HIV TRAINING NEEDS REPORT FOR INDIANA

Midwest AIDS Training + Education Center,
University of Illinois at Chicago

Fall 2018

Introduction

This report provides the results of the needs assessment for the state of Indiana. The needs assessment workgroup conducted a series of activities between January and September of 2018. These activities involved data collection from primary and secondary data sources, data analysis, and reporting of regional as well as local (state-level) results.

The needs assessment results in this report are organized by workforce category (i.e. clinical versus non-clinical providers, low volume/novice providers, minority & minority-serving providers) as well as by topics that deserve special attention (i.e. PrEP, Hepatitis C, and the opioid epidemic). The clinics that each LP selected as potential candidates for Practice Transformation are shown at the end of the report.

Data sources used for the needs assessment include the following:

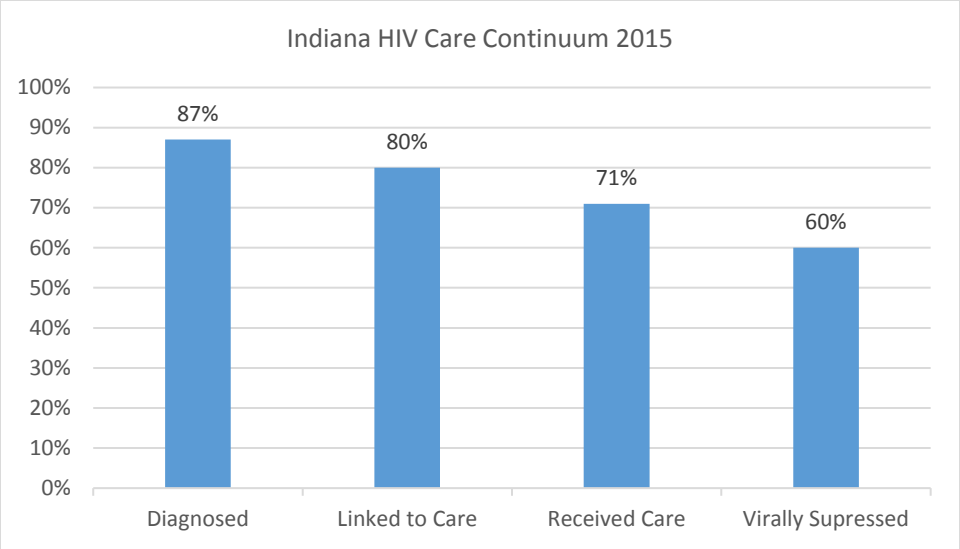
Primary Data Sources	Secondary Data Sources
• Policy Training Advisory Council (PTAC) • Key Informant Interviews with clinical leaders of each state • AETC Local Partner Program Directors	• HIV Integrated Prevention and Care Plans • HIV Surveillance reports from state health departments and CDC • AETC PIF, ER, and ACRE IP data from FY17-18 • CDC_Atlas Plus interactive database • amfAR Opioid and Health Indicators database • HRSA Data Warehouse • The Robert Graham Center workforce projections

Epidemiology

Indiana is considered a medium incidence state in the Midwest AETC region. The state accounts for 9% of the HIV prevalence rate as of 12/31/15 and 10% of new HIV diagnoses in 2016 (Appendix, table 1). African Americans have a diagnosis rate that is ten times higher than whites in Indiana in 2016 (Appendix, table 3).

Care Continuum

Indiana's HIV Care Continuum shows that 87% of all PLWH in Indiana are diagnosed as of 2015. An estimated 13% of HIV-infected individuals are not aware of their HIV status. Of those that are diagnosed with HIV, 80% are linked to care, 71% received care, and 60% achieved viral suppression (compared to 49% for the entire PLWH population in the United States). The percentage of people diagnosed is based on the total estimate of HIV-infected individuals, diagnosed and undiagnosed. The percentage of people linked to care, receiving care, and virally suppressed is based on the number of people living with diagnosed HIV



The State of Indiana's HIV Workforce

Reviewing Indiana's Integrated Plan for HIV Prevention and Care and summarizing data obtained from key informant interviews and members of PTAC revealed the following information about the state of Indiana's workforce:

- In Central Indiana, the workforce situation is currently relatively good due to additional funding for more staff. As a result of this funding, some clinics have increased their nurse practitioner and social worker staff which is helping with engagement and retention efforts. However, despite additional funding, other clinics have not been able to recruit more physicians, nurse practitioners, pharmacists, or case managers.
- The city of Gary is in need of capacity expansion. The city now has a clinic with part C funding. The local ASO has received funding for a clinician, but has not been able to recruit one yet.
- There are not enough providers in rural areas. PLWH in these areas lack access to knowledgeable HIV providers and often have to travel long distances for their HIV care. They often face increased stigma which deters them from engaging in care.
- MATEC-IN has trained providers throughout the state in both urban (Indianapolis) and rural areas. One suggestion is to continue to focus on Allen County (Ft. Wayne) and Putnam County (Terre Haute) and expand capacity in these areas.
- There are fewer physicians interested in ID and HIV compared to other specialties. Some ID fellows do end up staying in the state after their fellowship, doing HIV care somewhere in Indiana.
- Address workforce shortages by approaching NP's and PA's while they are still in school to plant the seed about HIV care.

Training Needs of Low Volume and Novice HIV Providers

The training needs of low volume and novice providers who attended training events in Indiana during FY2017-2018 were assessed by analyzing their responses to the needs assessment question on the ACRE-IP form. Figure 2 in the Appendix shows the results of this analysis. Low volume and novice providers indicated that they would like more training on mental health, ART, Hepatitis C co-infection, drug resistance, and substance use. The discipline

breakdown of the respondents helps clarify which professional disciplines were more likely to suggest each one of these training topics.

