NORTH DAKOTA INTEGRATED HIV PREVENTION & CARE PLAN 2027-2031

NORTH Dakota | Health & Human Services
Be Legendary.

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List of Abbreviations

ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center Electronic
eHARS	HIV/AIDS Reporting System
COVID-19	Coronavirus Disease
CEU	Community Engagement Unit
CTR	Counseling, Testing and Referral
DHAP	Division of HIV/AIDS Prevention
EHE	Ending the HIV Pandemic
HAB	HIV/AIDS Bureau
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
HRC	Human Rights Commission
HRSA	Health Resources and Services Administration
MMIS	Medicaid Medical Information System
MOU	Memorandum of Understanding
ND	North Dakota
NDDHHS	North Dakota Department of Health and Human Services
NDHAB	North Dakota HIV Advisory Board
NEP	Needle Exchange Programs
NHAS	National HIV/AIDS Strategy
PrEP	Pre-exposure Prophylaxis
PEP	Post-exposure Prophylaxis
PWI	People Who Inject
RW	Ryan White
RWHAP	Ryan White HIV/AIDS Program
SAP	Syringe Access Program
SCSN	Statewide Coordinated Statement of Need
SEP	Syringe Exchange Program
SSP	Syringe Service Programs
STI	Sexually Transmitted Infections
TA	Technical Assistant
TB	Tuberculosis
USPSTF	U.S. Preventive Services Task Force

Section I: Executive Summary of Integrated Plan & SCSN

Executive Summary of Integrated Plan and SCSN

The 2027-2031 plan provides a roadmap for North Dakota to address HIV. It highlights strategies and activities for prevention, diagnosis, treatment and response to HIV, as well as cross-cutting strategies that will address broad areas of concern identified during the planning process. Improving education, reducing stigma, focusing on priority populations and developing new and stronger relationships are integrated across all areas of the plan.

This plan was developed over a year-long period through extensive collaboration and community input. The North Dakota HIV Advisory Board (NDHAB) was actively involved throughout the planning process, providing ongoing feedback, recommendations, and community perspectives. The board's continued involvement helped inform plan development, identify areas for refinement, and ensure the plan reflects the needs, priorities, and experiences of communities impacted by HIV across North Dakota. The partnership between NDHAB and the North Dakota Department of Health and Human Services (NDDHHS) was central to the planning process and helped guide development of the 2027–2031 HIV Integrated Plan.

Historically, NDDHHS has worked closely with the NDHAB in current and previous initiatives to assure that the needs of people with and at risk for HIV receive the care and support that they need. This plan builds on the previous plans and statewide-coordinated statements of needs (SCSN) to enhance and expand services available to people living and thriving with HIV. It does so in allowing NDDHHS to have focused on the primary needs of care in previous years, and with growth and advancements in treatment, focuses can now shift to overall wellness and wellbeing of people.

The current 2024 epidemiological profile of North Dakota and the 2022-2026 Integrated HIV Prevention and Care Plan were foundational in the plan development. Further, a formalized qualitative and quantitative Needs Assessment process gave an in-depth look at the needs of community members, specifically those at high risk for HIV and those living with HIV.

The 2027–2031 HIV Integrated Plan was shaped by the lessons learned, challenges faced and community response efforts that emerged during the COVID-19 pandemic. North Dakota's highly rural landscape required new approaches to meeting people where they were, particularly through expanded telehealth services and increased access to at-home testing options. Some strategies proved effective and continue to influence this plan, while others identified ongoing gaps in access, outreach and long-term sustainability. These experiences reinforced the importance of remaining flexible, evaluating what worked and what did not and adjusting strategies to better meet the needs of communities across the state.

The 2022–2026 plan also demonstrated the value of working alongside smaller community-based organizations and nonprofits to better reach populations that are often underserved or more difficult to engage through traditional systems. These partnerships strengthened local outreach efforts, improved trust within communities and expanded the reach of prevention and care services across geographically isolated areas. The North Dakota HIV Advisory Board (NDHAB) remained highly engaged throughout the planning process and played an important role in identifying community needs, barriers to services and opportunities for improvement, helping guide strategies for reaching populations and regions that have historically been difficult to engage.

The North Dakota 2027-2031 Integrated Plan includes four priority focus areas identified by the community planning processes: stigma, the need for broad-range community and provider education, the need to strengthen relationships with priority populations and to develop better partnerships generally. Further, strategies in each of the four pillar areas of Prevent, Diagnose, Treat and Respond feature community engagement and working with local nonprofits that serve priority populations as central strategies.

Telehealth, virtual options and other flexible approaches to care are incorporated throughout the plan, allowing NDDHHS to reach the far corners of this very rural state. Building on strategies that have demonstrated success in North Dakota remains an important focus of the 2027–2031 plan. This includes continued efforts to strengthen linkage to care for those living with HIV and maintain accessible, low-barrier approaches to HIV prevention services and tools. North Dakota developed this Integrated Plan for

2027-2031 using months-long Needs Assessment process, an in-depth community planning process and iterative, frequent and corrective feedback from state-level community boards. In particular, the NDHAB served to anchor the plan from the community perspective and has taken an active role in developing the activities as well as supplementing NDDHHS-planned strategies. This plan has already served as a roadmap for addressing HIV in North Dakota; new activities have already begun based on the strategies detailed below. Further, the plan will create benchmarks and allow correction of goals for NDDHHS and serve as a guidepost to the work in North Dakota to address HIV.

Section II: Community Engagement and Planning Process

Jurisdiction Planning Process

Planning process overview

The North Dakota Integrated Plan development provided an opportunity to identify gaps in services, creatively make improvements in service delivery and comprehensively review the response, prevention and diagnosis of HIV in the state. The plan provided an opportunity to pause and take stock of HIV programs and to obtain stakeholder input to collaboratively address needs and concerns in North Dakota.

To develop the plan, the NDDHHS collaborated internally, across divisions and units, enlisting multiple entities including the local public health departments. Programs of the NDDHHS, such as counseling, testing and referral sites and Ryan White grantees; and state-level boards which comprise of priority populations, such as the North Dakota's HIV Advisory Board (NDHAB). Community input played an important role in development of the plan, with multiple opportunities for engagement provided

throughout the planning process to gather feedback, recommendations and perspectives. An iterative process was utilized, to ensure community stakeholders had opportunities to provide feedback at multiple points in the plan. The NDHAB was a significant contributor to the plan across its two-year development. Further, the needs assessment (gathered through a larger community assessment process) provided significant input both qualitative and quantitative, that identified key areas of strength and specific needs from individuals living with HIV as well as those potentially at high risk for HIV. Described further in Section III part 4, the formalized Needs Assessment process intentionally prioritized engagement with people living with HIV to ensure the lived experiences, barriers to care and service needs of individuals most directly impacted by HIV were meaningfully incorporated throughout the development of the 2027–2031 HIV Integrated Plan.

In addition to utilizing community stakeholders and organizations, NDDHHS used the 2022-2026 Integrated HIV Prevention and Care Plan as a guiding document, developing goals and priorities that built upon successes achieved and challenges faced during the implementation of this plan. Challenges identified during implementation of the previous plan also provided opportunities to explore new approaches, strengthen partnerships and improve HIV prevention, care, treatment and response activities across North Dakota.

North Dakota's HIV epidemiology served as the foundation for development of the plan. HIV cases are overlayed on rural geography with significant medical provider gaps and health services deserts, combined with a rich, diverse demographic profile. The data formed a framework on which to develop relevant goals and priorities for the current plan.

National organizations and HIV prevention planning groups from states with similar HIV incidence were consulted throughout the needs assessment process to help strengthen North Dakota’s planning efforts and provide insight into emerging practices, shared challenges and effective approaches to prevention and care. Collaboration with partners at the local, state and national levels will continue to be a key component of the 2027–2031 HIV Integrated Plan, supporting ongoing assessment efforts, informed decision-making and coordinated strategies to better address the needs of communities across North Dakota.

The development and implementation of the previous HIV Integrated Plan occurred during the complex and rapidly changing landscape of the COVID-19 pandemic. Prior to COVID-19, much of the Needs Assessment process was designed to occur in person through community focus groups, face-to-face outreach and direct engagement strategies intended to reach populations most impacted by HIV, including individuals

and communities that are often more difficult to engage through traditional systems. Due to the pandemic, many planned recruitment efforts, interviews and feedback sessions shifted to virtual formats. While this created challenges for engagement and service delivery, it also highlighted the need for flexible approaches capable of meeting individuals where they were, particularly within North Dakota's rural and geographically isolated communities.

As programs and partners adapted to changing conditions, several new strategies were implemented to address gaps in prevention, care and community support. Expanded telehealth services, increased access to at-home testing options, stronger partnerships with community-based organizations and the use of peer navigators and peer support models helped improve engagement and access to services for priority populations. Ongoing feedback from community stakeholders, program evaluation efforts and continued assessment activities allowed the planning team and partners to evaluate what was effective, identify areas needing improvement and strengthen activities that demonstrated positive outcomes. Strategies that showed improved engagement, stronger linkage to care and reduced barriers to prevention and support services were expanded and further incorporated into ongoing planning efforts. Lessons learned through these experiences continue to inform implementation of the 2027–2031 HIV Integrated Plan and support ongoing efforts to address changing community needs across North Dakota.

Entities Involved in the process: Internal

Sexually Transmitted and Bloodborne Diseases Unit

The unit receives funding from the U.S. Centers for Disease Control and Prevention (CDC) and the Health Resource Services Administration (HRSA) to improve HIV, viral hepatitis and STI programs through assessment, assurance and policy development. For each of these core public health functions, there are activities essential to program success. These key activities include:

- Monitor the incidence and estimated prevalence of HIV, viral hepatitis and STIs in the state.
- Utilize surveillance data to better characterize risks and identify disproportionately affected populations.
- Assess the risks for disease and develop effective prevention and care programs. These programs include partner notification and linkage to care and core and supportive medical services.
- Justify necessary federal funding to support continued prevention, services and surveillance activities.

The essential activities aim to reduce the number of cases of HIV, hepatitis B, hepatitis C, chlamydia, gonorrhea and syphilis; improve the integration of sexual health and drug user health services into clinical care across the healthcare system; increase access to services for those populations most at-risk; and reduce the threats of antibiotic-resistant gonorrhea, other emerging STIs and congenital infections.

Community Engagement Unit (CEU)

The Community Engagement Unit (CEU) of NDDHHS works to understand and reduce barriers impacting the health of North Dakotans. The primary goal is to reduce rates of disease by providing opportunities for interventions and improving access to healthcare and supportive services. This helps ensure North Dakotans receive quality care and resources that meet the needs of their communities.

CEU staff participated in all phases of the planning process, with a focus on community engagement and relationship development opportunities presented within the plan. Existing community groups, partnerships and planning bodies connected to the CEU were utilized across the planning process and will be described in detail below.

CTR Sites

NDDHHS offers HIV and hepatitis C testing to populations at risk with the counseling, testing and referral (CTR) program. CTR sites aim to inform clients of their HIV and hepatitis C status, provide counseling and support for prevention and help to secure needed referrals for treatment and care. CTR sites are providers who have patients at high risk of HIV and Hepatitis C infection. CTR providers may include but are not limited to local public health units, substance abuse and treatment centers, ND community action organizations, ND family planning sites, pregnancy clinics, correctional institutions, homeless shelters, institutions of higher education, community health centers, sexual health clinics, tribal health, etc. CTR sites offer HIV and/or hepatitis C testing and prevention supplies and counseling. CTR sites may also offer hepatitis vaccination, other STI testing and community education.

