

# HIV TRAINING NEEDS REPORT FOR WISCONSIN

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 Wisconsin. 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:

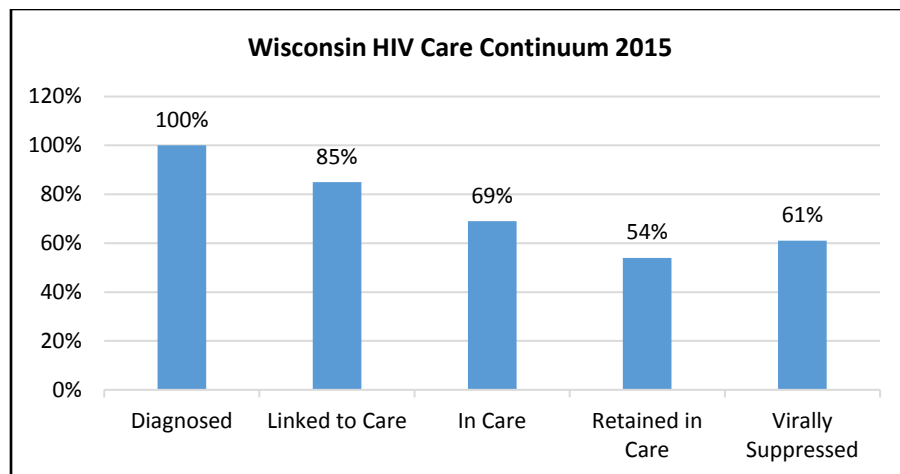
Primary Data Sources	Secondary Data Sources
<ul style="list-style-type: none"> <li>• Policy Training Advisory Council (PTAC)</li> <li>• Key Informant Interviews with clinical leaders of each state</li> <li>• AETC Local Partner Program Directors</li> </ul>	<ul style="list-style-type: none"> <li>• HIV Integrated Prevention and Care Plans</li> <li>• HIV Surveillance reports from state health departments and CDC</li> <li>• AETC PIF, ER, and ACRE IP data from FY17-18</li> <li>• CDC Atlas Plus interactive database</li> <li>• amfAR Opioid and Health Indicators database</li> <li>• HRSA Data Warehouse</li> <li>• The Robert Graham Center workforce projections</li> </ul>

## Epidemiology

Based on HIV surveillance data, Wisconsin can be considered a low incidence state. While the population of Wisconsin accounts for 9% of the total population of the Midwest AETC region, Wisconsin accounts for 5% of the HIV prevalence in the region as of 12/31/15 and 4% of HIV incidence in 2016 (Appendix, table 1). HIV disproportionately affects Blacks/African Americans in Wisconsin. Their risk to be living with HIV in 2015 is more than ten times the risk of whites (Appendix, table 2) and the rate of new HIV infections among Blacks was almost 20 times higher than the rate among white people in 2016 (Appendix table 3). In no other state in the Midwest is this discrepancy as extreme as in Wisconsin.

## Care Continuum

The HIV Care Continuum for Wisconsin shows that the state is linking a high percentage (85%) of those newly diagnosed in 2015 to care. However, only 54% of those living with HIV in 2015 were retained in care, which is the area of the care continuum that should receive the most focus for improvement. Wisconsin does not include those unaware of being HIV-infected in the denominator of the number of people diagnosed. The percentage of people linked to care is based on those newly diagnosed in 2015. The remaining three bars of the Continuum are based on the number of people diagnosed and living with HIV in 2015



### The State of the HIV Workforce in Wisconsin

Reviewing Wisconsin'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 Wisconsin's HIV workforce:

- Consider both the need for sufficient volume of providers and as well as the distribution (i.e., access) throughout the state.
- We need to make sure that clinicians are practicing at the “top of their license”
- Focus on engaging new clinicians as they come into the workforce and emphasize the interprofessional nature of the HIV field.
- The clinical expert who participated in the key information interviews was not aware of any community clinics that were having difficulties recruiting providers. However, while recruitment may not seem to be an issue at community health clinics, retention of providers at these clinics is an issue.

