

ND Integrated HIV & Viral Hepatitis Prevention and Care Plan

Monitoring Our Progress – 2017

GOAL 1:

Reducing New HIV & Viral Hepatitis Infections

- ✘ Decrease Number of New HIV Infections Among MSM by 50%
- ✘ Decrease Number of New HIV Infections Among Native Americans by 50%
- ✘ Decrease Number of New Hepatitis C Infections Among People Under 30 Years by 50%

GOAL 3:

Reducing HIV and Viral Hepatitis Related Health Disparities

- ➔ CPG will host 10 events per Year Aimed at Reducing Stigma Surrounding HIV/AIDS & Viral Hepatitis in ND
- ✘ NDDoH will create and institute a Program Aimed at Educating Youth & Parents About HIV and Viral Hepatitis Prevention

Goal 2:

Increase Access to Care & Improve Health Outcomes for PLWH & Viral Hepatitis

- ➔ Offer Case Management to All PLWH
- 100% of HIV Diagnosed Patients are Screened and Appropriately treated for TB
- Ensure that a HIV treating Provider is within 50 miles of every PLWH
- Increase Number of HCV Positive Patients Treated by 10%

GOAL 4:

Achieving a More Coordinated Response

- ✘ Ensure 15 Healthcare Facilities Provide Comprehensive Medical Services
- ➔ Develop a Surveillance Protocol That Can Detect & Monitor Early Warning Signs of Emerging or Potential HIV & HCV Outbreaks

★	Target Met
➔	Target Not Met – But Progress in Right Direction
✘	Target Not Met
○	No Progress Data

Mission: Eliminate New HIV and Viral Hepatitis Infections in ND



ND Integrated HIV & Viral Hepatitis Prevention and Care Plan

GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 1: By 2021, Lower the Annual Number of New HIV Infections Among MSM by 50%.

Strategy 1.1: Increase Outreach and Targeted Testing Among High-Risk Populations.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Increase the number of MSM tested for HIV by 10% per year at outreach events and CTR sites per year.	CTR Sites. HIV Prevention Coordinator. NDCPG Facilitator.	MSM at-risk for HIV.	<ul style="list-style-type: none"> Number of outreach events hosted by NDCPG. <ul style="list-style-type: none"> Total number and proportion of MSM tested at NDCPG outreach events. Number of CTR sites. <ul style="list-style-type: none"> Total number and proportion of MSM tested CTR sites. 	↓
December 31, 2021	Document at least one named and HIV tested partner per new diagnosis among MSM for follow-up by partner services.	Field Epidemiologists. HIV Surveillance Coordinator.	Healthcare Providers to PLWH. Ryan White Case Managers.	<ul style="list-style-type: none"> Proportion of MSM HIV cases with at least one named partner. Number of named partners for MSM HIV cases resulting from partner services. Proportion of MSM HIV cases with at least one named partner that was tested for HIV. Number of named partners for MSM HIV cases tested for HIV. 	↓

GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 1: By 2021, Lower the Annual Number of New HIV Infections Among MSM by 50%.

Strategy 1.2: Increase Knowledge, Availability and Utilization of PrEP in North Dakota.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
June 30, 2018	Develop electronic education and site visit reporting system.	HIV Program Manager.	Staff Performing Educational Visits.	System Developed.	★
December 31, 2018	Develop and publish campaign, Protect Yourself ND, website.	HIV Program Manager.	At-Risk Individuals.	Website Developed.	↗
December 31, 2018	Develop PrEP print materials targeted towards MSM.	HIV Prevention Coordinator. NDCPG.	MSM.	<ul style="list-style-type: none"> • Number of educational materials developed. • Number of educational materials distributed. 	↗
December 31, 2018	Develop toolkit and protocol of PrEP Detailing Program.	HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> • Toolkit developed for PrEP Detailing Program. • Protocol developed for PrEP Detailing Program. 	↗
December 31, 2018	Determine the methodology that will be used to determine the number of PrEP prescriptions in ND.	HIV Prevention Coordinator. HIV Program Manager.	Healthcare Providers. At-Risk Individuals.	Development of methodology.	—
December 31, 2021	Provide education to five healthcare providers each year that see a high volume of patients who may be eligible for PrEP.	Field Epidemiologists. HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> • Number of trainings on PrEP. • Number of healthcare providers trained on PrEP. 	↗
December 31, 2021	Maintain an accurate PrEP locator for ND.	Field Epidemiologists. HIV Prevention Coordinator.	At-Risk Individuals.	<ul style="list-style-type: none"> • Number of providers currently in PrEP locator directory. • Number of providers added in PrEP locator directory in current year. 	↗

GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 1: By 2021, Lower the Annual Number of New HIV Infections Among MSM by 50%.

