NORTH DAKOTA INTEGRATED HIV PREVENTION & CARE PLAN 2022-2026

December 1, 2022

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
eHARS	Electronic HIV/AIDS Reporting System
COVID-19	Coronavirus Disease
CTR	Counseling, Testing, and Referral
DHAP	Division of HIV/AIDS Prevention
EHE	Ending the HIV Pandemic
HAB	HIV/AIDS Bureau
HEU,	Health Equity Unit
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus (HIV),
HRC	Human Rights Commission
HRSA	Health Resources and Services Administration
IDU	Injection Drug Users
LGBTQ2S+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Two-Spirit
MOU	Memorandum of Understanding
ND	North Dakota
NDDHHS	North Dakota Department of Health and Human Services
NDHPCAB,	North Dakota HIV Prevention and Care Advisory Board
NDSU	North Dakota State University
NEP	Needle Exchange Programs
NFI	New American Foreign-Born Immigrant
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
SD	South Dakota
SENDAA	Southeastern North Dakota Community Action Agency
SEP	Syringe Exchange Program
SSP	Syringe Service Programs
STI	Sexually Transmitted Infections

TA	Technical Assistant
TB	Tuberculosis
UAC	United African Community
US	United States
USPSTF	U.S. Preventive Services Task Force
YAB	Youth Advisory Board

Section I: Executive Summary of Integrated Plan & SCSN

EXECUTIVE SUMMARY OF INTEGRATED PLAN AND SCSN

The 2022-2026 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, utilizing extensive collaboration and community input. State-level boards comprised of priority populations were involved in planning at every step, and their iterative involvement in the plan allowed course correction and ensured the plan would align with a variety of priority populations' concerns and interests. Of particular importance, the North Dakota HIV Prevention and Care Advisory Board (NDHPCAB) actively participated with the North Dakota Department of Health and Human Services (HHS)[1] to develop the plan. The guidance of the NDHPCAB was central to plan development.

[1] *Prior to submission of this plan, the North Dakota Department of Health (NDDoH) integrated with the North Dakota Department of Human Services (NDDHS) to form the North Dakota Department of Health and Human Services (HSS). 'NDDoH' will be used when this document refers to specific actions taken by the Department of Health prior to the integration. 'HHS' will be used when referencing current work and future actions and activities.

The current epidemiological profile of North Dakota and the 2017-2021 Integrated HIV & Viral Hepatitis 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.

Innovation was key in the strategies for the 2022-2026 plan. The COVID-19 pandemic challenged North Dakota to meet the needs of its highly rural population with new strategies, particularly through home testing options, telehealth, and phone-based apps to connect diverse populations. A new strategy of working with small community nonprofits to reach priority populations is being adopted in the 2022-2026 plan. The highly engaged NDHPCAB had an active role in the new plan, providing additional outreach into North Dakota's hard-to-reach populations and geographical locations.

The North Dakota 2022-2026 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 app-based care are infused within the plan, allowing HHS to reach the far corners of this very rural state. Expanding activities that have been successful in North Dakota in the past are also key in the 2022-2026 plan, such as increasing the highly successful Syringe Service programs, increasing condom distribution, and elevating PrEP knowledge and use.

North Dakota developed this Integrated Plan for 2022-2026 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 NDHPCAB served to anchor the plan from the community perspective and has taken an active role in developing the activities as well as supplementing HHS-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 HHS, 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 generally 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 HHS collaborated internally--across divisions and units—enlisting multiple entities including the Division of Public Health Units. Programs of the HHS, such as Syringe Service Programs (SSPs), counseling, testing and referral sites, and Ryan White grantees; external entities such as AIDS United; and state-level boards which comprise of priority populations, such as the North Dakota's HIV Prevention and Care Advisory Board (NDHPCAB), the New American Foreign-Born Immigrant (NFI) board, Youth Advisory Board (YAB), and the LGTBQ2S+ (BeYou) Board. Significant input from the community was utilized to develop the plan, with multiple platforms of engagement and opportunities to provide feedback and contribute throughout the two-year development of the plan. An iterative process was utilized, to ensure community stakeholders had opportunities to provide feedback at multiple points in the plan. The North Dakota HIV Prevention and Care Advisory Board (NDHPCAB) 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 over-sampled from communities that were highest-need, and those often missed in traditional needs assessments in North Dakota, to ensure the voices of those most in need were integrated into the plan.

In addition to utilizing community stakeholders and organizations, HHS used the 2017-2021 Integrated HIV & Viral Hepatitis 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 remaining after the implementation of the previous plan provided windows of opportunity to leverage new tools and capitalize on the creativity of partners to develop novel approaches designed for the unique context of rural North Dakota.

North Dakota's epidemiological tapestry anchored the plan. HIV cases are overlayed on rural geography with significant medical provider gaps and health services deserts, combined with a rich, diverse demographical 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 in other states were consulted to ensure needs assessment efforts in North Dakota aligned with other states with similar HIV incidence.

The development of the plan was superimposed on the complex landscape of COVID-19. As just one example, before COVID-19, the bulk of the Needs Assessment was to take place in person. In-person focus groups and face-to-face recruiting techniques were planned to ensure the community members most impacted, most vulnerable, and most difficult to reach would have an ideal response platform. Due to COVID-19, only a few in-person recruitment opportunities occurred and interviews and many feedback sessions with the community had to take place virtually. In addition to creating a stumbling block for the needs assessment, the pandemic highlighted the critical need for flexible programs and adaptable services in the state, particularly for those who already face the challenges of rural geography. Further isolation due to COVID-19 elevated the urgency of expanding services to meet individuals wherever they are. The planning team was acutely aware of the need for innovation in the strategies for the 2022-2027 plan. Taken together, community stakeholders across North Dakota, the previous Integrated plan, and North Dakota data laid the current plan upon the foundation of the National HIV/AIDS Strategy (NHAS) goals and guidelines for the Integrated HIV Prevention and Care Plan.

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 health care 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.

Health Equity Unit (HEU)

Health equity is the attainment of the highest level of health for all people. The HEU of HHS works to understand and reduce health disparities among all North Dakotans. The primary goal is to reduce rates of disease by providing opportunities for interventions and improving access to health care. This will ensure all North Dakotans receive the highest quality of health care that meets their needs.

HEU staff participated in all phases of the planning process, with an eye for equity and relationship development opportunities presented within the plan. Existing advisory Boards of the HEU were utilized across the planning process and will be described in detail below.

CTR Sites

HHS 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 harm reduction 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 had a critical role in the current plan.

Syringe Service Programs

Syringe Service Programs (SSP), also known as Syringe Access Programs (SAP), Syringe Exchange Programs (SEP), or Needle Exchange Programs (NEP), are harm reduction interventions that have existed since the late 1980s and have been scientifically proven to reduce transmission of the Human Immunodeficiency Virus (HIV), hepatitis B and C and other blood-borne pathogens in People Who Inject (PWI). The primary objectives of SSPs are to:

- Provide a clean syringe for each injection instance to reduce the potential for transmission of HIV, hepatitis B and C, and other blood-borne pathogens.
- Provide an entry point for substance use treatment and care and other resources as appropriate to the individual.

There are several options that communities should examine as they consider establishing an SSP. As each community is different, each SSP should reflect the needs of the community while considering local culture and resources. This document provides the requirements to obtain authorization for an SSP in North Dakota and guidance on the steps necessary to establish a successful SSP.

Role of Planning Bodies, External Partners, and Community Members

AIDS United

AIDS United was a close partner in the development of the Integrated Plan. Their critical contribution was helping to develop the very active, diverse North Dakota HIV Prevention and Care Advisory Board (NDHPCAB). AIDS United is a grant-making and policy and advocacy-focused organization supporting community-driven responses to the HIV epidemic around the nation. The organization provided technical support throughout the Integrated planning process in North Dakota, and specifically assisted in the development of an equitable HIV Prevention and Care Board to participate in all stages of the planning process and implementation.

North Dakota's HIV Prevention and Care Advisory Board (NDHPCAB)

The input and engagement of the North Dakota HIV Prevention and Care Advisory Board (NDHPCAB) were central to the development of the Integrated Plan. The board was involved actively at every step and autonomously provided feedback, course correction, and supplemental activities to the Plan.

The mission of the North Dakota HIV Prevention and Care Advisory Board (NDHPCAB) is to provide representative community feedback on the HIV-related programs, services, plans, and events of the HHS. This board is intended to represent the vast communities impacted by HIV/AIDS in North Dakota, including but not limited to members who represent diverse ages, gender identities, races/ethnicities, sexual orientations, HIV status, and experience or expertise. The board looks to:

- Advise HHS on how it can plan and implement services and interventions that address the HIV epidemic in and for all communities.
- Provide a community voice in decisions HHS makes about current and future services.
- Offer feedback on how well HHS works with members of the community in consideration of the needs of the jurisdiction.

The NDHPCAB includes persons living with HIV as well as a variety of stakeholders including but not limited to several medical doctors with a special interest in HIV, a Ryan White coordinator, a pastor, members of multiple immigrant communities, individuals from rural parts of the state and many more. The NDHPCAB serves as the Ryan White planning body in developing the Integrated Plan. The perspectives of people with HIV are critical to ensuring that HIV service delivery systems improve outcomes along the HIV care continuum. Participating persons with HIV reflect the diversity of the HIV epidemic in North Dakota and provide a range of perspectives that contribute to informed decision-making and ensure the Integrated Plan is responsive to their needs. In addition, the NDHPCAB collaborates with the North Dakota Ryan White Program Part

B to analyze data for program actions and decisions, and to address health equity by improving both HIV health outcomes of those living with HIV.