Training Needs of Minority/Minority-Serving HIV Providers

The training needs of minority and minority-serving providers who attended training events in Indiana during FY2017-2018 were assessed by analyzing their responses to the needs assessment question on the ACRE-IP form. Figure 3 in the Appendix shows the results of this analysis. Minority and minority-serving providers in Indiana indicated that they would like more training on mental health, ART, transgender health, Hepatitis C co-infection, and drug resistance. The discipline breakdown of the respondents helps clarify which professional disciplines were more likely to suggest each one of these training topics.

Training Needs of the Clinical Workforce

The clinical HIV workforce includes physicians, nurse practitioners, pharmacists, physician assistants, and dentists. The following needs apply to the clinical workforce only. Needs that apply to both clinical and non-clinical providers are listed in a separate paragraph.

- Both PTAC members and key informants indicated that the focus of training in Indiana should remain on clinical providers, specifically primary care providers working at CHC's and FQHC's.
- Focus efforts on huge networks (IU Health, Community Health, Franciscan Alliance, Sisters of Charity) to expand HIV /AIDS Care – access to HIV Screening, HCV screening, PrEP, and PEP.
- Primary care providers need education to build capacity to do testing, including testing in high-risk communities and making testing sites more accessible.
- Providers need to be trained in linking positives immediately to care either through referral or on-site care.
- Echo programs can bring more help to groups that have nobody to help them – engage and support these programs for HIV and HCV training.
- There is a need to increase access to oral health professionals who provide care to PLWH.
- Clinicians need training about the importance of wrap-around services to the work of HIV prevention and care.
- There is a need for training in the jails about basic HIV care so that incarcerated PLWH know where to go when they are released and don't fall out of care. Key Informants suggest that MATEC-IN do a learning event at the Indianapolis City County Jail.
- Important to make sure care is integrated in Austin, Scott County. Need to train in the jails down in that area as well as make sure that any HIV+ patients not in care are identified and linked to care and continue to be in care once released. This requires training for those actively engaged in HIV care on new treatment guidelines and harm reduction strategies such as syringe exchange programs.

Training Needs of the Non-Clinical Workforce

The non-clinical HIV workforce includes nurses (RN), mental health professionals, substance abuse professionals, social workers, and case managers. The following needs apply specifically to the non-clinical workforce:

- The non-clinical workforce needs training in case management, care coordination, early intervention services, health insurance premium, cost sharing assistance, housing, and transportation services.
- Providers of mental health and substance abuse services need to be trained in how to keep PLWH retained in care.
- There is a need for harm reduction training for substance abuse providers.

Training Needs of All HIV Providers (Clinical and Non-Clinical)

The following training needs apply to both the clinical as well as non-clinical HIV workforce in Indiana:

- African Americans, young adults, immigrants, and women of childbearing age face unique challenges to accessing and remaining engaged in HIV care.
- Racial, ethnic, and cultural differences between clients and providers exist especially outside the Indianapolis TGA. This reduces equitable access to prevention and care services for people of color, MSM, substance abusers, and sexual minorities and increases the need for training in stigma reduction and cultural competency.
- Other training topics in demand for the entire workforce are trauma-informed care and opioid use.

Training Needs around Prevention and PrEP

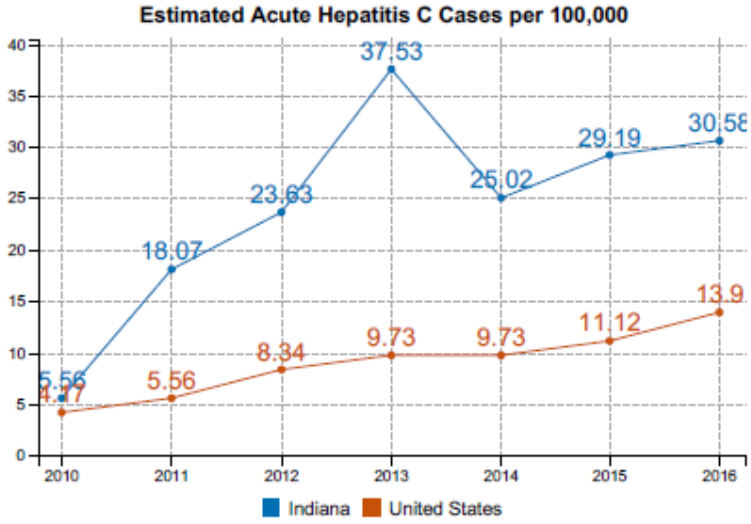
We asked key informants and members of PTAC specific questions about the needs in their state around PrEP and prevention. Based on the information they shared with us, we identified the following needs in Indiana:

- There is a need to support individuals that tested negative so they remain negative.
- There is a need to go out into the community and talk to the people who would most benefit from PrEP and prevention services, such as high school students, boys and girls clubs, scout groups, etc. Increased awareness among these groups means they will ask their providers about it.
- Primary care providers and OB/GYN's need training on PrEP as consumers are more likely to go to their primary care doctor or OB/GYN for PrEP than to an HIV specialist.
- Providers need training in PrEP policies and procedures.