Strategy 1.3: Expand Condom Distribution in North Dakota.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
June 30, 2018	Create map identifying areas in N.D. lacking in condom distribution.	HIV Prevention Coordinator. HIV Surveillance Coordinator.	At-Risk Individuals. MSM. Youth.	Map created.	↗
December 31, 2018	Develop protocol and policy for home condom distribution program.	HIV Prevention Coordinator. HIV Program Manager.	Rural ND. MSM.	Protocol and policy developed.	—
January 31, 2019	Letter to healthcare providers and other agencies information them of prevention supplies available from NDDoH.	HIV Prevention Coordinator.	Healthcare Providers. Agencies Serving At-Risk Individuals.	Number of letters distributed.	—
December 31, 2021	Distribute condom to an additional ten sites per year.	HIV Prevention Coordinator.	At-Risk Individuals. MSM.	<ul style="list-style-type: none"> • Number of sites receiving NDDoH condoms. • Number of condoms distributed by NDDoH. 	—



GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 2: By 2021, Lower the Annual Number of New HIV Infections Among Native Americans by 50%.

Strategy 2.1: Increase Outreach and Targeted Testing Among High-Risk Native Americans.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Increase the number of Native Americans tested for HIV by 10% per year at outreach events and CTR sites per year.	CTR Sites. HIV Prevention Coordinator. NDCPG Facilitator.	Native Americans at-risk for HIV.	<ul style="list-style-type: none"> • Number of outreach events hosted by NDCPG. <ul style="list-style-type: none"> ➤ Total number and proportion of Native Americans tested at NDCPG outreach events. • Number of CTR sites. <ul style="list-style-type: none"> ➤ Total number and proportion of Native Americans tested CTR sites. 	↓
December 31, 2021	Document at least one named and HIV tested partner per new diagnosis among Native Americans for follow-up by partner services.	Field Epidemiologists. HIV Surveillance Coordinator.	Healthcare Providers to PLWH. Ryan White Case Managers.	<ul style="list-style-type: none"> • Proportion of Native American HIV cases with at least one named partner. • Number of named partners for Native American HIV cases resulting from partner services. • Proportion of Native Americans HIV cases with at least one named partner that was tested for HIV. • Number of named partners for Native HIV cases tested for HIV. 	—



GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 2: By 2021, Lower the Annual Number of New HIV Infections Among Native Americans by 50%.

Strategy 2.2: Increase Knowledge, Availability and Utilization of PrEP in North Dakota.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
June 30, 2018	Develop electronic education and site visit reporting system.	HIV Program Manager.	Staff Performing Educational Visits.	System Developed.	★
December 31, 2018	Develop and publish campaign, Protect Yourself ND, website.	HIV Program Manager.	At-Risk Individuals.	Website Developed.	↗
December 31, 2018	Develop PrEP print materials targeted towards Native Americans.	HIV Prevention Coordinator. NDCPG.	Native Americans. PWID.	<ul style="list-style-type: none"> • Number of educational materials developed. • Number of educational materials distributed. 	↗
December 31, 2018	Develop toolkit and protocol of PrEP Detailing Program.	HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> • Toolkit developed for PrEP Detailing Program. • Protocol developed for PrEP Detailing Program. 	↗
December 31, 2018	Determine the methodology that will be used to determine the number of PrEP prescriptions in ND.	HIV Prevention Coordinator. HIV Program Manager.	Healthcare Providers. At-Risk Individuals.	Development of methodology.	—
December 31, 2021	Provide education to five healthcare providers each year that see a high volume of patients who may be eligible for PrEP.	Field Epidemiologists. HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> • Number of trainings on PrEP. • Number of healthcare providers trained on PrEP. 	↗
December 31, 2021	Maintain an accurate PrEP locator for ND.	Field Epidemiologists. HIV Prevention Coordinator.	At-Risk Individuals.	<ul style="list-style-type: none"> • Number of providers currently in PrEP locator directory. • Number of providers added in PrEP locator directory in current year. 	↗





GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 2: By 2021, Lower the Annual Number of New HIV Infections Among Native Americans by 50%.