HHS implemented a unique model for engaging with the NDHPCAB, to allow the board to work autonomously. An external facilitator, independently contracted with HHS, communicates with the board, and facilitates meetings and discussions outside of HHS direction, creating a 'safe' space where the board can speak freely. A representative from the Health Equity Unit attends meetings of the NDHPCAB, with the explicit role of providing a perspective of inclusion and serving to liaise with the Sexually Transmitted and Bloodborne Disease Unit. This innovative model allows space for the NDHPCAB to act autonomously and freely, even as a state-appointed board. Using this model, the group was empowered to develop their plans and ideas to support the Integrated Plan.

HHS aimed to provide multiple opportunities to engage. There were also many types of opportunities for the NDHPCAB to help develop the Integrated Plan and supplement its content with their projects and ideas. Discussions at quarterly board meetings included time set aside to discuss the Integrated Plan, but in addition, several hour-long sessions on each pillar, a shared Google document, and surveys released for those who were unable to attend virtual sessions provided a variety of interaction between the board and the Integrated Plan. Eight members of NDHPCAB also met in-person on October 1, 2022, to review the final goals and objectives outlined in this plan, as well as for the board to create their plans for interacting, expanding, and supplementing the Integrated Plan activities. An additional session open to the public was held after the drafting of the plan, to make adjustments based on feedback from across the state.

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

Community Input Opportunity	Date	Format	Number of Participants*
HIV Prevention & Care Board Meeting	January 12, 2022	Teams Meeting (virtual)	11
HIV Prevention & Care Board Meeting	March 30, 2022	Teams Meeting (virtual)	11
HIV Prevention and Care Board Feedback on DIAGNOSIS Area of Integrated Plan	April 6, 2022	Teams Meeting (virtual)	4
HIV Prevention and Care Board Feedback on DIAGNOSIS Area of Integrated Plan	April 11, 2022	Teams Meeting (virtual)	4
Diagnosis Feedback Survey	April 11, 2022	Google Form	3
HIV Prevention and Care Board Feedback on TREAT Area of Integrated Plan	May 2, 2022	Teams Meeting (virtual)	3
HIV Prevention and Care Board Feedback on TREAT Area of Integrated Plan	May 2, 2022	Teams Meeting (virtual)	5
Treat Feedback Survey	May 2, 2022	Google Form	None received
HIV Prevention and Care Board Feedback on RESPOND Area of Integrated Plan	June 1, 2022	Teams Meeting (virtual)	6

HIV Prevention and Care Board Feedback on RESPOND Area of Integrated Plan	June 1, 2022	Teams Meeting (virtual)	3
Respond Feedback Survey	June 1, 2022	Google Form	None received
HIV Prevention & Care Board Meeting	June 20, 2022	Teams Meeting (virtual)	11
HIV Prevention and Care Board Feedback on PREVENT Area of Integrated Plan	July 14, 2022	Teams Meeting (virtual)	4
HIV Prevention and Care Board Feedback on PREVENT Area of Integrated Plan	July 14, 2022	Teams Meeting (virtual)	None in attendance
Prevent Feedback Survey	July 14, 2022	Google Form	None received
HIV Prevention & Care Board Meeting	October 1, 2022	In-Person	8

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

NDHPCAB ACTIVITIES FOR THE INTEGRATED PLAN

The NDHPCAB adopted an unexpected role during the development of the Integrated Plan: they decided to develop and implement their own projects that would complement the HHS strategies and activities, working autonomously, with HHS support. The board identified four projects and members volunteered to help develop and implement each of these projects over the 2022-2026 plan period.

Table 2: NDHPCAB Activities for the Integrated Plan

Project	Outcomes
1. Develop resources for individuals living with HIV, like a 'one-stop shop', online and/or pamphlet	Connect people with available resources for individuals living with HIV.
2. Multilingual resources: improve the inclusiveness of programming by having materials in different languages	Improve the inclusiveness of programming

3. Outsourcing to and awareness of rural communities	Providing testing in reservations and other rural areas
4. Legislation and stakeholder education: ¼ of board members are trained in how to navigate legislation	Educate city, and local representatives/state legislators on HIV, helping to bring a face to HIV-related matters

Other HHS Boards
Three additional boards, developed through the HEU, had an integral role in plan development, being involved in the process over multiple months and various phases of the creation of the plan. Further, recruitment for the NDHPCAB occurred from these boards to ensure they were represented on the board.

Each HEU Advisory Board consists of a diverse group representing various backgrounds, including ethnicity, race, age, socioeconomic status, sexual orientation, ability, and places of origin. The Advisory Boards that helped develop the plan include:

New American/Foreign-Born/Immigrant (NFI) Advisory Board
The NFI Board elevates the suggestions, needs, and ideas provides ongoing recommendations to HHS and other state and local agencies from the communities represented, and informs the development and improvement of programming for the NFI community.

BeYOU Advisory Board
The Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Two-Spirit Advisory Board (BeYOU) provides recommendations regarding LGBTQ2S+ health issues and topics to the HHS. The board assists the HHS in ensuring LGBTQ2S+ perspectives are incorporated in planning and decisions for the state and forming community partnerships.

Youth Advisory Board
The Youth Advisory Board (YAB) provides recommendations regarding youth health issues and topics to the HHS. The board assists the HHS in ensuring youth perspectives are incorporated in planning and decisions for the state and forming community partnerships.

Each board has at least one member serving on the NDHPCAB. To ensure an active feedback loop between the boards, an NDHPCAB representative presented the overall NDHPCAB feedback for the Integrated Plan to each Advisory Board, inviting input, corrections, and additions. Each board also was asked to assist in data-gathering of the

Needs Assessment, as discussed in Section III below, by sharing the Needs Assessment among their community and encouraging community members to participate. In addition to the informal opportunities to provide feedback, each Advisory Board had formal opportunities to provide feedback on the plan in July of 2022, during the NDHPCAB priority-selection process, and again at the end of the planning process.

Priority Areas

Throughout the planning process, priority areas were identified. First, the need to engage with diverse populations, by engaging with small nonprofits, creating new partnerships and collaborations, and reaching into rural areas.

As the planning unfolded, four priority concerns were identified and were interwoven into all the strategies and activities included in the plan. These are described in further detail in the Needs Assessment section of this document, but include stigma, education, engagement with priority populations and developing relationships.

1. *Stigma*: Stigma was a key concern highlighted in the planning process, by nearly all participating. Stigma impacts all pillar areas: prevention, diagnosis, treatment, and response.
2. *Education*: Education was mentioned frequently, often as a way to combat stigma. Many planning members highlighted the need for education for providers and the public. To provide culturally appropriate care for those diagnosed with HIV, better education was needed at healthcare facilities. To enhance prevention, education was needed around HIV.
3. *Priority populations*: North Dakotans are very diverse. Large groups of diverse populations in North Dakota do not have optimal prevention strategies available to them, the struggle to access diagnosis and treatment support, and particularly struggle with stigma and discrimination. To ensure equity in North Dakota, it is critical to focus on priority populations' needs, such as LGTBQ2S+, Black Foreign-born individuals, and American Indian population. Further, individuals in rural areas—especially those who also belong to one of the above-mentioned groups—require laser focus to ensure equitable strategies are implemented.
4. *Relationship development*: In part to reach the priority populations above and to reduce stigma, relationships are a key priority in 2022-2026. Community organizations that already serve priority populations are well-positioned to amplify the HIV prevention work in the state and to help advance equitable diagnosis and treatment for all North Dakotans.

The strategic partnership, focus on priority populations, and reducing stigma with combined education are key to moving the needle in North Dakota's unique

environment. As discussed further in the situational analysis, additional key priorities in North Dakota include focused attention on rural areas, with strategies designed to improve collaboration to ensure all individuals are reached in North Dakota.

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 HHS 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

The NDDoH contracted with 22 Counseling, Testing, and Referral (CTR) sites in 2021. 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 NDDoH 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 or AIDS to access confidential health and supportive services. The program was implemented in 1991. To participate in the North Dakota Ryan White Part B Program, one must be a resident of North Dakota, have proof of HIV infection, and have an income of 500% or lower than the Federal Poverty Level (FPL).

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.