Ryan White Local Coordinating Agencies

Ryan White Program Part B provides case management and reimbursement of services for persons living with HIV in North Dakota. The mission of the program is to provide access to medical care, treatment, health coverage and support services to help individuals manage their HIV and maintain their health, as well as prevent further transmission of HIV.

Core services include HIV outpatient medical care, dental, vision, mental health, medication and insurance premium assistance through AIDS Drug Assistance Program

(ADAP) and medical case management. Support services include non-medical case management, transportation assistance, emergency financial assistance with rent and utilities and nutritional supplements. The Ryan White Program played a significant role in development of the Integrated Plan.

Role of Planning Bodies, External Partners and Community Members

North Dakota's HIV Advisory Board (NDHAB)

The engagement and input of the North Dakota HIV Advisory Board (NDHAB) played a significant role in the development of the Integrated Plan. NDHAB members remained actively involved throughout the planning process and provided ongoing feedback, recommendations and guidance to help inform priorities, identify gaps and strengthen strategies included within the plan. In addition to supporting plan development, NDHAB members contributed community perspectives and insights to help ensure activities reflected the needs and experiences of communities impacted by HIV across North Dakota.

The mission of the NDHAB is to provide representative community feedback and support related to HIV programs, services, planning efforts and community engagement activities within NDDHHS. The board is intended to reflect the broad range of communities impacted by HIV in North Dakota, including individuals with different lived experiences, backgrounds, areas of expertise and connections to HIV prevention, care, treatment and support services across the state. The board looks to:

- Advise NDDHHS on the planning and implementation of services, programs and interventions intended to address HIV prevention and care needs across North Dakota.
- Provide community perspective and input on current and future HIV-related services and activities.
- Offer feedback on NDDHHS engagement efforts and identify opportunities to strengthen outreach, collaboration and responsiveness across the jurisdiction.

The NDHAB includes persons living with HIV and a broad range of community partners and stakeholders, including healthcare professionals, service providers, individuals connected to rural communities and others with experience or involvement in HIV prevention, care, treatment and support services across North Dakota.

The NDHAB serves as the Ryan White planning body in development of the Integrated Plan. The perspectives of people living with HIV are critical to ensuring HIV service delivery systems continue to improve outcomes across the HIV care continuum. Individuals living with HIV who participate in the planning process represent

communities impacted by HIV across North Dakota and provide valuable insight that helps guide decision-making and ensure the Integrated Plan reflects community needs and experiences. In addition, the NDHAB collaborates with the North Dakota Ryan White Part B Program to review data, inform program decisions and strengthen community engagement efforts that support improved health outcomes for people living with HIV.

NDDHHS implemented a unique engagement model that allows the NDHAB to operate independently while continuing to support statewide HIV planning efforts. Shine Bright & Live, a North Dakota nonprofit organization, serves as chair of the board and independently facilitates NDHAB meetings and discussions through a contract with NDDHHS. This structure provides board members with the opportunity to offer open and candid feedback while maintaining ongoing collaboration with NDDHHS. A representative from the Community Engagement Unit participates in NDHAB meetings to provide support, share program perspectives and serve as a connection between the board and the Sexually Transmitted and Bloodborne Disease Unit. This approach allows the board to operate independently while continuing to contribute valuable feedback, identify priorities and assist in the development of the 2027–2031 HIV Integrated Plan.

NDDHHS worked to provide multiple opportunities for engagement throughout development of the Integrated Plan. NDHAB members played an active role in shaping the plan by providing feedback, identifying priorities and contributing additional ideas, activities and projects intended to support implementation of the 2027–2031 HIV Integrated Plan. Quarterly NDHAB meetings included dedicated time for Integrated Plan discussion, review and feedback. Email communication was also utilized to gather additional input from board members who were unable to attend planning discussions or engagement sessions.

A total of fifteen NDHAB members met in person on June 14–15, 2025, to review previous goals and objectives outlined within the Integrated Plan, discuss development of updated goals and objectives for the 2027–2031 plan period and identify ways the board could support and contribute to implementation activities moving forward. An additional NDHAB meeting, which was also open to the public, was held following development of the draft plan to review feedback received from across the state and incorporate revisions into the final Integrated Plan.

Table 1: Schedule of Community Input Opportunities to Develop Integrated Plan

Community Input Opportunity	Date	Format	Number of Participants *
North Dakota HIV Advisory Board Meeting – Integrated Plan Discussion	February 27th, 2025	Teams Meeting (virtual)	5
North Dakota HIV Advisory Board Meeting – Review of Previous Integrated Plan Goals and Objectives and Development of NDHAB Goals and Activities	June 14th-15th, 2025	In-Person	15
North Dakota HIV Advisory Board Meeting – feedback and NDHAB input on Previous Integrated Plan Goals and Objectives and Development of NDHAB Goals and Activities	June 30th, 2025	Microsoft Outlook (email)	37
North Dakota HIV Advisory Board Meeting – Feedback on Needs Assessment, Qualitative Interviews and Findings	September 16th, 2025	Teams Meeting (virtual)	9
North Dakota HIV Advisory Board Meeting – Feedback on Integrated Plan and Needs Assessment Executive Summary	December 9th, 2025	Teams Meeting (virtual)	8
North Dakota HIV Advisory Board Meeting –Feedback and NDHAB input on Integrated Plan and Needs Assessment Executive Summary	December 12th, 2025	Microsoft Outlook	4
North Dakota Department of Health and Human Services Stakeholder Meeting – Development of the 2027–2031 HIV Integrated Plan	February 17th, 2026	In-Person	11
North Dakota HIV Advisory Board Meeting – Feedback on Stakeholder Meeting and 2027–2031 HIV Integrated Plan Progress	February 17th, 2026	Teams Meeting (virtual)	13
North Dakota HIV Advisory Board Meeting – Feedback on 2027–2031 HIV Integrated Plan Goals and Objectives (Diagnose, Treat, Prevent and Respond)	April 21st, 2026	Teams Meeting (virtual)	7

** The number of participants reflected here does not include health department staff and facilitators.*

NDHAB Activities for the Integrated Plan

During development of the 2027–2031 HIV Integrated Plan, the NDHAB identified opportunities to further strengthen its role in supporting statewide HIV prevention, care, treatment and response efforts. Rather than solely serving in an advisory role, board members identified areas where NDHAB could actively contribute to advancing the goals, strategies and activities outlined throughout all pillars of the Integrated Plan.

As discussions progressed, the board established several priority areas that align with the work NDHAB plans to support throughout the 2027–2031 plan period. These priority areas were identified to help guide board engagement, outreach efforts, partnership development and implementation support moving forward. Activities related to NDHAB engagement and implementation support are outlined further in Section V, Table 9 of the Integrated Plan

NDHAB Priority Areas

Throughout development of the Integrated Plan, NDHAB identified several priority areas that will help guide the board's ongoing work and engagement activities during the 2027–2031 plan period. These priorities are reflected throughout the board's identified activities across the Diagnose, Treat, Prevent and Respond pillars.

1. Community Outreach and Engagement: NDHAB identified outreach and community engagement as a major priority area for the 2027–2031 plan period. Board members emphasized the importance of strengthening connections with rural communities, increasing awareness of HIV services and resources and supporting outreach efforts that improve visibility and engagement across the state.
2. Education and Awareness: Education remained a consistent area of focus throughout development of the Integrated Plan. NDHAB members identified the need for increased HIV education and awareness efforts for healthcare providers, schools, colleges, community organizations and the community at large. Expanding awareness around HIV prevention, testing, treatment, PrEP and available resources was identified as important to improving understanding of HIV and strengthening engagement in prevention and care services.
3. Access of Services and Support: Improving access to HIV prevention, treatment and supportive services across North Dakota was identified as another key priority area. Access to services remains a challenge in some rural communities and other areas where healthcare resources may be limited. NDHAB members emphasized the importance of strengthening linkage to care efforts, improving coordination between providers and community organizations and increasing awareness of available services and support resources statewide.
4. Partnership and Collaboration: NDHAB identified partnership development and

collaboration as essential to improving HIV prevention and care efforts across North Dakota. Strengthening relationships among healthcare providers, public health systems, tribal partners, community organizations, schools, colleges and local leaders was identified as important to improving coordination and increasing awareness of and access to HIV services across North Dakota.

Through the activities and priority areas identified by the board, NDHAB will continue supporting statewide outreach, education, partnership development, linkage to care efforts and community engagement activities throughout the 2027–2031 plan period. Continued collaboration between NDHAB, public health systems, healthcare providers, community organizations and local partners will remain critical to improving statewide HIV outcomes and helping ensure individuals across North Dakota are connected to prevention, treatment, care and supportive services.

Section III: Contributing Data Sets and Assessments

Data Sharing and Use

Maven

The Maven Electronic Disease Surveillance System is a commercial-off-the-shelf, web-based business rules engine. It provides interactive, automated information gathering and decision support processes for each reportable communicable disease and occupational disease, including HIV. North Dakota manages the mandatory reportable conditions via Maven.

Maven allows NDDHHS to enter, manage, process, track and analyze data for disease trends, disease exposures and exposure events. Maven enables the immediate exchange of information between clinics, labs and state health departments. The Maven security environment displays only the data a user needs and is authorized to access. Through data analysis, Maven can then extract surveillance data for the identification of a possible public health/environmental emergency. Additional Maven functions include:

- Data exchange and flow of work between personnel working on various disease management issues
- Ability for laboratory reports to be imported electronically, through an automated 24/7 routing mechanism.
- Disease alerting for cases requiring immediate attention, through a 24/7 alerting system.
- Line list level and aggregate reporting
- Case management, contract-tracing and outbreak management
- Reporting cases to the CDC

HIV/HCV Counseling and Testing Data

NDDHHS contracted 21 Counseling, Testing and Referral (CTR) sites in 2024. CTR sites offer free, confidential HIV and HCV rapid and confirmatory testing and counseling in North Dakota. Participants complete risk assessments as part of their visit. These risk assessments along with demographics, testing history, test results and sexual health history information are reported to the NDDHHS via Maven.

HIV Care Data/Ryan White Part B Program

The North Dakota Ryan White Part B Program assists low-income North Dakota residents living with HIV to access health and supportive services. The program was implemented in 1991. To be eligible for the North Dakota Ryan White Program Part B, a person must be a resident of North Dakota, have HIV and have an income level at 500 percent or lower than the federal poverty level. Program contracts with 14 local public health agencies, one clinic, two community action agencies and one AIDS service organization to provide case management and services to people living with HIV in ND.

The Ryan White Part B Program manages program information using Maven. This has allowed for the integration and sharing of information between HIV Prevention and Surveillance programs. This system ensures that required client-level data elements are collected and reported to HRSA. The "real-time" nature of the networked system allows the Ryan White Part B Program to monitor specific indicators (e.g., number of clients without medical insurance) in a timelier fashion and it gives case managers access to view lab work and medication so that clients can be served more efficiently.

NDDHHS Vital Statistics

The NDDHHS Division of Vital Statistics collects information on all births and deaths in North Dakota. The birth certificate form includes demographic information on the newborn infant and the parents, prenatal care, maternal medical history, mode of delivery, events of labor and abnormal conditions of the infant.

Death certificates include demographics, underlying cause of death and factors contributing to the death. The surveillance program reviews death certificates on a weekly basis to ascertain deaths of HIV-positive persons. The surveillance program also electronically matches data with death and birth databases annually to ascertain deaths of persons with HIV/AIDS and births to HIV-infected females.

