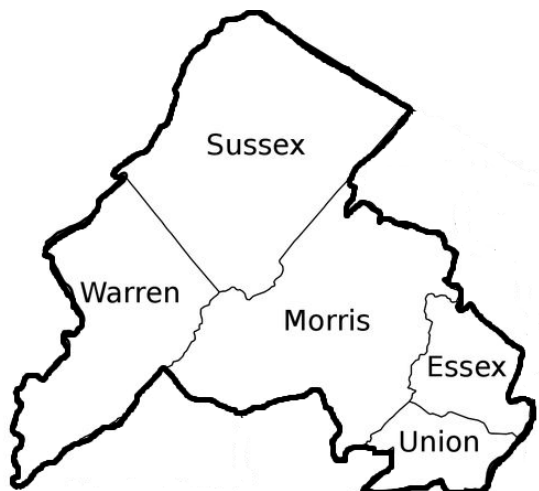


**NEWARK, NJ
ELIGIBLE METROPOLITAN AREA (EMA)**



**INTEGRATED HIV PREVENTION and CARE PLAN
(2017 - 2021)**

September 2016
UPDATED: January 2021

2017-2021 ACTION PLAN

OVERVIEW

This document contains an excerpt from the Newark Eligible Metropolitan Area (EMA) Integrated HIV Prevention and Care Plan 2017-2021, specifically the “action plan” containing goals, objectives and activities to be completed during the 5-year period of the Plan. This action plan follows the guidance of the National HIV/AIDS Strategy: Updated to 2020 goals. The table below summarized responsibilities of the Newark EMA Planning Council and the City of Newark Recipient (Grantee). Responsible parties are expected to include the various activities, target dates and data indicators into their respective workplans.

Table A: Summary of IHAP 2017-2021 Action Plan by Responsible Parties/Resources

| Goals and Objectives | Pg # | Responsible Parties/Resources | | | | | | | | | |
|--|------|-------------------------------|-----|-----|-----|-----|---------------------|------|-----|-------|-----|
| | | Planning Council | | | | | Recipient (Grantee) | | | | |
| | | PC | COC | CPC | CIA | REC | RWU | EIRC | CQM | CHAMP | EHE |
| NHAS GOAL #1- REDUCING NEW HIV INFECTIONS | | | | | | | | | | | |
| NEMA GOAL #1: By 2021 Reduce New Infections through Health Literacy Activities to R.W. Clients (as of 12/11/20) | | | | | | | | | | | |
| Objective 1A: Increase risk reduction activities for Ryan White clients to 95% EMA wide. | 60 | | | | | | X | | X | | |
| NHAS GOAL #2 – INCREASING ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV | | | | | | | | | | | |
| NEMA GOAL #2: Link 90% of Newly Diagnosed to Care Within 30 Days (Blood Work and/or Medical Visits) (as of 12/11/2020) [GOAL 2B ON HOLD – This goal will be on hold until post-COVID-19 data is available for revision.] | | | | | | | | | | | |
| Objective 2A: Identify barriers/causes why newly diagnosed were not linked to care within 30 days by accessing CY19 EIS data. | 61 | | | | | | X | X | | X | |
| Objective 2B: Implement a Performance Improvement Plan | 62 | | | | | | X | X | X | | |
| NHAS GOAL #3 - REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES | | | | | | | | | | | |
| NEMA GOAL #3-1: Decrease Gap in Medical Visits to 10% EMA Wide, except for youth who currently meets the goal (as of 12/11/2020) [GOAL 3C ON HOLD – This goal will be on hold until post-COVID-19 data is available for revision.] | | | | | | | | | | | |
| Objective 3A: Identify subpopulations that fall above 10% in GAP (in Medical Visits) | 62 | | | | | X | X | | | X | |
| Objective 3B: Identify causes of why subpopulations were above 10% in Medical Visit (MV) Gap | 64 | | X | | | X | | X | | | X |
| Objective 3C: Implement quality improvement plan for agencies that fall above the 10% gap in medical visit | 65 | | | | | | X | | X | X | |