HHS Vital Statistics

The HHS Vital Statistics Unit 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, the underlying cause of death, and factors contributing to the death. The surveillance program reviews death certificates every week to ascertain the 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 2019, had an estimated population of 762,062, 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 (2019), North Dakota's population was 51% male and 49% female. More than one-quarter (28.1%) of North Dakota's population is over the age of 55. The majority of North Dakota's population (89.0%) reports White as their race. The largest minority group is American Indian and Alaskan Native, accounting for 6.9%, most of whom reside in Rolette and Sioux counties. The African American/Black population follows, accounting for an estimated 3.9% of the total population

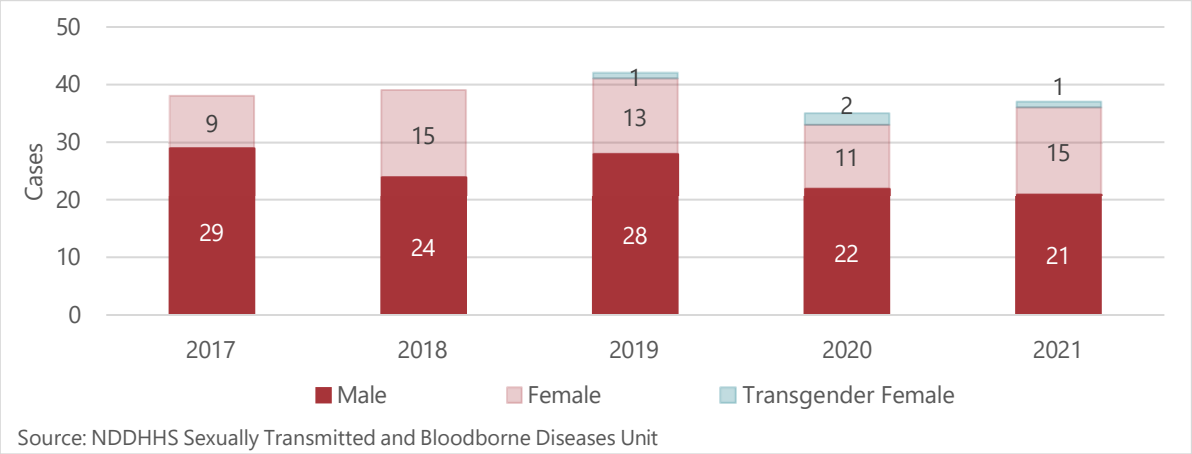
This snapshot covers the general epidemiology of HIV/AIDS in terms of gender, age, race, geography, and associated causal factors. This information is used to characterize and predict the changing epidemic at the local level. North Dakota data is summarized annually to help the NDDHHS answer questions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

A diagnosis of HIV/AIDS is a mandatory reportable condition to the NDDoH 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, 2021.

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 37 new cases of HIV/AIDS in 2021. Of the incident cases reported in 2021, 57% identified as male. In 2021, the age range of newly diagnosed HIV/AIDs cases was 0 to 54 years old, with a mean age of 34.

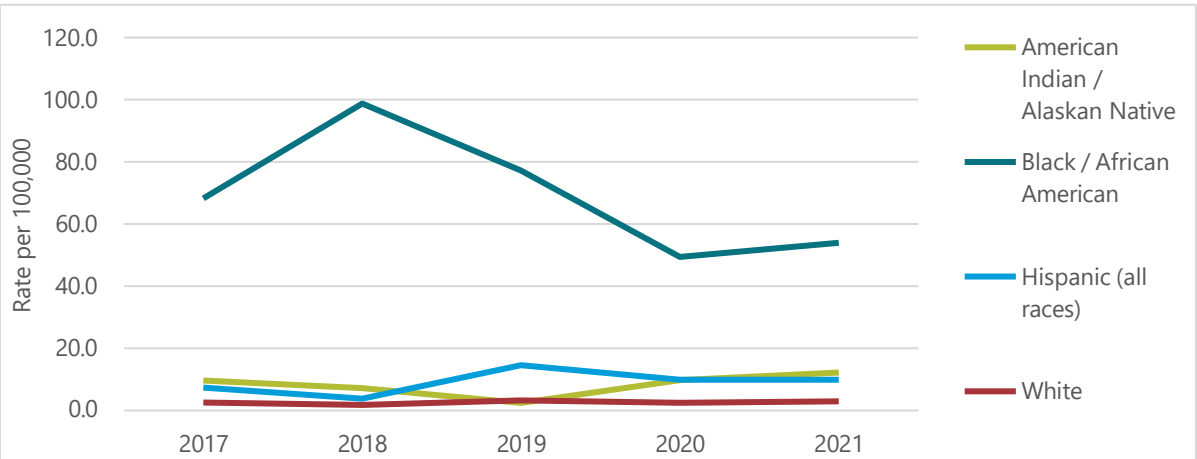
Figure 1. Gender identity of HIV/AIDS cases diagnosed in North Dakota, 2017-2021



Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit

Black/African American North Dakotans have the highest incident rate of HIV/AIDS although only account for 3.9% of the population.

Figure 2. Incident HIV/AIDS case rate per 100,000 persons in North Dakota by race, 2017-2021



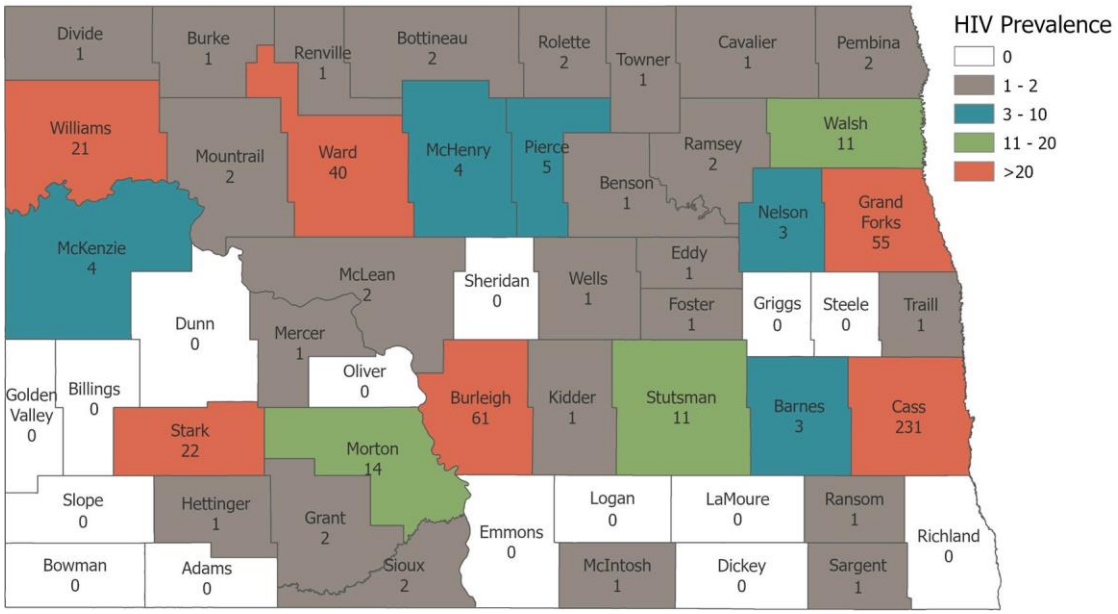
Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit

HIV/AIDS Prevalence

There were 520 people with HIV/AIDS known to be living in North Dakota as of December 31, 2021. Of those, 314 are at the stage of HIV infection, and 206 have progressed to an AIDS diagnosis. The group is made up of 344 males, 175 females and 1 transgender female. Half (n=259) were diagnosed in North Dakota, with the rest moving to North Dakota sometime after their initial diagnosis.

There was at least one person known to be living with HIV in 38 of 53 counties as of December 31, 2021. Although the majority of people living with HIV reside in North Dakota's most populous counties, rural counties in North Dakota are still impacted by the HIV/AIDS epidemic.

Figure 3. Count of people living with HIV/AIDS in ND by county, 2021



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 2017 to 2021. In female cases in North Dakota, heterosexual contact remains to be the primary risk factor.

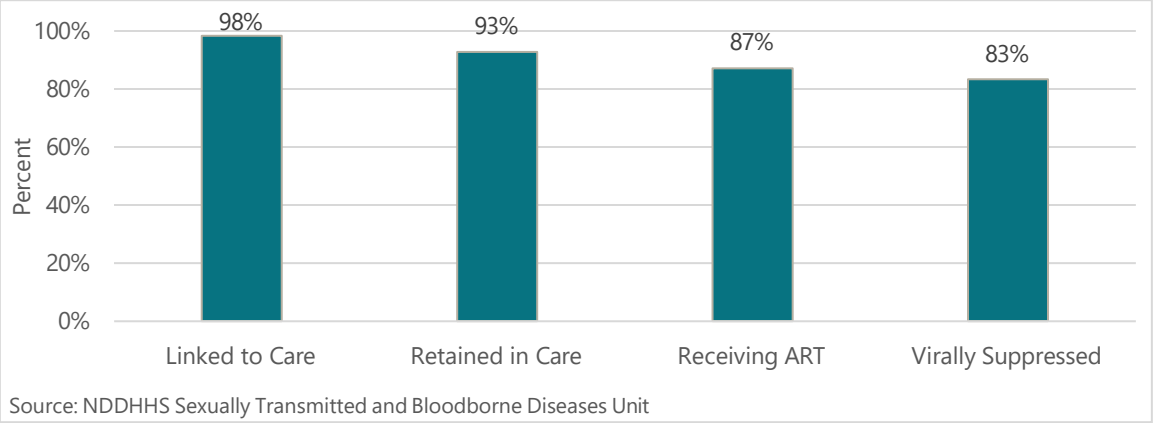
HIV/AIDS Care Continuum

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, 2021. The measurement year is the calendar year 2021.

- 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, 2021
- Linked to care: the number of PLWH in the calendar year 2021 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 2021
- Antiretroviral use: number of PLWH who have a documented antiretroviral therapy (ART) prescription in the Maven surveillance system in 2021
- Viral load suppression: number of PLWH whose most recent HIV viral loads in 2021 were less than 200 copies/milliliter (mL).

In 2021, there were 520 PLWH in North Dakota. Of those, 83% 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 76%. People who inject drugs had a lower viral suppression rate (74%) than those with other risk factors. Region II (Burke, Mountrail, Renville, Ward, Bottineau, McHenry, and Pierce County) had the lowest viral suppression rate compared to other regions with a rate of 79%.

