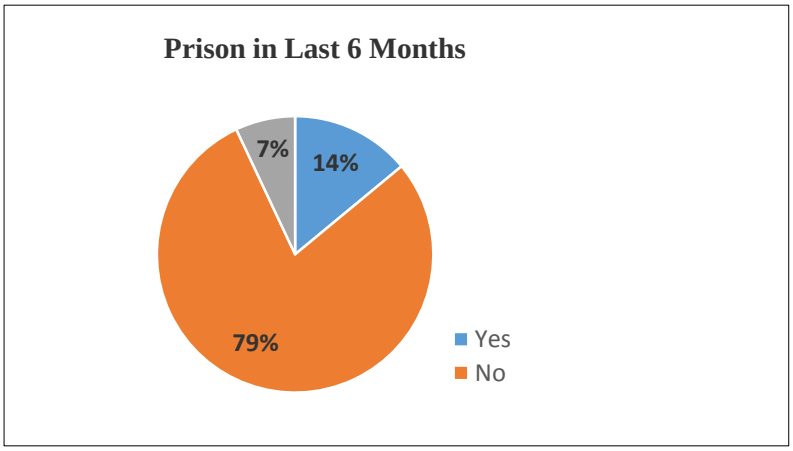
Have you ever been diagnosed with or treated for a mental illness?

MENTAL ILLNESS	
Yes, Diagnosed or Treated with or for Mental Illness	**34.5%**
No, never been diagnosed or treated with or for Mental Illness	**65.5%**

Have you ever been diagnosed with or treated for substance abuse?

SUBSTANCE ABUSE	
Yes, Diagnosed or Treated with or for Substance Abuse	**34.5%**
No, Never been diagnosed or Treated with or for Substance Abuse	**62%**
Did not answer	**3.5%**

Have you been in jail or prison in the past 6 months?



Prior to being newly diagnosed, what held you back from being tested? (Please check all that apply.)

FACTORS FOR *NOT* GETTING TESTED EARLIER	
Thought about it, but something held me back	21%
Lack of Insurance	17%
Embarrassment	28%
Not ready to know / Afraid to know	24% / 21%
I feel well	38%
Fear of others finding out	17%
Worried to tell partner	14%
General Stigma	24%
Fear of Discrimination / Fear of Legal Discrimination	17% / 3.5%
Privacy / Confidentiality Concerns	28%
Didn't think I was at risk	38%
Too old to get HIV/AIDS / Didn't understand system	3.5% / 3.5%
Other	17%

The ***Out of Care*** respondents in the 2016 NA were assessed for Service Barriers ('need service and hard to get') and Service Gaps ('need service and can't get). The following questions and results were presented.

BARRIER: List the top 5 services that you need for HIV that are hard to get.

TOP 5 "BARRIERS" – OUT OF CARE
1. No Insurance
2. Lack of Housing
3. No Income
4. Can't get medications
5. No Job
Other BARRIERS mentioned were: *Transportation, Dental, Healthcare, Fear/Worry, Not a priority, Childcare*

Why are these services hard to get?

**Of the 16 participants who answered #54, reasons listed below:*

1. *No Income*
2. *Make too much, affordable prices not available*
3. *Wait times and waiting lists*
4. *Doctor referrals not always come through*
5. *Homeless*
6. *Criminal and background check hold people back*
7. *All agencies don't fund or have same services /so little funding*

GAP: List the top 5 services that you need for HIV that you CAN'T get

TOP 5 "GAPS" – OUT OF CARE
1. Housing
2. Insurance
3. Dental
4. Childcare
5. Other Benefits- SSI, SNAP
No Other GAPS were mentioned

Why can't you get these services?

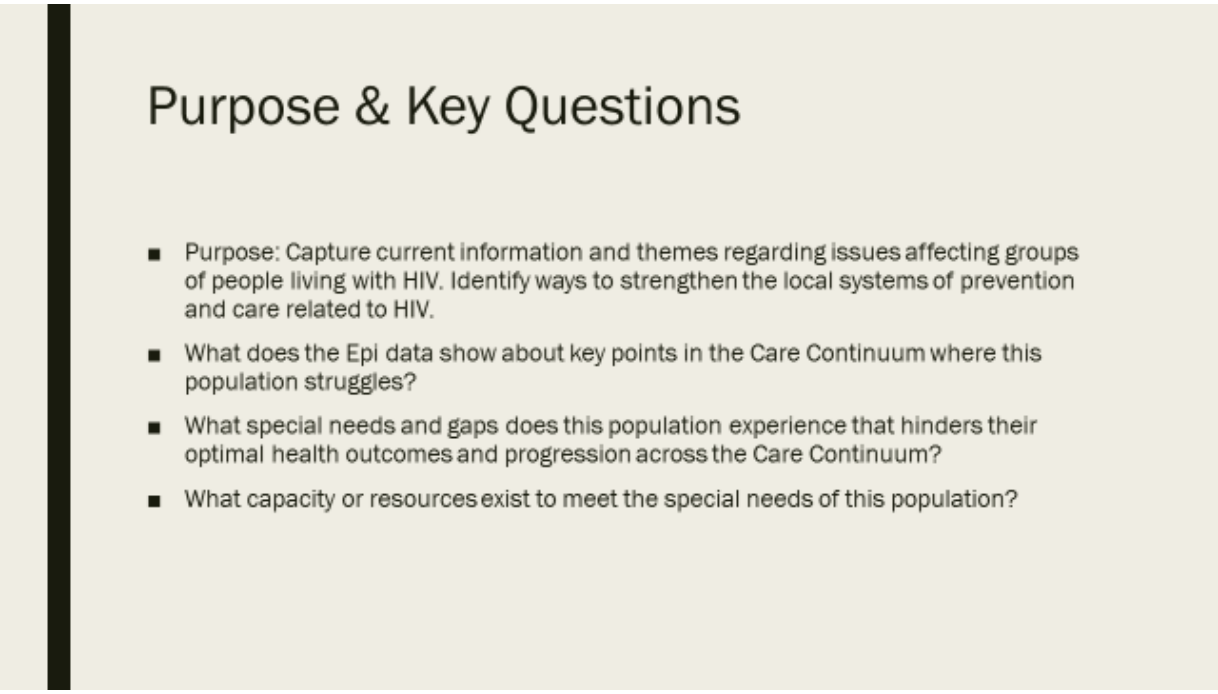
Of the four participants who answered #56, reasons listed below:

1. *No money, no income*
2. *Prices too high*
3. *Homeless*

NO EMA Needs Assessment Supplemental Information

A copy of the full report on the 2015 PLWH Needs Assessment for NO EMA is available at NORAPC. In addition to the quantitative data collection efforts, NORAPC staff undertook a process to collect qualitative data about the unique needs of special populations to further inform the development of the Integrated Plan and routine planning activities. The full report is

available from NORAPC. Highlights from the 2016 Listening Sessions for Special Populations are provided below.



Epi Data

- **Young MSM of Color:** High rates of infection. Over the last several years, observed improvements in linkage, retention, and viral suppression. Young Black MSM (20-29) have 20% lower viral suppression rates compared to White MSM (all ages).
- **Black Women:** May be diagnosed late, but once linked to care, they are retained in care. However, when it comes to viral suppression, they are not showing the same improvements observed among MSM.
- **Latinx:** Latinx are often diagnosed late. However, once linked to care, they are retained in care and achieve viral suppression.
- **Trans Men and Women:** High estimated prevalence of HIV infection among transgender women. Care Continuum has not been reviewed.
- **Adolescents:** High rates of infection. Over the last several years, observed improvements in linkage and viral suppression.

Methods & Recruitment

- Planned for independent client and provider sessions
- Recruited provider participants known to be particularly knowledgeable, sensitive, and/or passionate about serving the special population
- Common discussion guide organized according to the Care Continuum
  - Testing, Linkage, Retention, and Viral Suppression

Population	Client	Recruitment	Provider	Recruitment
Young MSM of Color	Held on 4/19 (after 2 tries)	Peers; 3 ppl	Held 4/15	4 ppl
Black Women	Held on 4/25	Agency; 6 ppl	Held 5/12	6 ppl
Latinx	Tabled (after 2 tries)	Case Mgr & Peer	Held 4/22	4 ppl
Trans Men & Women	Tabled	n/a	Held 5/6	4 ppl
Adolescents	Tabled	n/a	Tabled	n/a

Summary

Barriers

- Stigma & Fear
- Relationships with providers
- Basic needs (e.g., housing, employment, transportation, food)

Facilitators for Successful Engagement

- YMSM of Color – Housing, Employment, Someone to talk to
- Black Women – Comfort, Connection, Strong relationships with providers
- Latinx – Solid bilingual testing & linkage
- Transgender Men & Women – Sensitivity of providers to transgender needs

Benefits to Local & Comprehensive Planning

- Opportunity to check-in specifically on severely affected special populations (vs. needs assessment survey)
  - *To be used in summer services planning and allocations*
  - *To inform development of directives – strategies to address priority populations and system issues*
- Obtained details about how the local system is and isn't meeting the needs of these special populations
  - *behavioral health, case management, social support services, quality of care, outreach*

Changing Health Care Landscape in Louisiana: Medicaid Expansion

Over the last six years, there have been significant changes in the national and statewide healthcare infrastructure that have impacted the way in which people living with HIV access preventive care, medical care and medications, and how they pay for those services in Louisiana. Many of these changes are a direct result of the Patient Protection and Affordable Care Act being signed into law on March 23, 2010, but several others have been unique to the State of Louisiana.

In conjunction with the health reform at the national level, in 2010, Louisiana Medicaid released a competitive nationwide Request for Proposals (RFP) for Managed Care Organizations (MCOs) to apply to assume the provision of preventive care, comprehensive medical care and medications to approximately two-thirds of the current Medicaid client census. Included in that client census were more than 5,000 low income persons living with HIV. The awards to five organizations were announced in 2011 and the successful proposers were called the "Bayou Health Plans." In preparation for the roll out of the MCO coverage, as well as the debut of the federal PCIP (Pre-existing Condition Insurance Program), staff from SHP joined staff from Medicaid to tour the state and promote access to these comprehensive health resources. Since many Louisiana residents had previously been denied health care coverage due to a pre-existing diagnosis or only had limited coverage through their employers, time was also spent with both clients and case managers to promote an understanding of insurance terminology and standard practices.

With assistance from the Louisiana Health Access Program (LA HAP) for the payment of premiums and all eligible cost shares (co-payments and deductibles), nearly 800 unduplicated persons living with HIV elected coverage through PCIP in the first year that it was available. As PCIP coverage was phased out with the availability of comprehensive insurance plans through the federally facilitated marketplace (FFM), more than 2,300 people living with HIV newly accessed comprehensive health care plans through the FFM. Similar to the plans available through the Bayou Health MCOs, this new insurance coverage increased client access to wellness visits and screenings for both general and sexual health, in addition to primary and specialty medical care, laboratory testing, diagnostic imaging, and comprehensive pharmacy benefits. These benefits were available through LA HAP for persons who were at or below 300% of the federal poverty limit (FPL), and this eligibility criteria was expanded to 400% FPL in November 2015.

Careful coordination occurred between LA HAP and Part A service systems. NO EMA provides assistance with payment of premiums and eligible cost shares for individuals ineligible for LA HAP services. Historically, NO EMA assisted clients up to 400% FPL. In response to changing LA HAP eligibility criteria, NO EMA expanded its criteria to assist individuals up to 500% FPL. NO EMA and BR TGA have vigorously supported efforts to increase health insurance coverage for PLWH. Collaboration between the Part B and Part A programs ensure the changing landscape continues to be response to the care needs of PLWH.

For persons living with HIV, the care completion safety net of LA HAP was crucial to being able to procure, maintain and utilize the benefits that came with comprehensive health insurance.

Unfortunately, Louisiana political leadership had previously decided against the expansion of Medicaid coverage to the most impoverished (i.e., persons with an income at or below 133% FPL) of Louisiana residents. Due to the infrastructure design of the marketplace, many people who were not living with HIV and able to access a program like LA HAP could not afford policies through the marketplace for comprehensive coverage that they would have received at no or little cost if they had lived in a state that had opted for Medicaid expansion. This lack of access to affordable care was further exacerbated in 2013 when the Jindal administration announced that the LSU Medical Centers (that had previously provided the vast majority of "free care" or "charity medical services" to uninsured persons across the state) were merging with private hospitals and changing their service model to favor persons with private or public insurance coverage. In many cases, these changes left people without health insurance coverage with no health care options except those available through emergency departments.