### Training Needs of Low Volume and Novice HIV Providers

The training needs of low volume and novice providers who attended training events in Wisconsin 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 PrEP, medication adherence, retention in care, substance use, and mental health. 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 Wisconsin 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 Wisconsin indicated that they would like more training on mental health, LGBTQ population, retention in care, transgender health, and women. 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.

- Train primary care providers and emergency room personnel in routine HIV testing
- Primary care providers who treat HIV patients at community clinics need training in more complicated aspects of HIV care, including comorbidities, resistance, and drug interactions.
- Primary care providers need training in caring for aging HIV patients
- Clinical providers need timely updates on new medications and treatment modalities, including cutting edge research from national and international conferences
- Train new providers on the following topics: biomedical prevention (including awareness of PrEP, guidelines for PrEP, and treatment as prevention), STI screening and treatment, basics of addiction medicine, nPEP, HIV treatment guidelines and updates, overview of the “State of the HIV epidemic”, and services available through the Ryan White program
- Connect new providers to experienced ones for consultation, referrals, and mentorship
- Addiction medicine providers need training on harm reduction, risk assessment, prevention strategies

### **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:

- Case managers and social workers, including housing staff, need training in offering support services to HIV+ patients.
- Target providers of mental health and substance abuse services in caring for HIV patients, as mental health and substance abuse issues prevent PLWH from staying in care

### **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 Wisconsin:

- All providers need training in stigma and cultural sensitivity
- All providers need training in strategies to increase engagement in care and adherence among patients of color. Focus needs to be on how to bring them back into care after they have fallen out of care
- There is a need for a stronger presence of MATEC at regional conferences to make connections with providers
- All providers need training in HIV/HCV co-infection as HCV is a big problem in Wisconsin
- All providers need training in the importance of screening, testing, and treatment of STI’s given the overall increase in STI rates.

## 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 Wisconsin:

- Addiction treatment providers need to be trained in HIV prevention and PrEP
- There are several needs related to PrEP: (1) increase promotion of PrEP to create awareness in the community, (2) train providers who are unwilling to prescribe PrEP to increase their knowledge and comfort level, and (3) offer support services to clients who need help obtaining PrEP, navigating financial coverage, and reducing risky behavior
- We need to increase acceptance and use of PrEP in Hispanic and African American communities
- Consider a TelePrEP program to service clients interested in PrEP who live in an area that does not have any prescribers. Iowa has an excellent model that can be duplicated in other states.

## Needs of AI/AN Population

Wisconsin is home to 11 federally recognized American Indian tribes. The AI community presents unique challenges with regard to HIV prevention and care. While Wisconsin did not conduct a separate needs assessment among its providers to the AI community, some of the needs that are prevalent in this community are listed below:

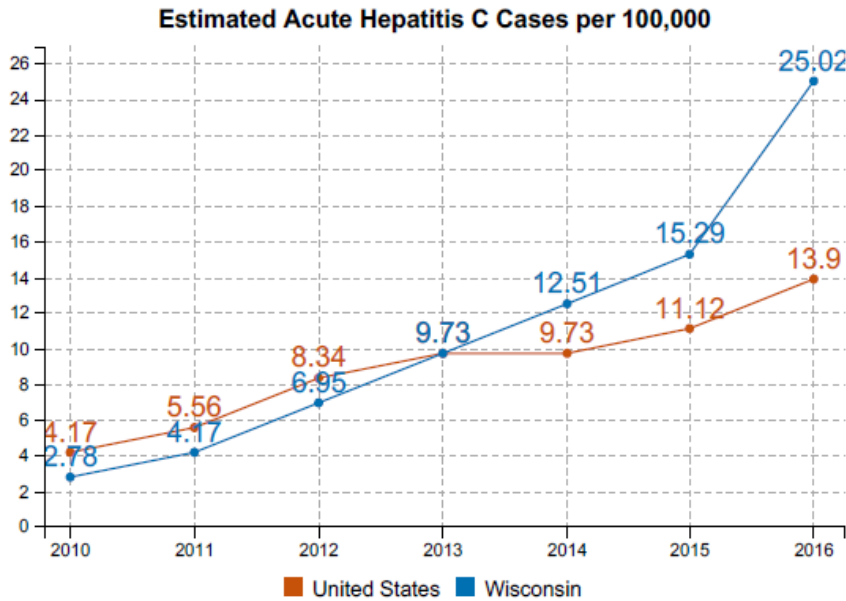
- The needs in the AI community are along the early side of the HIV Care Continuum, i.e. screening, testing, and prevention
- Based on general knowledge of AI communities in the Midwest region, stigma, cultural competency, confidentiality, substance abuse, and mental health are big issue for this population
- It can be difficult to develop relationships with providers and leaders of a tribe, which can hamper targeted training efforts in the AI community
- Wherever possible, the four states that receive AI funding should share best practices for how to approach training in the AI communities