Hepatitis C

In the United States, 25% of PLWH are co-infected with Hepatitis C (HCV). About 80% of PLWH who inject drugs also have HCV. HIV/HCV co-infection more than triples the risk for liver disease, liver failure, and liver-related death. Liver disease, most of it related to HCV and HBV, has become the leading cause of non-AIDS-related deaths among the HIV population. African Americans are twice as likely to have HCV as whites.[1]

Indiana's estimated acute HCV cases per 100,000 is 30.58 compared to the national average of 13.9 in 2016. Indiana's HCV infection rates are some of the highest in the country. ***Training needs include universal HIV/HCV screening, policies & procedures, and HCV mono-infection***

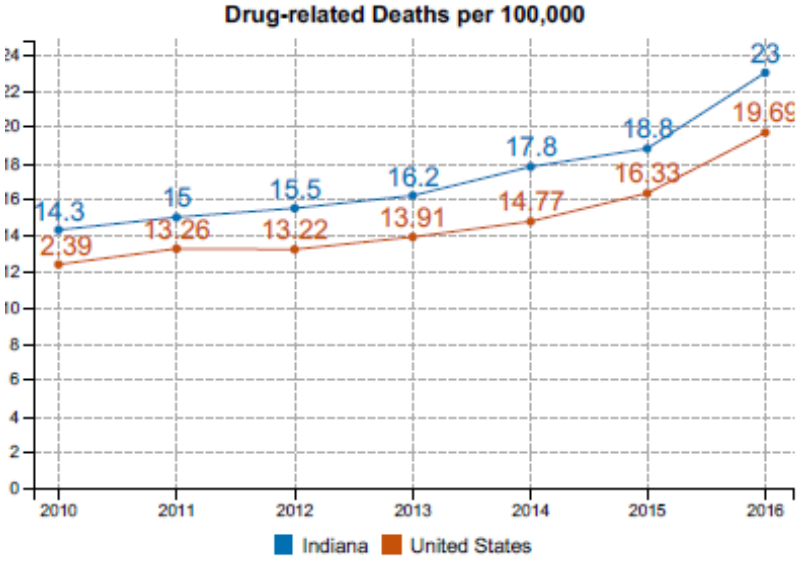


Source: http://opioid.amfar.org/IN

Opioid Epidemic

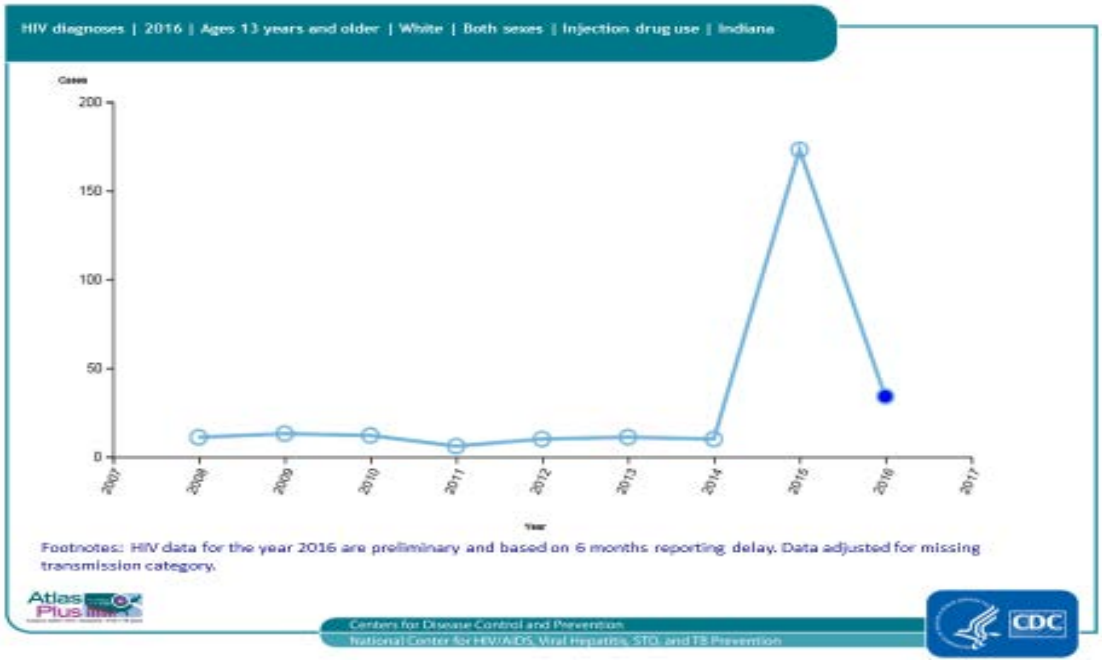
Many of the Midwestern states have seen a sharp rise in the number of opioid-related overdose deaths since 2013. As the number of injection drug users continues to rise, the risk increases for the spread of infectious diseases such as HIV and HCV as a result of needle sharing. Several states in the country, including some in the Midwest, are seeing an increase in new HIV infections among white injection drug users.

In 2016, Indiana reported 23 drug-related deaths per 100,000 compared to the national average of 19.69. In 2015, Indiana saw a sharp rise in the number of diagnosed HIV infections among its white population resulting from injection drug use. This spike was the result of an HIV outbreak among injection drug users in rural Scott County and has since come down from its peak. Despite the decrease in new infections seen in 2016 compared to 2015, the rate for 2016 is an increase compared to 2014 and prior years.