During the 2015 gubernatorial elections, John Bel Edwards (D) defeated David Vitter (R) to be the successful candidate. On his second day in office, Governor Edwards signed Executive Order JBE 16-01 to begin the process of expanding Medicaid services, and this coverage "went live" on July 1, 2016—the start of the new State Fiscal Year. While this expansion will primarily benefit individuals who are currently uninsured, are lower income and not living with HIV, the Ryan White community is preparing for the transition of as many as 3,000 LA HAP participants to Medicaid coverage by the end of 2016. For those who have navigated PCIP and the marketplace, the plans available through Medicaid (now labeled "Healthy Louisiana" s by the Edwards administration) will be very similar and easily navigable. For those who have remained uninsured for a variety of reasons and now have to choose a MCO, there will likely be a learning curve similar to what was experienced by clients who went through the first transition in 2011.

In the first 75 days of expanded Medicaid services, the Secretary of the Louisiana Department of Health, Dr. Rebekah Gee, reported more than 305,000 new members have enrolled in this coverage. Early data shows new members have received the following health care services since July 1st:

- Over 1,000 women have completed important screening and diagnostic breast imaging such as mammograms, MRI's and ultrasounds. Of those women, 24 have been able to begin treatment for breast cancer.
- Nearly 700 adults have completed colonoscopies and over 100 patients had polyps, a precursor to cancer, removed.
- Nearly 12,000 adults have received preventative services.
- Treatment has begun for 160 adults newly diagnosed with diabetes.

Hundreds of thousands of people now have coverage similar to what other working Louisianans have through their employer-based coverage. Providing access to these types of preventive screenings and primary care treatment for adults through Healthy Louisiana has been the vision of the expanded Medicaid program.

"Free HIV Testing" promotional signs at a community organized event.

Data: Access, Sources, and Systems

Data: Access, Sources, and Systems

The LAHPG utilized a variety of data sources and systems to guide the development of the SCSN/Needs Assessment. The LAHPG collaborated with the Louisiana OPH, SHP, which includes HIV Surveillance, Prevention and Services programs. They also collaborated with the Part A Programs in Baton Rouge and New Orleans.

Main Sources of Data and Data Systems

Data used to conduct the needs assessment and assist the planning group members in decision making came from a large number of data sources/systems. The main sources of data provided by SHP include:

eHARS: (Enhanced HIV/AIDS Reporting System) the surveillance database used to house all known cases of HIV reported to SHP. Louisiana has had name-based AIDS reporting since 1984 and name-based HIV reporting since 1993.

Louisiana Lab Database: contains all HIV-related laboratory results reported to SHP by both public and private laboratories. Labs include CD4, viral load, and HIV diagnostic tests (rapid tests, confirmatory tests)

CAREWare: maintains data on services for PLWH provided by Ryan White Part A, B and C programs

PRISM: the surveillance database for reportable STDs (syphilis, gonorrhea and chlamydia); also the system used for HIV and Syphilis partner services; provides case management, linkage to care, and treatment information for all people newly diagnosed with HIV or syphilis and their named sex/drug using partners

HIV Testing Manager: maintains records for all SHP-funded HIV and STD testing events, including persons who test positive and negative.

LA Links: the system used for Louisiana's "Data to Care" intervention; provides Linkage to Care Coordinators (LCCs) with data on newly diagnosed persons who have not been linked to care, PLWH who have fallen out of care, and PLWH who are not virally suppressed.

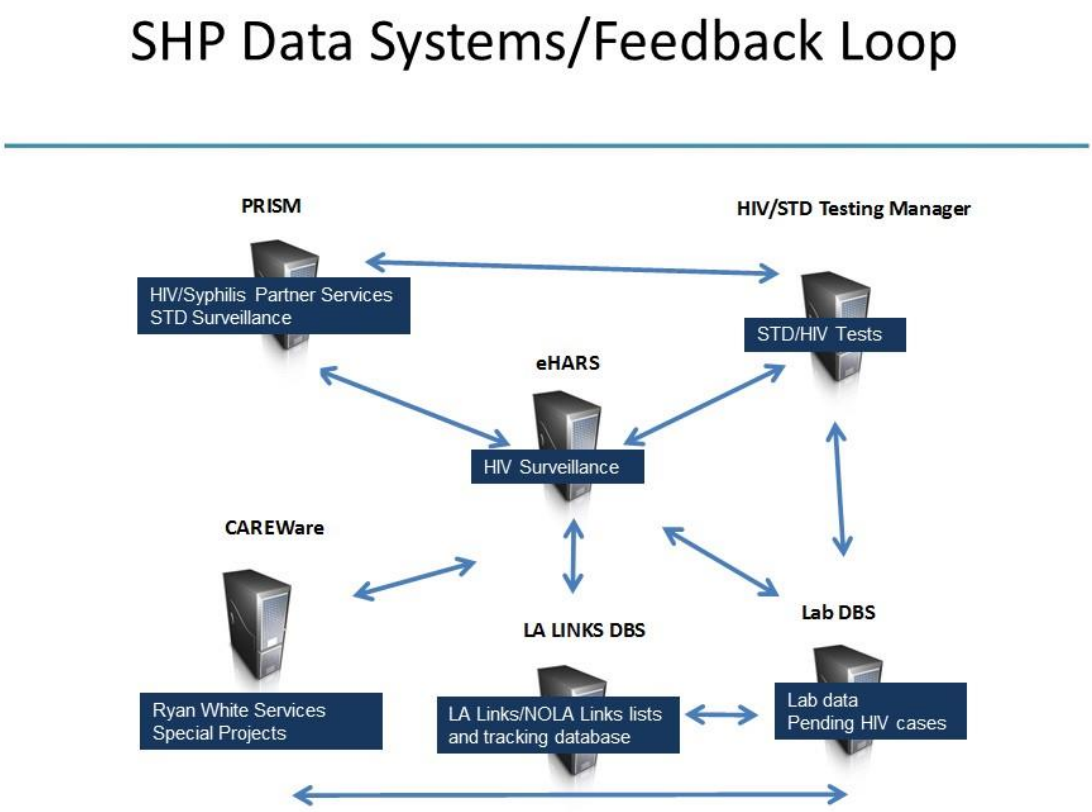


Figure 30. SHP Data Systems

Additional data sources utilized during the planning process include: National Behavioral Surveillance data, wellness center data, feedback from town meetings, data from a syringe access program, and "Data to Care" results from the LA Links intervention.

Data Policies that Facilitated and/or Served as Barriers

SHP's organizational structure has facilitated the linkage and sharing of data between programs. Since HIV Surveillance, Prevention and Services programs are under a single Director, data have been shared and electronically linked for many years. In addition, the Office of Public Health and Medicaid signed a data sharing agreement in 2014 which allows for the sharing and linkage of data between the two offices. SHP has, therefore, been able to link HIV surveillance data with Medicaid data to calculate viral suppression and retention in care for PLWH enrolled in Medicaid.

Data from Other Sources

The LAHPG was able to present additional data for the LAHAS by requesting and compiling data from various community partners, CBOs, initiatives and other sources. SHP conducted a webinar to present the compiled data to the LAHPG. Webinar participants were given the opportunity to ask questions and make suggestions about how data should be used in the Strategy, if at all. The goal of presenting this information in a webinar format was to save time and reduce logistical

barriers such as transportation and schedule conflicts. In addition to data collected by SHP, various other data sets were presented to the LAHPG and helped to contribute to the Strategy.

Data from other sources include:

NHBS: (National HIV Behavioral Surveillance in Louisiana) conducts behavioral surveillance among persons at high risk for HIV infection in the metropolitan New Orleans area. The three primary groups are gay, bisexual, and other men who have sex with men; injection drug users; and heterosexuals who are considered high risk for HIV infection.

NOSAP: (New Orleans Syringe Access Program) offers services including syringe and safer injection equipment, harm reduction and health education, referrals to treatment, counseling, and access to hygiene and wound supplies.

NORAPC Listening Sessions: (New Orleans Regional AIDS Planning Council) develops and maintains a comprehensive system of care for PLWH and hosted a series of listening sessions designed to better understand the unique prevention and care needs of specially impacted subpopulations in the New Orleans area.

LAAN Town Meetings: (Louisiana AIDS Advocacy Network) hosted a series of town hall type meetings where they collected feedback from the community.

Philadelphia Center Survey Results: The survey assessed the demographics, basic needs, and risk behaviors of GBM in the Shreveport area.

Gaps in Data

Although HIV surveillance data are very complete and timely, there are some variables that are underreported for persons newly diagnosed with HIV. This is due to the increase in obtaining data from electronic health records, electronic submission of lab reports and providers not collecting certain information. For example, data on current gender is not always reported, so the number of transgender men and women living with HIV is significantly underreported. Information on drug use and sexual partners is also underreported. Another data gap is the availability of reliable data on PLWH who are currently incarcerated, particularly people who are in parish jails. Another data gap is the availability of data on antiretroviral use. These data are not available for a significant number of PLWH, so this column is not shown in Louisiana HIV Care Continua. SHP has also not been able to access pharmaceutical data or data from private insurers.

A significant gap in data coordination involves city and competitive HOPWA programs not administered by SHP. Housing programs frequently use HMIS which has not yet been programmed to conduct data exchanges with CAREWare. LA HPG seeks the ability to view HIV and Housing Care Continua that would overlay the columns of the Care Continuum for PLWH receiving housing services. Efforts are needed to improve data sharing and data coordination between Ryan White programs and related essential service systems, such as housing and behavioral health.

Members of the STD/HIV Program along with family and Community partners.

2017-2021 Integrated Work Plan

Section II. 2017-2021 Integrated Work Plan

Integrated HIV Prevention and Care Work Plan				
NHAS GOAL 1: REDUCE NEW HIV INFECTIONS				
Louisiana Objective 1A: By 2021, increase the percentage of people living with HIV in Louisiana who know their serostatus to at least 90%.				
Strategy 1A-1: Support targeted HIV Counseling and Testing in community based settings that maintain at least 1.0% new diagnosis rates.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Contract with Community Based Organizations CBOs) that can recruit priority (aka high risk) populations to conduct targeted HIV counseling and testing in Louisiana.	Primary: SHP Prevention, New Orleans and Baton Rouge Part A grantees Secondary: CBOs	Gay and bisexual men, IDUs, black women and all transgender women	# of tests, # of new HIV diagnoses	Ongoing / routine throughout project period; measurement of indicators post each contract period
Explore partnerships at non-traditional community sites such as barber shops, beauty salons, DMV offices and/or faith based organizations in priority zip codes, to provide targeted HIV counseling and testing services aimed at identifying individuals living with undiagnosed HIV.	Primary: SHP Prevention, New Orleans and Baton Rouge Part A grantees Secondary: CBOs, non-traditional community partners	Gay and bisexual men, IDUs, and black women and all transgender women	# of sites, # of tests, # of new HIV diagnoses	Ongoing

Provide a minimum of 15 HIV Prevention Counseling and Rapid Testing trainings.	SHP Staff	CBO, Healthcare and Service providers, community members	Sign in sheet	By 12/31/2017
Strategy 1A-2: Support routine HIV screening in healthcare settings that maintain at least 1.0% new diagnosis rates.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Partner with and support emergency rooms and other strategic health care facilities to provide routine HIV screening in areas of the state with high HIV prevalence.	Primary: SHP Prevention Secondary: AETC, emergency rooms, health care facilities, including substance abuse and mental health treatment facilities, Baton Rouge and New Orleans Part A grantees and related projects such as HIV Focus	Low income and/or uninsured individuals, IDU population	# of tests, # of new HIV diagnoses	Ongoing/ throughout project period; measurement of indicators post each contract period
Partner with and support correctional health care facilities to provide routine HIV screening and effective linkage to HIV care and treatment.	Primary: SHP Prevention, SHP Corrections staff Secondary: correctional health care facilities, Baton Rouge and New Orleans Part A grantees, AETC, related projects (e.g. LPHI discharge planning) and coalitions focused	Incarcerated individuals	# of tests, # of new HIV diagnoses	Ongoing

	on healthcare for currently/formerly incarcerated PLWH (e.g. Parish Prisons Health Collaborative)			
Strategy 1A-3: Support Partner Services.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Provide DIS in each region of the state in proportion to HIV burden to provide partner services for partners of all newly diagnosed individuals.	Primary: SHP Regional Operations, Baton Rouge Part A Secondary: New Orleans Part A	All newly diagnosed and their partners	# of new diagnoses, # of index interviews, # of partners located, tested and diagnosed, case load analysis	Ongoing
Increase the capacity of DIS to locate partners and ensure they are tested for HIV.	SHP Regional Operations, Part A grantees	DIS	#partners named, # partners located, tested and diagnosed	By 12/31/2017
Notify local DIS and assist them with interviewing newly diagnosed clients for partner services.	CBOs, Healthcare and Correctional Facilities	All newly diagnosed and their partners	# of new diagnoses, # of index interviews, # of partners located, tested and diagnosed	Ongoing
Support provider conducted partner elicitation for newly diagnosed clients.	SHP Regional Operations	newly diagnosed and their partners	# partner elicitation forms, #	Ongoing

			partners named and located	
Louisiana Objective 1B: Reduce the number of new HIV infections in Louisiana by 25% from 2017-2021.				
Strategy 1B-1: Intensify HIV prevention efforts in Louisiana communities where HIV is most heavily concentrated.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Allocate SHP prevention funding proportionate to HIV Prevalence in Louisiana's public health regions.	SHP Prevention, HPG	Prevention contractors	Solicitation of Offers for Prevention Contractors	Every three years, Ongoing
Focus prevention efforts to the zip codes within each region with the top 80% of HIV prevalence.	SHP Prevention	Prevention contractors	Prevention intervention protocols	Ongoing
Focus prevention and early intervention services on priority (aka highest risk) populations.	SHP Prevention and Part B, and New Orleans and Baton Rouge Part A grantees	Prevention contractors and Part A contractors	Prioritization and allocations process	Ongoing
Strategy 1B-2: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Integrate STI screening with HIV screening/testing at CBOs across the state.	SHP Prevention & CBOs	Gay and bisexual men, black women and all transgender women	# of HIV and STI tests, # of diagnoses, # of STI treatments	By 12/31/2018
Increase client and provider awareness, acceptability and accessibility of PrEP and PEP.	SHP Prevention, Part A Grantees, CBOs and Healthcare partners	Gay and bisexual men, black women and all transgender women	# of PrEP and PEP providers, # of PrEP and PEP referrals, # of PrEP users	Ongoing
Support statewide condom availability including both insertive and receptive condoms.	SHP Prevention, CBOs and Healthcare partners	All	# condom sites, # condoms distributed	Ongoing

