A photograph of three healthcare professionals in a meeting. A man in blue scrubs with a stethoscope is pointing at a document. A woman in blue scrubs is looking at the document. A woman in a white lab coat is looking at the man. They are in a bright, modern setting.

HealthHIV STATE OF HIV Care™

Fourth Annual National Survey

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Introduction

The HIV field is continuously evolving in response to developments in practice standards, biomedical interventions, and workforce needs.

The HealthHIV State of HIV Care Fourth Annual National Survey was developed with the goal to better understand the impact and implications of these developments, including the transformations brought about by recent events such as the COVID-19 pandemic and the introduction of long-acting HIV prevention and treatment options. The State of HIV Care National Survey was administered in two parts from June to August of 2022, in order to assess the current landscape of HIV care and to identify the needs of the HIV care workforce. Results from this survey will increase understanding of trends and gaps in HIV care and support ongoing advocacy, education, research, and training activities.



Background

As of 2019, there were 1.2 million people in the United States with HIV, 13% of whom were unaware of their status. In order to reach the CDC's goal of a 90% reduction in new HIV infections by 2030, it is essential that more people know their HIV status and have access to affordable prevention and treatment options. This goal requires supporting the HIV workforce across the care continuum, including those working in prevention, diagnosis, linkage to care, treatment, retention in care, and viral suppression.

In order to reach providers at each of these stages, HealthHIV conducted its Fourth Annual State of HIV Care national survey. The survey was developed and administered in two parts; with Part 1 focusing on HIV treatment and Part 2 focusing on HIV prevention. The division of content across two surveys allowed for increased specificity and breadth within each content area. Both surveys were conducted among current HIV service providers, including community health workers, case managers, physicians, nurses, and pharmacists. A total of 1331 respondents started the surveys, 1204 of whom were found eligible to participate (90%).

The survey collected key data points from service providers nationwide regarding the provision of HIV services, including patient populations served, screening, prevention and treatment practices, barriers to HIV care, and provider education and training needs.



Key Findings



PrEP Has Created More Options to Drive Patient Empowerment

- ▶ The majority of respondents reported that the total number of PrEP prescriptions that they provide has increased over the last 12 months.
- ▶ 77% of respondents said they would be more likely to recommend PrEP 2-1-1 if it were FDA approved.



Long Acting Injectables Across the Continuum

- ▶ The majority of respondents reported that they do not offer long-acting injectable prevention or treatment options (60%, 59% respectively).
- ▶ Providers require additional support developing workflows and reimbursement procedures for implementation.



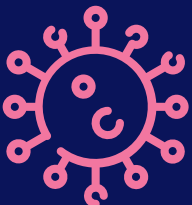
Workforce Issues: Consistent Need for More Staff Across a Wide Range of Program Areas

- ▶ HIV prevention and treatment workforces have experienced significant burnout leading to staff shortages and contributing to widespread resignation.
- ▶ Lack of available and qualified providers was listed by prevention providers as posing one of the greatest barriers to HIV care services in general.



Training Needs: Addressing Needs at Multiple Levels

- ▶ Providers called for more training and resources focused on transgender and non-binary patient populations and on addressing stigma and discrimination across the HIV continuum.



Monkeypox (MPV): Understanding an Emerging Epidemic in Real-Time

- ▶ While 60% of respondents are currently distributing information and resources about MPV to their clients, only 42% are administering the MPV vaccine.
- ▶ Respondents indicated significant concern over growing MPV stigma

Methodology

HealthHIV developed the Fourth Annual State of HIV Care national survey to identify trends and gather information on the state of HIV care. To examine care across the HIV continuum, HealthHIV created two survey instruments — one looking at HIV prevention and one looking at HIV care and treatment.

HealthHIV distributed the instruments nationally using Research Electronic Data Capture (REDCap). Respondents were recruited through:

- ▶ Open invitations using targeted email lists drawn from HealthHIV’s constituent relationship management (CRM) database, SalsaLabs;
- ▶ Promotions on HealthHIV’s website; and
- ▶ Social media postings.

No incentive was provided for participation.

HealthHIV administered the survey over the summer of 2022 including a variety of response items to understand the landscape of HIV Care at a national level as outlined in the table below. The survey consisted of quantitative and qualitative questions, which were drawn from validated measures published in the literature and the professional experience of our staff and partners.