Source: http://opioid.amfar.org/IN

[1] https://www.cdc.gov/hiv/pdf/library_factsheets_HIV_and_viral_Hepatitis.pdf



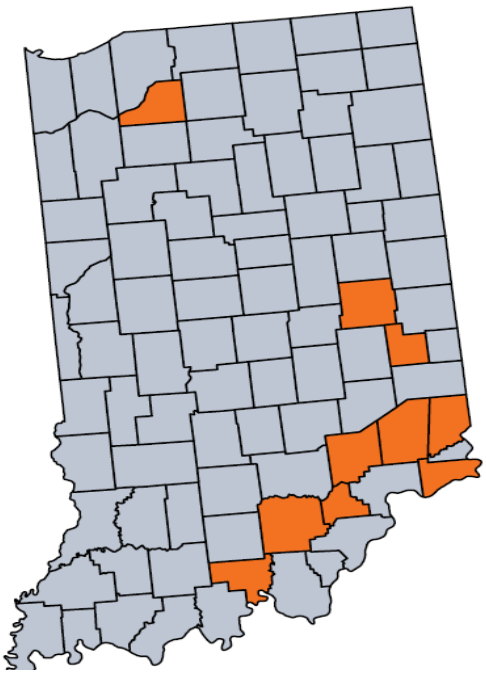
Source: https://gis.cdc.gov/grasp/nchhstpatlas/charts.html

Rural Counties at High Risk for HIV and HCV Outbreaks

The CDC has identified 220 counties at risk of HIV and/or HCV outbreaks as a result of the opioid epidemic. Indiana is home to 10 vulnerable counties, mostly located in the southwestern part of the state. These include Scott, Washington, Starke, Fayette, Switzerland, Crawford, Henry, Jennings, Ripley, and Dearborn Counties. Only Scott County currently offers a syringe exchange program.

Indiana needs to train providers in rural areas that are at high risk for the triple threat: HIV and HCV infection among injection drug users.

CDC Vulnerable Counties



Source: http://opioid.amfar.org/IN

Potential Practice Transformation Clinics

We asked our LP's to identify clinics in their state that could be potential candidates for Practice Transformation during the next grant cycle. While identifying these clinics, we asked the LP's to select clinics that would meet the strict criteria from the 2015 AETC guidance (existing criteria) as well as clinics that did not meet the existing criteria but would be excellent candidates if the criteria are loosened during the next grant cycle. Indiana identified the following clinics as potential candidates for Practice Transformation.

Potential clinics that meet existing PT criteria	**Potential clinics that do not meet existing PT criteria**
1. Healthnet, Indianapolis 2. Raphael Health Center, Indianapolis 3. The Health and Hospital Corporation of Marion County, Indianapolis	1. Healthlinc, Valparaiso 2. Community Healthnet Health Centers, Gary 3. LIfespring, Jeffersonville

"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA29293 (AIDS Education and Training Centers). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

APPENDIX

Table 1: HIV Incidence and Prevalence for 10 states in Midwest AETC Region, 2016						
	Population as of 12/31/2015		HIV Prevalence as of 12/31/2015		HIV Incidence in 2016	
State	Total population in numbers	Total Population as % of Midwest Region	HIV prevalence in numbers as of 12/31/15	HIV prevalence as % of Midwest Region as of 12/31/15	HIV incidence in numbers in 2016	HIV incidence as % of Midwest Region in 2016
IL	12,835,726	19%	35,441	31%	1,391	28%
IN	6,634,007	10%	10,741	9%	484	10%
IA	3,130,869	5%	2,427	2%	137	3%
KS	2,907,731	4%	2,830	2%	142	3%
MI	9,933,445	15%	14,615	13%	748	15%
MN	5,525,050	8%	7,803	7%	289	6%
MO	6,091,176	9%	11,887	10%	518	10%
NE	1,907,603	3%	2,040	2%	76	2%
OH	11,622,554	18%	20,709	18%	973	20%
WI	5,772,917	9%	5,916	5%	224	4%
Midwest	66,361,078	100%	114,409	100%	4,982	100%

Source: https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf

Table 2: People Living with HIV by State, Compared by Racial Population Percentages, as of 12/31/2015									
State	Total population in millions in 2015	White		AA, Black		Latino		Multiple Races	
		Number of People Living with HIV	Rate per 100,000	Number of People Living with HIV	Rate per 100,000	Number of People Living with HIV	Rate per 100,000	Number of People Living with HIV	Rate per 100,000
IA	3.12	1565	68.2	458	574	224	180.6	118	423.9
IL	12.86	9963	144.6	16508	1101.9	6629	405.7	1849	1527.8
IN	6.61	5410	120.5	3817	780.6	960	306.6	380	564.2
KS	2.91	1441	76.6	704	519.5	487	205.8	152	346.3
MI	9.92	4869	75.3	8294	736.4	811	230.6	500	378.2
MN	5.48	3812	100.3	2710	1141.7	778	392.4	248	362.3
MO	6.07	5615	135.7	5202	913.8	636	361.9	341	456.6
NE	1.89	1059	82.8	569	836.7	306	223.7	51	269.8
OH	11.61	9357	118.0	9072	783.1	1255	422.0	801	584.1
WI	5.76	2648	64.9	2177	772	817	304.6	163	305.4
US	321.22	298,373	174.2	404,375	1238.3	213,428	496.8	37810	890.0

Source: https://gis.cdc.gov/grasp/nchhstpatlas/tables.html

Table 3: Number of HIV Diagnoses by State, Absolute Numbers and Rates per 100,000, (2016)								
State	White		AA, Black		Latino		Multiple Races	
	Number of HIV diagnosis	Rate per 100000	Number of HIV diagnosis	Rate per 100000	Number with HIV diagnosis	Rate per 100000	Number with HIV diagnosis	Rate per 100000
IA	72	3.1	43	51.9	10	7.8	4	13.7
IL	284	4.2	741	49.6	291	17.5	28	22.4
IN	190	4.2	217	43.9	55	17.0	7	10
KS	77	4.1	32	23.6	23	9.5	5	11
MI	234	3.6	430	38.2	46	12.7	19	13.9
MN	116	3.0	129	52.3	23	11.1	6	8.4
MO	207	5.0	248	43.3	40	22.0	11	14.2
NE	38	3.0	15	21.7	16	11.3	2	10.1
OH	380	4.8	499	42.8	52	16.9	29	20.4
WI	78	1.9	109	38.4	24	8.7	8	14.4
US	10329	6.0	17450	52.9	9750	22.2	871	19.8