Epidemiologic Snapshot

North Dakota is a rural state that covers 70,704 square miles and in 2024, had an estimated population of 796,568, according to the U.S. Census Bureau. North Dakota ranks 47th in the nation by population. At the time of the most current U.S. Census

estimates for gender, age and race (2024), North Dakota's population was 51% male and 49% female. More than one-quarter (28.2%) of North Dakota's population is over the age of 55.

The majority of North Dakota's population (81.5%) reports White as their race. The largest minority group is American Indian/Alaska Native, accounting for 5.3%, most of whom reside in Rolette and Sioux counties. The African American/Black population follows, accounting for an estimated 4% of the total population.

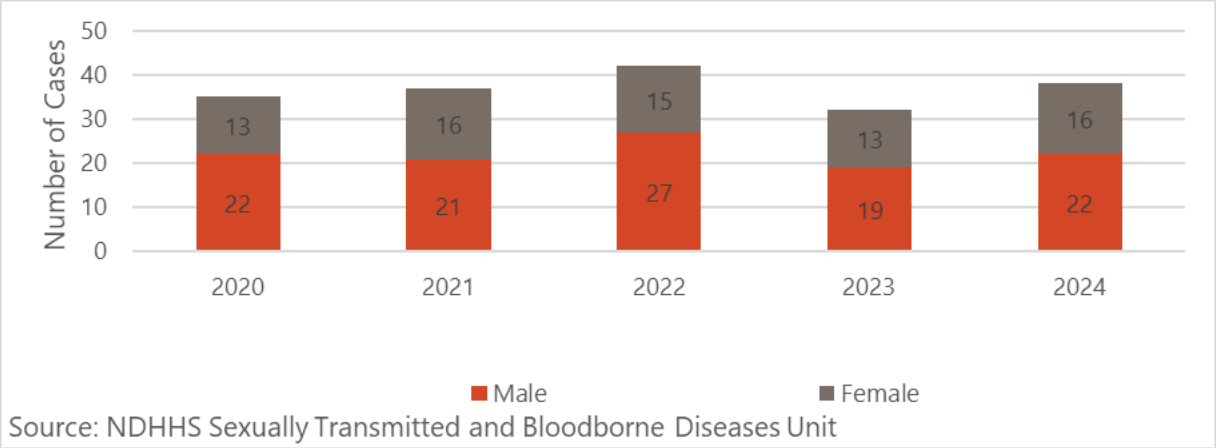
This snapshot covers the general epidemiology of HIV/AIDS in terms of gender, age, race, geography and associated causal factors. This information is used to characterize and predict the changing epidemic at the local level. North Dakota data is summarized annually to help the NDDHHS answer questions about how to prevent HIV/AIDS in the population.

A diagnosis of HIV/AIDS is a mandatory reportable condition according to North Dakota Century Code Chapter 23-07-01 and North Dakota Administrative Code Chapter 33-06-01. The first HIV/AIDS case reported in North Dakota was diagnosed in 1984 and reporting of HIV-infected persons in North Dakota began in 1984. Reports of HIV/AIDS diagnoses can be provided by physicians, hospitals, laboratories and other institutions. The data is stored in the electronic HIV/AIDS Reporting System (eHARS) and Maven databases. Statistics and trends presented in this snapshot were derived from HIV/AIDS case data reported to the NDDHHS cumulatively starting in 1984 through December 31, 2024. NDDHHS also routinely monitors surveillance, molecular and epidemiologic data to identify potential HIV clusters and outbreaks. No HIV clusters or outbreaks were identified in North Dakota during the previous five-year planning period.

HIV/AIDS Incidence

Incidence refers to cases newly diagnosed within the state during a given year. Persons diagnosed in another state, who then move to North Dakota, are not counted in an incidence report. North Dakota reported 38 new cases of HIV/AIDS in 2024. Of the incident cases reported in 2024, 58% identified as male and 42% were female. In 2024, the age range of newly diagnosed HIV/AIDs cases was 0 to 55+ years old, with a mean age of 39.

Figure 1. Gender Identity of HIV/AIDS Cases Diagnosed in North Dakota, 2020-2024



Although Black/African American individuals account for approximately 4% of North Dakota's population, they represented the largest proportion of newly diagnosed HIV cases in 2024. Black/African American North Dakotans accounted for 24 incident HIV cases, with a diagnosis rate of 75.0 per 100,000 population. White individuals accounted for the second highest number of incident HIV cases, with 10 reported cases and a diagnosis rate of 1.5 per 100,000 population. American Indian/Alaska Native and Hispanic populations each had diagnosis rates of 2.4 per 100,000 population in 2024. These data illustrate differences in HIV diagnosis rates among population groups in North Dakota and provide important context for understanding the state's HIV epidemic.

Figure 2. Incident HIV/AIDS Case Rate Per 100,000 Persons in North Dakota by Race, 2020-2024.

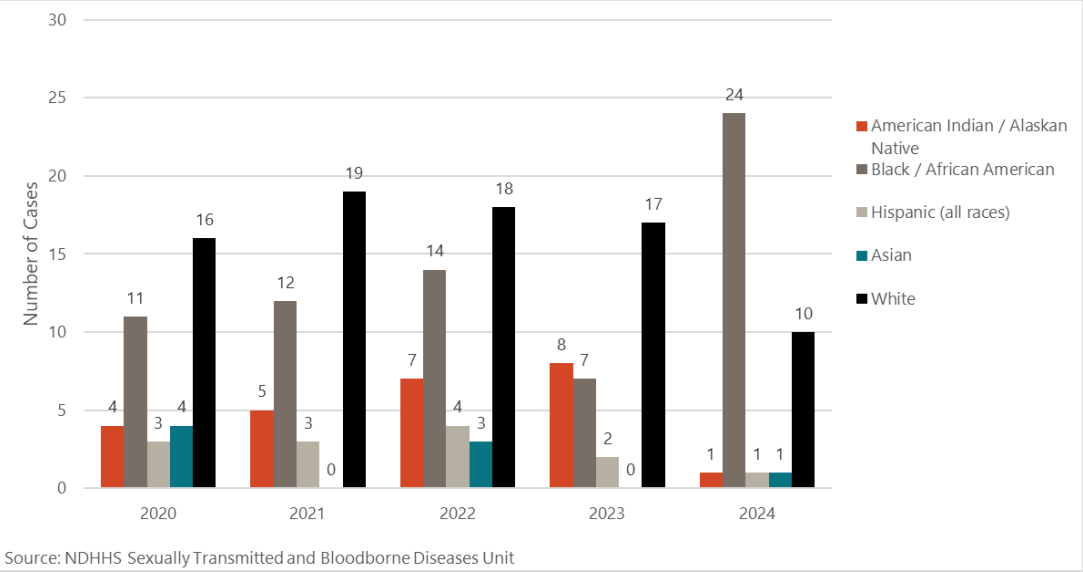
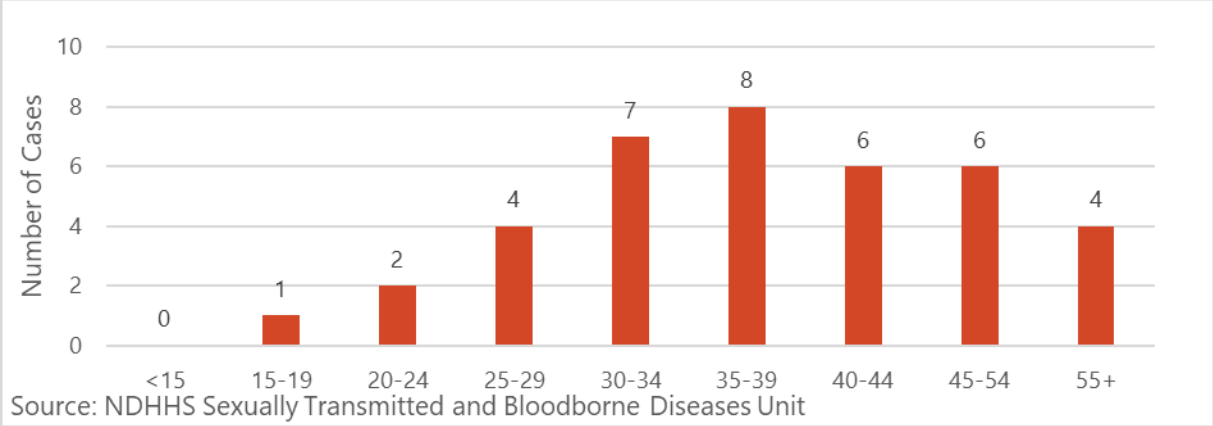


Figure 3. Newly reported HIV/AIDS cases in North Dakota by Age Group, 2024

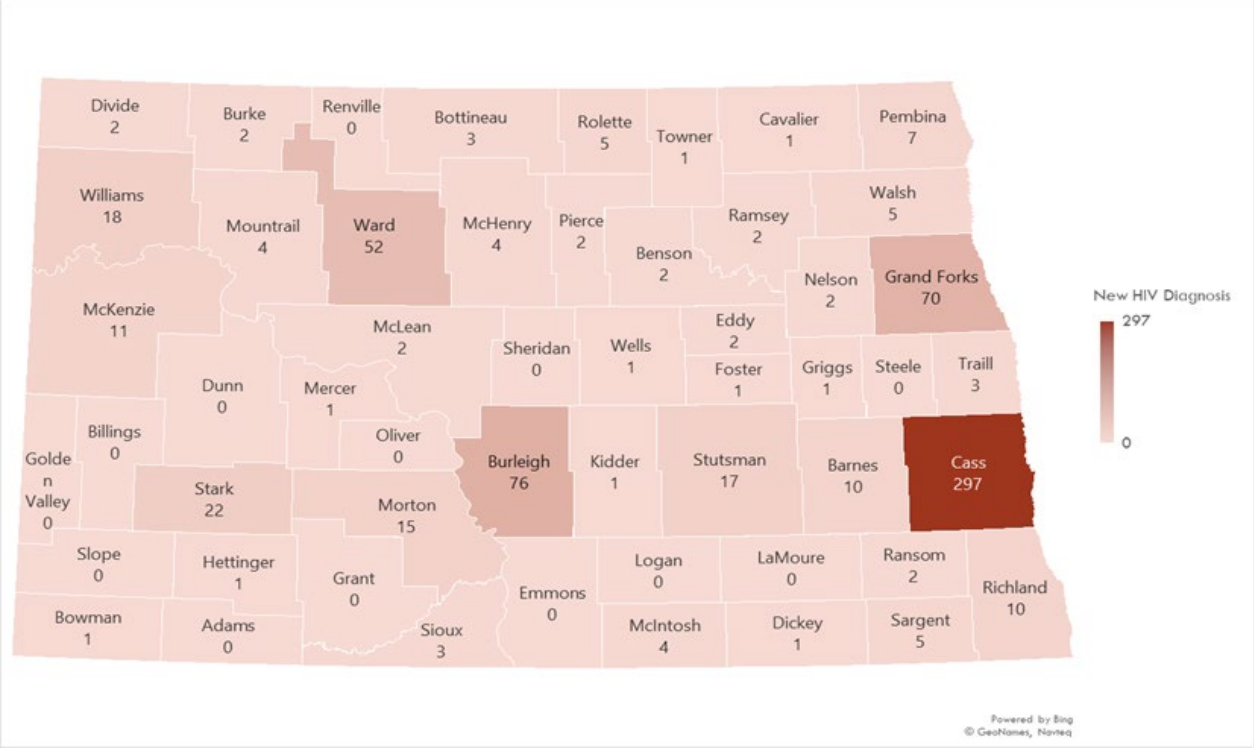


HIV/AIDS Prevalence

As of December 31, 2024, there were 671 people known to be living with HIV/AIDS in North Dakota. Of these individuals, 445 were living with HIV infection and 226 had progressed to an AIDS diagnosis. The population included 435 males and 236 females. Approximately half (n=336) were initially diagnosed in North Dakota, while the remaining individuals relocated to the state after their diagnosis.