TABLE I - SURVEY DISTRIBUTION

Survey Part	Start Date	End Date	Response Items	Data Collected
Care and Treatment	June 16, 2022	July 17, 2022	76	» Demographics » Organization setting » Patient population served » Services Provided » Co-Occuring Conditions » Funding Sources » Facilitators » Barriers » Implications
Prevention	July 26, 2022	August 23, 2022	90	» Demographics » Organizational setting » Patient population served » Services Provided » Telehealth » Facilitators » Barriers » Implications

Data Analysis

Basic descriptive statistics were calculated in REDCap. Additional univariate, bivariate, and multivariate statistical analyses, including stratification of data, were calculated using SAS 9.4 and R 4.2.1 statistical software packages.

Eligibility Criteria

To be eligible to take the survey, respondents had to currently provide HIV related services, this includes clinical and non-clinical services.

- ▶ Care and Treatment Survey: n=809 providers participated in the survey; 89% (n=717) indicated they provided services to people living with HIV.
- ▶ Prevention Survey: n=522 providers participated in the survey; 93% (n=487) indicated they provide services to people at risk for or living with HIV.

Findings: What is the State of HIV Care in 2022?

Respondents were asked to describe the current state of HIV prevention in one word. The findings show that respondents answered across the spectrum from ‘progressing’ to ‘ineffective’. This range reflects the wide variety of settings, circumstances, and challenges experienced by the HIV care workforce and clearly indicates the need to closely examine the unique perspectives of providers in order to develop effective technical assistance and capacity building interventions.



The first part of this report will highlight the prevention survey findings and the second part will catalog the care and treatment survey findings.

HIV Prevention

For the next section, the report will outline the Prevention survey findings. A total of n=522 providers participated in the survey; 93% (n=487) indicated they provide services to people at risk for or living with HIV.