Strategy 2.3: Expand Condom Distribution on American Indian Reservations.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
June 30, 2018	Create map identifying areas in N.D. lacking in condom distribution.	HIV Prevention Coordinator. HIV Surveillance Coordinator.	At-Risk Individuals. MSM.	Map created.	↗
December 31, 2018	Develop protocol and policy for home condom distribution program.	HIV Prevention Coordinator. HIV Program Manager.	Youth. Rural ND. MSM.	Protocol and policy developed.	—
January 31, 2019	Letter to IHS or tribal healthcare providers and other agencies information them of prevention supplies available from NDDoH.	HIV Prevention Coordinator.	Healthcare Providers. Agencies Serving At-Risk Individuals.	Number of letters distributed.	—
December 31, 2021	Distribute condom to an additional two IHS or tribal sites per year.	HIV Prevention Coordinator.	At-Risk Individuals. MSM.	<ul style="list-style-type: none"> • Number of IHS or tribal sites receiving NDDoH condoms. • Number of condoms distributed to IHS or tribal sites by NDDoH.. 	—



GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 3: By 2021, Lower the Annual Number of New Hepatitis C Infections among People Under 36 Years by 50%.

Strategy 3.1: Increase Outreach and Targeted Testing Among People Who Inject Drugs (PWID).

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Increase the number of PWID tested for HIV by 10% per year at outreach events and CTR sites per year.	CTR Sites. HIV Prevention Coordinator. NDCPG Facilitator.	Healthcare Providers. Agencies Serving At-Risk Individuals.	<ul style="list-style-type: none"> Number of outreach events hosted by NDCPG. <ul style="list-style-type: none"> Total number and proportion of PWID tested at NDCPG outreach events. Number of CTR sites. <ul style="list-style-type: none"> Total number and proportion of PWID tested CTR sites. 	↑

Strategy 3.2: Ensure syringe service programs are a part of harm reduction in North Dakota.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
June 30, 2018	Develop electronic tool for managing SSP participants and data reporting.	HIV Prevention Coordinator. MAVEN Administrators.	SSPs Required to Report Data. Legislators.	Electronic tool developed.	↑
August 31, 2018	Develop reauthorization guidance for existing SSPs.	HIV Prevention Coordinator. HIV Program Manager. HIV Surveillance Coordinator.	Healthcare Providers. People Living with HCV.	Reauthorization guidance created.	↑
January 31, 2019	Engage with pharmacy association on SSP education and develop plan to educate pharmacists.	HIV Prevention Coordinator. HIV Program Manager.	Pharmacists. PWID.	Pharmacist education plan created.	—
December 31, 2018	Develop core curriculum for SSP education.	HIV Prevention Coordinator. SSP Technical Assistance Provider.	Organizations Operating or Implementing a SSP.	Core curriculum created.	↑
December 31, 2021	Educate five entities per year on SSPs in North Dakota.	HIV Prevention Coordinator. SSP Technical Assistance Provider.	Organizations Operating or Implementing a SSP.	<ul style="list-style-type: none"> Number of entities educated. Number of individuals educated. 	★



GOAL 1: Reduce New HIV and Viral Hepatitis Infections.

Objective 3: By 2021, Lower the Annual Number of New Hepatitis C Infections among People Under 36 Years by 50%.

Strategy 3.3: Ensure North Dakotans have access to hepatitis C treatment.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Quality review of all hepatitis C cases since 2005 reported in N.D. to determine current infection status.	HIV Prevention Coordinator. HIV Surveillance Coordinator.	People with current or past HCV infection.	<ul style="list-style-type: none"> Number of chronic HCV Infections in those under 36 yrs. Number of resolved HCV Infections in those under 36 yrs. Number of individuals currently infected, but not known to be chronic HCV infections in those under 36 yrs. Number of individuals with an unknown hepatitis C status under 36 yrs. 	↗
December 31, 2018	Create protocol for analyzing hepatitis C treatment status for HCV infections.	HIV Prevention Coordinator.	Healthcare Providers. People Living with HCV.	Protocol created.	—
February 28, 2018	Revise CTR manual to include guidelines for HCV linkage to care.	HIV Prevention Coordinator.	CTR Sites. People Living with HCV.	CTR guidelines for HCV linkage to care developed.	↗
March 31, 2018	Develop protocol for assessing HCV treatment on reported cases.	HIV Prevention Coordinator.	People Living with HCV.	Protocol developed.	—
December 31, 2018	Develop a report based on provider with appropriate HCV reflex testing.	HIV Prevention Coordinator. HIV Surveillance Coordinator.	Healthcare providers.	Report developed.	—
December 31, 2021	Develop referral program from private healthcare facilities to CTR sites for linkage to care.	HIV Prevention Coordinator.	Healthcare providers. People Living with HCV.	Referral program created.	—