There was at least one person known to be living with HIV in 39 of North Dakota's 53 counties as of December 31, 2024. Although the majority of people living with HIV reside in the state's most populous counties, rural communities across North Dakota continue to be impacted by the HIV/AIDS epidemic. Nearly half (44%) of all people known to be living with HIV in North Dakota reside in Cass County.

Figure 4. Count of People Living with HIV/AIDS in ND by County, 2024.



Nationally, HIV is most often reported among men who have sex with men (MSM). North Dakota risk data shows similar patterns between prevalent cases and incident cases among males from 2020 to 2024. In female cases in North Dakota, heterosexual contact remains to be the primary risk factor.

Figure 5. Risk Factors for Males Newly Diagnosed with HIV, 2020-2024.

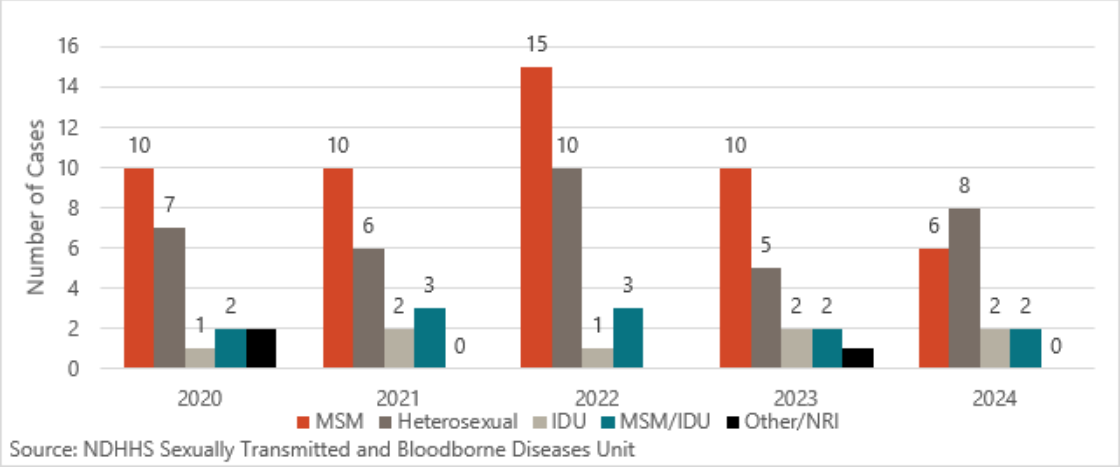
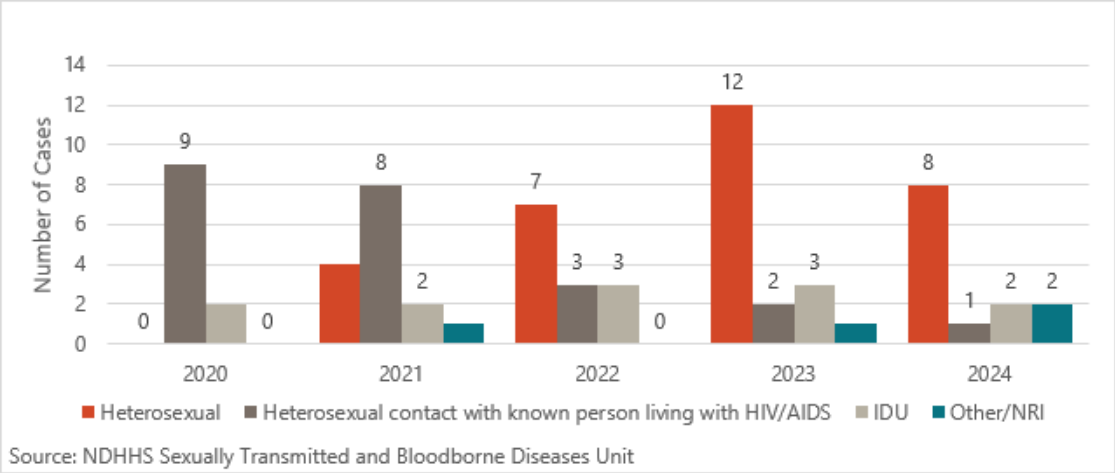


Figure 6. Risk Factors for Females Newly Diagnosed with HIV, 2020-2024.



HIV/AIDS Care Continuum

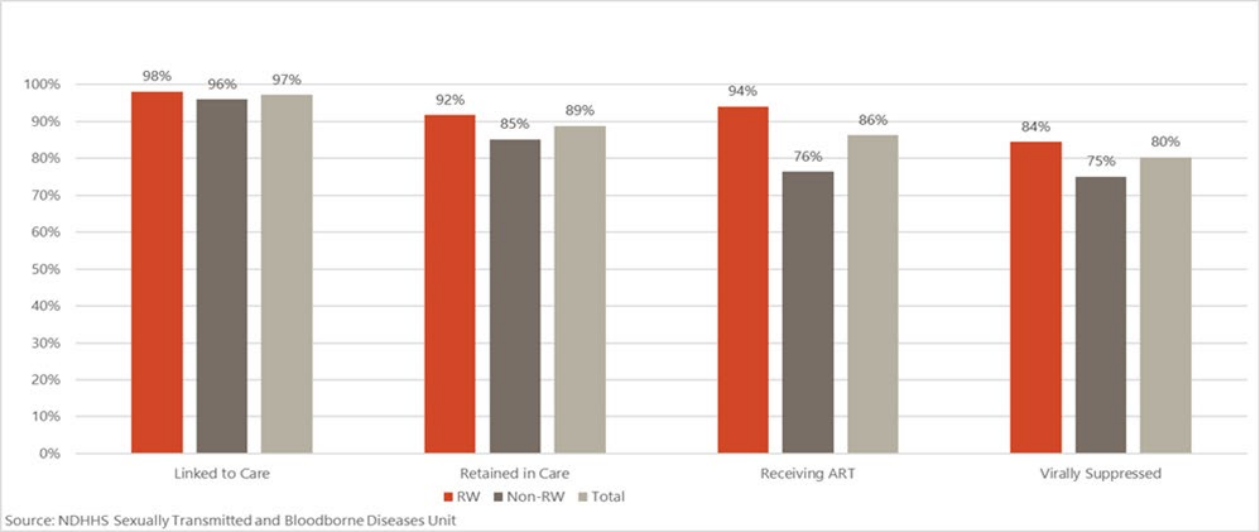
The HIV care continuum is a model that outlines the steps of HIV medical care from the initial diagnosis to achieving the goal of viral suppression and it indicates the proportion of individuals living with HIV who are engaged at each stage. The continuum steps below are for PLWH in North Dakota as of December 31, 2024. The measurement year is the calendar year 2024.

- HIV-diagnosed: number of prevalent HIV cases; prevalent cases include the number of newly diagnosed HIV cases in North Dakota, as well as previously diagnosed HIV cases who moved to the state and were living in North Dakota as of December 31, 2024
- Linked to care: the number of PLWH in the calendar year 2024 who had one or more viral load or CD4 tests after their diagnosis date
- Retained in care: the number of PLWH with one or more viral load or CD4 lab tests in 2024
- Antiretroviral use: number of PLWH who have a documented antiretroviral therapy (ART) prescription in the Maven surveillance system in 2024
- Viral load suppression: number of PLWH whose most recent HIV viral loads in 2024 were less than 200 copies/milliliter (mL).

In 2024, there were 671 PLWH in North Dakota. Of those, 84% were virally suppressed. There are some disparities in the care continuum among race, risk factors and geographic region. Among the races, American Indian/Alaskan Natives had the lowest viral suppression rate of 68%. People who inject (PWI) drugs had a slightly lower viral suppression rate (75%) than those with other risk factors. Region VIII (Dunn, Billings,

Golden Valley, Slope, Bowman, Adams, Hettinger and Stark County) had the lowest viral suppression rate compared to other regions with a rate of 71%.

Figure 7. HIV Care Continuum for PLWH in North Dakota, 2024



The full version of North Dakota's Epidemiological Profile can be accessed here.

HIV Prevention, Care and Treatment Resource Inventory

NDDHHS currently receives funding from CDC and HRSA for the core provision of HIV Surveillance, Prevention and Care services. Funding for these services is primarily supported through federal allocations and drug manufacturer rebates associated with the state's ADAP program. These funds are often braided and layered with other core funding sources for sexual health services, including STD Prevention and Care, Viral Hepatitis Surveillance and Prevention and Substance Use Disorder programs funded through SAMHSA.

By aligning programs, grants and contract-funded activities across multiple funding streams, NDDHHS can support a coordinated approach to sexual health services while reducing duplication of effort and maximizing available resources. This approach has strengthened outreach and education efforts, increased awareness of available services and improved engagement with communities across North Dakota.

The strategies outlined in this plan continue to build upon these efforts by promoting greater coordination across programs and services. Through this work, North Dakotans will have improved access to prevention, testing, treatment and supportive services, while providers and community partners will be better positioned to meet the needs of the communities they serve.

Table 2. Plan for Programs to Integrate and Streamline Service Delivery

Funding Source	Funding Amount	Contracted Partner Organizations	Funded Service Provider Agencies	Services Delivered	HIV Care Continuum Steps(s) Impacted
CDC HIV Surveillance & Prevention	$1,194,562	Counseling Testing and Referral Grantees $225,000 imaware $100,000 Commando $50,000	North Dakota Department of Health and Human Services	Capacity building/technical assistance (TA), Community engagement, Condom distribution, HIV transmission cluster and outbreak identification and response, Partner services, Perinatal HIV prevention and surveillance, PrEP delivery, Prevention for persons living with diagnosed HIV infection, social marketing campaigns, Social media strategies, Surveillance,	HIV Diagnosis, Linkage to Care, Engagement or Retention in Care, Prescription of ART, Viral Suppression
Ryan White Part B	Grant Funds: $865,271 Rebate Reinvestment: $3,500,000	Ryan White Grantees Grant funds: $220,000 Rebate Reinvestment: $1,600,000	North Dakota Department of Health and Human Services	AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance for Low-Income, HIV Planning Group	HIV Diagnosis, Linkage to Care, Engagement or Retention in Care, Prescription

Strengths and Gaps

NDDHHS maintains a strong HIV Prevention and Care partnership within the state. These programs operate under single leadership, allowing for greater coordination of programs, initiatives, resources and funding to support an integrated approach to HIV prevention, surveillance, care and support services. Following the integration of the NDDHHS into a single agency in September 2022, opportunities for collaboration have expanded across programs and divisions, strengthening partnerships and improving coordination of services. This structure allows NDDHHS to more effectively leverage resources and funding opportunities to provide a comprehensive set of services to individuals who are at risk for HIV and who are living with HIV.