## 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.<sup>1</sup>

Wisconsin's rate of acute HCV infection is close to double the national average. In 2016, 25.02 new cases of acute HCV were reported per 100,000 individuals at risk, compared to 13.9 new HCV cases nationally. The state saw a 60% increase in its HCV incidence rate from 2015 to 2016 (see chart on page 5).

<sup>1</sup> [https://www.cdc.gov/hiv/pdf/library\\_factsheets\\_HIV\\_and\\_viral\\_Hepatitis.pdf](https://www.cdc.gov/hiv/pdf/library_factsheets_HIV_and_viral_Hepatitis.pdf)



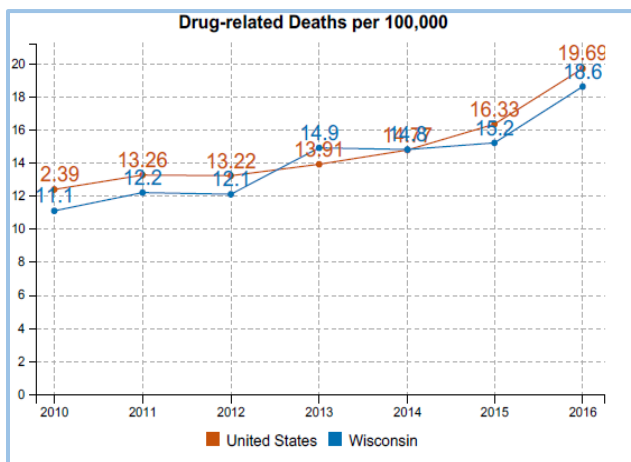
Source: <http://opioid.amfar.org>

### Opioid Epidemic

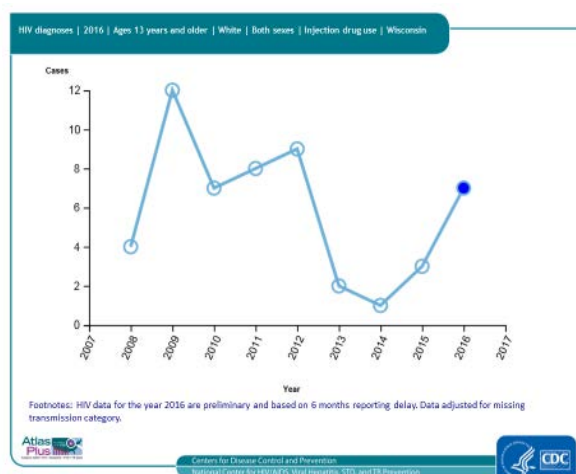
Many of the Midwestern states have seen a sharp rise in the number of opioid-related overdose deaths since 2013. As the number of injection drug users continues to rise, the risk increases for the spread of infectious diseases such as HIV and HCV as a result of needle sharing. Several states in the country,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

The opioid epidemic in Wisconsin mirrors what is happening at the national level. The rate of drug-related deaths in Wisconsin rose from 11.1 per 100,000 in 2010 to 18.6 per 100,000 in 2016. The state has 15 syringe exchange programs and 93 facilities that provide some medication assisted treatment (MAT).

The number of HIV infections among white injection drug users is on the rise since 2014. While the absolute number remains low at 7 newly infected individuals in 2016, the rising trend line stresses the importance of increasing awareness among providers of the confluence of the opioid epidemic, HIV, and HCV.