GOAL 2: Increase Access to Care and Improve Health Outcomes for PLWH & Viral Hepatitis

Objective 1: By 2021, Offer 100% of PLWH will be Retained in Care.

Strategy 1.1: All newly diagnosed PLWH will be linked to care within 30 days of diagnosis.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Interview all newly diagnosed PWLH within 30 days of diagnosis.	Field Epidemiologists. Healthcare Providers.	Newly Diagnosed PWLH.	<ul style="list-style-type: none"> Number of newly diagnosed PLWH cases interviewed within 30 days of diagnosis. Proportion of all newly diagnosed PLWH interviewed within 30 days of diagnosis. 	↗
December 31, 2021	Link 100% of newly diagnosed individuals to care within 30 days of diagnosis.	Field Epidemiologists. Healthcare Providers. RW Case Managers.	Newly Diagnosed PWLH.	Proportion of all newly diagnosed PLWH linked to care within 30 days of diagnosis.	↗

Strategy 1.2: All individuals defined as out of care will be reengaged in care.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
July 31, 2018	Establish a protocol for documenting reengagement activities.	Field Epidemiologists. HIV Surveillance Coordinator. RW Coordinator.	PLWH needing reengagement into care.	Protocol developed.	—
December 31, 2018	Ensure clients are reengaged in care within 30 days of being defined as out of care.	Field Epidemiologists. Healthcare Providers. RW Case Managers.	PLWH needing reengagement into care.	<ul style="list-style-type: none"> Number of PLWH identified as out of care. Number of PLWH out of care that were interviewed. Number of PLWH reengaged into care. 	—

GOAL 2: Increase Access to Care and Improve Health Outcomes for PLWH & Viral Hepatitis

Objective 1: By 2021, Offer 100% of PLWH will be Retained in Care

Strategy 1.3: All PLWH will be provided patient education.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
July 31, 2018	Develop a resource packet of print materials for newly diagnosed PLWH.	HIV Prevention Coordinator. RW Coordinator.	Newly Diagnosed PLWH.	<ul style="list-style-type: none"> • Resource packet developed. • Number of resource packets distributed. • Proportion of newly diagnosed PLWH receiving this packet. 	_____
December 31, 2018	Develop print materials on the following topics: serodiscordant couples, protecting and talking with your partners, importance of partner services and HIV treatment.	HIV Prevention Coordinator. RW Coordinator.	PLWH.	<ul style="list-style-type: none"> • Number of print materials developed. • Number of print materials distributed. 	_____
December 31, 2021	Ensure all healthcare providers providing care to PLWH have educational materials available.	HIV Prevention Coordinator. RW Coordinator.	PLWH. Healthcare providers.	Proportion of healthcare providers with educational materials.	_____

GOAL 2: Increase Access to Care and Improve Health Outcomes for PLWH & Viral Hepatitis

Objective 2: By 2021, 85% of HIV Diagnosed Patients are Screened and Treated for Coinfections as Recommended.