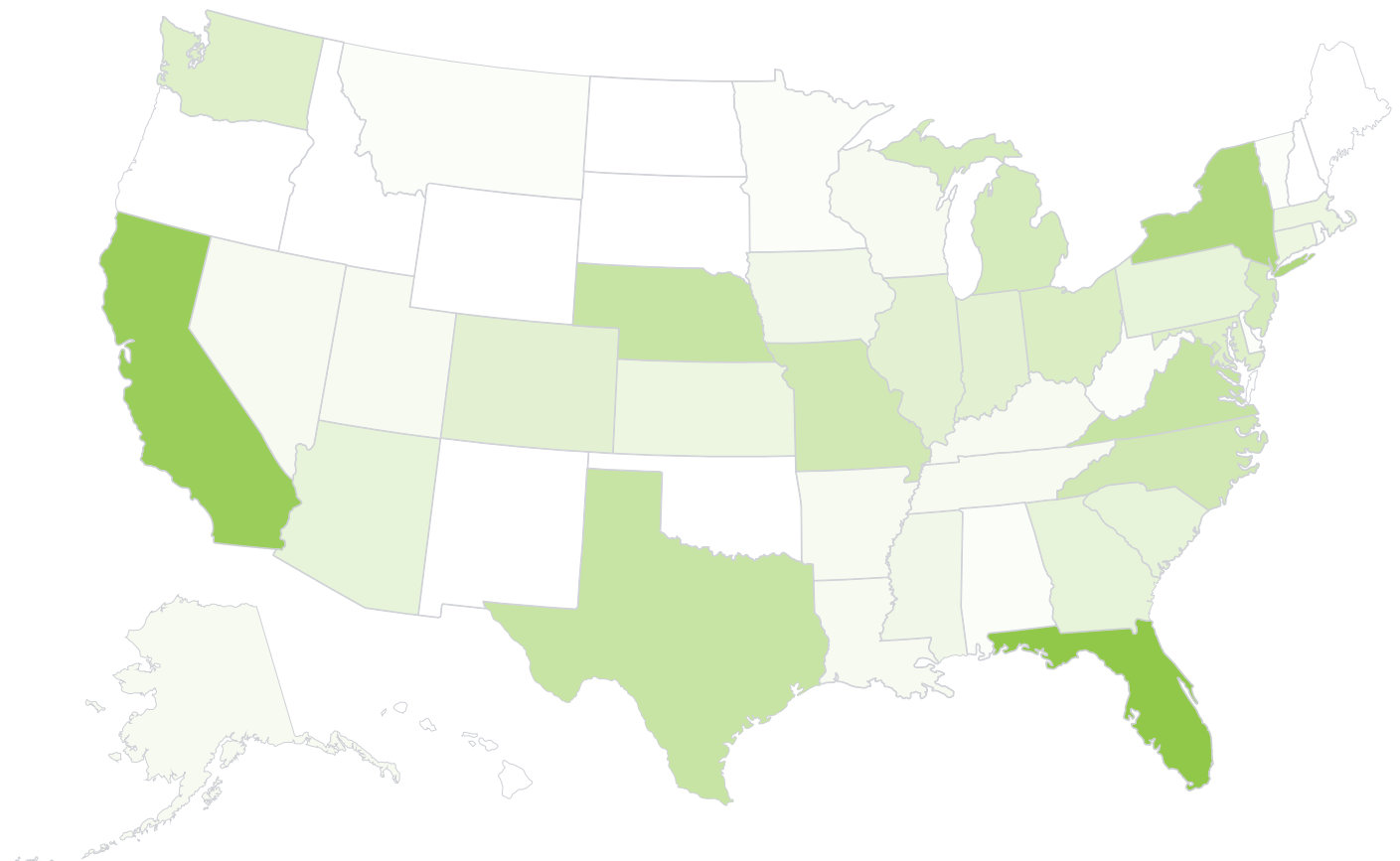
Respondent Demographics

Primarily, the Prevention survey respondents identified as white (58%), cisgender women (65%), and between the ages of 35-64 (69%). Respondents hailed from 41 different states, with the greatest number of participants residing in California, Florida, New York, Nebraska, Texas, and Virginia. The majority of respondents reported working in urban settings at Community Based Organizations (CBOs) or Health Departments (HDs). The most represented professions included nurses (19%), Community Health Workers (CHWs) (16%), administrators (15%), and case managers (14%). Approximately one-third of participants identified as HIV specialists and about 16% reported they were licensed to prescribe medication.

Services Offered

Respondents reported providing services across the HIV care continuum. 89% provide HIV prevention services, 55% provide HIV treatment services, and 69% provide wraparound/support services. The majority of respondents indicated that the co-location of wraparound services and/or co-location of HIV prevention, treatment, and care services is one of the greatest facilitators to HIV care, while noting that lack of sustainable funding, lack of available and qualified providers, and insurance issues pose the greatest barriers.

SURVEY PARTICIPATION BY STATE



HIV Prevention Services

Respondents most frequently reported providing the following HIV prevention services:

- ▶ Prevention education (86%),
- ▶ HIV testing (83%),
- ▶ Safer sex materials (i.e., condoms, lubricants) (83%),
- ▶ HIV prevention counseling (82%),
- ▶ HIV prevention outreach and marketing (71%),
- ▶ STI testing (65%),
- ▶ Pre-exposure Prophylaxis (PrEP) (64%)

While the vast majority of participants provided HIV testing, safer sex materials, and prevention education/counseling services, they were less likely to offer other STI testing and PrEP. Additionally, post-exposure prophylaxis (nPEP) and harm reduction services (i.e. sterile needle distribution, etc.) were even less frequently provided by participants. In light of widespread efforts to adopt a “no wrong door” approach to HIV care, this represents an important gap in the comprehensive provision of support services such as STI testing and sterile syringes. It also points towards the continued need to increase access to PrEP and nPEP for people at risk for HIV.

PrEP

Participant responses indicate that PrEP promotion is working—the majority of respondents stated that the total number of PrEP prescriptions have increased over the last 12 months. They further explained that this is due to an increase in awareness and an increase in knowledgeable staff to provide these services. However, continued awareness campaigns driven by provider-initiated discussions and targeted

community/social media promotions will help address stigma and misinformation regarding HIV risk and further increase PrEP uptake among previously unreached populations.

As stated above, 64% of respondents indicated that they offer PrEP and reported offering a range of PrEP regimens including oral PrEP (TRUVADA® at 50% and DESCOVY® at 47%), generic PrEP (36%), same day PrEP (35%)—and, less commonly, on-demand PrEP/PrEP 2-1-1 (21%) and long-acting injectable PrEP (20%).

Respondents indicated that they provide an array of PrEP support services including PrEP follow-up care, PrEP navigation, ongoing PrEP retention and case management, and PrEP through telehealth services. They were far less likely to include PrEP provision via mobile van/vehicles and PrEP through the pharmacy. This supports the need to increase the reach and modalities of PrEP delivery in order to reach clients who may not easily access traditional PrEP services. Expanded PrEP offerings such as on-demand and injectable PrEP and mobile and pharmacy delivery can optimize chances of reaching vulnerable populations.

Long-acting Injectable Cabotegravir (PrEP)
Long-acting Injectable (LAI) Cabotegravir (CAB) is an antiretroviral medication that can be taken as PrEP for preventing HIV. CAB was approved for use as PrEP by the FDA in December, 2021, and recommended as an alternative to daily oral PrEP by CDC in the 2021 updated PrEP guidelines. Administered as an injection every two months, CAB has the potential to reach new populations and clients who prefer the long-acting method of delivery to a daily pill.