Source: https://gis.cdc.gov/grasp/nchhstpatlas/tables.html

Table 4: HIV/AIDS Prevalence, Number of Ryan White Providers, Number of Community Health Centers (CHCs) providing HIV Care, and Number of Unique Facilities/Providers reporting CD4 and Viral Load in 10 Midwestern States (2015)				
State	# of PLWHA as of December 31, 2015[2]	# of Ryan White providers as of December 31, 2015[3]	# of CHCs providing clinical HIV care as of December 31, 2015[2]	# of unique facilities or providers reporting CD4 and viral load in 2015[4]
Illinois	35,441	121	37	318 facilities
Indiana	10,741	21	20	N/A
Iowa	2,427	10	11	80 facilities
Kansas	2,830	11	13	88 facilities
Michigan	14,615	36	33	N/A
Minnesota	7,803	20	15	85 facilities
Missouri	11,887	27	19	352 providers
Nebraska	2,040	17	6	121 providers
Ohio	20,709	38	36	267 providers
Wisconsin	5,916	22	13	581 providers
Total 10 states	114,409	323	203	571 facilities 1,321 providers

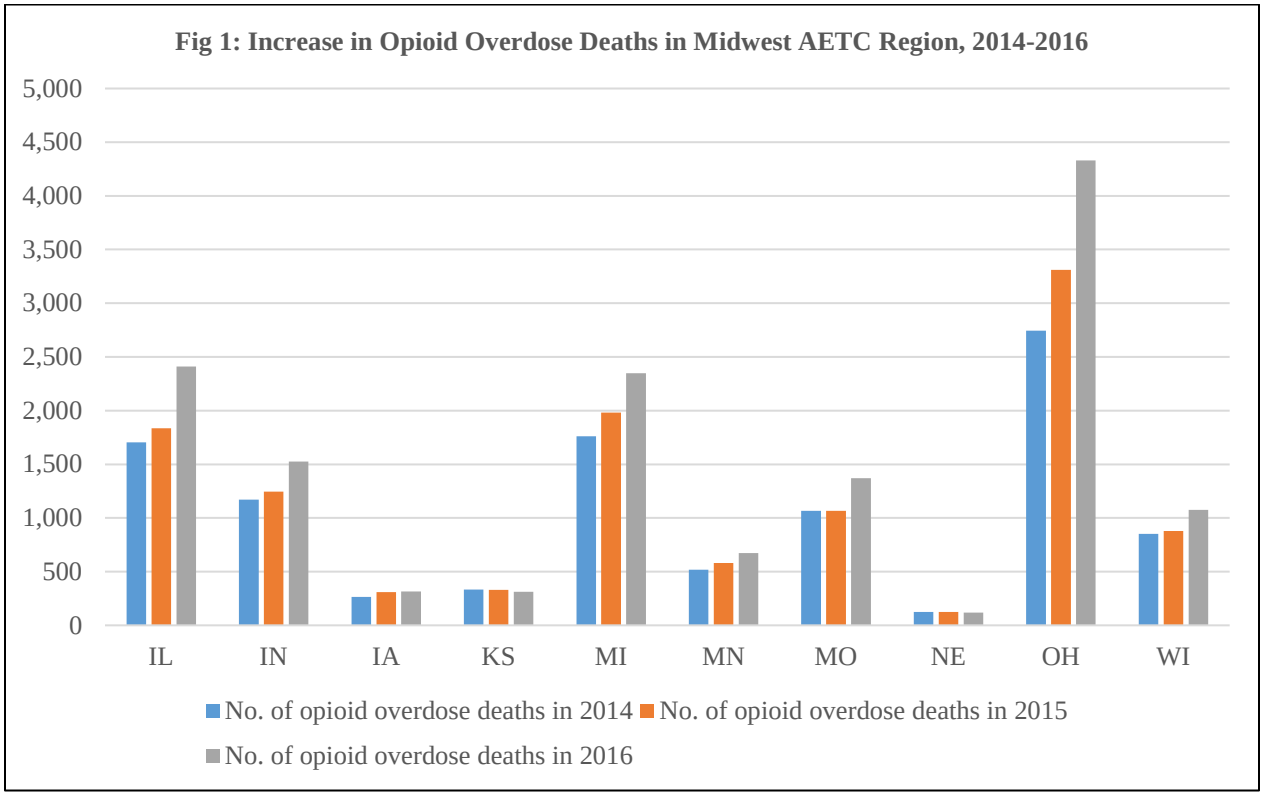
[2] Centers for Disease Control and Prevention, HIV Surveillance Report, Volume 28. Diagnoses of HIV Infection in the United States and Dependent Areas, 2016. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf

[3] Health Resources and Services Administration, Data Warehouse. Accessed 4/9/2018. https://datawarehouse.hrsa.gov

[4] Data provided by State Health Departments upon MATEC's request.