The amount of funding and dedicated personnel available to support the activities outlined in this plan continues to be a challenge, as it is for many jurisdictions. Local community organizations focused on sexual health, HIV prevention and related support services are limited and in many rural areas of the state, do not exist. Effectively allocating resources to reach small, rural and underserved populations remains a challenge and will continue to require innovative approaches, strong partnerships and coordinated efforts throughout the life of this plan.

Approaches and partnerships

The HIV Surveillance, Prevention and Ryan White Care programs are coordinated under a single director within the Division of Public Health at NDDHHS. This structure allows funding, resources and activities to be aligned across programs, supporting a coordinated approach to meeting community needs while reducing duplication of effort. Partnerships with private healthcare providers have expanded access to services and strengthened the state's ability to provide safety-net support in areas where options may otherwise be limited. NDDHHS will continue to build upon these partnerships to improve access to HIV prevention, care and treatment services, particularly for rural and underserved populations across North Dakota.

Following the merger of NDDHHS in September 2022, creating additional opportunities for collaboration across public health and human service programs. These relationships have increased access to funding, strengthened partnerships and supported the expansion of what programs can offer. NDDHHS continues to build upon these collaborations in support of the goals outlined in this plan. Ongoing efforts to align public health and Medicaid services are helping connect individuals to HIV prevention, care, treatment and supportive services. Through improved coordination across programs, these efforts will continue to improve access to care and help ensure more individuals are connected to HIV Prevention and Care services throughout North Dakota.

Needs Assessment

Approach

In 2022, NDDHHS developed and implemented a comprehensive statewide community assessment designed to engage communities across North Dakota. The broad scope of this initial assessment established a strong foundation for subsequent community assessment activities and future planning efforts. Findings from the assessment provided a detailed understanding of service gaps, barriers to care and priority needs, particularly among persons living with HIV in North Dakota. The NDHAB expressed strong support for both the assessment process and its outcomes.

Building upon this work, NDDHHS initiated development of an updated Community Assessment in 2025. The prior assessment served as the foundation for this effort, allowing the team to refine and strengthen data collection strategies while maintaining continuity with previous findings. Consistent with a community-engaged approach, NDDHHS collaborated closely with the NDHAB to ensure that persons living with HIV were actively involved in co-creating the assessment process.

The NDHAB reviewed the proposed survey and interviewed questions and provided feedback regarding content, length and sensitivity. Board members recommended significantly shortening the survey and removing questions perceived as overly intrusive, including several related to sexual behavior. NDDHHS incorporated this feedback and revised the assessment tools accordingly.

Following approval through the appropriate NDDHHS Institutional Review Board (IRB) processes, survey materials were distributed to individuals living with HIV in North Dakota for whom valid mailing addresses were available. In July of 2025, participants received a mailed invitation containing a survey introduction, a web link and QR code for survey access and a letter from Shine Bright & Live encouraging participation. The survey remained open for approximately two months.

Survey participants were also invited to participate in qualitative interviews to further explore community experiences and service needs. A total of 72 individuals completed the survey, with 70 useable responses and 14 participants additionally completed interviews. Survey and interview questions are included in the Appendix.

Quantitative survey data and qualitative interview findings were integrated with epidemiological data maintained by NDDHHS, as well as progress reports from the current Integrated HIV Prevention and Care Plan, to produce a comprehensive assessment of community strengths, unmet needs and priority areas for action.

Priorities

The needs assessment process for both the previous and current Integrated Plan identified community engagement as the primary priority necessary to strengthen HIV prevention,

care, treatment and response efforts across North Dakota. Throughout the assessment process, stakeholders consistently emphasized that meaningful and sustained engagement with communities is critical to improving trust, reducing barriers to services, increasing access to care and strengthening statewide HIV outcomes.

While the previous Integrated Plan focused heavily on developing internal systems, strengthening partnerships and building the foundation necessary to support long-term engagement efforts, the 2027–2031 Integrated Plan shifts its focus toward expanding direct outreach and strengthening connections with communities across the state. This includes increasing engagement with underserved and rural populations, strengthening local partnerships, improving collaboration and addressing barriers identified through the needs assessment process. As a result, the themes identified throughout the assessment process directly informed the development of the goals, objectives, strategies and activities included throughout the 2027–2031 HIV Integrated Plan.

Four key subthemes emerged under the broader priority of community engagement:

1. Stigma: Stigma continues to be one of the most significant barriers impacting HIV prevention, testing, treatment and care across North Dakota. Many individuals continue to experience both perceived and direct stigma while seeking healthcare and supportive services, particularly within rural communities where concerns around confidentiality and fear of disclosure can discourage individuals from accessing care. Misinformation and outdated perceptions surrounding HIV also continue to contribute to fear, judgment and hesitation in seeking services. These barriers negatively impact trust in healthcare systems, reduce engagement in prevention and treatment efforts and create challenges in reaching individuals earlier in care. Reducing stigma and strengthening trust within communities will remain critical to improving statewide HIV outcomes.
2. Education: Increased HIV education remains essential to strengthening prevention, testing, treatment and long-term care efforts across North Dakota. Gaps in knowledge surrounding HIV transmission, prevention strategies, treatment options and modern HIV care continue to contribute to misinformation and missed opportunities for early intervention. Education is needed not only for the public, but also for healthcare providers, community organizations and community leaders to ensure individuals receive accurate information and supportive services. Strengthening statewide education efforts will help improve awareness, reduce stigma, increase engagement in care and support earlier diagnosis and treatment.
3. Priority populations: Certain communities across North Dakota continue to experience greater barriers to healthcare access, prevention services and ongoing engagement in care. Rural populations, underserved communities and individuals impacted by gaps in services and support systems often face additional challenges related to transportation, access to providers, availability of

services and community connection. Improving HIV outcomes statewide will require more intentional outreach efforts, stronger engagement strategies and responsive services that better meet the needs of the populations being served. Focusing efforts in these areas will be critical to improving access, strengthening prevention efforts and reducing disparities in care and health outcomes.

4. Relationship development: Strong partnerships and community relationships remain essential to improving HIV prevention, testing, treatment and response efforts across North Dakota. Strong partnerships and community relationships remain essential to improving HIV prevention, testing, treatment and care efforts across North Dakota. North Dakota's rural geography and diverse community needs require strong collaboration between public health systems, healthcare providers, tribal partners, community organizations and local leaders to improve coordination, strengthen service delivery and increase access to care. Building trust and maintaining strong partnerships help strengthen outreach efforts, improve communication and create more connected systems of support for individuals seeking services. Continued relationship development will remain a key component of advancing statewide HIV prevention and care effort.

Actions Taken

While findings from the community assessment directly informed development of the updated Integrated HIV Prevention and Care Plan, several findings warranted immediate action, further discussion, or recognition of successful interventions already underway. The community assessment revealed a reduction in unmet dental, medical and mental health needs, compared to the assessment five years prior. This was exciting as substantial efforts had been made to address the unmet need found in the previous community assessment. Additional resources were provided to contracted case managers to increase the amount of funding available for medical and dental care, which allowed persons living with HIV to access a more expansive offering than available in previous years. At the time of this annual plan submission, medical and dental services have been expanded further as all preventative care can be billed through Medicaid Medical Information System (MMIS) system. This will significantly increase the amount of services available and will further reduce unmet need.

Similarly, in response to reported unmet behavioral health needs in the previous assessment, NDDHHS contracted with Canopy Medical Clinic to expand mental health supports for individuals living with HIV, including peer support services, group support programming and individualized therapy services. Results from the current assessment suggest that these services may have contributed to the observed reduction in unmet mental health needs. However, some unmet need remains, which may stem from several potential factors. Anecdotally, some individuals have expressed discomfort utilizing services

at Canopy due to concerns regarding familiarity with staff or privacy within the local community. Additionally, high demand for services has periodically resulted in extended wait times. For individuals residing outside the Fargo area, services are primarily available virtually, which may not meet all client preferences or needs. Furthermore, individuals who choose to remain with local mental health providers may encounter reimbursement limitations that affect affordability and continuity of care.

The community assessment also identified opportunities for improvement within the HIV diagnosis and linkage-to-care process, particularly for individuals diagnosed in primary care settings. Several participants described feeling "blindsided" by their diagnosis experience. Under the current process, laboratory results may become visible to patients through electronic medical record systems before direct communication occurs with the primary care provider. Once positive laboratory results are reported electronically, a state field epidemiologist is notified and contacts the provider to confirm that the patient has been informed. The field epidemiologist then initiates outreach to the individual and facilitates linkage to services. Ideally, coordination with the Ryan White Program occurs concurrently, followed by referral to an Infectious Disease provider for ongoing HIV care. However, according to community assessment findings, adjustments in these processes are needed to ensure timely and personalized follow up with the patient. The updated Integrated Plan places additional emphasis on provider education and care coordination efforts, with continued collaboration and support from Shine Bright & Live.

The community assessment identified ongoing stigma and opportunities for improvement across both community and healthcare settings. Several participants described persistent misconceptions regarding HIV transmission and the populations affected by HIV, including the perception that HIV primarily impacts gay men. These findings highlighted the need for broader public education efforts that reflect the diversity of individuals living with HIV in North Dakota, including heterosexual individuals, women and families.

Participants also described experiences of stigma within healthcare settings, suggesting that additional provider education remains necessary. Several interview participants reported encountering healthcare professionals with limited knowledge regarding modern HIV treatment and prevention, including the concept of U=U. One participant noted that healthcare providers did not understand the distinction between HIV and AIDS or the implications of viral suppression, while another described experiencing stigmatizing infection control practices during a medical appointment.

The assessment additionally identified opportunities to strengthen support within community and faith-based settings. While some participants perceived churches as potentially judgmental environments, others described positive experiences with church-

based support systems, demonstrating the important role faith communities can play in reducing isolation and stigma when appropriately engaged.

In response to these findings, NDDHHS incorporated several action steps into the updated Integrated Plan. These include expanding provider education related to HIV stigma reduction, U=U, trauma-informed care and current HIV treatment standards; strengthening provider education regarding diagnosis notification and linkage-to-care practices; and continuing quality improvement efforts with healthcare systems and community providers. The plan also prioritizes broader community education campaigns using inclusive and representative messaging to reduce stigma and improve public understanding of HIV. In partnership with community organizations, including Shine Bright & Live, NDDHHS will also continue outreach to faith leaders and community organizations to encourage supportive environments for persons living with HIV.

Section IV: Situational Analysis

Situational Analysis

Strengths

North Dakota has a low population, coupled with low HIV incidence and prevalence. The state has high Ryan White enrollment and high rates of viral suppression. These factors combine to keep HIV rates low, a definite strength in the fight to end HIV.

As a frontier state, North Dakota is familiar with the need for innovation. Lessons learned during the COVID-19 pandemic reinforced the importance of flexible and innovative approaches to HIV prevention, care and treatment. New models of community engagement, expanded use of telehealth and digital platforms and partnerships with trusted organizations and community leaders have strengthened North Dakota's ability to reach individuals across the state. These approaches continue to support efforts to improve access to services and advance HIV prevention and care initiatives.

North Dakota's Prevention, Surveillance and Care programs are all housed within the Sexually Transmitted and Bloodborne Disease Unit, under a single section at the Division of Public Health. Centralized disease investigation and integrated data system allow further integration. This creates a streamlined approach to care from diagnosis to treatment, across the care continuum. Gaps and needs can be addressed together, as staff collaborate to solve concerns impacting all areas of the care continuum. This integrated approach allows Prevention, Surveillance and Care programs to share information and work together to address needs across the continuum of care. Because these programs operate under a single leadership structure and utilize a shared data

system, needs identified in one program area can be addressed across the broader HIV service system. In addition, rather than relying on multiple Memorandums of Understanding to facilitate data sharing, North Dakota utilizes Maven as a centralized data system for HIV Prevention, Surveillance and Care activities. This system supports communication, coordination and collaboration across programs and helps ensure individuals remain connected to services throughout the continuum of care.