Figure 4. HIV care continuum for PLWH in North Dakota, 2021



Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit

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

HIV PREVENTION, CARE AND TREATMENT RESOURCE INVENTORY

HHS currently receives funding from CDC and HRSA for the core provision of HIV Surveillance, Prevention and Care services. The majority of all of the funding for these services comes from federal allocations along with 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. These include STD

Prevention and Care, Viral Hepatitis Surveillance and Prevention and Substance Use Disorder funding through SAMSHA. By creating programs and grant/contract opportunities that provide funding from multiple sources, HHS can assure that a comprehensive message focused on sexual health and drug user health wellness can be achieved. Successes have been found by using this coordinated effort to bring awareness to targeted populations in an all-inclusive way.

The plan as outlined will further push the programs to further integrate and streamline service delivery which will ensure that the citizens of North Dakota have easy and equitable access to services that meet their needs in the time and space that best serves them.

Table 3: 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	$1,000,000	Counseling Testing and Referral Grantees $175,000 Binx INC. $78,275 North Dakota State University $60,000 Commando $50,000	North Dakota Department of Health and Human Services	Capacity building/technical assistance, 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, Syringe services programs	HIV Diagnosis, Linkage to Care, Engagement or Retention in Care, Prescription of ART, Viral Suppression
Ryan White Part B	$808,442	Ryan White Grantees $220,000	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 Diagnosis, Linkage to Care, Engagement or Retention in Care, Prescription

				Individuals , Medical Case Management, including Treatment Adherence Services, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Emergency Financial Assistance, Housing, Medical Transportation, Non-Medical Case Management Services, Outreach Services, Psychosocial Support Services	of ART, Viral Suppression
Ryan White Drug Manufacturer Rebates	$2,000,000	Ryan White Grantees $500,,000 Commando $68,896 Binx INC. $221,725	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 Individuals , Medical Case Management, including Treatment Adherence Services, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Emergency Financial Assistance, Housing, Medical Transportation, Non-Medical Case Management Services, Outreach Services, Psychosocial Support Services	HIV Diagnosis, Linkage to Care, Engagement or Retention in Care, Prescription of ART, Viral Suppression

State Opioid Response Grants	$4,000,000	*Amounts to subgrantees for SSP not available.	North Dakota Department of Health and Human Services	Syringe Service Programs	HIV Diagnosis, Linkage to Care

Strengths and Gaps

HHS has a very strong HIV Prevention and Care relationship in the jurisdiction. These programs are integrated under single leadership, and thus, are able to have the coordination of programs, initiatives, and resources. This process will only continue to grow in coordination as the North Dakota Department of Health and the Department of Human Services combined in September 2022 to form one agency. This will allow for even further collaboration on initiatives, partnerships, and funding opportunities for agencies to be able 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 to the efforts outlaid in this plan continue to be a challenge as it likely is for many jurisdictions. Local community organizations with a focus on sexual health, populations at-risk and other factors are limited and are missing in many rural areas in the state. Being creative with the resource allocation to serve small and marginalized populations is and will continue to be a challenge.

Approaches and partnerships

The HIV Surveillance, Prevention and Ryan White Care programs are all coordinated through one director within the Division of Public Health within a larger HHS. This coordination allows for braided and layered funding to focus on a more holistic approach to meeting the needs of certain communities without duplicating efforts. Partnerships with private healthcare providers has led to a growth mindset of being able to provide safety net services in areas that traditionally only were able to see insured and uninsured individuals. We will continue to try and create this culture of hybrid access to care to ensure equitable access, especially in rural parts of the state.

HHS became a combined agency between the North Dakota Departments of Health and Human Services which has created additional opportunities to partner with human service programs. These relationships have allowed for more access to funding and opportunities to expand program offerings. We will continue to explore these partnerships to achieve the goals of this plan. Conversations on how to bring more public health services to Medicaid enrolled individuals has already started to occur which would not only be of service to those enrolled but would increase the number of people bridged to HIV Prevention and Care services.

NEEDS ASSESSMENT

Approach

The needs assessment process began in 2020 and was part of an overall community assessment to identify strengths, areas of opportunity and needs in the community. First, all previous community members from the Community Planning Group that were involved in the 2017-2021 plan development were consulted. Challenges, successes, and areas of opportunity were identified during these discussions. It was clear that a new board should be created to participate in the Integrated Plan development and implementation, and the new board should be diverse, including individuals from a range of demographics, including individuals living with HIV.

With technical assistance provided by AIDS United, HHS developed the NDHPCAB, as described above and they provided input throughout the plan. Simultaneously, HHS developed and implemented a needs assessment process designed to reach priority populations across North Dakota, using both qualitative and quantitative methods. Initially, the plan included separate assessments for persons living with HIV, healthcare providers, and the highest-risk populations in North Dakota, as identified by the data. Priorities identified from this process and actions taken due to the Needs Assessment are described in the section below.

The plan for the Needs Assessment was comprehensive and included target populations and various input methods, outlined in Figure 5. The initial plan included four surveys—two for health professionals and two for the general citizens of North Dakota, one gap analysis, and interviews with North Dakotans.

The initial plan included multiple assessments of health professionals and health facilities: two surveys designed to reach health professionals and a gap analysis to assess their health facility context. One survey would assess stigma across a wide range of health professionals and the other to focus on those providers that specifically provide testing, diagnosis, and treatment for HIV in North Dakota. However, the decision was made that the gap analysis would not be appropriate, as it would require too much time for staff already feeling burdened by COVID-19 in the health facility. For similar reasons, the two surveys for health professionals were put on hold until 2023, to be conducted in tandem with an initiative in the Health Equity Unit that will launch in the new year. This initiative will focus on reducing stigma and improving provider cultural competence, and the decision was made to reduce provider burden by coordinating the surveys of providers with the training and continuing medical education credits that would be available at this time. In sum, provider data will be available in 2023, and will be used to refine and update the plan next year.

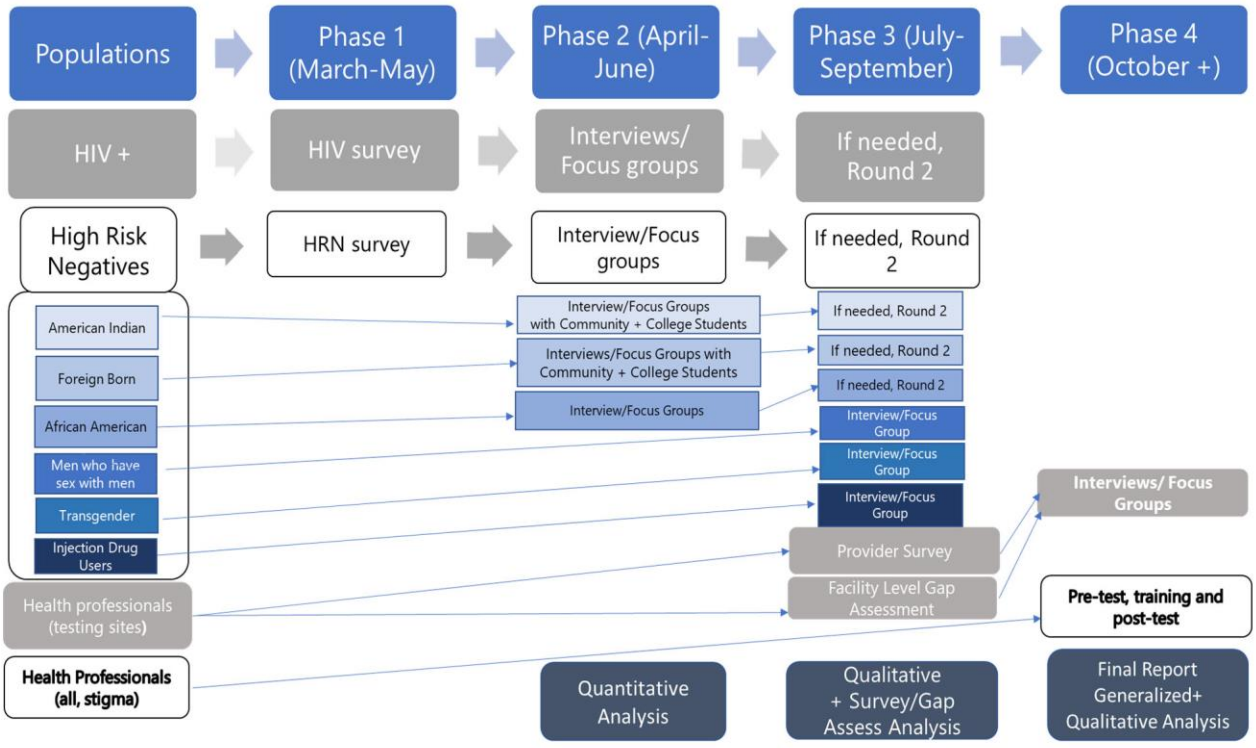
Instead of surveying all health providers, the team chose to conduct two surveys aimed at pharmacies and pharmacists was conducted. At the time of this plan development,

the final reports from these surveys are not finalized, but initial data analysis has contributed to the overall 2022-2026 plan and will be used to revise the plan in early 2023.