Source: <http://opioid.amfar.org>



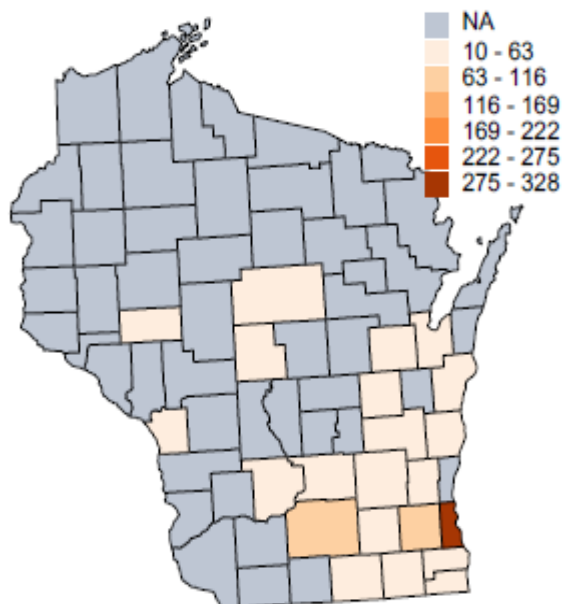
Source: <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>

### 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. Wisconsin is not home to any counties that have been identified by the CDC as vulnerable to an outbreak. The counties that experienced the highest number of drug-related deaths in 2016 are shown in the picture to the right.

Wisconsin should remain vigilant for HIV outbreaks due to worsening of the opioid epidemic, increases in HCV infections among the general population, and increase in HIV infection among white injection-drug users. **Rural providers should be trained in screening, testing, prevention, and knowing resources for when outbreaks occur. This should include knowledge about MAT and Naloxone for PLWH.**

Drug-related Deaths



Source: <http://opioid.amfar.org>

### 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. Wisconsin 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
<ol style="list-style-type: none"> <li>Community Health Systems, Beloit</li> </ol>	<ol style="list-style-type: none"> <li>Sixteenth Street Community Health Centers, Milwaukee</li> <li>Milwaukee Health Services, Milwaukee</li> </ol>

*“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 U10HA29293 (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**

State	Population as of 12/31/2015		HIV Prevalence as of 12/31/2015		HIV Incidence in 2016	
	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 <sup>2</sup>	# of Ryan White providers as of December 31, 2015 <sup>3</sup>	# of CHCs providing clinical HIV care as of December 31, 2015 <sup>2</sup>	# of unique facilities or providers reporting CD4 and viral load in 2015 <sup>4</sup>
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