The majority of respondents (60%) reported that they do not offer CAB as PrEP. This is likely due, in large part, to the newness of the intervention—CAB was only approved by the FDA for use as PrEP in December, 2021. 56% of respondents indicated that CAB uptake has been impacted by lack of patient awareness and more than half of respondents estimated that most of their clients have never heard of CAB. Survey participants also referenced insurance issues (42%), funding (36%), and access to adequate medical staff (32%) as posing significant barriers to their ability to provide CAB.

WHICH OF THE FOLLOWING PREP SERVICES DO YOU PROVIDE?

75.6%	PrEP follow-up care
69.3%	Ongoing PrEP retention and case management
67.8%	PrEP navigation
50.7%	PrEP through telehealth services
42.0%	PrEP through our pharmacy
13.2%	PrEP via mobile van/vehicles
2.9%	Other

This indicates the need for patient awareness campaigns and increased guidance and fiscal support for providers who want to start CAB programs. Additionally, comprehensive CAB insurance navigation services would likely significantly lower barriers to access and uptake. Supporting the HIV prevention workforce in developing CAB workflows and reimbursement procedures should be a priority for health departments and capacity building providers, as CAB offers a promising new modality for HIV prevention and could play a key role in increasing PrEP uptake across the board and meeting Ending the Epidemic (EHE) goals.

On Demand PrEP

On-demand PrEP, or PrEP 2-1-1, is a non-daily PrEP regimen available in some instances for MSM who can easily predict and plan their sexual encounters or potential HIV exposures. PrEP 2-1-1 is not FDA approved, but CDC outlined procedures for its use in select cases in their 2021 PrEP guidelines.

PrEP 2-1-1, elicited mixed responses from survey participants. Participants were nearly evenly split on their decisions to recommend PrEP 2-1-1. 52% said they currently recommend PrEP 2-1-1 to their clients while 48% said they do not. When asked why they do not recommend PrEP 2-1-1, respondents offered a range of reasons including inadequate prescription guidance, wanting to maximize risk reduction, lack of evidence to support its use, and general lack of patient awareness. To that point, the vast majority of respondents said their patients were either unaware of or knew very little about PrEP 2-1-1. Crucially, 77% of respondents said they would be more likely to recommend PrEP 2-1-1 if it were FDA approved.

These responses demonstrate interest in PrEP 2-1-1, but also a significant degree of hesitancy regarding its application. As an intervention with the potential to greatly increase the ease and cost-effectiveness of PrEP use for clients, PrEP 2-1-1 clearly requires further research and promotion.

Telehealth

As we move out of peak COVID crisis, telehealth remains common, but the return to in-person services is lessening organizations' need for telehealth support. More than half of respondents reported that they do not provide any services via telehealth and only 12% reported needing medical education on telehealth expansion or implementation. This indicates a long-term transition back towards hybrid and in-person care as COVID adaptations become less necessary.

Prevention Facilitators and Barriers

Facilitators

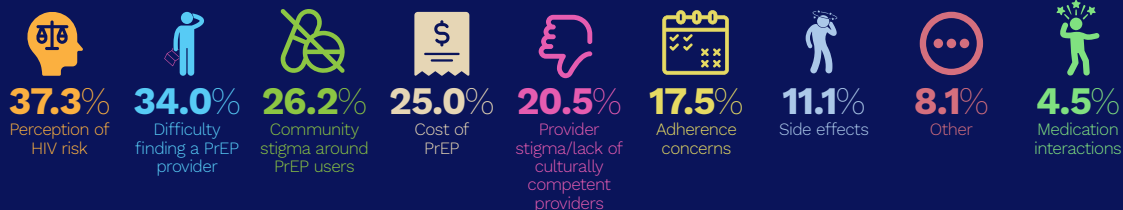
When asked to identify prevention programs needs, respondents overwhelmingly listed increased fiscal health/funding as the most needed support (61%), followed by increased insurance coverage for PrEP (33%), more medical providers trained to provide HIV prevention services (30%), support staff to provide wraparound services to HIV patients/clients (29%), and marketing resources (27%). These responses point towards a clear need for greater support covering the costs of prevention services and increased staffing.

Specifically for PrEP, respondents noted a variety of factors which facilitate PrEP uptake among their clients. These included provider-initiated patient discussions (52%), peer-to-peer discussions (48%), targeted community promotions (e.g. transit signage, billboards, public benches, etc.) (37%), and social media marketing (32%).