Development of the two surveys for the general population began in 2020. One survey was designed to reach individuals living with HIV. A second survey was designed to assess needs, barriers, and areas of opportunity for those considered to be high risk HIV. This survey was initially referred to as a 'High Risk Negatives' survey, as referenced in Needs Assessment planning process in Figure 5. However, this title was updated to 'Sexual Health Survey'. The full report detailing the methodology, survey items and results for both surveys can be found on the NDHPCAB resources website here. The survey administration occurred primarily through Pride events to reach LGTBQ2S+, through the HEU Advisory boards to reach special populations, and through a state-wide Pow wow to over-sample priority populations. Unfortunately, despite large representation from priority populations, the sample size does not allow generalization; see survey report for more details. In 2023, this survey will be administered again, with a focus on LGTBQ2S+ communities.

After completion of the survey, participants were asked if they wanted to participate in an interview. Some individuals living with HIV and some completing the general sexual health survey chose to participate in interviews. The two reports detailing the methodology, interview questions, and qualitative analysis of responses can be found here.

Figure 5: Plan for Needs Assessment



Priorities

From the Needs Assessment Process, four primary themes emerged as priorities:

1. Stigma: Stigma was overwhelmingly the most mentioned topic during the planning process. Rural individuals in North Dakota face perceived and real stigma as they seek services. Individuals living with HIV, those from minority populations such as LGTBQ2S+ or Foreign-born individuals particularly felt stigmatized; which is known to prevent them from seeking services. Within specific communities, such as Foreign-born populations, cultural norms around sexuality created additional, community-level stigma. Individuals from LGTBQ2S+ populations mentioned stigma felt during medical visits. As mentioned above, rural areas create additional potential for stigma. HIV criminalization laws—still active in North Dakota—add to stigma around HIV.
2. Education: Needs around education were highlighted within all elements of the needs assessment process, in all board meetings, and in individual discussions with stakeholders and anecdotes from those consulted in the planning process. Educational needs were identified for providers and the general public. Anecdotally, members of the community, especially those living with HIV, talked about incidents when health professionals believed there was an HIV infection

risk when no such risk existed. All planning partners agreed that education needed to be amplified in the 2022-2026 plan.

3. Priority populations: Specific populations in North Dakota require laser focus to improve HIV prevention and care in the state. North Dakota's population is largely white, cis-gender, heterosexual and US-born. Yet within this majority, large populations of other, diverse communities make their home in North Dakota. With systems designed by the majority culture, and a political landscape shaped by its majority groups, priority populations such as LGTBQ2S+, black foreign-born individuals and American Indian people struggle against stigma and lack culturally appropriate healthcare and services. To achieve HIV elimination, North Dakota must focus developing services tailored to these priority populations.
4. Relationship development: Given the conservative political nature of the state, its rural geography and sparse population, and large pockets of minority populations, partnership between state and local entities will be required to improve diagnosis, treatment, prevention, and response to HIV. Community organizations are already serving the diverse populations of North Dakota; building relationships with them and identifying strategic partnership opportunities will be key to the success of North Dakota's HIV Prevention and Care Plan.

Actions Taken

HHS immediately acted on findings from the needs assessment. First, the process revealed a desire from the NDHPCAB to actively engage in HIV-related work in North Dakota. Therefore, HHS earmarked funding for the board to undertake activities outside of but in partnership with HHS.

Persons living with HIV had identified peer support as a critical resource. North Dakota launched a program in late 2022 that will meet some of these needs for peer support. The program is available to anyone living with HIV in North Dakota and pairs an individual living with HIV with a Peer Support Navigator who is a person living with HIV who has learned to navigate the complex system and difficult situations and they are willing to share their tips and/or to provide a listening ear.

Behavioral health support for individuals living with HIV was also emphasized by persons living with HIV during the needs assessment process. Since individuals with HIV live across the state, accessing behavioral health services through telehealth was needed. In 2022, Canopy Medical Clinic in North Dakota was contracted to begin to provide these services specifically for individuals living with HIV, and to serve as the hub for the Peer Support Program. Canopy is a trusted medical clinic specializing in sexual health and LGBTQ2S+ health, and they offer individualized services to clients along with telehealth.

To extend the support individuals with HIV needed, app-based case management is also being explored, and a program is expected to launch in 2023.

The need for privacy during testing was identified during the sexual health survey and in response, HHS will expand home test collection, making condom access easier and more private, and finding ways to work through trusted leaders to reach populations that may be stigmatized and not able to reach testing through typical community supports.

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 necessity of innovation. This was especially true during the COVID-19 pandemic, where innovation has been at the forefront of work to end HIV in the state. Working with new models of board development, exploring app-based and telehealth method of connecting to citizens, leveraging trusted partner groups, organizations, and community leaders are just few of the innovative methods that North Dakota is developing and implementing to end HIV.

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 also allows for a feedback loop: areas of concern within treatment can be considered within prevention and diagnosis, as staff work together, under a single leadership structure. Further, instead of managing Memorandums of Understanding to help aid data-sharing, North Dakota is afforded the ease of a single data system, Maven, to house all data. Communication and coordination across the continuum of care is seamless.

The integrated structure in North Dakota is amplified through the strong relationships North Dakota's Division of Public health has with local public health. The strong collaboration increases the seamless prevention, diagnosis, and treatment for citizens in North Dakota. Prevention programs like CTR sites are located in the same facility or closely coordinate with Ryan White agencies to quickly refer individuals into care.

Challenges

Perhaps the greatest structural issues impacting HIV in North Dakota are related to the rural geography, particularly in the western part of the state. The state is large with most individuals living in the eastern part of the state. Far more resources are available in the east, with fewer resources to meet the needs of the sparsely populated western part of the state. Further, no non-profit organizations in North Dakota focus on HIV prevention, diagnosis, or treatment. This leaves large gaps in provision of services, both to those

living with HIV and those at higher risk. The rural geography compounds several challenges: large distances must be traveled for testing, to access prevention resources such as condoms, and to receive care for positive diagnoses. This means individuals must have transportation, more time off from work, longer periods of childcare, and generally greater resources to reach appropriate resources related to HIV in North Dakota. 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 minority groups 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 meet the needs of North Dakota residents.

Identified needs

Four broad areas of need were identified throughout the planning process: Stigma, education, focusing on priority populations, and further development of relationships. These four themes are interwoven across all the goals and objectives of the 2022-2026 plan. Strategic partnership, focus on priority populations, and reducing stigma with combined education are key to moving the needle in North Dakota's unique environment. These four themes are woven into all strategies and activities in the four pillars of Diagnosis, Treatment, Prevention and Response in the plan and are described in detail below.

Diagnose: to diagnose HIV in North Dakota, reaching the sparsely-populations rural areas is critical. Not only will individuals in these areas be unable to drive the long distances to get testing, but they also face potentially greater stigma. At home test collection kits are a focus for North Dakota's plan to reach these groups. This program launched in December 2021 and will be expanded over the coming years. The NDHPCAB highlighted the importance of ensuring diverse organizations, leaders, and even potentially vending machines at Syringe Service locations to help disseminate at home tests. Further, the board committed to helping to expand the at home testing resource across North Dakota. The board also mentioned that with additional testing uptake, more providers may be needed to ensure follow-up and distribution.

Additionally, community events bring individuals with similar needs, demographics, or interests; these events provide unique opportunities for testing and community partners can assist to incentivize testing, a strategy recommended by the NDHPCAB.

Thirty-seven CTR sites serve North Dakotans; many are in rural areas, making them accessible to some extent to all North Dakotans regardless of place of residence. By

ensuring profiles of those tested match the community, the CTR sites can meet many of the testing needs of the state, even those in less populated areas. CTR sites diagnosed 11% of new HIV infections 2021, making them an important resource for North Dakotans. With added focus on CTR sites, it is possible more cases can be identified among priority populations.

To address unmet HIV testing needs in North Dakota, it is critical to have robust partnership with primary care providers. Many high-risk persons in North Dakota are seeking care for other medical concerns, presenting an opportunity to diagnose HIV. Currently, private clinics are an important source of HIV testing; in 2020, these clinics diagnosed 77% of new infections. Yet, in needs assessment data, over half who had a medical appointment this year were not offered an HIV test during the appointment. Further, needs assessment data and data drawn from board input indicate that people wish to learn about HIV from their regular health provider and interviews with individuals at high risk indicated people felt comfortable, generally, speaking with their medical provider. This demonstrates a large, missed opportunity for sexual health discussions and testing to occur within primary care. One-on-one provider education will be a critical component of the 2022-2026 plan, with providers being taught generally about HIV and how to create a tailored and culturally affirming environment for the patient. Further, the NDHPCAB has highlighted the importance of developing a generalized training plan, such as an HIV 101, available for medical staff.

An area of opportunity in North Dakota is partner services. While all newly diagnosed cases are offered partner services, there is an opportunity to improve the interview process and linkage to care after partner identification. In 2021, 23 or the 37 newly diagnosed persons named at least one contact and provided enough information to investigate. This means 14—nearly 40%--did not provide partner information or provided insufficient detail. While three of the new diagnoses in 2021 were identified through partner services, it is likely that more could be identified with improved emphasis on partner services. In 2022-2026, additional focus will be placed on ensuring the benefits of partner services are maximized, with all those diagnosed being interviewed around partners, additional training to ensure appropriate interviewing techniques are utilized and improved education for primary care to ensure partners are identified immediately upon a positive test result.

Treat: North Dakota has strong engagement in the Ryan White program (56%) and a high viral suppression rate of 88% for those enrolled in Ryan White. Yet, opportunities remain to improve outcomes for persons living with HIV through identifying more individuals with HIV and engaging and re-engaging people with HIV who are not in care or not virally suppressed. In fact, for those diagnosed with HIV in North Dakota but not enrolled in Ryan White, viral suppression rates are much lower than those in Ryan White,

just 77%. In rural areas, individuals with HIV can struggle to connect with services to improve and maintain viral suppression. In fact, those individuals living with HIV that live in nearest proximity an infectious disease provider have higher viral suppression rates.