North Dakota's integrated structure is further strengthened through long standing partnerships between the Division of Public Health, local public health units, healthcare providers and community-based organizations. These relationships help connect prevention, testing, care and support services across the state while supporting timely referrals and access to HIV services. In many communities, Prevention programs such as CTR sites are located within the same facility as Ryan White providers or work closely with them and other healthcare partners, helping ensure individuals are connected to care and supportive services following diagnosis.

Challenges

Perhaps the greatest structural issues impacting HIV in North Dakota are related to the state's rural geography, particularly in western North Dakota. The state covers a large geographic area, with the majority of the population residing in the eastern region where healthcare infrastructure, services and resources are more readily available. Fewer resources exist to meet the needs of individuals living in sparsely populated and rural areas of the state, creating ongoing challenges related to access and service delivery. Although Shine Bright & Live has helped strengthen HIV education, outreach and community engagement efforts, organizations dedicated specifically to HIV-related services remain limited across North Dakota. These challenges are further compounded by the distance many individuals must travel to access testing, prevention resources and HIV care services. Accessing these services often requires reliable transportation, time away from work, childcare arrangements and other resources, creating additional barriers for individuals seeking HIV prevention, care, treatment and support services.

Organizations in the rural areas often lack specialized knowledge and services in HIV. Beyond HIV-specific services, even general preventative services and basic testing may be limited in rural areas. Further, small numbers of individuals living with HIV in some counties of the state, or members of high-risk groups who also belong to underserved communities may face discrimination and stigma when seeking care in rural areas. An additional concern is within the small communities of North Dakota's rural population, healthcare professionals have dual roles with many patients, creating discomfort for those wishing to seek services. Identifying ways to reach this rural population is key to meeting the needs of North Dakota residents.

Identified needs

Community engagement was identified as a key need throughout development of the Integrated Plan and remains central to strengthening HIV prevention, care, treatment and response efforts in North Dakota. Building stronger connections with communities, increasing awareness of available services and improving engagement across the HIV care continuum are critical to addressing many of the challenges identified throughout this situational analysis. As North Dakota continues to work toward ending the HIV epidemic, meaningful engagement with communities, providers, public health partners and individuals impacted by HIV will remain essential.

Four additional areas of need were identified: stigma, education, priority populations and relationship development. These focus areas influence all aspects of HIV prevention and care and are closely connected to the broader need for community engagement. Addressing stigma, expanding education efforts, strengthening relationships and improving engagement with populations disproportionately impacted by HIV are essential to improving access to services and supporting positive health outcomes. These priorities are reflected throughout the goals, objectives, strategies and activities included in the 2027–2031 HIV Integrated Plan and are incorporated across the Diagnose, Treat, Prevent and Respond pillars.

Diagnose:

To diagnose HIV in North Dakota, reaching individuals living in rural communities remains critical. Long travel distances, limited access to healthcare services, concerns related to privacy and HIV-related stigma may create barriers to testing. As of December 31, 2024, there were 671 people known to be living with HIV/AIDS in North Dakota, including 445 individuals living with HIV and 226 individuals with an AIDS diagnosis. During 2024, 103 HIV/AIDS cases were reported in North Dakota, including both newly diagnosed individuals and persons previously diagnosed who relocated to the state. Of the 38 newly diagnosed cases, 22 (58%) were male and 16 (42%) were female, with ages ranging from less than one year to over 55 years and a mean age of 39.

At-home HIV test collection kits remain an important strategy for reaching individuals who may face barriers to traditional testing services. Since launching in December 2021, the program has expanded access to HIV testing across North Dakota and continues to serve as a key component of the state's efforts to increase testing opportunities, particularly among individuals who may be difficult to reach through conventional healthcare settings. The NDHAB continues to emphasize the importance of expanding access to at-home HIV testing through a variety of community and clinical partners. Discussions have included opportunities to engage community organizations, local public health units, healthcare providers and additional distribution locations to increase awareness of and access to at-home testing throughout North Dakota. As testing

opportunities continue to expand, ensuring sufficient provider capacity to support follow-up care, prevention services and linkage to treatment remains important.

Community-based testing events also provide opportunities to reach individuals who may not otherwise access HIV testing services. These events bring together individuals with similar interests, backgrounds or service needs and provide opportunities to offer testing in familiar and accessible settings. Through partnerships with local organizations and community partners, testing events can help increase awareness of HIV testing, reduce barriers to access and strengthen connections to prevention and care services. North Dakota currently has 21 CTR sites located throughout the state, many of which serve rural communities. These sites remain an important component of North Dakota's HIV testing system and provide accessible testing opportunities for many North Dakotans regardless of where they live. In 2024, CTR sites identified 10.5% of newly diagnosed HIV cases in North Dakota. This highlights the value of community-based testing services in reaching individuals who may not otherwise access testing and underscores the importance of continued investment in CTR sites as part of the state's HIV diagnosis strategy. Continued efforts to increase testing among populations at risk for HIV and reduce missed opportunities for diagnosis remain important to improving outcomes across the state.

To address unmet HIV testing needs in North Dakota, strong partnerships with healthcare providers remain essential. Many individuals at risk for HIV access healthcare services for reasons unrelated to HIV, creating opportunities for testing, education and referral to prevention or care services. Increasing implementation of routine and risk-based HIV testing practices consistent with USPSTF recommendations and CDC guidelines remains an important opportunity in North Dakota. Continued provider education and technical assistance (TA) can help reduce missed opportunities for diagnosis and increase awareness of current HIV testing recommendations among healthcare providers, including those serving correctional facilities, treatment programs and Indian Health Service facilities.

Partner services remain another important component of HIV diagnosis and prevention efforts. Effective partner services help identify individuals who may have been exposed to HIV, connect them to testing and prevention services and facilitate early linkage to care when needed. Continued efforts to strengthen disease intervention specialist (DIS) activities, improve client engagement and increase participation in partner services can help maximize the public health benefits of these activities and support earlier identification of HIV infection across North Dakota.

Treat:
North Dakota has strong engagement in the Ryan White HIV/AIDS Program (RWHAP). As of December 31, 2024, 382 of the 671 people known to be living with HIV in North Dakota (57%) were enrolled in Ryan White services, with 84% achieving viral suppression. While these outcomes demonstrate the effectiveness of the state's HIV care system, opportunities remain to identify, engage and reengage individuals who are not currently in care or who have not achieved viral suppression. Among people living with HIV in North Dakota who are not enrolled in Ryan White services, the viral suppression rate is 75%, compared to 84% among Ryan White clients and 80% overall statewide. This gap highlights the need to strengthen linkage to care, retention in care, case management and access to support services. Continued efforts are also needed to identify individuals who are out of care or not virally suppressed and connect them to appropriate services and treatment.

Geographic barriers continue to impact treatment outcomes, particularly in rural areas where individuals may face challenges related to travel distance, transportation, provider availability and access to specialized HIV care. Individuals living closer to infectious disease providers continue to have higher rates of viral suppression, demonstrating the importance of expanding access to care and support services throughout the state. As people living with HIV reside in nearly every region of North Dakota, telehealth, remote case management and other flexible service delivery models present opportunities to improve engagement in care and reduce barriers to accessing services. Expanding access to peer support, peer navigation, behavioral health services and care coordination remains important to supporting long-term engagement in care. Continued education and TA for healthcare providers can help strengthen local capacity to manage HIV and support individuals living with HIV closer to home. In addition, as the population of people living with HIV continues to age, ongoing attention to care coordination, routine healthcare needs and management of chronic conditions will remain important to improving health outcomes and quality of life.

Prevent:
Goals of North Dakota's HIV Prevention Program include increasing access to prevention services, improving awareness of HIV prevention options through education, outreach and providing TA to healthcare providers and community organizations to support the effective delivery and utilization of prevention services. Specifically, areas of focus include condom distribution, utilization of PrEP and PEP and the availability of other prevention services. Increasing awareness of HIV prevention services and reducing barriers to accessing these services remain important needs across the state, particularly in rural communities where access to healthcare services, prevention resources and specialized providers may be more limited.

Expanding awareness and utilization of PrEP remains an important focus in North Dakota. In 2024, only 36% of individuals tested for HIV in our CTR program reported having heard of PrEP, compared to 39.9% in 2023. Almost 1 out of 3 patients tested in our program were recommended to be prescribed PrEP. Of those recommended for PrEP, almost half have never heard of PrEP, indicating a need for continued education and awareness about PrEP in North Dakota. These findings also demonstrate a continued need for education and outreach related to HIV prevention options. Although there needs to be enhanced efforts to educate individuals about PrEP, there has been an increase in the number of patients currently on or have utilized PrEP in the last year. In 2024, 370 clients reported using PrEP within the previous 12 months and 305 reported they are currently taking PrEP, representing an increase of nearly 45.5% in current PrEP use compared to 2023. While this progress is encouraging, continued efforts are needed to increase awareness, support utilization and ensure individuals who may benefit from PrEP and PEP are connected to prevention services.

Behavioral risk data also demonstrates the continued need for accessible prevention services. In 2024, 58.2% of individuals tested for HIV in our CTR program reported never using condoms or using them inconsistently during the previous 12 months, 15.4% reported having three or more sexual partners in the previous 60 days and 25.0% reported having anonymous sex partners during the previous 12 months. In addition, 20.2% of individuals tested for HIV identified as a person who injects drugs, either currently or in the past. These findings highlight the importance of maintaining access to prevention resources, expanding prevention education efforts and ensuring individuals have access to services that reduce the risk of HIV transmission. Expanding availability of condoms and increasing awareness of prevention options are key strategies of our program.

Integrating HIV prevention activities into existing healthcare, public health and community settings remains another important area of opportunity. Individuals often interact with healthcare providers, community organizations and public health programs for reasons unrelated to HIV, creating opportunities to provide prevention education, referrals, testing and support services. Strengthening partnerships and identifying new opportunities to incorporate HIV prevention activities into existing programs can help reduce missed opportunities for prevention and testing. Continued assessment of educational needs among the public, healthcare providers and partner organizations will help identify gaps in knowledge related to sexual health, HIV risk, prevention options, testing, care, treatment and HIV-related stigma. Understanding these gaps will help inform future prevention activities, educational efforts and outreach strategies across North Dakota.

Respond:
Maintaining the ability to quickly identify and respond to potential HIV outbreaks remains an important need in North Dakota. Continued coordination between surveillance, prevention, care and community partners is necessary to ensure potential increases in HIV transmission are detected early and addressed effectively. As HIV cases occur across both urban and rural areas of the state, strong communication, clearly defined response protocols and ongoing collaboration between partners remain critical to outbreak and response efforts.

Community engagement also plays an important role in outbreak response. Building and maintaining relationships with local communities helps strengthen trust, improve communication and support timely response activities when needed. In addition, maintaining a trained and prepared workforce remains essential to ensuring North Dakota has the capacity to respond effectively to potential HIV outbreaks. Ongoing training, preparedness activities and collaboration across partners will continue to support statewide outbreak readiness.