SECTION II: INTEGRATED HIV PREVENTION AND CARE PLAN – OVERVIEW

| Goals and Objectives | Pg # | Responsible Parties/Resources | | | | | | | | | |
|--|------|-------------------------------|-----|-----|-----|-----|---------------------|------|-----|-------|-----|
| | | Planning Council | | | | | Recipient (Grantee) | | | | |
| | | PC | COC | CPC | CIA | REC | RWU | EIRC | CQM | CHAMP | EHE |
| NEMA GOAL #3-2: Increase Viral Load Suppression to 87% EMA wide (as of 12/11/2020) | | | | | | | | | | | |
| Objective 3D: Identify subpopulations that fall below 80% | 66 | | | | | X | X | | | X | |
| Objective 3E: Identify reasons that subpopulations that fall below 80% | 67 | | X | | | X | X | X | | | X |
| Objective 3F: Implement a quality improvement plan for agencies that fall below 87% and 80% | 68 | | | | | | X | | X | X | |
| NEMA GOAL #3-3: Increase Prescription of ARV to 98% EMA-wide (as of 12/11/2020) | | | | | | | | | | | |
| Objective 3G: Identify subpopulations that fall below 98% prescribed ARV for all populations | 69 | | | | | X | X | | | X | |
| Objective 3H: Identify causes for subpopulations that below 98% prescribed ARV, transgender and youth at 96% | 70 | | X | | | X | X | X | | | X |
| Objective 3I: Implement a quality improvement for agencies that fall below 98% and 96% | 71 | | | | | | X | | X | X | |

**Table 1: Integrated HIV Prevention and Care Plan
 2017-2021 ACTION PLAN**

NHAS GOAL #1

| | |
|------------------------------------|--|
| NHAS Goal #1: | REDUCING NEW HIV INFECTIONS |
| Newark EMA Goal #1 | By 2021 Reduce new infection through health literacy activities to R.W. Clients |
| SMART Objective (NEMA #1A): | Increase risk reduction activities for Ryan White clients to 95% EMA wide. |
| Strategy: | Educate all persons with easily accessible scientifically accurate data information on HIV prevention, risk and transmission |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------|-------------------------------|---|--|--|
| December 2020 | Recipient | Review CHAMP as collection tool for risk reduction activities and identify areas that may need updating to include health education | MSM, discordant heterosexual couples, women of color & youth PLWHA in the EMA | CHAMP Report (based on performance report) |
| January 2021 | Recipient | Identify subpopulations that fall below the 95% and establish baseline for measurement | | CHAMP Report |
| February 2021 | Recipient & CQM | Recipient and CQM will work with deficient agencies to develop a QI plan | | QI plan |
| March 2021 | Recipient | Deficient agencies will implement the QI plan | | QI Plan |
| December 2021 | Recipient and CQM | Evaluate impact of the QI plan on outcome data and present findings to PC | | Additional subpopulations will be determined by outcome data in 2020 |

Abbreviations:

ARV –Antiretroviral (medications)
 COC – Continuum of Care Committee
 EIRCs – Early Intervention & Retention Collaboratives
 NEMA – Newark EMA
 PrEp – Pre-Exposure Prophylaxis
 RW – Ryan White
 HAB – HIV/AIDS Bureau

CIA – Consumer Involvement Activities
 CPC - Comprehensive Planning Committee
 HERR - Health Education and Risk Reduction
 PC – Planning Council
 QI – Quality Improvement
 VLS – Viral Load Suppression
 EHE – Ending the HIV Epidemic

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NHAS GOAL #2

| | |
|------------------------------------|---|
| NHAS Goal #2: | Increasing Access to Care and Improving Health Outcomes for People Living With HIV |
| Newark EMA Goal #2 | Link 90% of newly diagnosed to care within 30 days (blood work and/or medical visits) |
| SMART Objective (NEMA #2A): | Identify barriers/causes why newly diagnosed were not linked to care within 30 days by accessing CY19 EIS data. |
| Strategy: | Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|---|--|---------------------------------|--|
| March 2021 | Recipient, CHAMP | Examine linkage to care data. Identify cases that were not linked to care within 30 days using CHAMP data | MSM, Youth, 45+, women of color | Linkage to Care Report by Client ID, stratified by target population |
| April 2021 | Recipient, EIRCs, Linkage to care SOPs | Give findings to EIRCs to perform case studies to determine reasons for not linking to care within 30 days | | List of cases/clients for follow up. |
| July 2021 | Recipient, EIRCs, RWU, EIRC Coordinator | Gather barriers from EIRCs (including linkage to care coordinators) | | Report by EIRCs to Grantee |
| September 2021 | Recipient | Report findings to Planning Council | | Grantee Report to Planning Council |

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CPC - Comprehensive Planning Committee

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PC – Planning Council

QI – Quality Improvement

VLS – Viral Load Suppression

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NHAS GOAL #2 (cont.)