To address access to support for HIV, remote ways of managing care are needed. During the needs assessment and in HIV Prevention and Care board member discourse, individuals living with HIV expressed that telehealth services and improved case management would be helpful to improve engagement for individuals living with HIV. Therefore, adopting app-based case management is underway to supplement current case management. Further, telehealth offers a unique opportunity to reach individuals living across the state who have HIV. In North Dakota, most counties are rural, and individuals with HIV live in almost all counties in the state. Telehealth can be used to manage HIV-specific concerns but will also be leveraged to explore meeting whole-person needs. Within the needs assessment, community members highlighted the importance of accessing care wherever they are. Increasing opportunities for Peer Support and HIV Peer Navigation, especially for the aging population, were highlighted as critical areas of need in North Dakota. To improve treatment, it is also important to partner with providers. In a state with a primarily rural population, it is key to improve capacity of local providers to manage and treat HIV infection through provider education and partnership.

Prevent: A key strategy in North Dakota is to make prevention services easier to access and support their continued use. Specifically, three areas of focus will include condom distribution, the utilization of PrEP, and the availability of Syringe Service Programs (SSPs).

Condom distribution will be improved over the coming years, including offering home distribution. Needs assessment results in North Dakota revealed that about half of all respondents would utilize a free condom program, if it was available. For example, of those who indicated they currently never use condoms, nearly 41% indicated they would utilize a free condom program. Key informant interviews mentioned that offering condoms in places such as public bathrooms, in individual stalls, could be an important way to improve condom access.

Further, expanding opportunities for people to utilize HIV PrEP will be a focus in the state. In 2021, CTR staff determined that PrEP would be recommended for about 20% (827 clients) tested for HIV, yet 57% of these individuals had not heard of PrEP. According to the CDC in 2020, only 14.2% of eligible people are on PrEP in North Dakota. Of these, the CDC suggests that there is a great disparity in the demographics of those accessing PrEP as compared to eligible persons; nationally, White individuals

prescribed PrEP far more often than other groups. Combined, this data strongly points to increased PrEP being particularly important in North Dakota.

Increasing PrEP will require a focus on education. North Dakota's epidemiological profile shows that in 2021, about 31% of those tested for HIV report knowing about PrEP. This is an increase from 2020, when that number was 26%, but still suggests that many—even those testing for HIV—are unaware of the benefits of PrEP. In addition, needs assessment results indicate a general lack of knowledge of PrEP across North Dakotans. Knowledge was lacking across age groups and across geographic regions, with urban, semi-urban, and rural areas having similar level of knowledge of PrEP—about half have not heard of PrEP. Knowledge did not vary by actual risk level; only about half of individuals in all risk categories had knowledge. Needs assessment surveys showed that individuals living with HIV lacked knowledge of PrEP—potentially due to being diagnosed with HIV before PrEP was available—but most felt there needed to be more education about it.

In key informant interviews, participants suggested that providing PrEP information on dating apps would be particularly effective in North Dakota. A contract with a marketing partner is already implementing a social media campaign to promote sexual health information, including PrEP, home testing and other topics, such as dating apps; this campaign will be expanded in 2022-2026. This element of the 2022-2026 plan will be amplified through NDHPCAB engagement. The NDHPCAB voiced strong commitment to assisting to increase PrEP knowledge and use in the state, suggesting different language print materials and public appearances could be important ways they could contribute to HHS efforts.

In the needs assessment survey, only eleven individuals had spoken to a doctor about PrEP. One reason may be that some providers may not have the knowledge or comfort to prescribe PrEP; education is critical to ensure providers are able to talk with patients about the value of PrEP and comfortable prescribing it when it is appropriate. Already, North Dakota is very active in providing education for healthcare providers around the state but will amplify these efforts in 2022-2026. To date, in 2022, 58 field visits occurred, with 23 including PrEP training and education. These efforts will be increased in 2022-2026, with special attention given to NDHPCAB-identified providers in rural areas not already served in North Dakota. Further, HHS will work with the board to feedback information about those who have been trained, so board members can encourage the public to work with trained providers.

North Dakota has five SSP sites in North Dakota, which have progressively gathered and distributed more syringes over time. From 2019, collections and distributions more than doubled: 346,530 collected (from 158,026) and 625,701 (from 232,582) distributed. By the end of the five-year plan period, HHS will add five more sites. Only five people participating in the needs assessment had used IV/injection drugs in the last 12 months, but of these, 3 'always' shared or 'most of the time' shared needles, suggesting high risk. In the whole sample, only about 32% of respondents knew North Dakota had SSP services, suggesting there is a need to educate North Dakota citizens as new SSP sites are added. Gay/lesbian participants had a higher knowledge level, 83%. Future community assessments will ascertain how they are receiving additional information on SSPs.

Integrating HIV Prevention Interventions into traditional public health and healthcare delivery systems, and nontraditional community settings is key to improving prevention in North Dakota. About one third of participants in the Needs Assessment indicated they wanted to be tested for HIV/STI/Hepatitis C in a doctor's office or clinic. As mentioned above, Needs Assessment participants indicated willingness to talk with primary care providers, this data combined suggests any time persons are engaging with the medical system, there is a window of opportunity to address sexual health needs.

Ongoing needs assessments in 2022-2026 will help to identify areas of opportunity to streamline testing and referral, and areas of missed opportunity for people at risk for HIV. Additional needs assessments among priority populations will allow HHS to identify organizations and partnerships that could be appropriate to provide testing and prevention services. Organizations led by and serving NFI populations have expressed particular interest in sharing HIV prevention information in their communities. Further, the NDHPACB members have strong commitment to help identify appropriate organizations and partnership. HEU boards and NDHPACB will be utilized to identify areas of opportunity and to help facilitate integration into current campaigns reaching priority populations.

North Dakota already utilizes this strategy; for example, HHS currently contracts with a local nonprofit, United African Community (UAC), in a highly-effective project to educate African-born parents. UAC has created two educational videos, which serve as curricula on sexual health. The video is being shared among young adults and parents, to help them talk about sexual health, particularly for parents to have tools to speak with their American-born children about topics that may not have been discussed in their native countries. UAC is implementing a model to benefit both parents and young adults to increase their knowledge and awareness about reproductive/sexual topics. Further, UAC may serve as a contact point in their area for home test collection.

HHS has already started working with local partners such as UAC and will increase local nonprofit engagement in 2022-2026. HHS has identified several programs where sexual health information may be combined with other types of programs, for example, many grants through the maternal child health programs of HHS could easily accommodate sexual health information and programming. HHS will work with locally respected nonprofits to reach more community members through grassroots organizations and leaders within high-risk communities.

Respond: North Dakota continues to monitor for potential cluster activity through monthly analysis of molecular data, time-space data, and other cluster detection methods. North Dakota has developed an Outbreak Detection and Response plan that outlines the framework to detect and prepare for a cluster or outbreak of HIV in North Dakota. This plan must be updated annually to ensure continued coordination.
HIV Outbreak Readiness training will be performed with four local communities each year, in areas serving priority populations, to expand collaboration and empower local communities to meaningfully engage and contribute to outbreak response. Further, HHS will work with the HIV workforce to ensure readiness capacity to respond to an outbreak, if necessary.

Cross-Cutting: Some strategies in the Integrated Plan are cross-cutting and will impact multiple pillars. First is implementation of additional needs assessments. Additional targeted needs assessment is needed among priority populations to continue identifying key areas of improvement in North Dakota. Injection drug users (IDUs) and Foreign-born Black individuals were under-represented in the 2021 needs assessment process. Only five individuals engaged in the sexual health survey for high-risk negative individuals and indicated that they used injection drugs currently. Only 12 individuals participating in this survey indicated they were Foreign-born, whereas in 2021, 24% of incident cases were not born in the US. Partnering with SSPs to gather data from IDUs will be particularly important to identify barriers and challenges among populations to engagement with testing, prevention, and care services.

After additional qualitative and quantitative assessment, strategic initiatives must be added to the five-year plan. At least five grant opportunities to provide sexual health education within priority populations should be created, and an additional five grants should integrate HIV-related information into projects outside of the Sexually Transmitted and Bloodborne Disease Unit, for example, as mentioned above, opportunities are available to partner with grantees through funds from the Title V, Maternal and Child Health Block Grant in North Dakota.

Education was a cross-cutting concern, highlighted in the needs assessment process, and emphasized by the NDHPAB as critical to North Dakota. Education is a key cross-cutting strategy to develop and implement campaigns, interventions and resources that would have comprehensive sexual health, HIV risks, options for prevention testing and care, and HIV related stigma reduction. In the needs assessment process, and in numerous discussions with persons living with HIV, the HEU boards, and the NDHPACB, comprehensive options are lacking in North Dakota. An HIV/STI, viral hepatitis and Tuberculosis campaign, for example, could improve education on prevention and care for communities in general as well as the health workforce. Education is needed in communities disproportionately affected and knowledge gains must be assessed to assure increased knowledge. Along with this, new approaches are needed that are culturally competent and linguistically appropriate, as well as innovative for delivering comprehensive care. The Sexual Transmitted and Bloodborne Disease Unit will work closely with the HEU and their diverse community partners to develop culturally competent and linguistically appropriate approaches, as well as identifying new, innovative strategies for reaching priority populations.