Strategy 2.1: Monitor diagnosis and screenings for coinfections among PLWH.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Develop monitoring methodology and reports for screenings (STD, Hepatitis, TB) for PLWH.	HIV Surveillance Coordinator. RW Coordinator.	PWLH.	Methodology developed.	_____
December 31, 2021	Monitor screening rates among MSM PLWH for chlamydia and gonorrhea.	HIV Surveillance Coordinator. RW Coordinator.	PWLH.	<ul style="list-style-type: none"> • Number of MSM PLWH tested for chlamydia and gonorrhea at time of diagnosis. <ul style="list-style-type: none"> ➢ Proportion of MSM PLWH that were tested for chlamydia and gonorrhea at time of diagnosis. • Number of at-risk MSM PLWH appropriately tested for chlamydia and gonorrhea annually. <ul style="list-style-type: none"> ➢ Proportion of at-risk MSM PLWH appropriately tested for chlamydia and gonorrhea annually. • Number of at-risk MSM PWLH tested for chlamydia and gonorrhea based on site of exposure at time of diagnosis. • Number of at-risk MSM PWLH tested annually for chlamydia and gonorrhea based on site of exposure. 	_____
December 31, 2021	Monitoring screening rates among HIV positive MSM for Syphilis.	HIV Surveillance Coordinator. RW Coordinator.	PWLH.	<ul style="list-style-type: none"> • Number of MSM PLWH tested for syphilis at time of diagnosis. <ul style="list-style-type: none"> ➢ Proportion of MSM PLWH that were tested for syphilis at time of diagnosis. • Number of at-risk MSM PLWH appropriately tested for syphilis annually. <ul style="list-style-type: none"> ➢ Proportion of at-risk MSM PLWH appropriately tested for syphilis annually. 	_____
December 31, 2021	Ensure that at least 85% of PLWH are screened as recommended, i.e. STDs, TB or Viral Hepatitis.	HIV Surveillance Coordinator. RW Coordinator.	PWLH.	<ul style="list-style-type: none"> • Proportion of PLWH screened as recommended at time of diagnosis. • Proportion of PLWH screened as recommended annually. 	_____

GOAL 2: Increase Access to Care and Improve Health Outcomes for PLWH & Viral Hepatitis

Objective 2: By 2021, 85% of HIV Diagnosed Patients are Screened and Treated for Coinfections as Recommended.

Strategy 2.2: Ensure all PLWH are treated for coinfections as recommended.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Develop monitoring methodology and reports for the treatment of coinfections in PLWH.	HIV Surveillance Coordinator. RW Coordinator.	PWLH.	Monitoring report created.	_____
December 31, 2021	Ensure 85% of PLWH coinfecting with STDs, TB or Viral Hepatitis are treated.	Field Epidemiologists. Healthcare Providers. HIV Surveillance Coordinator. TB Controller.	PWLH.	Proportion of all newly diagnosed PLWH treated appropriately for their co-infection.	_____

Strategy 2.3: Ensure healthcare providers and PLWH are properly educated.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
August 31, 2018	Develop academic detailing toolkit for TB screening and treatment among PWLH.	TB Controller.	Healthcare providers.	Detailing toolkit developed.	_____
December 31, 2018	Develop a print material for PLWH on recommended screenings.	HIV Prevention Coordinator. RW Coordinator. TB Controller.	PWLH.	<ul style="list-style-type: none"> • Number of print materials developed. • Number of print materials distributed. 	_____
March 31, 2019	Develop academic detailing toolkit for recommend screenings for PLWH.	HIV Prevention Coordinator. RW Coordinator. TB Controller.	Healthcare providers.	Detailing toolkit developed.	_____



December 31, 2021	Provide onsite educational visits on co-infections for two healthcare providers each year.	HIV Prevention Coordinator. RW Coordinator. TB Controller.	Healthcare providers.	Number of educational visits.	—
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GOAL 3: Reducing HIV & Viral Hepatitis Related Health Disparities

Objective 1: By 2021, the CPG will Hold 10 Events per Year Aimed at Reducing Stigma Surrounding HIV/AIDS and Viral Hepatitis in North Dakota.

Strategy 1.1: Reduce stigma through broad community education.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
September 30, 2018	Host ND HIV Awareness Walk in North Dakota once per year.	HIV Prevention Coordinator. NDCPG.	ND.	<ul style="list-style-type: none"> Walk hosted. Number of participants. 	↗
October 31, 2018	Develop social media policy for CPG.	HIV Prevention Coordinator. NDCPG.	ND.	<ul style="list-style-type: none"> Social media policy developed. Number of Facebook posts. 	—
November 30, 2018	Develop CPG website. Include information such as how to become member, meeting minutes, upcoming meetings, etc.	HIV Prevention Coordinator. NDCPG.	ND.	Website developed.	—
December 31, 2018	Develop educational materials and campaign for HIV Prevention that will be distributed throughout North Dakota.	HIV Prevention Coordinator. RW Coordinator. TB Controller.	ND.	<ul style="list-style-type: none"> Number of print materials developed. Number of print materials distributed. Number of electronic materials developed. Electronic media distribution description. 	↗
December 31, 2019	Develop training for healthcare providers on providing care free of stigma.	HIV Prevention Coordinator.	Healthcare providers.	<ul style="list-style-type: none"> Training developed. Number of healthcare providers trained. 	—
December 31, 2021	CPG will host 10 events per year aimed at reducing stigma.	HIV Prevention Coordinator. NDCPG.	ND.	<ul style="list-style-type: none"> Number of CPG events. Estimated number of participants at CPG events. 	↗