Table 5: Drug-related deaths, HCV incidence, HIV incidence, and HIV prevalence rates in 10 Midwestern States and the United states, 2015-2016				
States	Drug-related deaths per 100,000 in 2016	Acute HCV cases per 100,000 in 2015	New HIV diagnoses per 100,000 in 2016	HIV prevalence per 100,000 as of 2015
IA	10.0	N/A	5.1	93.5
IL	18.8	2.8	12.9	330.1
IN	23.0	30.6	8.8	195.7
KS	10.8	7.0	5.9	118.6
MI	23.6	15.3	8.9	174.6
MN	12.2	12.5	6.2	171.3
MO	22.5	5.6	10.0	234.0
NE	6.3	1.4	4.9	131.6
OH	37.3	22.2	9.9	212.5
WI	18.6	25.0	4.6	122.0
US	19.7	13.9	14.7	362.3

Source: http://opioid.amfar.org



Source: https://www.cdc.gov/drugoverdose/data/statedeaths.htm

Table 6: Syringe Exchange Programs and Facilities Providing Some Medication Assisted Treatment (MAT) in 10 Midwestern States in 2018		
States	Syringe Exchange Programs in 2018	Facilities providing MAT (2018)
IA	1	29
IL	9	178
IN	7	108
KS	0	42
MI	4	121
MN	10	89
MO	2	107
NE	0	19
OH	7	215
WI	15	101

Source: http://opioid.amfar.org

Table 7: Additional PCPs needed in 10 Midwestern States by 2030			
State	Additional PCPs required by 2030	% increase compared to state's current PCP workforce	Current population to PCP ratio
Illinois	1,063	12%	1462:1
Indiana	817	20%	1659:1
Iowa	119	5%	1507:1
Kansas	247	13%	1561:1
Michigan	862	12%	1400:1
Minnesota	1,187	28%	1258:1
Missouri	687	18%	1564:1
Nebraska	133	11%	1489:1
Ohio	681	8%	1482:1
Wisconsin	942	22%	1364:1

https://www.graham-center.org/rgc/publications-reports/browse-by-topic/workforce.html

Table 8: Number of Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs) in 10 Midwestern States, HHS Regions V and VII, and the United States in 2018

Region/ State	Population Estimate as of 1/7/2017[1]	Number of HPSAs for Primary Care (as of 4/4/2018)	Number of MUAs (as of 4/4/2018)	Number of MUPs (as of 4/4/2018)
United States	325.7 million	7,176	3586	426
HHS V and VII	66.6 million	1,831	935	96
Illinois	12.8 million	234	147	17
Indiana	6.7 million	159	45	22
Iowa	3.1 million	132	87	1
Kansas	2.9 million	169	90	14
Michigan	10.0 million	361	89	11
Minnesota	5.6 million	128	97	10
Missouri	6.1 million	250	115	5
Nebraska	1.9 million	111	81	1
Ohio	11.7 million	150	114	13
Wisconsin	5.8 million	137	70	4

[1] United States Census Bureau, Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2017. https://www.census.gov/data/tables/2017/demo/popest/state-total.html

Fig 2: Training Needs of Low Volume and Novice Providers in Indiana during FY 2017-18

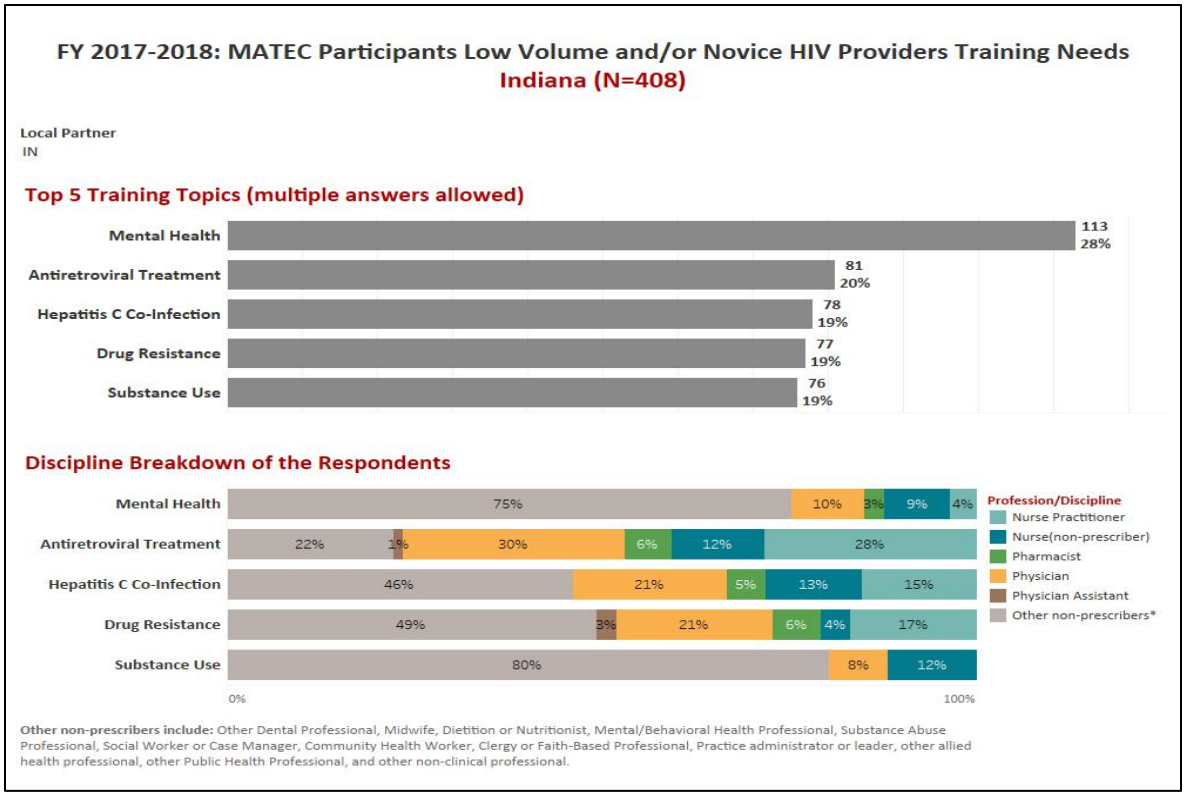


Fig 3: Training Needs of Minority and/or Minority Serving Providers in Indiana during FY 2017-18