In addition to education, **stigma** was also identified as the major challenge in North Dakota for improving HIV prevention, diagnosis, and treatment. In all conversations with community members, with state-level boards, and in all areas of the needs assessment, stigma was highlighted. Therefore, stigma reduction will be a primary, cross-cutting strategy, and at least two programs will be implemented in North Dakota to tackle stigma. The campaigns will be developed in partnership and collaboration with the community and state-level boards, to ensure cultural and linguistic fit.

Addressing policy and including persons living with HIV will be key to improving stigma. HIV criminalization laws should be removed in North Dakota, persons living with HIV should be in leadership roles to improve the experience for individuals with HIV and inform all elements of programming for addressing HIV. To this end, the NDHPCAB will have an active role in developing the activities of the plan. Individuals living with HIV will work as peer counselors through the newly-developed peer support program. Individuals affected by HIV including NDHPCAB members should be offered leadership opportunities to aid in HIV planning and programming in the state. They can be vital partners, participating in the program implementation, educational materials, and other activities, to assure cultural competency.

North Dakota has a large land mass and will need extensive coordination across interested partners to address the HIV epidemic. Pulling together partners in a state-wide task force will be key to aligning priorities. A strategic plan will be developed that will highlight areas of overlap and synergy across various partners in North Dakota. Both

local and state-level, grassroots, and nonprofit organizations, as well as interested individuals can join to address HIV in North Dakota, with the Sexually Transmitted and Bloodborne Disease Unit coordinating strategic alignment. The NDHPCAB has emphasized the importance of working closely with Indian Health Services to form closer partnerships to impact all pillars of the plan. To this end, the Tribal Health Liaisons from the Health Equity Unit will create connections across the state public health, local public health, and Indian Health Service locations. This work has already begun but relationships will be strengthened across these entities in the coming years of plan implementation.

Priority Populations: The plan is focused on prevention, diagnosis, treatment, and response for priority populations in North Dakota. These populations were identified through the data, combined with the community planning groups, and needs assessment processes. Rural areas will be targeted in all strategies identified in the plan. Special focus will be on priority populations such as Black/African American individuals, Foreign born persons, American Indian, persons who inject drugs, and the LGTBQ2S+ populations residing in rural North Dakota. Intersectionality of any of these groups will be of highest priority. Also, as mentioned above, Indian Health Services locations that meet the needs of some of the American Indian individuals in the state is a high priority partnership for HHS.

Section V: 2022-2026 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%.

Table 4: Increase Knowledge of HIV Status Goal (NHAS 1.2)

Key Strategies and activities	Outcomes	Data Source	Responsible Party
1. Increase HIV testing among priority communities			
• **Increase at home test collection use** ○ *Ensure variety of partner organizations and venues for distribution*	2,000 at home test kits provided to persons at-risk for HIV in North Dakota through Binx Testing	Program Documentation	Field Services Assistant Director
• **Increase testing at community events** ○ *Ensure variety of events, including college locations*	10 new/additional community testing events held per priority population per year.	Program Documentation	HIV Prevention Program
• **Increase testing among priority populations among CTR sites**	CTR sites testing profiles matches the current HIV Epi Profile for proportion of priority populations tested.	Program Documentation/ MAVEN	HIV Prevention Program
2. Increase testing among USPSTF recommendations and CDC guidelines among primary care providers			
• **Decrease missed opportunities for HIV diagnosis** ○ *Ensure jails, treatment centers, prisons, and IHS are included*	100% of people diagnosed with syphilis tested for HIV; 50% of people diagnosed with gonorrhea are tested for HIV; 100% of people with TB disease are tested for HIV.	MAVEN	HIV.STI.Viral Hepatitis Surveillance/ Field Services Unit

• **Increase in-office provider education around screening/testing recommendations**	100 visits made to primary healthcare providers across ND to provide technical assistance and education on screening/testing recommendations.	MAVEN	HIV Prevention Program/NDSU Public Health Detailing
3. Increase client participation in partner services			
• **Increase performance of DIS to improve use of partner services**	100% of newly diagnosed person with HIV are interviewed for partner services. 80% of all newly diagnosed persons with HIV provides at least one named contact for follow-up.	MAVEN	Field Services Unit
• **Increase shared participation between healthcare providers and partner services**	Increase the number of healthcare providers who provide education on partner services to clients prior to DIS outreach.	Program Documentation	Field Services Unit/NDSU Public Health Detailing

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 5: Improve HIV related outcomes of people with HIV (NHAS 2)

Key Strategies and activities	Outcomes	Data Source	Responsible Party
1. Identify, engage, and reengage people with HIV who are not in care or not virally suppressed (NHAS 2.2)			
• **Implement app-based case management process and telehealth services** ○ *Ensure access to phones and technology assistance also addressed.*	ND Ryan White clients have access to online case management tools through app-based technology.	Program Documentation	Ryan White Program
• **Explore ways to expand eligibility/access to Ryan White services**	RW eligibility criteria explored, and potential expansion ideas developed to expand eligibility while maintaining legislative requirements.	Program Documentation	Ryan White Program
• **Utilize current data systems to identify persons out of care/not virally suppressed**	Routine data-to-care activities continued and coordinated between HIV Surveillance and RW Program to reduce out-of-care persons. 95% of all persons living with HIV in North Dakota are Virally Suppressed.	MAVEN	HIV Surveillance/ Ryan White Program/ Field Services Unit
2. Increase capacity of healthcare and social systems to effectively provide holistic care and treatment for people with HIV (NHAS 2.4, modified)			

• **Increase the capability of primary care providers to support people with HIV**	Five primary healthcare providers educated through ND AETC in geographically distinct areas to manage and treat HIV infection.	Program Documentation	ND.SD AETC
• **Increase opportunities for mental and behavioral health services**	HIV Peer Navigation and Peer Support programs increased, with a focus on HIV and aging; ND RW establishes more routine primary care services into covered services.	Program Documentation	Ryan White Program
• **Explore telehealth to meet whole-person needs**	Persons living with HIV in ND have access to telemedicine providers through app-based technology.	Program Documentation	Ryan White Program

PREVENT

Goal: Prevent new HIV infections (NHAS 1)

Performance measure (NHAS indicator 2): Reduce new HIV infections by 70%

Performance measure (NHAS indicator 4): Increase PrEP coverage to 50%

Table 6: Prevent new HIV infections (NHAS 1)

Key Strategies and activities	Outcomes	Data Source	Responsible Party
1. Make HIV prevention services, including condoms, PrEP, PEP, and SSPs easier to access and support continued use (NHAS 1.3.3)			
• **Increase condom distribution and/or implement home distribution**	250,000 condoms distributed per year through 30 different, diverse, and non-traditional sources/organizations. Home condom distribution program implemented.	Program Documentation	HIV Prevention Program
• **Expand opportunities for people to utilize HIV PrEP**	Number of people taking HIV PrEP through home test collection program increases by 10% per year. 100 visits are made to ND healthcare providers to discuss prescribing HIV PrEP to persons at risk for HIV.	MAVEN	HIV Prevention Program/Field Services Assistant Director/NDSU Public Health Detailing
• **Increase number of harm reduction/SSPs in North Dakota** ○ Consider linkage with mental health as new sites are planned.	Total SSP sites increased to 10 within North Dakota.	Program Documentation	HIV Prevention Program/Behavioral Health Division
1. 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 areas of opportunity to streamline testing/referral and areas of missed opportunity for people at risk for HIV**	Through needs assessment, 10 new partnerships/organizations identified to provide access to HIV testing and prevention services, including non-traditional options such as jails. Increase persons who are diagnosed with STIs, TB and/or viral hepatitis who are tested for HIV and/or provided prevention and care services based on their current status by 10% per year.	Program Documentation/ Needs Assessment	Health Equity Unit/HIV Prevention Program
• **Integrate HIV prevention and care services into existing campaigns and other activities pertaining to other parts of the syndemic (NHAS 1.1.3, modified)**	Identify 10 campaigns or other activities where HIV Prevention and care services could be integrated and implement integration.	MAVEN	HIV.STI.Viral Hepatitis Surveillance/TB Prevention and Care/Field Services Unit

RESPOND

Goal: Achieve a coordinated effort

Table 7: Achieve a Coordinated Effort

Key Strategies and activities	Outcomes	Data Source	Responsible Party
1. Coordinate across partners to quickly detect and respond to HIV outbreaks (NHAS 4.2.3)			
• **Maintain and update protocols to detect and monitor early warning signs of potential HIV outbreaks**	HIV Outbreak Response plan is updated annually.	Program Documentation	HIV Surveillance/HIV Prevention Programs
• **Expand and collaborate to empower local communities to meaningfully engage or contribute to an outbreak response**	HIV Outbreak Readiness training performed with 4 local communities per year to develop local response plans.	Program Documentation	HIV Surveillance/HIV Prevention Programs
• **Ensure readiness capacity to respond to an HIV outbreak**	Capable and ready HIV workforce maintained to respond to an HIV outbreak if necessary.	Program Documentation	HIV Surveillance/HIV Prevention Programs/Field Services Unit

CROSS-CUTTING

Goal: Decrease stigma among priority populations (NHAS 7, modified, expanded)

Table 8: Decrease stigma among priority populations (NHAS 7, modified, expanded)