Expand prevention with persons living with HIV including treatment as prevention approaches.	Ryan White medical and case management providers, Part A, B and C grantees, Planning Council, LPHI	PLWH	# referrals, # enrolled	Ongoing
Strategy 1B-3: Educate all Louisiana residents with easily accessible, scientifically accurate information about HIV risks, prevention and transmission.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Utilize evidence-based social marketing and education campaigns leveraging new digital media tools and technologies	SHP Prevention, Social Marketing Team	PLWH, Gay and bisexual men, black women and all transgender women	# of campaigns, # of media placements, # of advertisements, estimated exposures	Ongoing
Maintain SHP websites (Nola Health Link and Louisiana Health Hub), social media (Facebook) and the STD/HIV statewide info line.	SHP Prevention & CrescentCare (info line)	All - general	# of hits, # of sessions	Ongoing
Routinely update the Statewide Resource Inventory to assure appropriate referral and access to care for HIV-related and other community-based services, with customized categorization to include both urban and rural resources	Social Marketing Team and RW Part A and B Grantees	All - general	# of resources, revised date	Annually, Ongoing
Tackle misconceptions, reduce stigmatizing language and discrimination by participating in HIV awareness events and special days of recognition to break down barriers to HIV prevention, testing and care.	SHP Prevention and Services, all RW grantees, CBOs and healthcare partners Secondary: HPG, Planning	All-general	# of meetings, conferences, and web postings	Ongoing

	Councils/Advisory Boards (PC/AB)			
Educate clients, public health officials and the general public regarding the HIV Criminal Statute. Utilize LAAN and Town Hall Meetings	LAAN, SERO	All-general	# of town halls, # of participants	Ongoing
NHAS GOAL 2: INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV				
Louisiana Objective 2A: By 2021, increase the percentage of newly diagnosed people in Louisiana who are linked to HIV medical care within one month of their HIV diagnosis to at least 85%.				
Strategy 2A-1: Establish seamless systems to link people to care immediately after diagnosis.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Identify all mechanisms whereby clients enter care and where delays occur.	SHP Prevention & Services, RW Grantees, HIV Care Providers, PC	Newly diagnosed PLWH	# of days linked to care from diagnosis	By 12/31/2017
Identify barriers to establishing HIV care and develop plans to address those barriers.	SHP Prevention & Services, RW Grantees, HIV Care Providers, PC	Newly diagnosed PLWH	# of days linked to care from diagnosis	By 6/30/2018
Strategy 2A-2: Establish performance measures and systems that stress timely linkage to care for all prevention and care providers.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Structure CBO Prevention and EIS contracts to stress linkage to care and incentivize performance in that area.	SHP Prevention, RW Grantees Secondary: HPG, PCs/ABs	CBO contractors, CBO clients	Contract language	Ongoing
Produce monthly linkage to care performance reports for all contracted CBOs	SHP Prevention, RW Grantees, and Data Management	CBO contractors, CBO clients	Monthly reports	Ongoing

Strategy 2A-3: Strengthen and expand the provider workforce to ensure timely access to HIV care.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Support CBOs transitioning to FQHC or FQHC look-a-like status that can begin providing HIV care and other healthcare services.	SHP & RW Grantees	CBOs	Organizational charters	Ongoing
Support FQHCs to become competent, quality HIV care providers across the state.	SHP, RW Grantees, SW Regional AETC	FQHCs	# of FQHCS providing HIV care	Ongoing
Louisiana Objective 2B: By 2021, increase the percentage of people living in Louisiana with diagnosed HIV who are retained in HIV medical care to at least 90%.				
Strategy 2B-1: Support retention and reengagement in care programs.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Continue to support Data to Care (D2C) interventions such as LaPHIE and Louisiana Links which use surveillance data to identify and assist PLWH in reengaging to medical care.	SHP Prevention, Surveillance and Data Management Secondary: hospitals, clinics, care settings, including IT depts.	PLWH who are out of care	CD4 and viral load lab reports	Ongoing
Support screening for and referral to substance abuse and mental health services for PLWH, as well as housing and supportive services	SHP Services, RW Grantees, Services Contractors	PLWH in HIV care	Referral logs, CAREWare	Ongoing
Implement and expand peer-based service delivery (e.g. 'The Mixer,' 'Hand in Hand,' etc.)	SHP Services, RW Grantees, Services Contractors, PLWH	PLWH who are out of care or loosely engaged in care	Peer based curricula, # peer based interventions funded, # peers employed in HIV work	Ongoing

Strategy 2B-2: Ensure continuity of high-quality health care coverage for PLWH.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Ensure all eligible PLWH are enrolled in Medicaid, ACA marketplace or employer-based comprehensive health insurance coverage.	SHP Services, RW Grantees, CBO and HIV care partners, PC, PLWH	PLWH	Insurance and Medicaid enrollment rosters	Ongoing
Continue to support LDAP/LPAP for access to medications for uninsured PLWH who do not qualify for other more comprehensive coverage.	SHP Services, Part A Grantees	PLWH	ADAP/LPAP enrollment rosters	Ongoing
Continue to support Louisiana Health Access Program (LA HAP), the statewide Health Insurance Program and local Health Insurance Assistance to assist PLWH to afford their health insurance premiums, copayments and deductibles.	SHP Services, Part A Grantees	PLWH	LAHAP/HIA enrollment rosters	Ongoing
Strategy 2B-3: Establish and maintain client feedback mechanisms to improve service delivery.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Establish new and maintain existing client satisfaction surveys at all RW funded organizations and use results to improve client centered care.	RW Grantees, CBOs/FQHCs, PLWH	RW funded organizations	Creation of satisfaction surveys, survey results	By 12/31/2017, See. 2.4 NO EMA
Administer a collaborative statewide Needs Assessment survey every other year to determine the services that are most needed by clients and the extent of their availability throughout the state.	RW Grantees, PC	PLWH	Data analysis summarized in a final report	By 12/31/2017
Emphasize the use of evaluation data presented to the community to inform planning processes (including evaluating Part A referral processes to develop community	Part A grantees, PCs/ABs, Quality Improvement Committees	RW clients	Evaluation reports	By 12/31/2017

recommendations to reduce barriers to care, supporting QIC projects to improve access to and retention in care and reviewing mortality rates of PLWH in Part A areas).				
Explore and design a sustainable public planning process to ensure continued community input processes, collaboration, and thought convening opportunities in alignment with probable future RW reauthorization and appropriations. (See also NO EMA Community Engagement Report, Strategy 4:2).	PCs/ABs, HPG, PLWH RW grantees	RW Clients	Planning group minutes	By 12/31/2017
Louisiana Objective 2C: By 2021, increase the percentage of people living in Louisiana with diagnosed HIV who are virally suppressed to at least 80%.				
Strategy 2C-1: Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver HIV care to achieve and maintain viral suppression.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Support Health Models intervention which uses financial incentives to increase and maintain viral suppression among PLWH in care at community based HIV care sites.	SHP Prevention	PLWH	Enrollment and Viral suppression rates	Ongoing
Strategy 2C-2: Increase community awareness of insurance coverage options and continue to expand opportunities for PLWH to procure and retain a comprehensive qualified health plan (QHP) that increases access to appropriate HIV medical care and medications.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Support continued allocations to service categories that can assist clients with premium payments and cost shares associated with medical care, pharmacy copayments and deductible requirements.	RW Grantees, PCs/ABs	PLWH	Part A and B data sets, LA HAP enrollment and Viral suppression rates	Ongoing

Support insurance enrollment and education efforts, especially for all (recently) Medicaid Expansion eligible PLWH and strategize with collaborative partners to maximize appropriate referrals to Ryan White services.	RW Grantees, PC	Uninsured PLWH	Insurance Enrollments, Part A and B data sets, LA HAP enrollment and Viral suppression rates	Ongoing
Develop collaboration with the Louisiana Department of Insurance (LDoI) to assure timely communication, opportunities for product input/feedback, and possible data sharing agreements.	SHP Services	PLWH	Number of carriers in Louisiana and the depth/breadth of the plan coverage	By 12/31/2018
Improve communication addressing uninsured priority populations and ensure appropriate messaging for undocumented individuals.	All HIV Prevention and Care workforce	Priority populations and individuals not lawfully present	Viral suppression rates	Ongoing
Continue to collaborate with Louisiana Medicaid for coordination of service delivery and data sharing.	SHP Services, SHP Data Management and Analysis	PLWH, Medicaid staff	Part A and B data sets Medicaid data sets and	Ongoing
Strategy 2C-3: Strengthen support services that promote retention in care.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Document and streamline the linkage system to reduce gaps in services and increase the performance of all providers within the continuum.	SHP Services, Linkage to Care Coordinators (LCCs), RW Case Management agencies, PC	PLWH	Access to care, Retention in care, Viral suppression	By 6/30/2017, and Ongoing

Collaborate with the Social Media Team to create and maintain an updated statewide Resource Inventory for all providers and clients to access community based services to best meet client needs.	SHP Social Media Team, SHP Services, HIV Care Providers, community based service providers, RW Grantees	PLWH	Number of "hits" to the website, number of comments that information was outdated.	By 12/31/2017, and Ongoing
Continue to support and increase participation in Parish Prisons Health Collaborative meetings and support their efforts to increase access to HIV testing, treatment and linkage to care, and collaborate to improve RW services utilization.	New Orleans RW Part A Grantee, NORAPC, SHP Prevention, Baton Rouge RW Part A, OPP medical team and other relevant partners	Currently and formerly incarcerated individuals	Meeting minutes	Ongoing
Develop and maintain a comprehensive and consistent training curriculum for all RW providers to assure knowledge of Integrated Plan Goals and Objectives, Ryan White federal Policies and Procedures, current Case Management Service Standards Care Planning activities, accurate data collection and entry, and QM Measures.	HIV Care Providers, SHP Services, Training and Capacity Building Team, RW Grantees	PLWH	LA CAN data and Viral suppression rates	Ongoing
Increase the level of provider and client health literacy and client success navigating the local health care system for HIV-related care and medications.	HIV Care Providers, SHP Services, Baton Rouge and New Orleans Part A, Training and Capacity Building Team, PLWH	RW Providers, PLWH	Progress notes, instances of denied services and prescriptions	Ongoing
Develop and maintain formal and informal relationships with job training and placement programs in order to connect PLWH with employment that best meets their needs	RW Grantees, RW funded providers, Peer Navigators	PLWH	Number/Percentage of clients who report wages/income	Ongoing