Barriers

Among those who do not provide PrEP, the most cited reasons for not offering it were funding, insurance utilization management barriers (e.g. prior authorizations, "step therapy," etc.), and staffing, representing an opportunity for greater capacity-building assistance related to navigating and covering the costs of PrEP.

Which of the following barriers do you believe has the greatest impact on general patient/client interest in PrEP?



Respondents also listed the following client barriers as most likely to prevent PrEP access:

- ▶ Patient/client perception of their HIV risk (37%)
- ▶ Access issues/difficulty finding a PrEP provider (34%)
- ▶ Community stigma around those who take PrEP (26%)
- ▶ Cost of PrEP (25%)

These barriers continue to persist and require more trainings and resources to help patients and clients understand their risk perception and provide navigation services that address access, stigma, and paying for PrEP.

Medical Education / Training Needs

In terms of overall prevention, the identified training needs intersect with the reported facilitators and barriers outlined in the previous section. When asked to identify high priority training needs relating to HIV prevention in general, the majority of participants selected the following topics:

- ▶ Stigma and discrimination (34%)
- ▶ Cultural competency/awareness/humility (25%)
- ▶ Trauma informed care (23%)
- ▶ PrEP including injectable PrEP (21%)
- ▶ Mental/behavioral health (20%)

These selections represent significant provider interest in developing and refining best practices for patient messaging and patient/provider interactions in order to disrupt stigma and make prevention programs accessible and affirming for patients.

PrEP Specific Training Needs

When asked to identify high priority training needs relating to PrEP, respondents indicated needing more training on providing PrEP for hard-to-reach populations (44%), funding PrEP programs (41%), promoting PrEP in communities (41%), and helping patients with costs associated with PrEP (39%). Additionally, respondents specifically noted their greatest education needs relating to CAB were reimbursement, developing workflows for administering CAB, and uses of and indications for CAB. These responses reflect the novelty of CAB as a prevention intervention; provider concerns are still largely practical and logistical as the majority of CAB programs are not yet in the phase of roll-out involving large-scale or new population promotions.

HIGH PRIORITY TRAINING NEEDS





Special Focus on Monkeypox (MPox)

Data relating to MPox is still preliminary, as healthcare providers have only been navigating widespread outbreaks since late June, 2022. However, due to extensive overlap between risk factors for MPV and HIV, much of the HIV prevention workforce has mobilized to address MPox as well. As a result of this intersectionality, the survey included response items inquiring about MPV and its associated services. The findings indicated that 60% of survey respondents are currently distributing information and resources about MPox to their clients. However, only 42% are administering the MPox vaccine.

- When asked to list additional needs relating to MPox, respondents most frequently mentioned the need for increased education/information, funding, and vaccines:

“We need staff in all roles. We need increased access to vaccines, treatment, and treatment for pain and co-infection for lesions for uninsured clients. Clients need services to support them to stay isolated, including food, mental health, and MPox-pay, similar to covid pay. Many of our clients with MPox cannot work remotely and don’t have enough sick time. Short term disability doesn’t really pay the bills... this disincentivises people from staying home to isolate.”

- Respondents also indicated needing more comprehensive public education on monkeypox, noting the limited and potentially stigmatizing impact of messaging that only targets men who have sex with men (MSM) and the LGBTQ+ community.

HIV Care and Treatment

For the next section, the report will outline the Care and Treatment survey findings. A total of n=809 providers participated in the survey; 89% (n=717) indicated they provided services to people living with HIV.