Cross-Cutting:
Some strategies in the Integrated Plan are cross-cutting and impact multiple pillars. Continued assessment of barriers and challenges related to HIV testing, prevention, care, treatment and support services remains important to identifying areas for improvement across North Dakota. As HIV prevention strategies, healthcare systems and community needs continue to change, ongoing assessment efforts will help identify service gaps and opportunities to strengthen HIV-related programs and activities. Additional engagement with populations disproportionately impacted by HIV will be important to better understand barriers to services and inform future planning efforts.

Education was identified throughout the planning process as an ongoing need in North Dakota. Community members, healthcare providers and stakeholders highlighted gaps in knowledge related to HIV prevention, testing, treatment and available services. Education remains important across all pillars of the Integrated Plan. Increasing awareness of prevention options, encouraging routine testing, improving understanding of treatment and viral suppression and providing accurate information during response activities all rely on effective education efforts. Continued education is needed for both the public and the healthcare workforce to ensure individuals have access to current and accurate information about HIV.

Stigma continues to affect HIV prevention and care efforts across North Dakota. Through planning discussions and community engagement activities, stigma was frequently identified as a barrier to testing, prevention services, care and treatment. Individuals may delay testing, avoid seeking services or disengage from care due to

concerns about how they will be treated by others. Stigma can also affect willingness to participate in public health response activities and community-based programs. Addressing stigma remains important to improving access to services, strengthening engagement in care and improving health outcomes for people living with HIV and those at risk for HIV.

Relationship development remains an important need across all pillars of the Integrated Plan. Building and maintaining strong relationships is essential to HIV prevention, diagnosis, treatment and response efforts in North Dakota. The state's large geographic area and rural population require ongoing collaboration among public health programs, healthcare providers, tribal partners, community organizations, correctional facilities, local leaders and individuals living with HIV. These relationships help strengthen communication, improve referral networks, increase access to services and support coordination across the HIV care continuum. Strong partnerships also help identify emerging needs, improve outreach efforts and support public health response activities. Continued relationship development will be critical to ensure HIV prevention, care, treatment and support services reach communities throughout North Dakota.

Priority Populations:

The plan is focused on prevention, diagnosis, treatment and response efforts among priority populations in North Dakota. These populations were identified through surveillance data, planning discussions and input received throughout development of the Integrated Plan. Rural communities will be considered throughout all strategies identified in the plan. Particular focus will be placed on priority populations and communities identified through data and planning activities, especially those facing barriers to HIV testing, prevention, care, treatment and support services. Continued collaboration with Indian Health Service facilities, healthcare providers and community partners will remain important to strengthening HIV prevention and care efforts across North Dakota.

Section V: 2027-2031 Goals and Objectives

Goals and Objectives Description

Diagnose

Goal: Increase Knowledge of HIV Status (NHAS 1.2)

Performance measure (from NHAS): Increase knowledge of status to 95% from a 2017 baseline of 85.8%. Tab

Table 3: Increase Knowledge of HIV Status Goal (NHAS 1.2)

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase HIV testing among priority communities	Increase use of at-home HIV test collection by expanding distribution through community and clinical partner sites and targeted outreach efforts to persons at-risk for HIV, resulting in distribution of at least 2,000 at-home HIV test kits during the plan period. *Ensure variety of partner organizations and venues for distribution*	At least 2,000 at-home HIV test kits will be provided to persons at-risk for HIV in North Dakota through testing during the plan period.	Program Documentation	Field Services Director

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase HIV testing among priority communities	Coordinate HIV testing at community-based events through coordination with local partners and targeted outreach to priority populations, resulting in implementation of at least 10 testing events annually. *Ensure variety of events, including college locations*	At least 10 HIV testing events will be conducted annually targeting individuals who are unaware of their HIV status.	Program Documentation	HIV Prevention Program
Increase HIV testing among priority communities	Increase HIV testing among priority populations at CTR sites through targeted testing efforts and outreach, resulting in increased testing volume among persons at-risk for HIV annually.	CTR sites will conduct HIV testing for persons at-risk for HIV who were previously unaware of their HIV status, with annual increases in the number of new testers identified.	Program Documentation / MAVEN	HIV Prevention Program

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase testing among USPSTF recommendations and CDC guidelines among primary care providers	Reduce missed opportunities for HIV diagnosis by supporting primary care providers to implement routine and risk-based HIV testing practices consistent with USPSTF recommendations and CDC guidelines. *Ensure jails, treatment centers, prisons and IHS are included*	100% of persons diagnosed with syphilis will receive an HIV test, 50% of persons diagnosed with gonorrhea or hepatitis C will receive an HIV test and 100% of persons diagnosed with tuberculosis (TB) disease will receive an HIV test.	ATLAS	HIV.STI.Viral Hepatitis Surveillance/ Field Services Unit
Increase testing among USPSTF recommendations and CDC guidelines among primary care providers	Increase provider education on HIV screening and testing recommendations by conducting targeted outreach and TA visits to primary healthcare providers across North Dakota.	TA and education on HIV screening and testing recommendations will be provided through 25 visits to primary healthcare providers across North Dakota.	ATLAS	HIV Prevention Program

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase client participation in partner services	Strengthen DIS performance to improve uptake and delivery of HIV partner services through timely case follow-up, client engagement and contact elicitation efforts.	100% of newly diagnosed persons with HIV will be interviewed for partner services and 80% will provide at least one named contact for follow-up.	ATLAS	Field Services Unit

Treat

Goal: Improve HIV-Related Outcomes of People with HIV (NHAS 2)

Performance measure (NHAS indicator 6): Increase viral suppression with people with diagnosed HIV to 95%.

Table 4: Improve HIV-Related Outcomes of People with HIV (NHAS 2)

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Identify, engage and reengage people with HIV who are not in care or not virally suppressed (NHAS 2.2)	Implement online case management processes and telehealth service options to improve access to Ryan White support services and care engagement.	At least 50% of ND Ryan White clients will utilize online case management tools or telehealth service options to support engagement or reengagement in HIV care.	Program Documentation	Ryan White Program

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Identify, engage and reengage people with HIV who are not in care or not virally suppressed (NHAS 2.2)	Assess and identify opportunities to expand access to Ryan White services, including case management for persons out of care and strategies to improve insurance coverage support.	Ryan White program will implement at least one strategy to expand case management access for persons out of care or improve insurance access support for Ryan White clients by December 2027.	Program Documentation	Ryan White Program

Identify, engage and reengage people with HIV who are not in care or not virally suppressed (NHAS 2.2)	Utilize surveillance and Ryan White data systems to identify persons living with HIV who are out of care or not virally suppressed and support data-to-care follow-up activities.	Routine data-to-care activities will be sustained and coordinated between HIV Surveillance and the Ryan White Program to identify persons living with HIV who are out of care and support reengagement into HIV medical care. Quarterly cohort reviews will be conducted to identify gaps in care engagement and implement improvement strategies, contributing to achieving and maintaining viral suppression among 95% of persons living with HIV in North Dakota.	ATLAS	HIV Surveillance/ Ryan White Program/ Field Services Unit / Shine Bright

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase capacity of healthcare and social systems to effectively provide holistic care and treatment for people with HIV (NHAS 2.4, modified)	Strengthen the ability of primary care providers to support people with HIV through targeted education and TA on HIV treatment and care management.	Education and TA on HIV treatment and care management will be provided to at least five primary healthcare providers annually to support improved capacity to manage and treat HIV infection.	Program Documentation	ND.SD AETC
Increase capacity of healthcare and social systems to effectively provide holistic care and treatment for people with HIV (NHAS 2.4, modified)	Increase access to mental and behavioral health support services for people living with HIV through expansion of peer navigation and peer support opportunities.	Peer navigation and peer support services will be expanded to serve at least 100 people living with HIV annually.	Program Documentation	Ryan White Program

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase capacity of healthcare and social systems to effectively provide holistic care and treatment for people with HIV (NHAS 2.4, modified)	Expand use of telehealth service options to support whole person needs, including case management and care coordination services for people living with HIV.	At least 50% of people living with HIV enrolled in Ryan White services will have access to case management or care coordination services through telehealth annually.	Program Documentation	Ryan White Program
Strengthen care engagement and improve health outcomes for people living with HIV age 55 and older	Promote completion of routine annual healthcare visits among people living with HIV age 55 and older using care coordination and engagement strategies.	At least 80% of Ryan White clients age 55 and older will complete one routine annual healthcare visit to support screening and management of age-related health conditions, including cardiovascular disease and other chronic conditions.	ATLAS	Ryan White Program

Prevent

Goal: Prevent new HIV infections (NHAS 1)

Performance measure (NHAS indicator 2): Reduce new HIV infections by 75% from a 2017 baseline of 37,000.
Performance measure (NHAS indicator 4): Increase PrEP coverage to 50% from a 2017 baseline of 13.2%.

Table 5: Prevent new HIV infections (NHAS 1)

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Make HIV prevention services, including condoms, PrEP, PEP and SSPs easier to access and support continued use (NHAS 1.3.3)	Expand condom distribution by increasing availability through non-traditional community partners and implementing home distribution options.	At least 250,000 condoms will be distributed annually through 30 non-traditional community sources and organizations across North Dakota.	Program Documentation	HIV Prevention Program

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Make HIV prevention services, including condoms, PrEP, PEP and SSPs easier to access and support continued use (NHAS 1.3.3)	Expand access and utilization of HIV PrEP and PEP through provider engagement, education and support for home-based prevention service options.	The number of people initiating HIV PrEP through the home test collection program will increase by at least 10% annually. Education and outreach on prescribing HIV PrEP and increasing awareness of HIV prevention strategies, including PrEP and PEP, will be conducted through 25 visits annually to healthcare providers across North Dakota.	MAVEN	HIV Prevention Program/Field Services Director

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Make HIV prevention services, including condoms, PrEP, PEP and SSPs easier to access and support continued use (NHAS 1.3.3)	Support expansion of testing and prevention services in settings where PWI drugs receive other support services.	The increase the total number of agencies whose primary served population is PWI drugs who provide access to testing and prevention services for HIV.	Program Documentation	HIV Prevention Program/Behavioral Health Division
Increase integration of HIV Prevention interventions in traditional public health and healthcare delivery systems, as well as in nontraditional community settings (NHAS 1.3.1, modified)	Identify and engage new partners to streamline HIV testing and referral processes and reduce missed opportunities for testing among people at risk for HIV.	At least 10 new partnerships will be established and actively implementing HIV testing or prevention activities during the plan period.	Program Documentation/ Needs Assessment	Community Engagement Unit /HIV Prevention Program

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Increase integration of HIV Prevention interventions in traditional public health and healthcare delivery systems, as well as in nontraditional community settings (NHAS 1.3.1, modified)	Integrate HIV prevention and care services into existing public health campaigns and activities addressing related syndemic conditions (NHAS 1.1.3, modified).	HIV prevention and care services will be integrated into at least two public health campaigns or related activities annually to increase awareness and access among priority populations.	MAVEN	HIV.STI.Viral Hepatitis Surveillance/TB Prevention and Care/Field Services Unit
Assessment of Educational Needs Among the Public and Partner Organizations (NHAS 1.1.1)	Conduct a statewide assessment and gap analysis to identify educational needs related to comprehensive sexual health, HIV risk, prevention options, testing, care and treatment and HIV-related stigma.	One comprehensive educational needs assessment will be completed and disseminated to at least 10 partner organizations to guide future HIV education strategies and interventions.	Program Documentation/ Needs Assessment	Community Engagement Unit / HIV Prevention Program