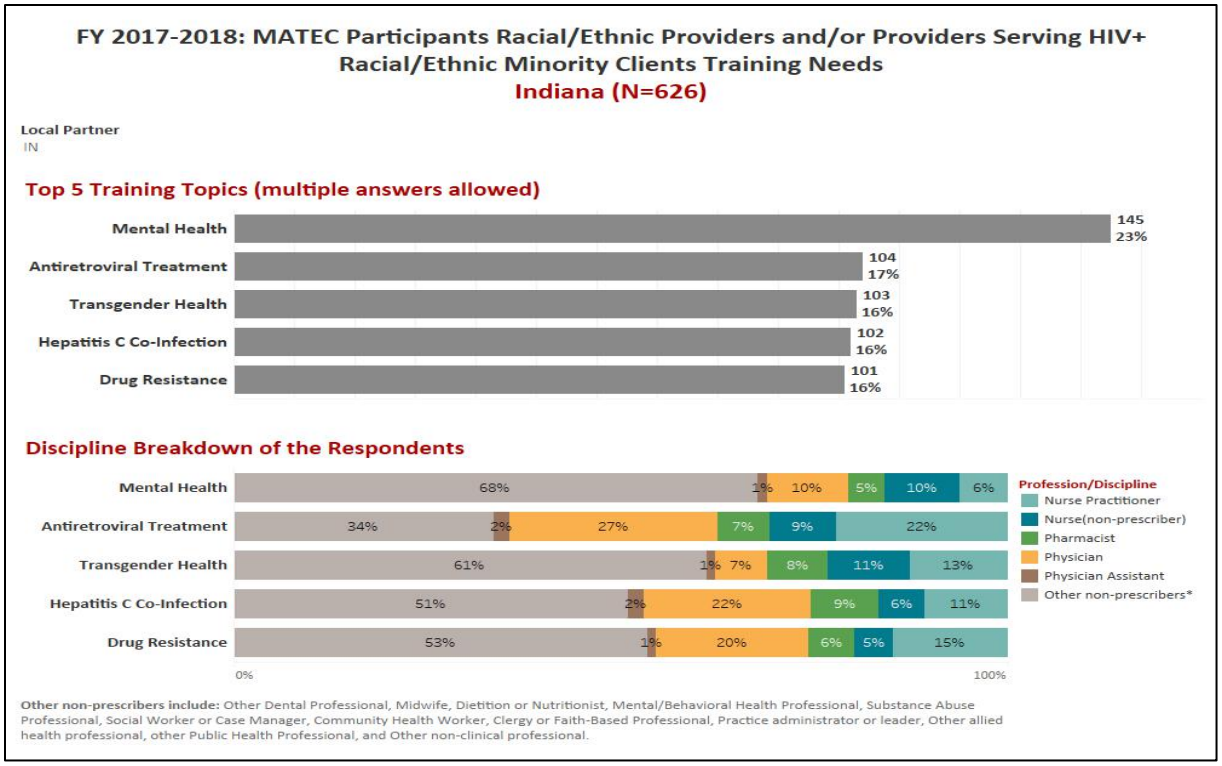


Fig 4: CORE and MAI Participants by Discipline in Indiana and Midwest Region during FY 2017-18