Louisiana Objective 2D: By 2021, Reduce the percentage of people living in Louisiana with diagnosed HIV who are homeless to no more than 5%.				
Strategy 2D-1: Address policies to promote access to housing and other supportive services for PLWH.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Ensure all case management, linkage and retention programs assess the level of housing instability among their clients and make referrals for housing support as needed.	SHP Services & Prevention, RW Grantees, CBOs	Funded providers	Assessments and referral logs	By 12/31/2017
Continue to provide resources to eligible clients through the "Housing Opportunities for People with AIDS" (HOPWA) programs in Louisiana and collaborate with HOPWA services administered throughout the state.	SHP Services, City of Baton Rouge OCD, RW Grantees, HOPWA Grantees	PLWH	HOPWA enrollment, #/% of RW clients achieving housing stability	Ongoing
Prepare for impact of implementation of HOPWA reauthorization with strategic advance planning to mitigate loss of housing resources while maximizing access to a variety of housing services (an example being coordination with Consolidate Plan processes).	LAHPG, PCs/Abs, COCs, all HUD grantees/ sub grantees in LA	PLWH	HOPWA policies and planning procedures aligned with legislation and FOAs	Ongoing
Participate in existing coalitions with local HUD grantees, regional Continua of Care (CoCs) and permanent supportive housing (PSH) programs.	SHP Services, RW Grantees, COCs, OCD, CBOs, PCs/Abs, CHANGE, UNITY, Housing NOLA	PLWH	Referral logs	Ongoing

NHAS GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES				
Louisiana Objective 3A: By 2021, Reduce disparities in the rate of new diagnoses by at least 15% among priority populations in Louisiana (see Epi Profile for list of priority populations).				
Strategy 3A-1: Expand Prevention and Care Services to reduce HIV related disparities experienced by priority populations in Louisiana.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Continue to support the Gay Men and Transgender Wellness Centers across the state.	SHP Prevention, CBO contractors	Gay, bisexual and transgender clients	# enrollments, # HIV/STI tests	Ongoing
Support the PrEP Navigation/Support services demonstration project in New Orleans MSA and evaluate effectiveness for potential expansion statewide.	SHP Prevention, CrescentCare, Brotherhood, Priority Health, Tulane Drop In	Gay and bisexual men and transgender individuals	# enrollments, # linked to PrEP provider, # taking PrEP, # remaining HIV negative	By 9/29/2018
Support the Peer Navigation services demonstration project in the New Orleans MSA to link priority individuals to mental health, substance abuse and social services and evaluate effectiveness for potential expansion statewide.	SHP Prevention, CrescentCare, Brotherhood, Priority Health, Tulane Drop In, PCs/ABs, CABs	Gay and bisexual men and transgender individuals, particularly those of color	# enrollments, # linkages, # remaining HIV negative	By 9/29/2019
Participate in ongoing coalition meetings related YRBS survey questions in Louisiana	Policy and Capacity Building Team, Statewide Adolescent Reproductive Health Coalition, LPHI, HPG members, all RW grantees/ planning councils & community partners	Public education students, community members, parents, relevant coalitions	Coalition meeting notes and attendance records	Ongoing

Continue developing support for full implementation of the Youth Risk Behavior Survey (YRBS) including the sexual risk behavior questions in collaboration with other state entities and non-profit organizations.	Policy and Capacity Building Team, Statewide Adolescent Reproductive Health Coalition, LPHI, LAHPG members, all RW grantees/ planning	Public education students, community members, parents, relevant coalitions	Coalition meeting notes and attendance records	By 12/31/2018
Strategy 3A-2: Adopt structural approaches to reduce HIV infections and improve health outcomes for priority populations (gay and bisexual men, young black gay and bisexual men and black women) in Louisiana.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Support capacity building for Louisiana's HIV prevention workforce around understanding and addressing institutionalized racism, homophobia and transphobia, and trauma informed care. This will include training of Health Department, contractor and partnering agency staff.	SHP Prevention, SHP Services, Training and Capacity Building Team	Prevention and care providers and health department staff	# of trainings, # of participants, completed training evaluations	Ongoing
Support passage of legislation mandating full implementation of the Youth Risk Behavior Survey (YRBS) including the sexual risk behavior questions.	Policy and Capacity Building Team, Statewide Adolescent Reproductive Health Coalition, LPHI, LAHPG members, all RW grantees/planning	Louisiana Legislature	Louisiana Legislation	By 12/31/2019
Once implemented, analyze the YRBS sexual health data and disseminate results to inform development of programs and policies to reduce new HIV infections among youth.	Policy and Capacity Building Team, Statewide Adolescent Reproductive Health Coalition, LPHI, LAHPG members, all RW grantees/ planning	Community members, parents, Statewide Adolescent Reproductive Health Coalition	Tracking Dissemination	By 12/31/2021

Implement YRBS data-informed programs and policies as a result of coalition efforts based on data-driven public health interventions, including mandating comprehensive sexual health education.	Policy and Capacity Building Team, Statewide Adolescent Reproductive Health Coalition, LPHI, LAHPG members, all RW grantees/ planning	Public education students	Program implementation	By 12/31/2021
Strategy 3A-3: Support policy and structural changes to reduce HIV related stigma (due to racism, sexism, homophobia and transphobia) and eliminate discrimination associated with HIV status or social status/group affiliation.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Support the decriminalization of HIV status/transmission in Louisiana law.	Policy and Capacity Building Team	PLWH	Louisiana Legislation	By 12/31/2021
Provide a minimum of 25 trainings related to addressing institutional racism.	SHP staff, CBA providers	Contracted CBOs, other healthcare and service providers, community partners SHP staff	Sign in sheet	By 12/31/2021
Provide a minimum of 25 trainings related to addressing institutional homophobia and transphobia.	SHP staff, CBA providers	Contracted CBOs, other healthcare and service providers, community partners SHP staff	Sign in sheet	By 2021
Build coalitions with social justice, education and civil rights groups.	LAHPG, SHP, RW Grantees, PCs	Non-HIV focused organizations	# of MOUs established	Ongoing
Mobilize communities to reduce HIV related stigma and support events such as the biannual Stigma Summit.	SHP Prevention and Services, RW Grantees, LPHI, HPG, PCs	Louisiana prevention and care providers	# of events, # of attendees, participant evaluations	Ongoing

Support coalition-based efforts to implement evidence-based practices to reduce the level of HIV-related stigma impacting PLWH statewide	LAHPG, LPHI, All RW grantees/ planning bodies, & other community partners	Relevant Coalitions	Coalition meeting notes and attendance records	By 12/31/2017
LAHPG and CB PI Team agendas and discussions will reflect planning for, coordination with and participation in the 2018 Statewide Summit to Reduce Stigma, including expanding routine data collection efforts and info-sharing on implementation of best practices	LAHPG, LPHI, All RW grantees/ planning bodies, & other community partners	Stigma Summit Coordinators	Stigma Summit Planning meeting minutes	By 12/31/2017
Promote employment and public leadership of members of priority populations, particularly those living with HIV.	LAHPG, SHP, RW Grantees, PCs, LPHI	All	# of leaders identifying as priority population	Ongoing
Louisiana Objective 3B: By 2021, increase the percentage of priority populations with diagnosed HIV in Louisiana who are virally suppressed to at least 80%.				
Strategy 3B-1: Support cultural humility trainings for HIV care providers.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Support capacity building for Louisiana's HIV Services and Care workforce around understanding and addressing institutionalized racism, homophobia and transphobia, and trauma informed care. Include Health Department, contractor and partnering agency staff.	SHP Services	Prevention and care providers and health department staff	# of trainings, # participants, completed training evaluations	Ongoing
Address need to expand the overall HIV and healthcare workforce in a feasible way consistent with findings of resource inventory/workforce needs assessment.	SHP Services, Louisiana AETC, RW Grantees	HIV Workforce, PLWH	# of trainings, # of Providers	Ongoing

Support representatives from the HIV-planning/services community to coordinate with coalition activities to facilitate implementation of strategic stigma-reduction activities	LAHPG, LPHI, All RW grantees/planning bodies, and other community partners	PLWH, Louisiana residents	Meeting agendas and notes	By December 2017
Strategy 3B-2: Support Peer and Patient Navigators specifically trained and age appropriate to work with youth and other priority populations on retention in care, treatment adherence and achieving and maintaining viral suppression.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Fund CBOs and HIV Care Providers to hire peer and/or patient navigators to assist in navigating the HIV care system and mentor confidence in health seeking practices.	RW Grantees, CBOs, SHP Services, Training and Capacity Building Team	PLWH	# of navigators hired, # of patients serviced	Ongoing
Provide consistent training opportunities and feedback loops for these individuals to report on client barriers to care and request skills building activities.	RW Grantees, SHP Services, Training and Capacity Building Team	PLWH	# of trainings provided, # of calls or meetings to catalogue barriers	Ongoing
Conduct a minimum of 10 trainings with community members related to self-advocacy and navigating health care systems.	SHP Staff, Peer Facilitators	Community members, health and peer navigators	Sign in sheets	By 12/31/2017
Strategy 3B-3: Closely monitor disparities in HIV viral suppression rates and produce public performance/status reports.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Produce agency level continuum of care reports for all agencies caring for PLWH and highlight any disparities in health outcomes.	SHP Services, Data Management and Analysis	All RW funded HIV providers	# of in care, # of retained in care, # of virally suppressed	By 12/31/2017
Support the creation and dissemination of routine Fact Sheets and reports highlighting progress in achieving current QM Goals.	SHP Services, SHP Data Management and Analysis, RW Grantees, PC	All RW funded HIV Providers, statewide community, media	# of in care, # retained in care, # virally suppressed	By 12/31/2017

NHAS GOAL 4: ACHIEVE A MORE COORDINATED RESPONSE TO THE HIV EPIDEMIC				
Louisiana Objective 4A: By 2021, increase the coordination of HIV programs (CDC prevention funded CBOs & Louisiana Health Department and Ryan White Parts A, B, C, and D funded organizations) across Louisiana as evidenced by the creation and maintenance of the Louisiana Integrated HIV/AIDS Strategy.				
Strategy 4A-1: Promote resource allocation that has the greatest impact on achieving the Louisiana HIV/AIDS Strategy goals and objectives.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Allocate CDC Prevention and RW funds proportionate to HIV burden by location and demographics of those most affected.	SHP Prevention and Services, RW Part A Grantees	Federal Grantees in Louisiana	HIV Prevalence by geographic area and demographic characteristics	Ongoing
Prioritize and allocate RW Part A funds to provide coordinated access to treatment, care and supportive services in alignment with best achieving goals of the National HIV/AIDS Strategy.	Part A Grantees, PCs/ABs	PLWH in Part A jurisdictions	Improvements along the HIV Care Continua	Ongoing
Enhance coordination between data-driven community planning bodies to assist grantees in cost allocations, through improved coordination/dissemination of data and more efficient prioritization planning processes.	PCs/ABs, LAHPG, RW Grantees	Planning bodies and their members, Prevention and Services clients	Meeting minutes from coordination and cross collaborative meetings	By 12/31/2017
Support coalition-based efforts to seek financial resources to implement the PLWH Stigma Index Survey Project statewide (newly collecting data in non-Part A areas and collecting fresh data in Part A areas)	LAHPG, LPHI, All RW grantees/ planning bodies, & other community partners	Relevant coalitions, financial supports	Documentation of efforts to solicit resources	By 12/31/2017

Collaboratively seek to improve programs and policies based on the published data resulting from the PLWH Stigma Index Survey.	LPHI, CBOs, LAHPG, RW Grantees	Health Care and Service Providers, policy makers	Patient satisfaction surveys	By 2019
Strategy 4A-2: Maintain statewide and establish regional HIV Planning groups in Louisiana.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Maintain the statewide HIV planning group structure and process to ensure broad engagement in HIV planning in Louisiana and coordinate planning functions across planning bodies.	SHP Prevention and Services	HIV prevention and services providers statewide	# LAHPG meetings, # participants	Ongoing
Maintain the Part A planning bodies and consistently improve PLWH engagement in HIV planning in Louisiana and coordinate planning functions across planning bodies.	RW Grantees, PCs/ABs	Community stakeholders, PLWH	# PC meetings, # participants	Ongoing
Establish regional HIV planning groups that will report to the statewide group in collaboration with the OPH Regional Medical Directors, DIS, CBOs and HIV care providers.	SHP Prevention, Services & Regional Operations, LAHPG, OPH Regional Administrators/Medical Directors	Prevention and Care workforce	Establishment of regional planning groups, group membership rosters	By 12/31/2017
Strategy 4A-3: Ensure all CDC Prevention and HRSA/Ryan White planning bodies have membership representatives from all of the other active planning bodies in Louisiana.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Ensure the LAHPG maintains membership positions for the New Orleans and Baton Rouge Part A grantees, as well as from the Louisiana AIDS Advocacy Network (LAAN).	LAHPG, Part A Planning Councils and LAAN	All HIV related planning and advocacy bodies	Planning body's bylaws and/or membership rosters	Ongoing