GOAL 3: Reducing HIV & Viral Hepatitis Related Health Disparities

Objective 1: By 2021, the CPG will Hold 10 Events per Year Aimed at Reducing Stigma Surrounding HIV/AIDS and Viral Hepatitis in North Dakota.

Strategy 1.2: Reduce stigma through youth education.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
May 1, 2019	Conduct focus groups with youth on needs for HIV, STD and Viral Hepatitis prevention.	HIV Prevention Coordinator.	ND Youth.	<ul style="list-style-type: none"> Number of focus groups. Number of focus group participants. 	_____
May 31, 2019	Develop toolkit for field epidemiologists and others for youth education.	Field Epidemiologists. HIV Prevention Coordinator.	ND Youth. Educators.	<ul style="list-style-type: none"> Toolkit developed. Number of presentations to youth. 	_____
December 31, 2021	Develop HIV and Viral Hepatitis speakers' bureau for youth education.	HIV Prevention Coordinator. NDCPG.	ND Youth. Educators.	Number of presentations to youth.	_____
December 31, 2021	Develop peer AIDS program.	HIV Prevention Coordinator. HIV Program Manager.	ND Youth. Educators.	Development of program.	_____

Strategy 1.3: Reduce stigma through parent education.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
November 30, 2018	Collaborate with Parents Lead in North Dakota to create information on how parents can talk to their kids about sex.	HIV Prevention Coordinator.	Parents in ND.	<ul style="list-style-type: none"> Number of print materials developed. Number of print materials distributed. 	_____
January 31, 2019	Educate parents about materials for parents lead with the assistance of DPI and Parents Lead.	HIV Prevention Coordinator.	Parents in ND. Educators.	Number of parents educated.	_____
May 1, 2019	Conduct focus groups with parents on needs for HIV, STD and Viral Hepatitis prevention.	HIV Prevention Coordinator. NDCPG.	Parents in ND.	<ul style="list-style-type: none"> Number of focus groups. Number of focus group participants. 	_____



December 31, 2019	Create in-person parent workshops/training seminars on talking to kids about sex.	HIV Prevention Coordinator. HIV Program Manager.	Parents in ND. Educators.	Development of training.	—
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GOAL 3: Reducing HIV & Viral Hepatitis Related Health Disparities

Objective 2: By 2021, Ensure that 95% PLWH are Virally Suppressed and Provide More Opportunities for Hepatitis C Treatment.

Strategy 2.1: Assess the gaps in care for PLWH or Hepatitis C.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
November 30, 2018	Determine if there is a HIV treating provider within 50 miles of every PLWH.	HIV Surveillance Coordinator.	PLWH. Healthcare Providers.	<ul style="list-style-type: none"> Number of PLWH that travel more than 50 miles to visit a healthcare provider. Proportion of PLWH that travel more than 50 miles to visit a healthcare provider. 	↗
December 31, 2018	Identify and providing training for healthcare providers in areas in which gaps exist for HIV treatment.	HIV Prevention Coordinator. HIV Surveillance Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> Number of healthcare providers identified. Number of healthcare providers trained. 	—
March 31, 2019	Determine the number of hepatitis C cases that need hepatitis C treatment.	HIV Prevention Coordinator.	People living with Hepatitis C. Healthcare Providers.	Report created.	—

Strategy 2.2: Increase the number of healthcare providers providing care to PLWH or Hepatitis C.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Remove North Dakota Medicaid restriction for specialty provider requirement for HCV treatment.	HIV Prevention Coordinator. NDCPG.	People living with Hepatitis C. Healthcare Providers.	Current level of restriction.	↗
December 31, 2021	Engage healthcare facilities in telemedicine.	HIV Program Manager.	Healthcare Providers.	<ul style="list-style-type: none"> Number of healthcare facilities offering telemedicine for PLWH. Number of healthcare facilities offering 	—



				telemedicine for Hepatitis C.	
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GOAL 3: Reducing HIV & Viral Hepatitis Related Health Disparities

Objective 2: By 2021, Ensure that 95% PLWH are Virally Suppressed and Provide More Opportunities for Hepatitis C Treatment.