| | |
|------------------------------------|---|
| NHAS Goal #2: | INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV |
| Newark EMA Goal #2 | Link 90% of newly diagnosed to care within 30 days (Blood Work and/or Medical Visits) [ON HOLD] |
| SMART Objective (NEMA #2B): | Implement a Performance Improvement Plan |
| Strategy: | Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------|---|---|---------------------------------|--|
| May 2021 | Recipient, CQM | Establish baseline PDSAs (Plan Do Study Act) and/or QI plan based on findings | MSM, Youth, 45+, women of color | Report of PDSAs to be done |
| June 2021 | Recipient, CQM, EIRCs | Disseminate plan to Ryan White Part A agencies | | Email, webinar, presentation (TBD) |
| December 2021 | Recipient, CQM, Linkage to Care SOPs, EIRCs | Examine linkage to care data post-intervention(s). Evaluate effectiveness of quality improvement | | Report including post-intervention linkage to care data. |
| December 2021 | Recipient, CQM, EIRCs | Share data/findings with the Planning Council | | Grantee Report to Planning Council |

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NHAS GOAL #3

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-1 | Decrease gap in medical visits to 10% EMA wide |
| SMART Objective (NEMA #3A): | Identify subpopulations that fall above 10% in GAP (in Medical Visits) |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|---|---|------------------------|
| March 2021 | Recipient, CHAMP, REC | Review CHAMP data | MSM, 45+, women of color. Former youth (age 25-34) and age 65+. Continue to monitor youth who achieved the goal at 5.6% | CHAMP Report |
| April 2021 | Recipient, REC | Identify subpopulations that fall above 10% | | CHAMP Report |
| July 2021 | Recipient, REC | Select subpopulations for improvement | | CHAMP Report |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-1 | Decrease gap in medical visits to 10% EMA wide |
| SMART Objective (NEMA #3B): | Identify causes of why subpopulations were above 10% in Medical Visit (MV) Gap |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--|--|---|--|
| March 2021 | Recipient, EIRCs Coordinators | Review and amend, if necessary, the tool/template for case study | MSM, 45+, women of color. Former youth (age 25-34) and age 65+. Continue to monitor youth who achieved the goal at 5.6% | Tool or template |
| April 2021 | Recipient, EIRC & EHE Coordinator, EIRCs | Give EIRCS and providers subpopulation data and case study tool to perform case studies for reasons not in care (systems barriers and client barriers) | | Instructions provided to EIRCs |
| July 2021 | Recipient, EIRC & EHE Coordinator | Collect summary of findings from EIRCs (via provider input) | | Recipient receives the report from providers |
| September 2021 | Recipient, EIRC & EHE Coordinator | Present findings to the Planning Council | | Summary Report of barriers/gaps for MV |
| October 2021 | REC & COC | Use data from barriers/gaps to identify potential topics for next year's needs assessment | | Summary Report of barriers/gaps for MV |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-1 | Decrease gap in medical visits to 10% EMA wide) [ON HOLD] |
| SMART Objective (NEMA #3C): | Implement quality improvement plan in for agencies that fall above the 10% gap in medical visit |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|--|---|--|
| March 2021 | Recipient, CHAMP | Establish baseline data for MV gap | MSM, 45+, women of color. Former youth (age 25-34) and age 65+. Continue to monitor youth who achieved the goal at 5.6% | CHAMP Report (based on performance report) |
| March 2021 | Recipient, CQM | Present findings to the NEMA CQM committee | | Report by Grantee to CQM Committee |
| May 2021 | Recipient, CQM | Recipient and CQM Committee will work with deficient agencies to develop QI Plan | | QI Plan |
| July 2021 | Recipient, CQM | Implement agency specific PDSA | | QI Plan, PDSAs |
| October 2021 | Recipient, CQM | Monitor PDSA achievements | | Monitoring Reports |
| December 2021 | Recipient, CQM | Evaluate effectiveness of QI Plan | | Assessment Report |
| December 2021 | Recipient, CQM | Share findings with Planning Council | | Grantee Report to Planning Council |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-2 | Increase Viral Load Suppression to 87% EMA wide |
| SMART Objective (NEMA #3D): | Identify subpopulations that fall below 80%. |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------|-------------------------------|---|---|-----------------|
| March 2021 | Recipient, REC, CHAMP | Review CHAMP data | Medicaid at 85%, | CHAMP Report |
| March 2021 | Recipient, REC | Identify subpopulations that fall below 80% VLS | Former youth (25-34), Transgender at 83%, Black, Not Hispanic | CHAMP Report |
| March 2021 | Recipient, REC | Select subpopulations for improvement | | CHAMP Report |