Respondent Demographics

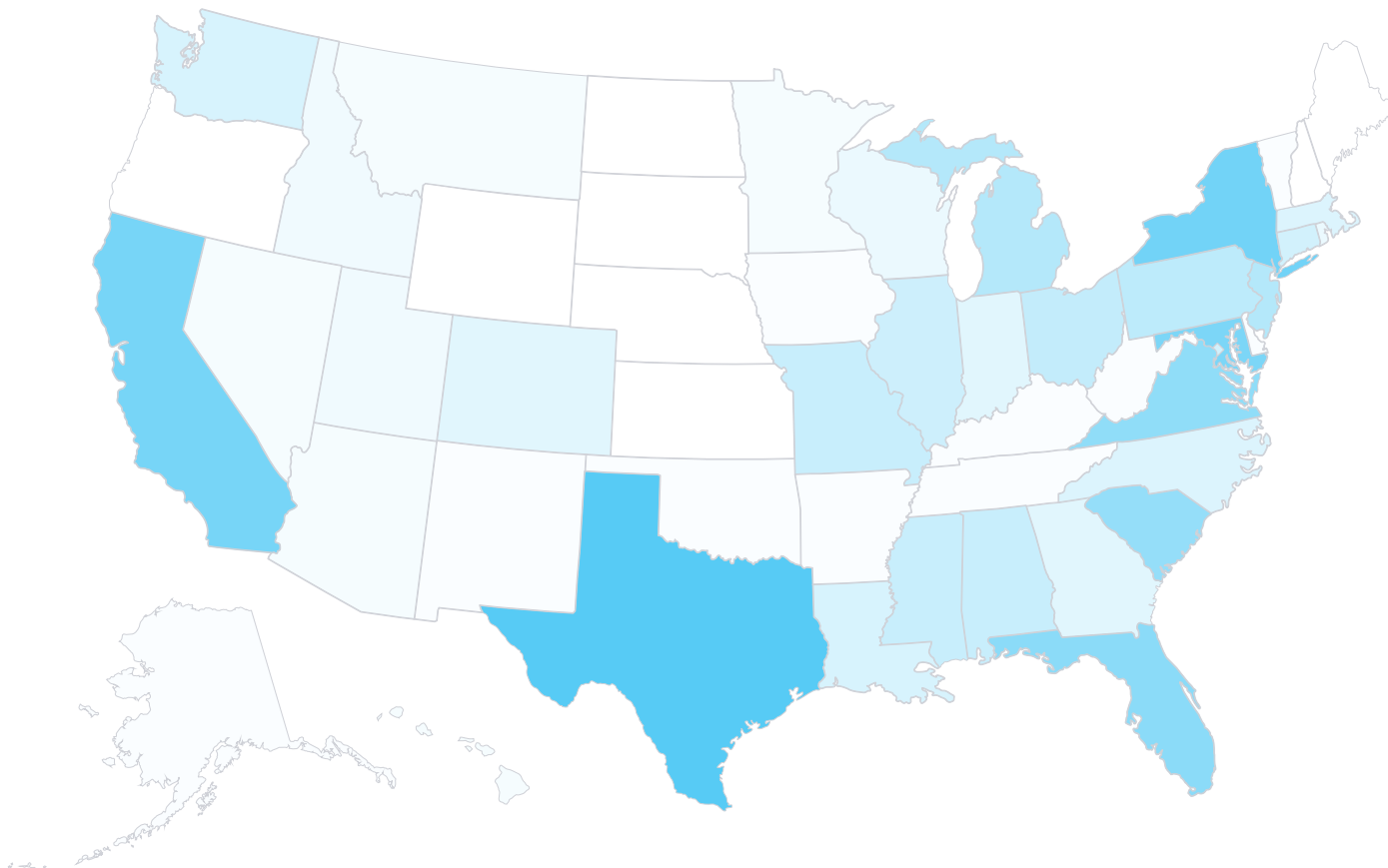
The majority of Care and Treatment survey respondents identified as white (51%), cisgender women (65%), and between the ages of 45-64 (52%). The survey cohort represented 44 different states, with the greatest number of participants from Texas, New York, California, Maryland, Florida, Virginia, South Carolina and Michigan. Respondents largely worked for CBOs (32%) and AIDS Service Organizations (ASOs) located in urban settings (64%), followed by rural settings (18%) and suburban settings (17%). Almost 30% of participants were HIV specialists and around half have been providing HIV care services for more than 10 years (50%). The most represented professions were social workers (20%), case workers, and nurses (15%).

Services Offered

To fully address the complexities associated with HIV care and treatment, providers need to offer a variety of services and care options. Respondents in this survey indicated that they offer an array of services as follows:

- ▶ Linkage to care (LTC) (83%)
- ▶ HIV treatment education (76%)
- ▶ Adherence counseling (67%)
- ▶ HIV medical case management (61%)
- ▶ CD4 count monitoring (52%)
- ▶ Viral load testing (46%)
- ▶ Prophylaxis/treatment for opportunistic infections/ comorbidities (44%)
- ▶ Resistance testing (37%)

SURVEY PARTICIPATION BY STATE



The findings show that providers are more likely to provide LTC services, HIV treatment education, adherence counseling and HIV medical case management. Areas for improvement were identified as CD4 count monitoring, viral load testing, treatment for opportunistic infections and comorbidities and resistance testing. Providers may benefit from utilizing evidence-based workflow models to incorporate these services successfully into their practices.

Providers are also starting to sustainably integrated HIV care and treatment services through telehealth modalities. 82% of respondents reported that they provide services via telehealth and cited that they offer the following: HIV support services (52%), HIV medical care (44%), mental health services (42%), and substance use treatment (20%). 91% of providers are also delivering the message to patients and clients that undetectable equals untransmittable, better known as U=U.