<sup>2</sup> 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>

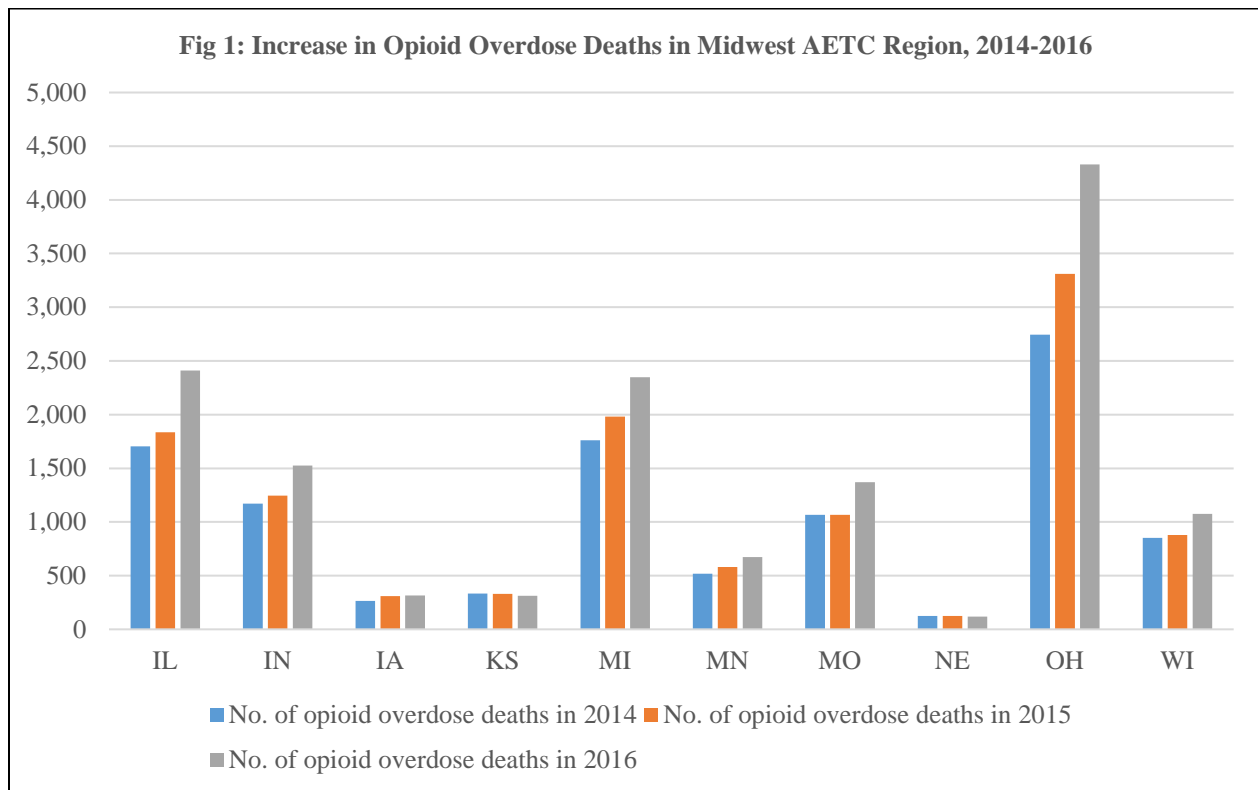
<sup>3</sup> Health Resources and Services Administration, Data Warehouse. Accessed 4/9/2018. <https://datawarehouse.hrsa.gov>

<sup>4</sup> 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

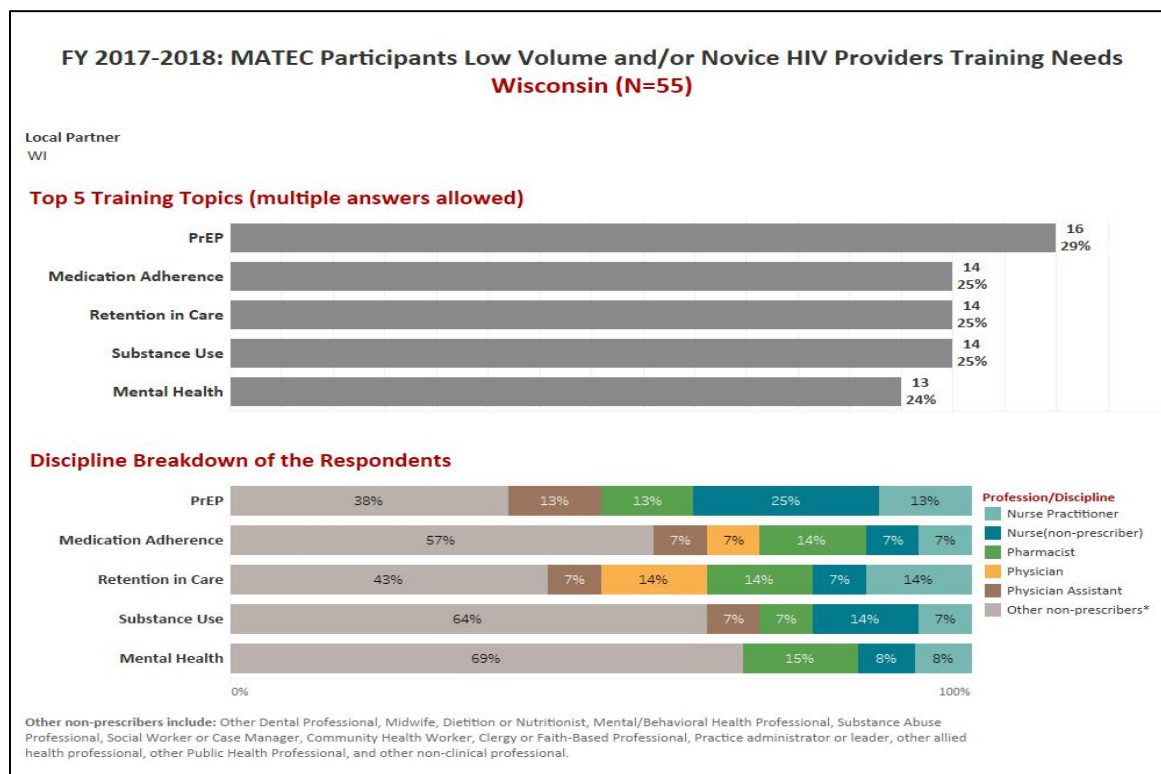
<https://www.graham-center.org/rgc/publications-reports/browse-by-topic/workforce.html>