Strategy 2.3: Ensure healthcare providers are educated to provide HIV and/or Hepatitis C Treatment.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Develop HIV treatment toolkit for healthcare providers.	HIV Prevention Coordinator. RW Coordinator.	Healthcare Providers.	Toolkit developed.	_____
December 31, 2020	Develop provider detailing training on hepatitis C treatment.	HIV Prevention Coordinator.	Healthcare Providers.	Detailing training developed.	_____
December 31, 2021	Provide education to two providers per year on HIV or Hepatitis treatment.	HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> • Number of healthcare providers education on HIV treatment. • Number of healthcare providers providing HIV treatment. • Number of healthcare providers education on Hepatitis C treatment. • Number of healthcare providers providing hepatitis C treatment. 	_____

GOAL 4: Achieving a More Coordinated Response

Objective 1: By 2021, Ensure 15 Healthcare Facilities Provide Comprehensive Medical Services.

Strategy 1.1: Perform assessments of healthcare facilities and their offering of comprehensive medical services.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Establish guidelines for field visits by field epidemiologists to healthcare providers.	Field Epidemiology Supervisor. HIV Program Manager.	Healthcare Providers.	<ul style="list-style-type: none"> Guidelines established. Number of field visits. 	_____
December 31, 2021	Provide assessment to three healthcare providers each year on their level of integration of HIV and viral hepatitis into their practice.	Field Epidemiologists. HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> Number of assessments provided. Number of onsite educational visits. Number of healthcare facilities offering telemedicine for Hepatitis C. 	_____

Strategy 1.2: Collaborate with healthcare providers to conduct quality improvement.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Provide quality improvement assessment to two healthcare providers per year.	Field Epidemiologists. HIV Prevention Coordinator.	Healthcare Providers.	Number of on-site QI events with healthcare providers.	_____

Strategy 1.3: Develop materials for best practices of integration for healthcare providers.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Develop a toolkit for best practices for HIV, STD and viral hepatitis prevention in the clinic setting.	HIV Prevention Coordinator.	Healthcare Providers.	<ul style="list-style-type: none"> Toolkit developed. Number of toolkits distributed. 	_____

GOAL 4: Achieving a More Coordinated Response

Objective 2: By 2021, Develop a Surveillance Protocol That Can Detect and Monitor Early Warning Signs of Emerging or Potential HIV and HCV Outbreaks.

Strategy 2.1: Develop syndromic surveillance for potential HIV and Viral Hepatitis Outbreaks.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Develop syndrome listing that could monitor potential HIV and hepatitis C outbreaks.	HIV Surveillance Coordinator. Syndromic Surveillance Coordinator.	At-risk individuals.	Protocol developed.	_____

Strategy 2.2: Utilize surveillance tools to detect potential outbreaks.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2018	Replicate the vulnerability index for North Dakota.	HIV Surveillance Coordinator. Syndromic Surveillance Coordinator.	At-risk individuals.	<ul style="list-style-type: none"> • Number of ND counties defined as vulnerable. • Proportion of ND counties defined as vulnerable. 	_____
December 31, 2019	Develop reports for MAVEN to monitor trends and emerging concerns.	HIV Surveillance Coordinator.	PLWH and People living with Hepatitis C.	<ul style="list-style-type: none"> • Number of reports developed. • Number of resulting investigations. 	_____
December 31, 2021	Modify existing outbreak management system within MAVEN.	HIV Surveillance Coordinator.	Outbreak related cases.	Development of outbreak management system.	_____

Strategy 2.3: Develop outbreak response plans and protocols.

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Progress
December 31, 2021	Develop outbreak response plan for HIV.	HIV Prevention Coordinator. HIV Program Manager. HIV Surveillance Coordinator.	At-risk individuals.	Response plan developed.	_____
December 31, 2021	Develop outbreak response plan for Viral Hepatitis.	HIV Prevention Coordinator. HIV Program Manager. HIV Surveillance Coordinator.	At-risk individuals.	Response plan developed.	_____