Long-acting Injectable Cabotegravir (Treatment)
The FDA approved Cabenuva (Cabenuva / cabotegravir and rilpivirine) is a long-acting injectable for treatment for those living with HIV in January 2021. This innovation in treatment provides another resource within the treatment and care portfolio for PWH. Survey findings show that around 31% of all providers prescribe long-acting injectable HIV treatment. Prescribers most commonly reported a

lack of robust nursing support and lack of insurance coverage as barriers to prescribing long acting injectable HIV treatment. Furthermore, prescribers frequently noted their lack of knowledge about CAB as an additional barrier to prescribing, indicating that providers would benefit from clinical training and education on long-acting injectable treatment.

Wraparound Services

Survey responses indicate that wraparound services are essential in providing effective HIV treatment and care services. The table below outlines the wraparound services provided in conjunction with HIV services. Most respondents offer mental health, transportation, telehealth, housing assistance, and food assistance, and the vast majority of respondents (89%) provide three or more ancillary services. Only 4.5% of respondents did not provide any wrap around services. Further, the most frequently reported facilitator to providing quality HIV services to patients was the co-location of wraparound services (58%). These data points indicate that respondents understand the importance of addressing health through a comprehensive model that includes the social determinants of health and promotes the ‘one door approach.’

WHICH OF THE FOLLOWING HIV SUPPORT/ANCILLARY SERVICES DO YOU OR YOUR ORGANIZATION PROVIDE?

69.5% Mental health care

66.2% Transportation

60.3% Telehealth

58.4% Housing assistance

56.7% Food/meals assistance

47.6% Substance use treatment

40.5% Oral health care

38.8% Gender-affirming care

36.4% Reproductive health services

8.6% Other

5.0% Childcare

4.5% None

76.7% of respondents provide HIV support/wraparound services

Workforce Issues

Since COVID-19, the healthcare workforce including HIV providers reported significant burnout, staff shortage, and retention issues. When asked to identify significant workforce challenges they are experiencing, respondents most commonly reported the following:

- ▶ Burnout (63%)
- ▶ Workforce shortages (61%)
- ▶ Retention (49%)
- ▶ Training (30%)
- ▶ Compensation (24%)

Providers noted that in an effort to address these challenges, organizations are implementing changes to adapt to the new reality of COVID-19 and other emerging epidemics. 62% of respondents stated that their organization is allowing for more flexible schedules, 42% are supporting more manageable workloads, 33% are ensuring adequate staffing, and 32% are promoting social experiences among staff. While these efforts are a first step in dealing with the new reality, change at the institutional and systems level is needed to sustain a satisfied and effective HIV workforce.

More recently, the CDC and others have been promoting the status neutral framework — which

provides care for the whole person through the one-door approach. More specifically, people living with HIV and those at risk for HIV can access prevention, treatment and other critical services in the same place. Thus increasing access and decreasing stigma. 46% of respondents stated they were not aware of the status neutral model of care - indicated an opportunity for education and training around the status neutral approach.

Training Needs

The HIV care landscape is constantly evolving, a reality that can pose significant challenges to providers who are tasked with caring for diverse populations in a wide range of settings. Accordingly, almost one-third of participants identified lack of training as a notable workforce challenge faced by their organization, highlighting their need for comprehensive workforce education.

The most commonly reported training needs included:

- ▶ Care for transgender/non-binary individuals (32%)
- ▶ Stigma and discrimination (22%)
- ▶ Care for undocumented individuals (22%)
- ▶ Mental/Behavioral health (22%)
- ▶ Diversity, Equity, and Inclusion (21%)

Care for transgender/non-binary individuals

Care of trans and non-binary individuals was the topic that providers most frequently reported needing more medical education and training resources on. Respondents further identified this as a one of the most timely and important HIV related topics (25%). Crucially, although 85% of respondents reported that their organization serves transgender/non-binary populations, only 39% of respondents said they offer gender-affirming care (medical, surgical, mental health, and non-medical services for transgender and nonbinary people). This discrepancy represents a significant gap in care. Transgender people made up 2% of new HIV diagnoses in the U.S. in 2019.[†] However, due to transphobia and unmet needs for gender affirmation, trans and non-binary people are likely to face significant barriers accessing care. Providers need more training on reaching transgender individuals and communities, using gender-affirming language, addressing the clinical implications of hormone therapy, and providing a safe, stigma-free healthcare environment in order to foster better HIV health outcomes for transgender and nonbinary individuals.

Providers in this survey indicated that they would primarily prefer to receive trainings via a diversity of online platforms including online, self-paced CME module, online certification, and live webinar. Respondents also explained that there is a growing interest in-person training as COVID-19 is becoming a part of our new reality.