Key Strategies and activities	Outcomes	Data Source	Responsible Party
1. Identify the barriers and challenges among priority populations to engagement with testing, prevention, and care services			
• **Implement needs assessment within priority populations**	Five priority populations assessed using quantitative and qualitative data	Program Documentation	Health Equity Unit
• **Develop strategic initiatives around needs assessment findings**	Initiatives added to five-year plan	Program Documentation	Health Equity Unit
• **Partner with non-traditional sites through providing grant opportunities for community engagement in priority populations**	Priority population communities are provided with five grant opportunities to provide comprehensive sexual health education within their populations. At least five grant opportunities that address HIV are provided to priority populations outside of the Sexually Transmitted & Bloodborne Disease Unit.	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit

2. 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 among people, communities and health workforce in geographic areas disproportionately affected through campaigns on prevention and care.**	HIV, STI, viral hepatitis and Tuberculosis education campaigns are available on prevention and care. Assessed knowledge among targeted area of workforce is increased	Program Documentation	Sexually Transmitted & Bloodborne Disease Unit
• **Implement culturally competent and linguistically appropriate innovative approaches for delivering comprehensive services (NHAS 1.3.4)**	At least three new approaches implemented within three priority populations	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit
• **Integrate stigma reducing program into broader initiatives.**	Stigma reducing program integrated into at least two programs.	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit
3.Reduce HIV related stigma and discrimination in program and policy (NHAS Goal 3)			
• **Eliminate HIV criminalization laws in North Dakota**	HIV criminalization laws removed in North Dakota.	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit

• **Create and promote leadership opportunities for people living with HIV or who experience risk for HIV (NHAS 3.3.1)**	People living with HIV are taking an active role in prevention and care services by working as Peer Counselors, as a member of the HIV Prevention and Care Advisory Board and to participate in national trainings on leadership.	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit
• **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 are provided opportunities to comment and provide advice to NDDHHS staff on all program implementation, educational materials, and other activities to assure cultural competency is met.	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit
4.Achieve integrated, coordinated effort that addresses the HIV epidemic among all partners and interested parties (NHAS Goal 4)			
• **Coordinate and align strategic planning efforts on HIV, STI, viral hepatitis, substance use disorders and mental health care across state and local entities (NHAS 4.1.4)**	Strategic plan developed	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit/Behavioral Health Division

• **Increase coordination among entities to focus resources on evidence-based and evidence-informed interventions to the priority populations and geographic areas disproportionately affected by HIV (NHAS 4.2 and 4.2.1, modified)**	HEU boards and NDHPACB provide guidance on reaching those disproportionally affected.	Program Documentation	Health Equity Unit/ Sexually Transmitted & Bloodborne Disease Unit

NDHPCAB ACTIVITIES

The board identified roles they could play to achieve the goals in all pillars, to contribute to the strategies and activities of the 2022-2026 plan. These initial ideas regarding roles will be developed over the coming 2022-2026 period, using sub-committees within the board.

Table 9: NDHPCAB Activities to Achieve Goals in All Pillars

Pillar	NDHPCAB Role
Diagnose	• Disseminate information about at-home testing • Assess progress and performance of the provider education • Identify providers who may be willing to participate in testing/education
Treat	• Organize and give testimony at the legislative session • Participate in the community phase of the work • Help develop/review contact list of providers/stakeholders to create a connection • Serve as liaison to reach 'unreachable' communities in rural areas • Serve as a voice of the community to continue to inform Division of public health on how to proceed and why the work is important
Prevent	• One board member willing to talk about their work in harm reduction, providing TA to other sites • Help review campaign materials • Work with schools/colleges on PrEP education, access, availability, and referral • Help with multi-lingual materials (will address in a specific project)
Respond	• None, just remind Public Health Division to work with boards and community before reaching out in outbreak

Section VI: 2022-2026 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 HHS. The state-level board has HHS representation and keeps it in close communication with HHS activities and plans.

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.

HHS 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 HIV Care and Prevention Board (NDHPCAB) meeting, for review and feedback, and to further reinforce the accountability of HHS to the community.

Beginning in 2024, the first meeting NDHPCAB has each year will serve as the time to review current objectives and activities. If changes are needed, the NDHPCAB will re-establish objectives and activities once per year.

REPORTING, DISSEMINATION, AND PLAN IMPROVEMENTS

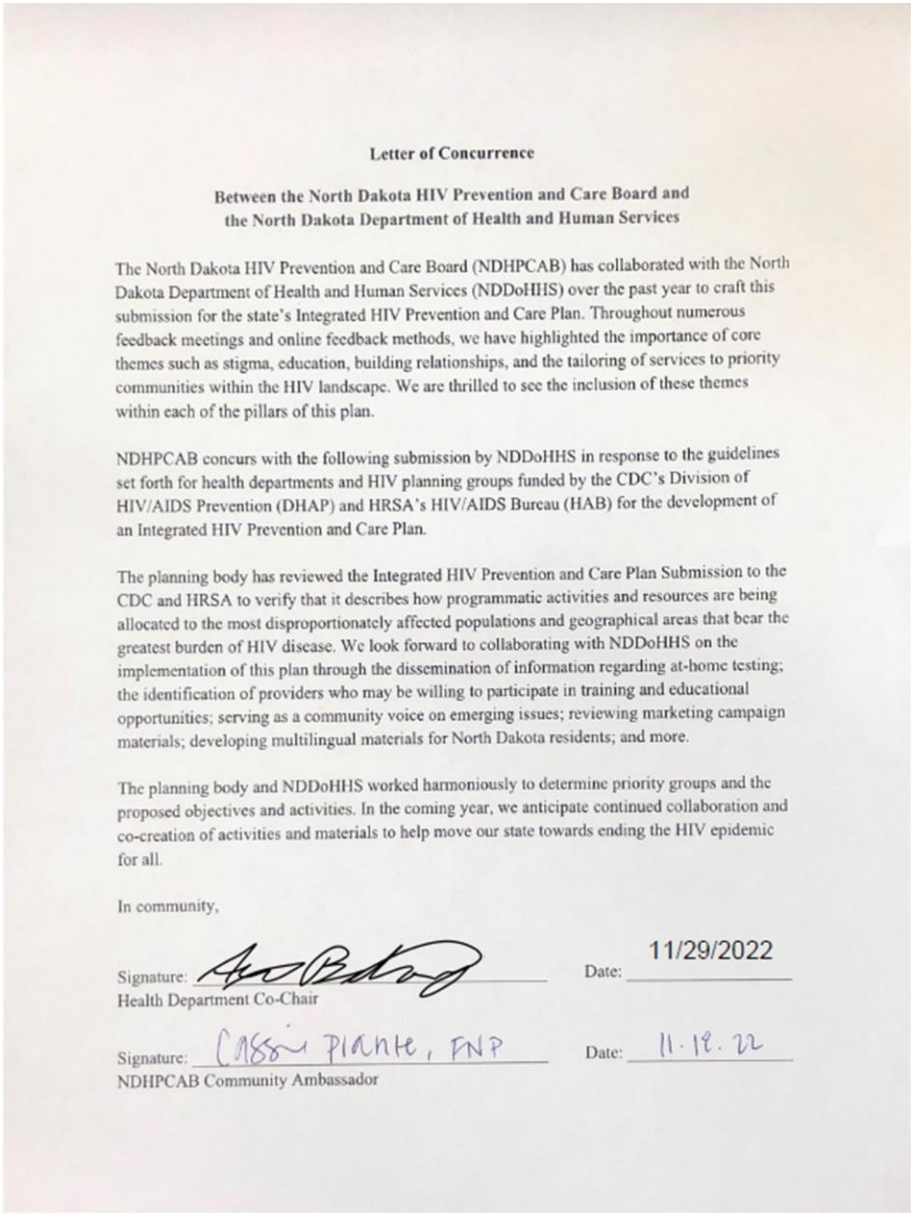
As mentioned above, the NDHPCAB and local entities involved in the plan will receive a quarterly report prepared to keep them updated on plan progress. In addition, reports will be created for individual healthcare providers that have a significant impact on the HIV and viral hepatitis care continuums. 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 HHS 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 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 HHS 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 Prevention and Care Board and the North Dakota Department of Health and Human Services

The North Dakota HIV Prevention and Care Board (NDHPCAB) has collaborated with the North Dakota Department of Health and Human Services (NDDoHHS) over the past year to craft this submission for the state's Integrated HIV Prevention and Care Plan. Throughout numerous feedback meetings and online feedback methods, we have highlighted the importance of core themes such as stigma, education, building relationships, and the tailoring of services to priority communities within the HIV landscape. We are thrilled to see the inclusion of these themes within each of the pillars of this plan.

NDHPCAB concurs with the following submission by NDDoHHS in response to the guidelines set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

The planning body has reviewed the Integrated HIV Prevention and Care Plan Submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. We look forward to collaborating with NDDoHHS on the implementation of this plan through the dissemination of information regarding at-home testing; the identification of providers who may be willing to participate in training and educational opportunities; serving as a community voice on emerging issues; reviewing marketing campaign materials; developing multilingual materials for North Dakota residents; and more.

The planning body and NDDoHHS worked harmoniously to determine priority groups and the proposed objectives and activities. In the coming year, we anticipate continued collaboration and co-creation of activities and materials to help move our state towards ending the HIV epidemic for all.

In community,

Signature: _____ Date: 11/29/2022
Health Department Co-Chair

Signature: Carson Plante, FNP Date: 11.18.22
NDHPCAB Community Ambassador