Louisiana Objective 4B: By 2021, develop improved mechanisms to monitor and report on Louisiana's progress toward achieving national and local HIV prevention and care goals and objectives.				
Strategy 4B-1: Strengthen coordination across data systems and the use of data to improve health outcomes and monitor the use of federal and state HIV prevention and care funds in Louisiana.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Improve the timeliness, availability and use of HIV surveillance data.	SHP Surveillance	HIV workforce statewide	Dates of annual report publication	Ongoing
Regularly update and disseminate the Epi Profile section of the Louisiana HIV/AIDS Strategy (LAHAS).	LAHPG, SHP Surveillance, COCs, OCD	LAHPG members and community partners	Annual update of Epi Profile	Annually - Ongoing
Develop and disseminate the HIV and Housing Care Continuum to inform planning activities and to improve coordination between RW and HOPWA programs.	LAHPG, SHP Surveillance, COCs, OCD	Unstably housed PLWH	Dates of annual report publication	Annually - Ongoing
Utilizing multiple data systems (inclusive of CAREWare, the LA CAN partners, Ramsell, HMIS, etc.), support the creation and dissemination of routine Fact Sheets and reports highlighting progress in achieving current QM Goals.	SHP Services, SHP Data Management and Analysis	All RW funded HIV Providers, statewide community, media, BMAC	#in care, # retained in care, # virally suppressed	By 12/31/2017
Provide a minimum of five trainings to providers related to service quality improvement.	SHP staff, CBA providers, medical education bodies	Health Care and Service Providers	Sign in sheet	By Dec. 2017
Strategy 4B-2: Regularly report on progress toward the Louisiana HIV/AIDS Strategy goals and objectives.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Provide regular public reports on the progress toward achieving the goals and objectives of the LAHAS.	LAHPG Team Leads and Co-chairs	LAHPG members	Creation and deliverance of progress reports	Annual - Ongoing

Strategy 4B-3: Enhance HIV prevention and care programs accountability across Louisiana.				
Activities:	**Responsible Parties:**	**Target Population**	**Data Indicators**	**Timeframe**
Publicly post HIV prevention and care performance reports for health department programs and all RW funded contractors on SHP websites.	SHP Data Management	General population	#reports posted on websites	By 12/31/2017
Recruit additional voting members representing key service areas and populations (including PLWH) to ensure the inclusion of diverse viewpoints and accountability in the statewide planning process.	LAHPG Administrative Team	Service providers, priority populations, PLWH	LAHPG membership grid, attendance rosters	By 12/31/2017
Continue to convene statewide face-to-face meetings to assess progress on achieving LHAS goals and objectives, document barriers and continue to build collaborations.	LAHPG, SHP Prevention and Services	Service providers, priority populations, PLWH	LAHPG meeting agendas, attendees list	Biannually - Ongoing
Establish and maintain regular updates to the Louisiana HIV/AIDS Strategy 2017-2021.	LAHPG, SHP Prevention and Services, RW Part A Grantees	LAHPG members	2017-2021 LHAS	Annually - Ongoing

Potential Work Plan Challenges:

In general, the Louisiana HIV Planning Group does not anticipate any insurmountable challenges to accomplishing the goals, objectives and activities of the integrated work plan. However, it is worth noting HIV related stigma is an ongoing concern across the United States and this is definitely true in southern states such as Louisiana. Yet, the capacity building activities outlined in the work plan are intended to address and minimize the effects of HIV stigma on making progress with the integrated plan in Louisiana. Also worth noting are Louisiana's significant coastal areas and wetlands, coupled with sub-tropical to tropical climates, make many areas of the state highly susceptible to natural disasters such as flooding, tornados and hurricanes. Such natural disasters can occur at any time and when they do, obviously safety and recovery take precedence over making progress with the Louisiana HIV/AIDS Strategy.

Community members and friends gathering for a balloon release in honor of Pride.

Collaborations, Partnerships, and Stakeholder Involvement

Collaborations, Partnerships, and Stakeholder Involvement

Collaboration among stakeholders is critical to maximizing resources and efficiencies in serving PLWH. As jurisdictions continue to develop high-quality, coordinated prevention and care and treatment for PLWH, collaboration will become even more important and will be paramount to providing services that fully address each component of the HIV care continuum.

The LAHPG consists of two groups of voting members: community representatives comprised of individuals most impacted by HIV and agency representatives comprised of organizations directly providing or supporting HIV prevention, treatment and/or care services in the state. The overall goal of the LAHPG membership is to ensure broad-based stakeholder engagement and the parity, inclusion and representation of the populations most impacted by HIV in Louisiana.

LAHPG has demonstrated full collaboration in development of the LAHAS. A special Integrated Plan Stakeholders Coordination Workgroup (SCW) was formed to support the plan development process. The SCW involved participation from SHP (staff from surveillance, prevention and care departments), staff from both Part A grantees, NORAPC support staff and PLWH NORAPC members, and the Baton Rouge Ryan White Advisory Board, as well as a representative from the Louisiana AIDS Advocacy Network to ensure the rural areas were adequately represented. The SCW met routinely (at least monthly) over a 9 month period. The SCW utilized a web-based Gantt chart to support coordination activities. The agenda format and enhanced level of collaboration and coordination from all stakeholders ensured the plan would be a comprehensive representation of the needs of various communities across the state.

Members of the New Orleans Regional Planning Council Community Meeting.

People Living with HIV (PLWH) and Community Engagement

People Living with HIV (PLWH) and Community Engagement

The LAHPG uses various resources for engaging at risk groups and PLWH. The LAHPG believes that HIV planning processes involving the at-risk, affected and infected community working together to develop specific strategies to enhance coordination, collaboration, and seamless access to HIV prevention, care, and treatment services are necessary to achieve the goals of the Louisiana and National HIV/AIDS Strategy. The inclusion of community stakeholders in the development of the LAHAS helps ensure that HIV prevention and care activities are responsive to the needs in the service area. Community stakeholders include, but are not limited to, HIV service providers, PLWH, and at-risk groups.

Community Planning Meetings

The LAHPG continues to strive for and maintain a representative parity and inclusion that reflects the state's HIV/AIDS epidemic to further ensure that we are engaging the community. The Louisiana HIV Planning process includes representatives of various races and ethnicities, genders, sexual orientation, ages and other characteristics reflecting the experiences and expertise of those impacted by HIV in the Louisiana. In fact, The LAHPG will give preference to community representative applicants/nominees who are living with HIV and who meet the other desired characteristics set forth by the group's Parity and Inclusion criteria. All individuals interested in becoming LAHPG member must submit a Louisiana HIV Planning Group Nomination form to be considered for membership. Nomination forms are reviewed by the LAHPG's Administration Team. The Administration Team reviews each application to determine the applicant's eligibility and whether the nominee helps to meet the group's Parity and Inclusion representation. Those individuals nominated who meet the Parity and Inclusion criteria are submitted to the LAHPG Co-Chairs. The LAHPG Co-Chairs will make all membership nominations known to the entire group through an open process. The entire LAHPG will vote to accept or reject all newly proposed community representative members (including those filling vacancies). According the group's Guiding Principles (By-laws) at least a fifty percent plus one majority vote is required to successfully elect a person to fill a community representative voting member position.

Louisiana HIV Planning Group Teams

The LAHPG is comprised of seven standing committees/work groups known as "Teams." Each team will be led by a Health Department Prevention Chair, a Health Department Services Chair and at least one, but not more than, two Community Chairs. Health Department Team Chairs shall be appointed by SHP and may or may not be voting members of the larger LAHPG. Community Team Chairs may be voting or non-voting community members of the larger LAHPG who commit to leading their respective teams to accomplish their assigned duties. Additional ad-hoc teams may be formed on a temporary, as needed basis. All voting and non-voting LAHPG members, as well as other meeting participants are encouraged to join one or more teams. Meeting attendees are always welcome to participate on a LAHPG team as a way of contributing to the community planning process. The following is a list of the seven standing "Teams" of the LAHPG:

1. Administration Team
2. High Impact/Core Prevention Team
3. Core Treatment & Supportive Services Team
4. HIV Awareness & Social Marketing Team
5. Epidemiology & Evaluation Team
6. Priority Populations Team
7. Capacity Building & Policy Initiatives Team

Engagement with Non-Traditional Partners

The LAHPG also makes a concerted effort to engage the community by maintaining partnerships with various nontraditional partners. These nontraditional partners include, but are not limited to, Louisiana's Department of Education, Behavioral Health, and the Department of Public Safety and Corrections and housing Continua of Care. These nontraditional partner membership positions are filled by each agency's internal designation/appointment and submitted to the Co-Chairs in writing. The LAHPG will continue to give preference to community representative applicants/nominees who are not affiliated with any of the agencies identified as a traditional partners in order to foster the broadest inclusion of community participation possible.

Community Engagement Sessions

In 2014, SHP conducted a series of community engagement sessions with gay/bisexual men and transgender women throughout the state of Louisiana. These sessions were designed to give community members an opportunity to contribute to the Strategy by way of discerning gaps in service, assessing community knowledge, beliefs, and attitudes around HIV and care services, describing the relationship with the Office of Public Health, and social media and its role in HIV prevention, awareness, and treatment. The goal of these sessions was to ascertain how to best reach and provide services to gay/bisexual men and transgender women community members in Louisiana. Much of the data collected from these community engagement sessions was used to inform this Strategy.

In April 2016, the Baton Rouge TGA conducted a Community Forum to review the 2015 Statewide In Care, BR TGA Newly Diagnosed, and BR TGA Out of Care needs assessments to better determine PLWH's real or perceived service gaps, barriers, and needs specific to the Baton Rouge TGA. Utilization of PLWH survey responses enabled the Advisory Council and the Ryan White Part A Office in planning services, strategies and activities needed to decrease barriers and gaps and achieve optimal success in viral load suppression and capacity building. PLWH in the BR TGA participated in the Community Forum to review and assist in the development of this Strategy.

Social Media Engagement

To further engage the larger community the LAHPG's social marketing team has created a brochure and website about the LAHPG. The brochure webpage will give general information about the goals and objectives of the HPG. LAHPG is also implementing the use of a LAHPG YouTube channel to post meeting and other information related to community planning. In

addition, the LAHPG will utilize other social media platforms, such as Facebook and Twitter as additional ways to stay engaged with the broader community.

Engagement using Technology

The LAHPG is using technology to help ensure that it is able to stay engaged with community members. For this planning process the LAHPG has used phone line conferencing, webinar~~s~~ platforms, smart board technology, and social media as ways to encourage community engagement and reducing transportation as a barrier to meeting attendance/participation.

Community member participating in Transgendered Rights march.

Monitoring and Improvement

Section III. Monitoring and Improvement

Monitoring the LAHAS will assist the jurisdiction with identifying ways to measure progress toward goals and objectives, selecting strategies for collecting information; and analyzing information to inform decision making and improve HIV prevention, care, and treatment efforts within Louisiana.

The LAHPG will accomplish its monitoring and improvement of the LAHAS by regularly reviewing progress at scheduled LAHPG meetings. The Strategy will also be more frequently reviewed and monitored at HPG Team meetings (which meet more frequently than the collective LAHPG). Each team is led by a Health Department Prevention Chair, a Health Department Services Chair and at least one, but not more than two, Community Chairs. Health Department Team Chairs are appointed by SHP and may or may not be voting members of the larger LAHPG. Because these teams were created for the expressed purpose of creating the goals, objectives and activities of the Integrated Work Plan (Section II), these teams also lend themselves perfectly for monitoring and improving the progress of the Work Plan. The following is a list of the seven standing "Teams" of the LAHPG and their primary responsibilities:

1. **Administration Team**: Document and describe stakeholder engagement/planning process, membership recruitment, draft letters of concurrence, etc., keep meeting minutes and distribute to the larger membership and handle meeting logistics (meeting space, lunch, travel reimbursements).

2. **High Impact/Core Prevention Team**: Identify and monitor all HIV prevention activities conducted in Louisiana and establish five-year specific, measurable, achievable, realistic and time-limited (SMART) objectives for core SHP funded prevention activities including Recruitment/Outreach, HIV counseling and testing with CBOs, HIV Screening in Healthcare Settings, Linkage to Care and Condom Distribution.

3. **Core Treatment & Supportive Services Team:** Plan core treatment and supportive services activities and establish five-year SMART objectives for Case Management and Treatment/Medication Adherence Projects.

4. **HIV Awareness & Social Marketing Team**: Develop a comprehensive Resource Inventory/Directory, and develop five-year SMART objectives for Social Marketing Campaigns, Statewide Websites, Statewide Info Line, and other Social Marketing activities.