Respond

Goal: Achieve a Coordinated Effort

Table 6: Achieve a Coordinated Effort

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Coordinate across partners to quickly detect and respond to HIV outbreaks (NHAS 4.2.3)	Maintain and revise protocols for detecting and monitoring early warning indicators of potential HIV outbreaks through coordination with surveillance and response partners.	The HIV Outbreak Response Plan will be reviewed and updated annually and shared with key response partners to support coordinated outbreak detection and response.	Program Documentation	HIV Surveillance/HIV Prevention Programs
Strengthening Community Education and Engagement in HIV Outbreak Response	Expand collaboration with local communities to build capacity for participation in HIV outbreak preparedness and response activities.	HIV outbreak readiness training will be conducted with at least four local communities annually to support development or refinement of local HIV outbreak response plans.	Program Documentation	HIV Surveillance/HIV Prevention Programs
Strengthen Workforce Readiness for HIV Outbreak Response	Maintain workforce readiness to respond to an HIV outbreak through ongoing training, coordination and preparedness activities.	HIV outbreak response workforce readiness will be maintained through annual participation in training or response exercises involving key surveillance, prevention and care staff.	Program Documentation	HIV Surveillance/HIV Prevention Programs/Field Services Unit

Cross-Cutting

Goal: Decrease Stigma Among Priority Populations (NHAS 7, Modified, Expanded)

Table 7: Decrease Stigma Among Priority Populations (NHAS 7, Modified, Expanded)

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Identify the barriers and challenges among priority populations to engagement with testing, prevention and care services	Conduct needs assessments among priority populations at risk for HIV to identify barriers to engagement in testing, prevention and care services.	Needs assessments will be completed in five disproportionately affected communities using quantitative and qualitative data to make improvements in CTR and Partner Services engagement strategies.	Program Documentation	Community Engagement Unit

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Identify the barriers and challenges among priority populations to engagement with testing, prevention and care services	Develop strategic initiatives based on findings from priority population needs assessments to address identified barriers to engagement in HIV testing, prevention and care services.	At least three strategic initiatives informed by needs assessment findings will be incorporated into implementation activities within the five-year HIV Integrated Plan.	Program Documentation	Community Engagement Unit

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Develop and implement campaigns, interventions and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing and care; and HIV-related stigma reduction (NHAS 1.1.1)	Increase knowledge of HIV prevention and care among priority communities and the health workforce in disproportionately affected geographic areas through targeted education campaigns.	At least two integrated education campaigns addressing HIV, STI, viral hepatitis and tuberculosis prevention and care will be implemented annually and knowledge among targeted workforce participants will increase by at least 10% as measured through pre and post campaign assessments.	Program Documentation	Sexually Transmitted & Bloodborne Disease Unit

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Develop and implement campaigns, interventions and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing and care; and HIV-related stigma reduction (NHAS 1.1.1)	Engage public health programs and community organizations to embed stigma-reduction education and resources within ongoing initiatives and outreach efforts targeting priority populations.	Stigma-reduction education and resources will be incorporated into at least two public health or community programs annually to increase awareness and reduce HIV-related stigma among priority populations.	Program Documentation	Community Engagement Unit / Sexually Transmitted & Bloodborne Disease Unit

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Reduce HIV-related stigma and discrimination in program and policy (NHAS Goal 3)	Partner with the North Dakota Department of Corrections to deliver HIV education and implement standardized care linkage and release planning processes.	HIV prevention education and HIV 101 training will be delivered annually to correctional staff and incarcerated individuals in at least two correctional facilities and standardized HIV care linkage and release planning processes will be implemented to support timely connection to HIV prevention and care services upon release.	Program Documentation	Community Engagement Unit / Sexually Transmitted & Bloodborne Disease Unit / Shine Bright
Reduce HIV-related stigma and discrimination in program and policy (NHAS Goal 3)	Create and promote leadership opportunities for people living with HIV or who experience risk for HIV (NHAS 3.3.1).	At least five people living with HIV or at risk for HIV will participate annually in leadership roles, including serving as Peer Counselors, participating on the HIV Prevention and Care Advisory Board, or engaging in national leadership or professional development trainings.	Program Documentation	Community Engagement Unit/ Sexually Transmitted & Bloodborne Disease Unit

Key Strategies	Activities	Outcomes	Data Source	Responsible Party
Reduce HIV-related stigma and discrimination in program and policy (NHAS Goal 3)	Ensure HIV-related programs, educational efforts and activities are vetted for context with people living with HIV or who are at risk for HIV to lessen stigma (NHAS 3.3.2, modified)	People living with HIV or at risk for HIV will participate in at least two structured program review or feedback opportunities annually to inform development of HIV programs, educational materials and implementation activities.	Program Documentation	Community Engagement Unit / Sexually Transmitted & Bloodborne Disease Unit
Achieve integrated, coordinated effort that addresses the HIV epidemic among all partners and interested parties (NHAS Goal 4)	Coordinate and align strategic planning efforts related to HIV, STI, viral hepatitis, substance use disorders and mental health across state and local partners (NHAS 4.1.4).	At least two coordinated planning meetings or joint initiatives will be implemented annually among state and local partners to align HIV, STI, viral hepatitis, substance use disorder and mental health response efforts.	Program Documentation	Community Engagement Unit / Sexually Transmitted & Bloodborne Disease Unit/Behavioral Health Division

NDHAB Activities

The board identified roles they could play to achieve the goals in all pillars, to contribute to the strategies and activities of the 2027-2031 plan. These initial ideas regarding roles will be developed over the coming 2027-2031 period, using sub-committees within the board.

Table 8: NDHAB Activities to Achieve Goals in All Pillars

Pillar	NDHAB Role
Diagnose	• Disseminate information about at-home testing • Create testing videos for social media dissemination and explore into PSA Development • Collaborate with community partners across North Dakota to expand awareness of and access to emerging HIV testing opportunities, with focused outreach in rural and underserved areas.
Treat	• Help develop and review a contact list of providers and stakeholders to strengthen coordination and connections to care • Serve as a liaison to support outreach and engagement in rural areas • Provide education and information to legislators on HIV care and treatment efforts
Prevent	• Help recruit speakers and identify venue opportunities for Shine Out Loud, the state's HIV Speakers Bureau • Partner with schools and colleges to increase awareness of PrEP, including education, access, availability and referral pathways • Assist with the development of multilingual informational materials • Support development of online resources for people living with HIV and continue expanding the HIV One-Stop Shop resource hub.
Respond	• Ensure coordination with boards and community partners prior to initiating outreach during a public health outbreak.

Section VI: 2027-2031 Integrated Planning Jurisdictional Follow-Up

Implementation

At the time of this is being written, the plan implementation is already under way. Given the state's unified, streamlined approach to prevention, diagnosis and treatment of HIV and the small population of the state, coordinating partners may be much easier than in other states. All funding streams supporting HIV-related activities come into a single division, under a single leadership structure for dissemination. Local public health has a close relationship with state Public Health, making communication and coordination seamless. Programs such as CTR sites and SSPs, are overseen through the NDDHHS. The state-level board has NDDHHS representation and keeps it in close communication with NDDHHS activities and plans. North Dakota is not a recipient of city only funding from either CDC or HRSA and the HIV Prevention and Ryan White Part B program are housed within the same unit within NDDHHS. To this end, coordination of activities and streamlining of plans is inherent.

Monitoring, Evaluation

Regular monitoring and evaluation of the Integrated HIV and Viral Hepatitis Prevention and Care Plan is necessary to ensure progress is meaningfully made towards the completion of activities, goals and objectives.

NDDHHS has designated the role of continuous monitoring to a specific position within the Sexually Transmitted and Bloodborne Disease Unit. This ensures a specific individual has accountability for the work, the task is built into their assigned job duties and the work is embedded in their performance evaluation. Reviewing plan progress will be done quarterly within this role, with the lead monitoring individual required to obtain the qualitative and quantitative data needed to ensure appropriate progress on the plan.

Field services, Ryan White, prevention and surveillance data are all collected in a single system in North Dakota: Maven. This fully integrated surveillance/prevention/care system for data collection and sharing make North Dakota unique and help ease the monitoring and evaluation process. A public health analyst/data coordinator will collect up-to-date data quarterly for the plan using Maven and program documentation. The data will be used for surveillance of plan objectives, to compare from previous years and between various geographical locations within the state.

The analyst will prepare quarterly reports on progress. These reports will be disseminated to local agencies working on the plan to review progress and make course corrections to the plan.

The quarterly updates/progress of the plan will be shared at every statewide North Dakota NDHAB meeting, for review, feedback and to further reinforce the accountability of NDDHHS to the community.

The first NDHAB meeting of each year serves as an opportunity to review current goals, objectives and activities. This annual review process allows the board to assess progress, identify emerging needs and adjust objectives and activities as appropriate to ensure continued alignment with current priorities and community needs.

Reporting, Dissemination And Plan Improvements

As mentioned above, the NDHAB and local entities involved in the plan will receive quarterly implementation updates to support ongoing communication, collaboration and monitoring of progress toward plan objectives. In addition, information related to HIV and viral hepatitis prevention, care and treatment activities will be shared with partners and stakeholders, as appropriate, to support coordination, program implementation and ongoing engagement efforts. The HIV prevention coordinator and field epidemiologists will conduct clinical quality assurance activities including programmatic and administrative reviews of service providers to ensure service delivery quality. The NDDHHS will work with healthcare providers on the development of quality improvement plans to ensure that established targets are met or exceeded. These quality improvement plans will focus on goals and objectives that relate to improving outcomes along with the HIV and viral hepatitis care continuum.

To solicit community input, the report of data indicators will be included in the Epidemiologic Profile that is published and available to the public in the late spring of each year. The NDDHHS aims to ensure that the Epidemiologic Profile is distributed to healthcare providers serving at-risk individuals and providing care to persons living with HIV or viral hepatitis.

Other Strategic Plans Used To Meet Requirements

No other plans were used to meet the requirements of this Integrated Plan.

Section VII: Letter of Concurrence

Letter of Concurrence

Between the North Dakota HIV Advisory Board (NDHAB) and the North Dakota Department of Health and Human Services

The North Dakota HIV Advisory Board (NDHAB) has worked collaboratively with the North Dakota Department of Health and Human Services (NDHHS) throughout the development of the North Dakota Integrated HIV Prevention and Care Plan. Through quarterly meetings, community engagement, public feedback opportunities, and ongoing collaboration, the Board has championed the importance of reducing stigma, expanding education, fostering meaningful relationships, and ensuring that services are responsive to the unique needs of priority populations across North Dakota.

The NDHAB is pleased to see these guiding principles reflected throughout the goals, strategies, and activities outlined within the Integrated HIV Prevention and Care Plan. The Board believes that centering community voices, particularly those of people living with HIV and populations disproportionately impacted by HIV, is essential to building an effective and sustainable response.

The NDHAB concurs with the submission of the NDHHS in accordance with the planning requirements established by the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau for the development of an Integrated HIV Prevention and Care Plan.

Together, we are committed to creating a North Dakota where every person has access to compassionate care, accurate information, effective prevention tools, and the opportunity to thrive free from stigma and discrimination.

Signed on behalf of the North Dakota HIV Advisory Board and the North Dakota Department of Health and Human Services.

North Dakota HIV Advisory Board

Jason Grueneich

Jason Grueneich

Facilitator, North Dakota HIV Advisory Board

Date: 6/18/2026

North Dakota Department of Health and Human Services

Lindsey VanderBusch

Director/Representative, North Dakota Department of Health and Human Services

Date: 06/18/2026