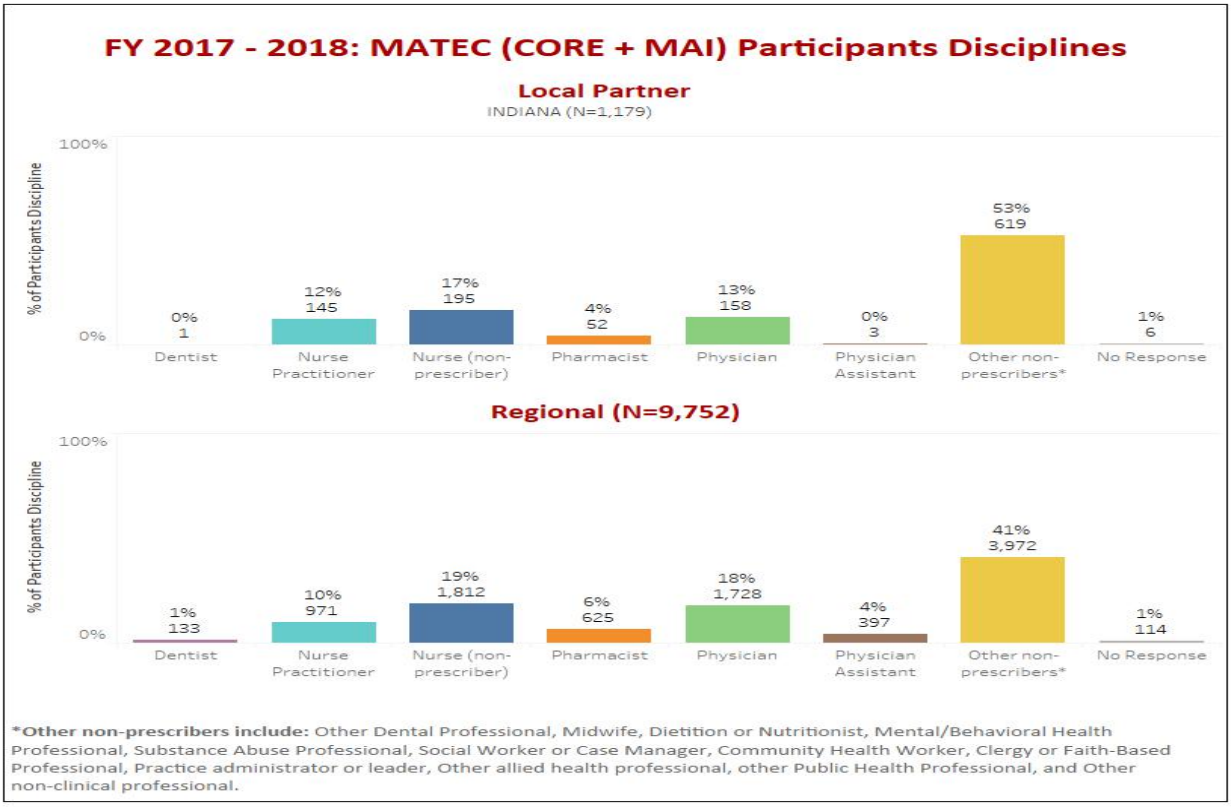


Fig 5: CORE and MAI Participants by Race and Ethnicity in Indiana and Midwest during FY 2017-18

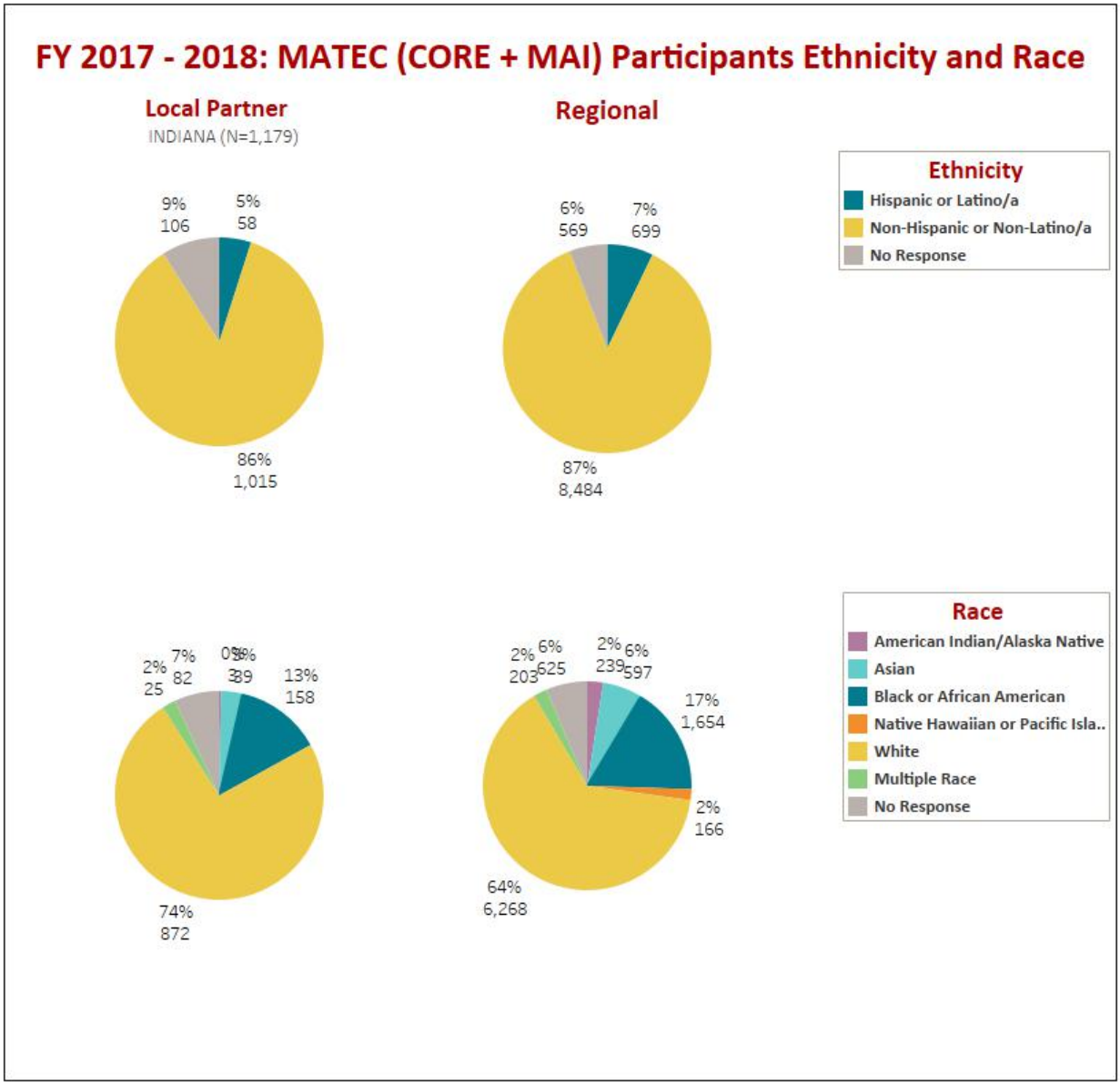


Fig 6: Map of employment zipcodes of MATEC trainings who are working in Indiana