5. **Epidemiology & Evaluation Team**: Evaluate planning processes, develop template for teams to use for establishing SMART objectives, establish five-year SMART objectives to address Monitoring and Evaluation questions from federal funders, develop the Louisiana HIV Epidemiology Profile, document adherence to confidentiality standards, reporting, etc.

6. **Priority Populations Team:** Identify priority populations based on local HIV epidemiology and develop plans for prevention, treatment and care activities for the priority populations, including five-year SMART objectives.

7. **Capacity Building & Policy Initiatives Team:** Develop capacity building plans and document current and future policy initiatives develop five-year SMART objectives for capacity building and policy initiatives, etc.

LAHPG Teams will receive updated reports on Work Plan progress from SHP, the New Orleans and Baton Rouge Ryan White Part A Grantees. The teams will use the updated reports to:

- Assess the present and future extent, distribution and impact of HIV in the identified priority populations in the community;

- Assess existing community resources for HIV prevention, treatment and care services to determine the community's capability to respond to the epidemic. These resources should include fiscal, personnel, and program resources, as well as support from public (federal, state, county, municipal), private, and volunteer sources. This assessment should identify all HIV programs;

- Identify unmet HIV prevention, treatment and care needs;

- Define additional specific strategies and interventions to prevent new HIV infections in defined populations;

- Develop comprehensive annual updates to the HIV prevention, treatment and care strategy consistent with the identified needs of the priority populations and;

- Evaluate the effectiveness of the overall planning process.

Letter of Concurrence

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

Date: September 27, 2016

Steven R. Young, MSPH
Director-Division of Metropolitan HIV/AIDS Programs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

CDC/HRSA Project Officer
Grants Management Officer
Grants Management Branch, Procurement and Grants Office
Funding Opportunity Announcement PS17-1701
Centers for Disease Control and Prevention, MS E-15
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

To Whom It May Concern:

The Louisiana Statewide HIV Planning Group concurs with the following submission by the Louisiana Office of Public Health in response to the guidance set forth for health departments and HIV planning 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. The Louisiana HIV/AIDS Strategy (LAHAS) includes the development of a three year Statewide Coordinated Statement of Need (SCSN) and a three year statewide Comprehensive Plan for people living with HIV (PLWH) as required by the Health Resources and Services Administration (HRSA), and a five year jurisdictional HIV prevention plan as required by the Centers for Disease Control and Prevention (CDC).

The LHAS includes the development of a five year Statewide Coordinated Statement of Need (SCSN) and a five year statewide Comprehensive Plan for people living with HIV (PLWH) as required by the Health Resources and Services Administration (HRSA), and a five year jurisdictional HIV prevention plan as required by the Centers for Disease Control and Prevention (CDC) This statewide plan includes the integration of goals, objectives, strategies and activities of The New Orleans and Baton Rouge Part A

The signatures below confirm the concurrence of the Louisiana HIV Planning Group with the Integrated HIV Prevention and Care Plan.

Bienville Building ▪ 628 N. Fourth St. ▪ P.O. Box 3214 ▪ Baton Rouge, Louisiana 70821-3214
Phone: (225) 342-8093 ▪ Fax: (225) 342-4848 ▪ www.dhh.la.gov
An Equal Opportunity Employer

1. Using Louisiana HIV surveillance/epidemiological data to identify priority populations for the HIV prevention, treatment and care statewide planning process;
2. Assessing the present and future extent, distribution and impact of HIV in the identified priority populations in the community;
3. Assessing existing community resources for HIV prevention, treatment and care services to determine the community's capability to respond to the epidemic.
4. Identifying unmet HIV prevention, treatment and care needs;
5. Defining specific strategies and interventions to prevent new HIV infections in defined populations;
6. Developing a comprehensive HIV prevention, treatment and care strategy consistent with the identified needs of the priority populations;
7. Writing a letter of concurrence, concurrence with reservations, or non-concurrence related to stakeholder and community engagement with the HIV planning process as required or requested by federal funders; and
8. Evaluating the effectiveness of the overall planning process

SHP will develop applications for federal funds for HIV prevention, treatment and care that are in accord with the LAHAS. LAHAS may also be used to secure additional funding from other sources.

The signatures below confirm the concurrence of the Louisiana HIV Planning Group with the Integrated HIV Prevention and Care Plan.

Signatures: Date: 9/27/14

Mercedes Cardona

Chaquetta Johnson

Natalie Cooley

Mary Battle

Paul M. Bauman

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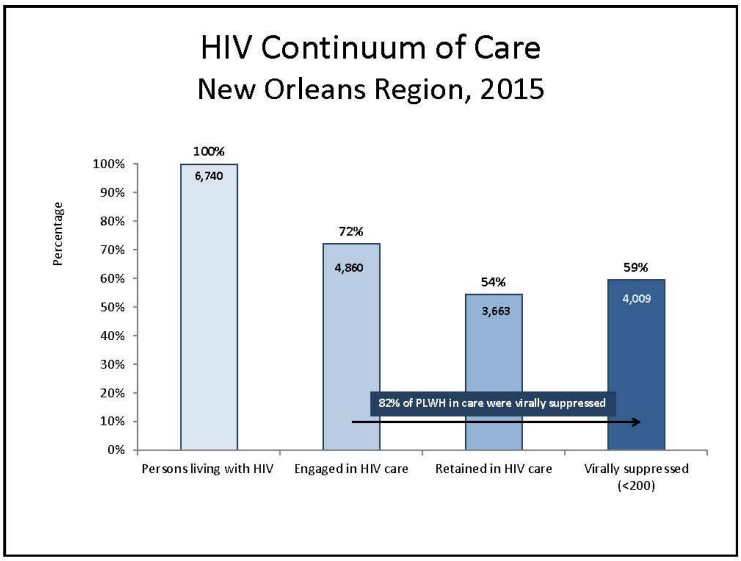
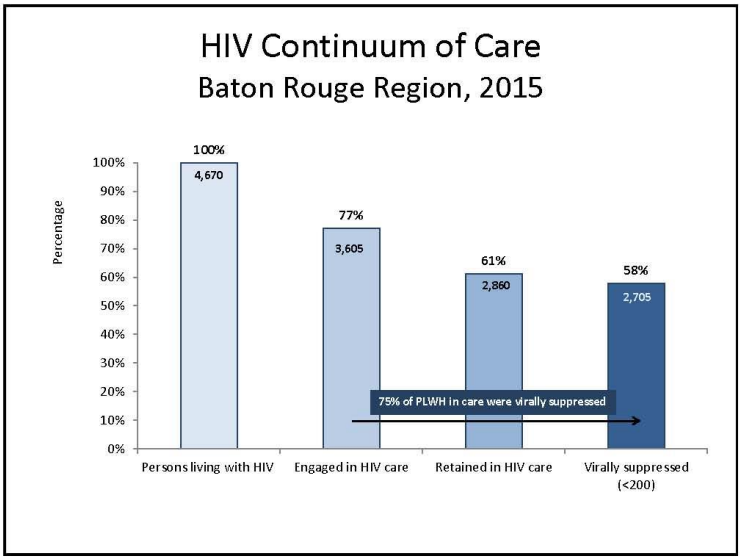
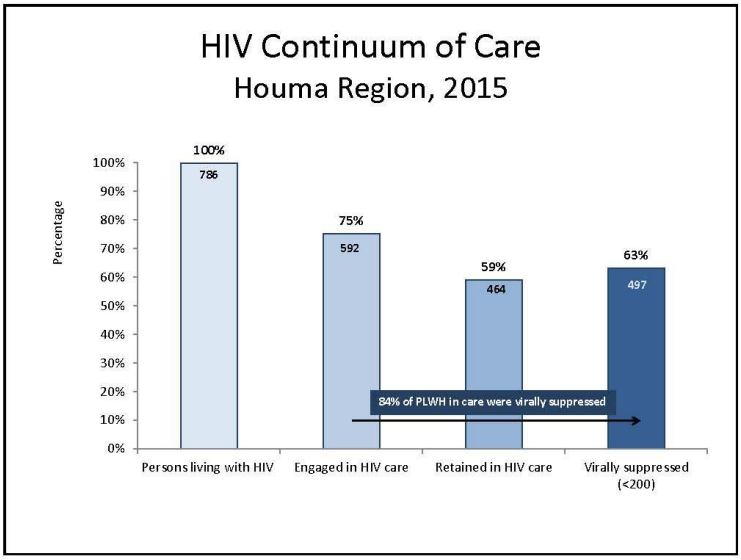
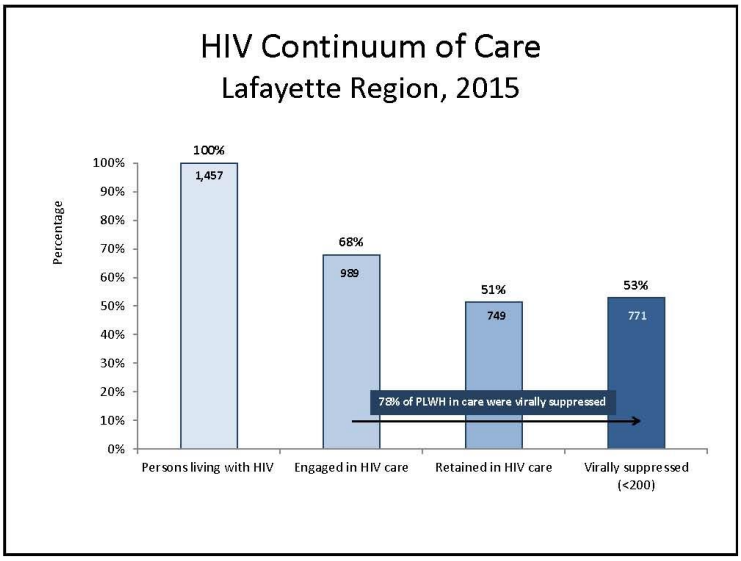
Appendices

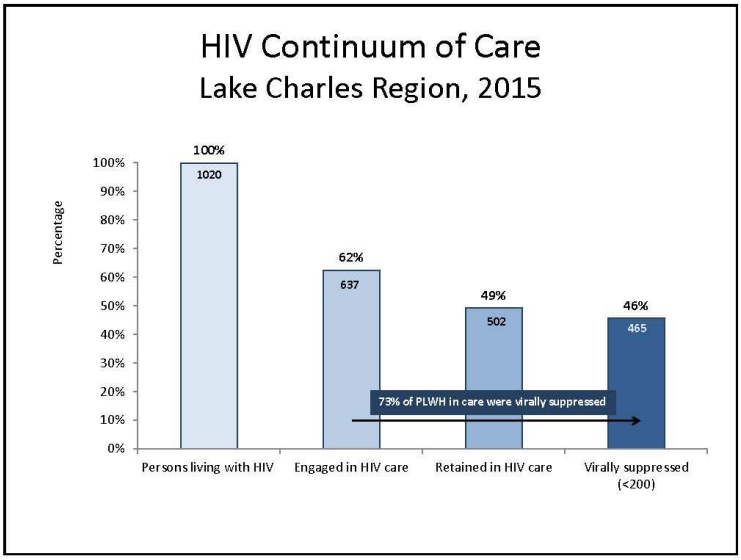
Appendix A - Regional and Other HIV Care Continua