[†] Centers for Disease Control and Prevention. *HIV and Transgender People*. June 2022.
Available at: <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

Implications

Findings of this survey have key implications for supporting the unique needs of HIV care providers across the continuum from prevention to treatment.



INTEGRATION OF SERVICES

The current literature indicates that service fragmentation causes access barriers, inefficient use of resources, and lower client and patient satisfaction. In light of this, HIV experts propose implementing a **status-neutral approach** which aims to reduce inefficiencies, create more access points, and **decrease stigma**.

Respondents to both surveys echoed this perspective, indicating across various data points that there is a clear need to integrate services across the continuum and reduce fragmentation. More specifically, both prevention and treatment providers reported that the top three facilitators for providing services are the **co-location of prevention, treatment, and care services**, the **co-location of wraparound services**, and **relationships with referral providers** that offer services outside of their scope. Not only does service integration decrease the chances of patient attrition by simplifying linkage-to-care, but it eases overall provider burden. However, despite this clear recognition of the value of a “no wrong door” approach, most respondents were unaware of the **status-neutral approach** for HIV prevention and care. This indicates a need for educational opportunities to discuss the status neutral approach and best practices for integration.

In light of federal support for this integrated status-neutral approach, national and state entities also need to develop funding opportunities using an integrated, horizontal framework rather than relying on vertical siloing.



WORKFORCE CHALLENGES

The constant stress and heavy burden of the COVID-19 and MPV epidemics has contributed to significant **staff burnout** leading to **workforce shortages** and contributing to the **great resignation**. Respondents to both surveys called for more mental and behavioral health trainings, flexible schedules, manageable workloads, adequate staffing, and increased attention to building employee morale through social activities and experiences. Respondents also reported needing **increased support and training** in certain high need areas—namely, combatting **stigma and discrimination**, caring for **transgender and non-binary** individuals, and navigating service provision for **undocumented** people.

While workforce shortages pose immediate challenges, they also pose an opportunity to **reshape and rebuild the healthcare workforce** to better address the needs of HIV across the continuum and support **whole-person health**. Many providers were forced to integrate COVID testing and contact tracing into their traditional services during the pandemic. Although this process was challenging, it can serve as a model for further synchronization of care. Additionally, some of the changes that supported workforce development during COVID-19, such as the use of telehealth and implementation of hybrid schedules, may also create opportunities for innovation that promotes long-term service integration.



ROLE OF INJECTABLES

In 2019, HHS implemented the **Ending the Epidemic (EHE)** initiative to reduce the transmission of HIV by 90% by 2030 through a diverse and purposeful set of strategies along the continuum. **Long acting injectables (LAIs)** for both prevention and treatment play a role in achieving the EHE goal. LAIs are critical to diversifying the HIV prevention and treatment toolkit and empowering patients to choose care plans that best compliment their lives and needs.

However, survey findings indicate the utilization of injectables are not fully realized. Only 40% of respondents offer LAIs for PrEP and 31% for treatment. Providers stated that lack of patient awareness, cost and insurance issues, and lack of staff available to provide injectable services are inhibiting uptake. This points towards the need for patient and provider awareness campaigns and increased guidance and fiscal support for providers who want to start injectable programs. Additionally, comprehensive LAI insurance navigation services would likely significantly lower barriers to access and uptake. Supporting the HIV workforce in developing LAI workflows and reimbursement procedures should be a priority, as LAI offers a promising new modality for HIV care across the continuum to work towards the EHE goals of increasing **PrEP uptake** and **viral suppression rates**.

References

Centers for Disease Control and Prevention. *Issue Brief: Status Neutral HIV Care and Service Delivery Eliminating Stigma and Reducing Health Disparities*. October 2022. Available at <https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html>

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LGBTQ Health
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National Survey

HealthHIV Research and Evaluation conducts regular national surveys to better inform ongoing advocacy, education, research, and training activities. These “State Of” surveys provide unique insight into patient and provider issues in order to optimize primary and support services for diverse communities. The regular reports offer the ability to study multi-year trend analyses illustrating changes, challenges, and opportunities to address the needs of providers and patients. HealthHIV, HealthHCV and the National Coalition for LGBTQ Health conduct State of surveys addressing HIV care, HCV care, LGBTQ healthcare, and aging with HIV.

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HealthHIV is a national non-profit working with healthcare organizations, communities, and providers to advance effective HIV and HCV prevention, care, and support through education and training, technical assistance and capacity building, advocacy, communications, and health services research and evaluation.

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