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 PC – Planning Council
 QI – Quality Improvement
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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-2 | Increase Viral Load Suppression to 87% EMA wide |
| SMART Objective (NEMA #3E): | Identify reasons that subpopulations that fall below 80% |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--|---|---|--|
| March 2021 | Recipient, EIRC Coordinators | Review and amend, if necessary, tool/template for case study | Medicaid at 85%, | Tool or template |
| April 2021 | Recipient, EIRC & EHE Coordinator, EIRCS | Give EIRCS and providers subpopulation data and case study tool to perform case studies for reasons not virally suppressed (systems barriers and client barriers) | Former youth (25-34), Transgender at 83%, | Instructions provided to EIRCS |
| July 2021 | Recipient, EIRC & EHE Coordinator | Collect summary of findings from EIRCS (via provider input) | Black, Not Hispanic | Recipient receives the report from providers |
| September 2021 | Recipient, EIRC & EHE Coordinator | Present findings to the Planning Council | | Summary Report of barriers/gaps for VLS |
| October 2021 | REC & COC | Use data from barriers/gaps to identify potential topics for next year's needs assessment | | Summary Report of barriers/gaps for VLS |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-2 | Increase Viral Load Suppression to 87% EMA wide |
| SMART Objective (NEMA #3F): | Implement a quality improvement plan for agencies that fall below 87% and 80% |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|--|---|--|
| March 2021 | Recipient, CHAMP | Establish baseline data for VL suppression. | Medicaid at 85%, Former Youth (25-34), Transgender at 83%, Black, Not Hispanic | CHAMP Report (based on performance report) |
| March 2021 | Recipient, CQM | Present findings to the NEMA CQM committee | | Report by Grantee to QM Committee |
| May 2021 | Recipient, CQM | Recipient and CQM Committee will work with deficient agencies to develop QI Plan | | QI Plan |
| July 2021 | Recipient, CQM | Implement agency specific PDSA | | QI Plan, PDSAs |
| October 2021 | Recipient, CQM | Monitor PDSA achievements | | Monitoring Reports |
| December 2021 | Recipient, CQM | Evaluate effectiveness of QI Plan | | Assessment Report |
| December 2021 | Recipient, CQM | Share findings with Planning Council | | Grantee Report to Planning Council |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-3 | Increase Prescription of ARV to 98% EMA-Wide |
| SMART Objective (NEMA #3G): | Identify subpopulations that fall below 98% prescribed ARV for all populations |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|---|---------------------------------|------------------------|
| March 2021 | Recipient, CHAMP, REC | Review CHAMP data | Uninsured at 97.9%; new to care | CHAMP Report |
| March 2021 | Recipient, REC | Identify subpopulations that fall below 96% ARV | | CHAMP Report |
| March 2021 | Recipient, REC | Select subpopulations for improvement | | CHAMP Report |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-3 | Increase Prescription of ARV to 98% EMA-wide |
| SMART Objective (NEMA #3H): | Identify causes for subpopulations that fall below 98% prescribed ARV |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--|---|---------------------------------|--|
| March 2021 | Recipient, EIRC Coordinators | Review and amend, if necessary, tool/template for case study | Uninsured at 97.9%; new to care | Tool or template (task completed) |
| April 2021 | Recipient, EIRC & EHE Coordinator, EIRCs | Give EIRCs and providers subpopulation data and case study tool to perform case studies for not being prescribed ARVs (systems barriers and client barriers). | | Instructions provided to EIRCs |
| July 2021 | Recipient, EIRC & EHE Coordinator | Collect summary of findings from EIRCs (via provider input) | | Recipient receives the report from providers |
| September 2021 | Recipient, EIRC & EHE Coordinator | Present findings to the Planning Council | | Summary Report of barriers/gaps to ARVs |
| October 2021 | REC & COC | Use data from barriers/gaps to identify potential topics for next year's needs assessment | | Summary Report of barriers/gaps for VLS ARV |

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NHAS GOAL #3 (Cont.)

| | |
|------------------------------------|--|
| NHAS Goal #3: | REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES |
| Newark EMA Goal #3-3 | Increase Prescription of ARV to 98% EMA-wide |
| SMART Objective (NEMA #3I): | Implement a quality improvement plan for agencies that fall below 98% and 96% |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|--|---------------------------------|--|
| March 2021 | Recipient, CHAMP | Establish baseline data for those not prescribed ARVs. | Uninsured at 97.9%; new to care | CHAMP Report (based on performance report) |
| April 2021 | Recipient, CQM | Present findings to the NEMA CQM committee | | Recipient Report to CQM Committee |
| May 2021 | Recipient, CQM | Recipient and CQM Committee will work with deficient agencies to develop QI Plan | | QI Plan |
| July 2021 | Recipient, CQM | Implement agency specific PDSA | | QI Plan, PDSAs |
| October 2021 | Recipient, CQM | Monitor PDSA achievements | | Monitoring Reports |
| December 2021 | Recipient, CQM | Evaluate effectiveness of QI Plan | | Assessment Report |
| December 2021 | Recipient, CQM | Share findings with Planning Council | | Recipient Report to Planning Council |

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