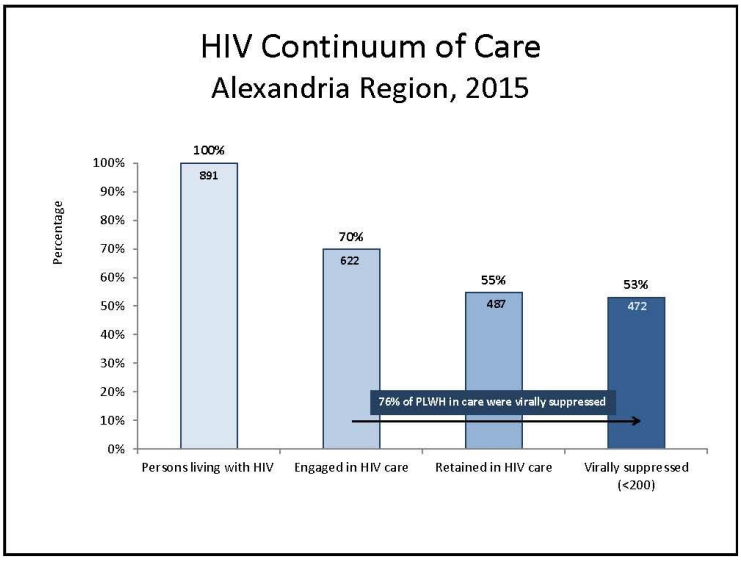


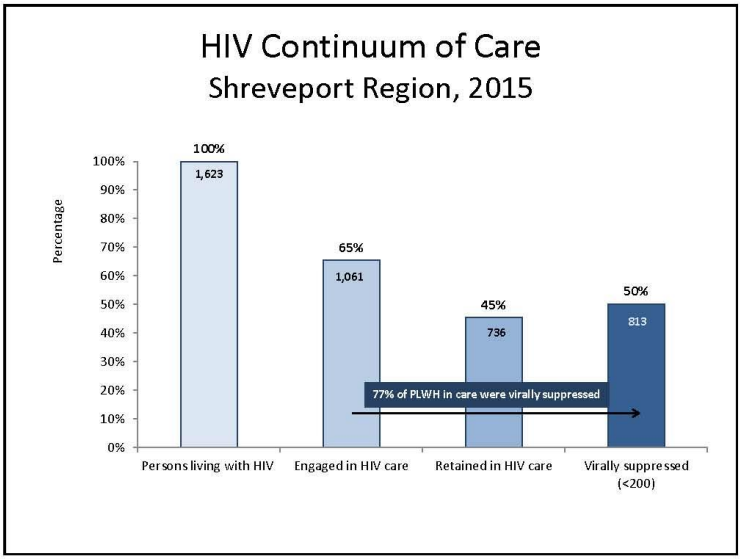


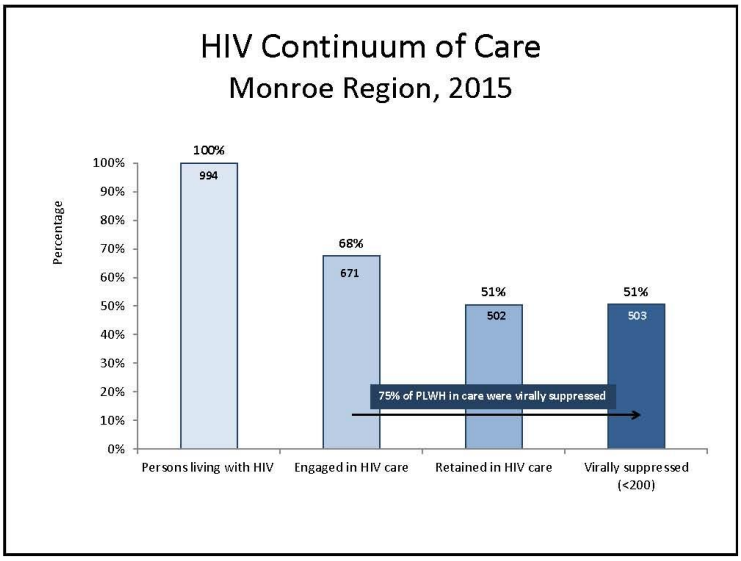

HIV Continuum of Care
Houma Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
786
75%
592
59%
464
63%
497
84% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)

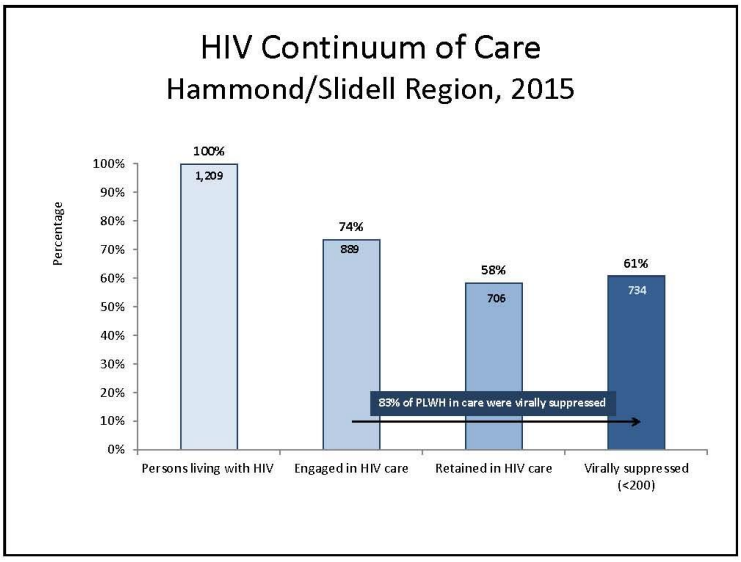

HIV Continuum of Care
Lafayette Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
1,457
68%
989
51%
749
53%
771
78% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)

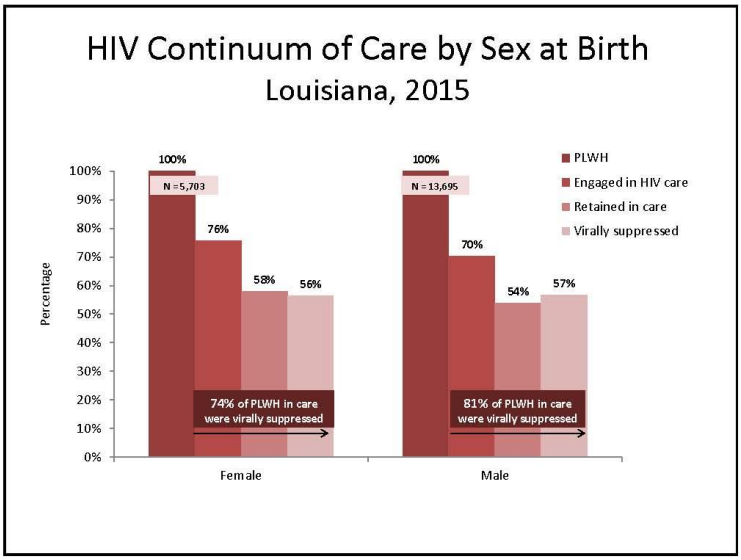

HIV Continuum of Care
Lake Charles Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
1020
62%
637
49%
502
46%
465
73% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)

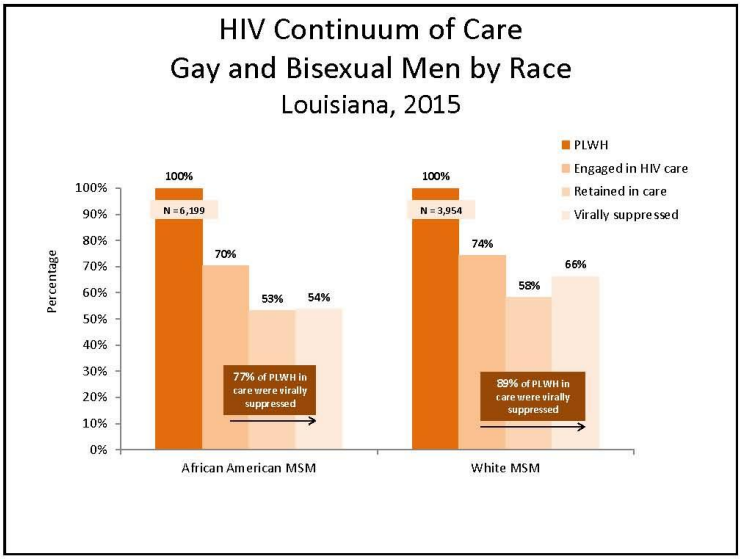

HIV Continuum of Care
Alexandria Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
891
70%
622
55%
487
53%
472
76% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)

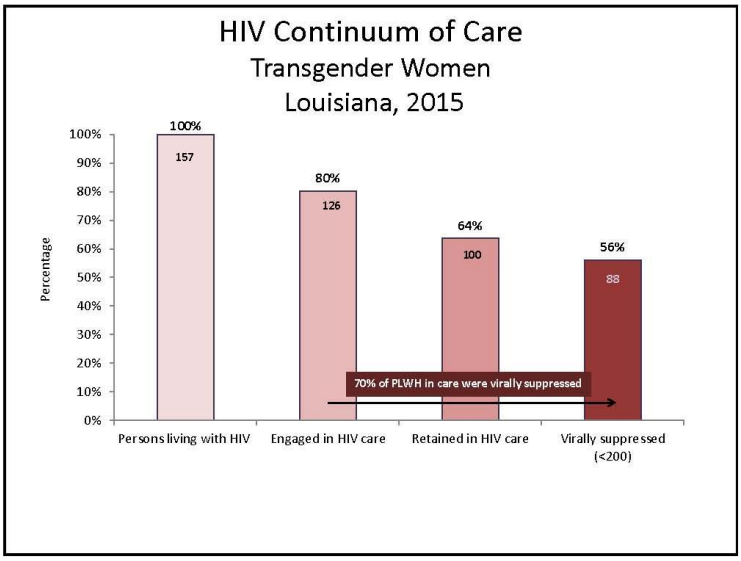

HIV Continuum of Care
Shreveport Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
1,623
65%
1,061
45%
736
50%
813
77% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)


HIV Continuum of Care
Monroe Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
994
68%
671
51%
502
51%
503
75% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)


HIV Continuum of Care
Hammond/Slidell Region, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
1,209
74%
889
58%
706
61%
734
83% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)


HIV Continuum of Care by Sex at Birth
Louisiana, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
N = 5,703
76%
58%
56%
74% of PLWH in care were virally suppressed
100%
N = 13,695
70%
54%
57%
81% of PLWH in care were virally suppressed
PLWH
Engaged in HIV care
Retained in care
Virally suppressed
Female
Male


HIV Continuum of Care
Gay and Bisexual Men by Race
Louisiana, 2015
PLWH
Engaged in HIV care
Retained in care
Virally suppressed
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
N = 6,199
70%
53%
54%
77% of PLWH in care were virally suppressed
100%
N = 3,954
74%
58%
66%
89% of PLWH in care were virally suppressed
African American MSM
White MSM


HIV Continuum of Care
Transgender Women
Louisiana, 2015
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
157
80%
126
64%
100
56%
88
70% of PLWH in care were virally suppressed
Persons living with HIV
Engaged in HIV care
Retained in HIV care
Virally suppressed (<200)

Appendix B - NORAPC Community Engagement

Community Engagement for the Integrated Plan

Mini-Report from the New Orleans Regional AIDS Planning Council (NORAPC)

May-June 2016

Summary of National HIV/AIDS Strategy Goals, Related New Orleans EMA Objectives and Strategies 2017-2021

The following summary reflects NO EMA Specific Comprehensive/Integrated Plan 2017-2021 suggested strategies based on Community Input at NORAPC meeting 5/23/16 and Comprehensive Planning Committee meeting 6/7/16.

**All NHAS Indicators are updated to target year 2020*

NHAS Goal 1: Reducing new infections

NHAS Indicator 1: Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.
NHAS Indicator 2: Reduce the annual number of new diagnoses by at least 25 percent.
NHAS Indicator 3: Reduce the percentage of young gay and bisexual men who have engaged in HIV risk behaviors by at least 10 percent.

LA-NO EMA Objective 1: Increase awareness of and access to information and evidence-based approaches to addressing HIV (inclusive of testing, prevention, and treatment).

Strategy: Support continued implementation of a variety of activities to prevent acquisition and transmission of HIV in a manner designed to reduce stigma and maximize awareness of HIV status.

Sample Activities
○ Increase insurance coverage
○ Expand awareness and access to PrEP & PEP
○ Improve retention in care & treatment adherence
○ Expand community-wide access to routine HIV screenings in clinical settings
○ Improve client housing stability
○ Expand use of innovative community based screenings, including at WIC clinics, food banks, college campuses, beauty shops, with short educational HIV 101 presentations which include PrEP & PEP as prevention tools
○ Explore innovative use of Community Health Workers, patient navigation, and peer models to enhance social support, recruitment, engagement, retention, and viral suppression
○ Educate the community on behavioral health practices known to prevent HIV transmission (e.g. proper condom usage, clean needle programs, etc.)

○ Outreach in community centers for young gay/bisexual men (e.g. gay nightclubs, gyms, etc.)

NHAS Goal 2: Increasing access to care and improving health outcomes for PLWH

NHAS Indicator 4: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.
NHAS Indicator 5: Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.
NHAS Indicator 6: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.
NHAS Indicator 8: Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.

LA-NO EMA Objective 2: Collaborate with State, local and community partners to assure increased coordination for enhanced linkage to and retention in care.

Strategy 2.1: Increase community awareness of insurance coverage options and available HIV care and support services through an ongoing educational campaign targeted to various stakeholders (PLWHA, providers, community partners, special populations such as Transgender individuals) using innovative and engaging training mechanisms.

Sample Activities
○ Enroll all newly eligible clients in Medicaid
○ Improve communication addressing uninsured priority populations
○ Ensure appropriate messaging for undocumented individuals
○ Strategize with partners to facilitate referrals to Ryan White assistance
○ Identify and implement innovative approach to improving health outcomes

Strategy 2.2: Improve HIV services access to incarcerated and formerly incarcerated individuals through maintenance and expansion of relationship(s) with the penal system.

Sample Activities
○ Continue to host Parish Prison Health Collaborative meetings
○ Engage additional penal partners
○ Identify collaborative funding opportunities
○ Support efforts to increase testing, treatment, and linkage to care for the incarcerated
○ Strategize with partners to facilitate referrals to Ryan White assistance

Strategy 2.3: Improve testing, linkage, and access to care in non-urban areas.

Sample Activities
○ Support expanded access to testing, linkage, and telehealth
○ Equip existing rural health clinics with HIV testing resources
○ Identify best practice models for transportation
○ Coordinate with parish health departments to meet the needs of PLWHA living in rural areas
○ Strategize with partners to facilitate referral to Ryan White assistance

Strategy 2.4: Continue to evaluate the quality of Part A services delivered to the community to inform the planning process.

Sample Activities
○ Evaluate Part A referral process for barriers to care
○ Support QIC projects to improve access to and retention in quality comprehensive care
○ Review mortality rates of Part A clients and PLWHA in NO EMA

NHAS Goal 3: Reducing HIV-related health disparities

NHAS Indicator 3: Reduce the percentage of young gay and bisexual men who have engaged in HIV risk behaviors by at least 10 percent.
NHAS Indicator 9: Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
NHAS Indicator 10: Increase the percentage of youth and persons who inject drugs with diagnosed HIV infect who are virally suppressed to at least 80 percent.

LA-NO EMA Objective 3: Assure that all contracted providers are addressing health disparities in the provision of prevention, care, and treatment services.

Strategy: Support the design and implementation of a variety of peer leadership development activities (e.g., training, support, education, outreach, peer-based service delivery, and expanding existing buddy programs) and align services and programs with the goals of client empowerment, self-management, and civic engagement.

Sample Activities
○ Improve communication and focus on NO EMA health disparities and strategies to address them
○ Foster relationships with non-Ryan White funded agencies to support HIV prevention and care
○ Explore innovative use of Community Health Workers, patient navigation, and peer models to enhance social support, recruitment, engagement, retention, and viral suppression
○ Identify sustainable financing for peer-based service delivery
○ Identify sustainable financing for peer leadership development and training support

NHAS Goal 4: Achieving a more coordinated statewide response to the HIV epidemic

NHAS Indicator 7: Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.

LA-NO EMA Objective 4: Maintain broad and diverse participation in the Statewide Planning Group, as well as regional HIV planning bodies.

Strategy 4.1: Prioritize efforts to build and/or maintain a variety of relationships to support the 3 primary goals of the National HIV/AIDS Strategy. Specific social services systems to benefit from enhanced coordination and collaboration should include: non-Ryan White partnerships in the areas of housing, dental, behavioral health (including co-locations with primary medical care), and life skills;

increase access and availability of services for rural parishes (via collaboration with other health care systems), and enhance collaboration with faith-based community.

Sample Activities
○ Participate in housing planning efforts to expand affordable housing for PLWHA
○ Expand dental service options for PLWHA
○ Expand access to integrated behavioral health services
○ Improve access to telemedicine and specialty care for PLWHA in rural parishes
○ Promote faith-based community involvement and community support groups

Strategy 4.2: Explore and design a sustainable public planning process to ensure continued community input processes, collaboration, and thought-convening opportunities in alignment with probable future reauthorization and appropriation for Ryan White.

Sample Activities
○ Promote community support groups not directly funded by NORAPC
○ Collaborate with health plans and providers to ensure clients' are receiving all care/services they need
○ Increase access to both medical and non-medical case management
○ Increase opportunities for community leadership within the planning council
○ Stay up to date on national considerations of probable plan for Ryan White reauthorization and future appropriations

Strategy 4.3: Use data collection to demonstrate the impact and value of supportive services and Ryan White care completion.

Sample Activities
○ Continue to track client service utilization and resulting progress on the continuum of care
○ Document impact of Medicaid expansion on Ryan White funding and explore innovative services to support viral suppression
○ Inform case managers of all updates relating to availability of supportive services for PLWHA
○ Improve community outreach to those in need through client leadership training

Strategy 4.4: Build partnerships with the medical community through facilitation of referrals (e.g., online referral portal).

Sample Activities
○ Improve client access to basic primary care
○ Promote annual primary care check-ups for PLWHA similar to Medicare annual wellness visits
○ Update electronic medical records of all PLWHA
○ Improve the rate of NO EMA PLWHA retained in care through comprehensive community involvement

Appendix C - List of Abbreviations/Acronyms

General Terms

AIDS	Acquired Immune Deficiency (or Immunodeficiency) Syndrome
ARV/ART	Antiretroviral Drugs /Therapy
BR TGA	Baton Rouge Transitional Grant Area
CBA	Capacity Building Assistance
COC	Continuum of Care
CY	Calendar Year
DIS	Disease Intervention Specialists (of SHP)
DOT	Directly Observed Therapy
Dx	Diagnosis
ED	Executive Director or Emergency Department (depending on context)
EIS	Early Intervention Services
EMA	Eligible Metropolitan Area
FPL	Federal Poverty Level
FY	Fiscal Year
HAART	Highly Active Antiretroviral Therapy (replaced by ARV/ART)
HBC	Home Based Care
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NHTD	National HIV Testing Day
NO EMA	New Orleans Eligible Metropolitan Area
OI	Opportunistic Infection
QA/QC/QI/QM	Quality Assurance/Quality Control/Quality Improvement/Quality Management
RFP	Request for Proposals
SMART Objectives	Specific, Measurable, Achievable, Realistic and Time limited objectives
SO	Solicitation of Offers
STD/STI	Sexually Transmitted Disease/Infection
TA	Technical Assistance
TBA	To Be Announced
TBD	To Be Determined
TrOOP	True Out of Pocket (related to expenses)
Tx	Treatment
WAD	World AIDS Day

Governmental Organizations and Programs

BRRWP	City of Baton Rouge Ryan White Programs
CDC	National Centers for Disease Control and Prevention (Federal)
CMS	Center for Medicaid Services (HHS)
DHAP	Department of HIV/AIDS Prevention (CDC)
LDH	Louisiana Department of Health
DOC	Louisiana Department of Public Safety and Corrections
DOE	Louisiana Department of Education
EBRPJ	East Baton Rouge Parish Jail
FEMA	Federal Emergency Management Agency (Federal)
HAB	HIV/AIDS Bureau (HRSA)
HANO	Housing Authority of New Orleans
HHS	Department of Health and Human Services (Federal)
HOPWA	Housing Opportunities for People With AIDS (HUD)
HRSA	Health Resources and Services Administration (Federal)
HUD	Department of Housing and Urban Development (Federal)
HUNT	Elayn Hunt Correctional Center (DOC)
LCIW	Louisiana Correctional Institute for Women (DOC)
MAI	Minority AIDS Initiative (HRSA)
MCH	Maternal and Child Health Program (OPH)
OAD	Louisiana Office for Addictive Disorders (OBH)
OBH	Louisiana Office of Behavioral Health (DHH)
OCD	Office of Community Development
OHP	Office of Health Policy and AIDS Funding
OPH	Louisiana Office of Public Health (LDH)
OPP	Orleans Parish Prison
PERB	Program Evaluation and Review Branch (CDC)
PGO	Procurement and Grants Office (CDC)
PHUs	Parish Health Units
PPB	Program Planning Branch (CDC)
RW	Ryan White (HRSA)
SAMHSA	Substance Abuse and Mental Health Services Administration (HHS)
SHP	STD/HIV Program (OPH)
VA	Veteran's Administration

Non-Governmental Organizations and Programs

AETC	AIDS Education and Training Centers
ARC	American Red Cross
ASO	AIDS Service Organization
BRASS	Baton Rouge AIDS Services Society
BRBAC	Baton Rouge Black Alcoholism Council
CARES	Acadiana CARES
CBO	Community Based Organization
CCFHC	Capitol City Family Health Center
CLASS	Central Louisiana AIDS Support Services
SCAETC	South Central AETC
FACES	Family Advocacy Care and Education Services
FQHCs	Federally Qualified Health Centers
FSGBR	Family Service of Greater Baton Rouge
HAART	HIV/AIDS Alliance for Region Two
HOP	HIV Outpatient Program (LSU HCSD, UMC ID)
LAAN	Louisiana AIDS Advocacy Network
LLHC	Louisiana Latino Health Coalition for HIV/AIDS Awareness
LPHA	Louisiana Public Health Association
LPHI	Louisiana Public Health Institute
LSU	Louisiana State University
LSUHSC	Louisiana State University Health Sciences Center
MAPP	Mobilizing for Action through Planning and Partnerships
Metro	Metropolitan Health Education Program
NASTAD	National Alliance of State and Territorial AIDS Directors
NATF	NO/AIDS Task Force/Crescent Care
NMAC	National Minority AIDS Council
PC	Philadelphia Center
PRG	Policy and Research Group
SJ5	St. John Camp ACE Number 5
SLAC	Southwest Louisiana AIDS Council
SWLAHEC	Southwest Louisiana Area Health Education Center
VOA	Volunteers of America
VOAGBR	Volunteers of America of Greater Baton Rouge
VOAGNO	Volunteers of America of Greater New Orleans

Public-Private Collaborations (governmental and non-governmental, etc.)

BRTT	Baton Rouge Think Tank
CAC	Community Advisory Board/Consumer Advisory Council
CAT	Community Action Teams (of FIMR)
FIMR	Fetal Infant Morbidity Review
HCWG	Health Care Working Group
LAHPG	Louisiana HIV Prevention Treatment and Care Services Planning Group
LaCAN	Louisiana CAREWare Access Network
LaCHIP	Louisiana Children's Health Insurance Program
LaPHIE	Louisiana Public Health Information Exchange
NHBS	National HIV Behavioral Surveillance Program
NORAPC	New Orleans Regional AIDS Planning Council
SAC	Southern AIDS Coalition
SCSN	Statewide Coordinated Statement of Need

Populations, Risk Groups, Networks, Etc.

AA	African American
MSM	Men who have Sex with Men (replaced by GBM below)
H	Hispanic
IDU	Injection Drug Users
PLWH	People Living with HIV
CSW	Commercial Sex Worker
GBM	Gay, Bisexual and other Men who have Sex with Men
HRH	High Risk Heterosexual
HRN	High Risk Negatives
TGN	Transgender and Other Gender Non-Conforming People

Legislation, National Guidelines, Publications

ACA	Patient Protection and Affordable Care Act
CLIA	Clinical Laboratory Improvement Amendments
HITS	National HIV Information and Testing Survey
MMWR	Morbidity and Mortality Weekly Report (CDC)
NHAS	National HIV/AIDS Strategy
PHS (340 B)	Public Health Service Act (drug pricing program)
USPHS	United States Public Health Service Guidelines
YRBS	Youth Risk Behavior Survey

Interventions

3MV	Many Men, Many Voices
ADAP/LDAP	AIDS Drug Assistance Program/Louisiana AIDS Drugs Assistance Program
AIM	Adult Identity Mentoring
CA	Condom Availability
CHAT	Curbing HIV/AIDS Transmission
CLEAR	Choosing Life, Empowerment, Actions and Results
CTRS	Counseling, Testing and Referral Services
EBIs	Evidence Based Interventions
EIIHA	Early Identification of Individuals with HIV/AIDS (EIIHA)
FOY	Focus on Youth
HIP	Health Insurance Program
HPS	HIV Partner Services
HR	Healthy Relationships
MAP	Media Advocates for Prevention
P4H	Partnership for Health
PCC	Personalized Cognitive Counseling
PCIP	Preexisting Condition Insurance Plan
PEP	Post Exposure Prophylaxis (aka nPEP)
POL	Popular Opinion Leader
PrEP	Pre-Exposure Prophylaxis
PREP	Personal Responsibility Education Program
PWP	Prevention With Positives
RT	Rapid Testing
RWCA	Ryan White Care Act
SHIELD	Self-Help in Eliminating Life-threatening Diseases
SIHLE	Sisters Informing, Healing, Living & Empowering
SISTA	Sisters Informing Sisters about Topics on AIDS
TCTT	Take Charge, Take the Test
TPPP	Teen Pregnancy Prevention Project
WILLOW	Women Involved in Life Learning from Other Women

Computer Systems, Databases, Electronic Medical Records

CAREWare	Primarily used for Ryan White services
EHARS	Electronic HIV/AIDS Registry System
EHR	Electronic Health Records
EW	Evaluation Web
HMIS	Housing Management Information System
LIMS	Laboratory Information Management System of OPH Laboratories (aka StarLIMS)
PRISM	STD and HIV Partner Services Data Management System