**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**

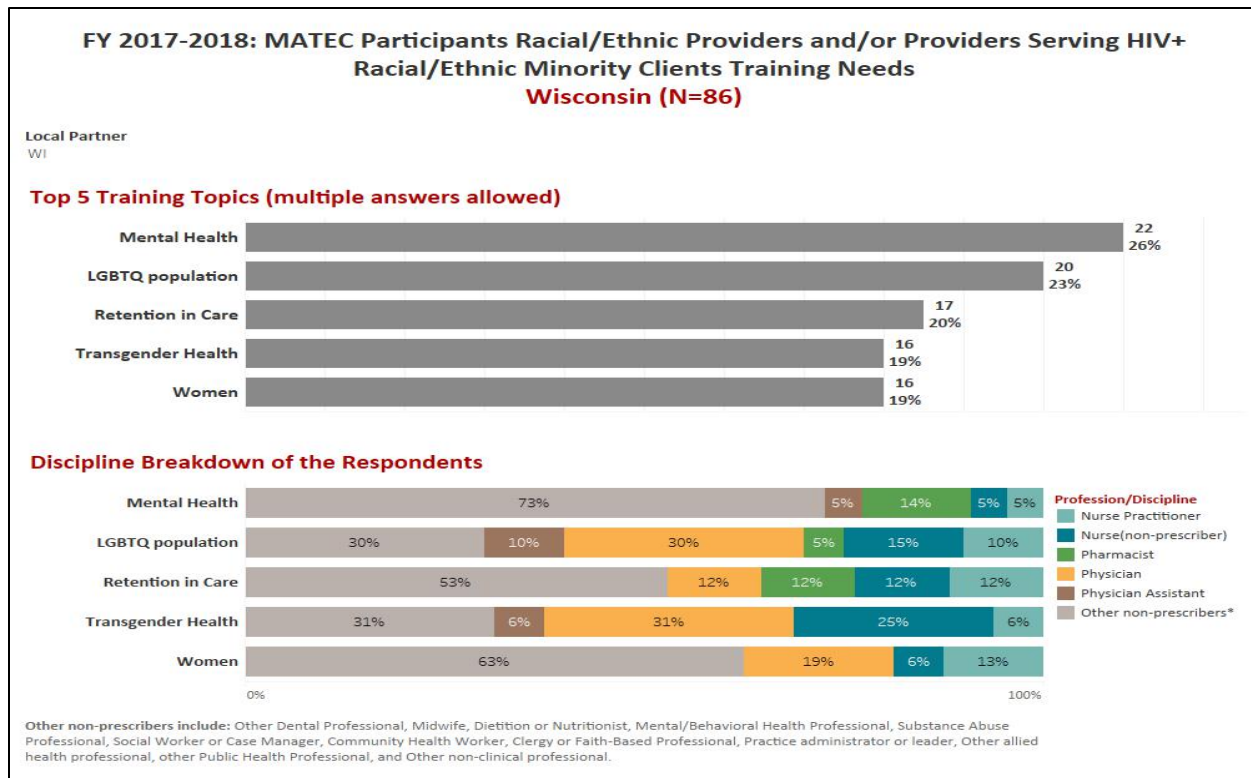
Region/ State	Population Estimate as of 1/7/2017 <sup>1</sup>	Number of HPSAs for Primary Care (as of 4/4/2018)	Number of MUAs (as of 4/4/2018)	Number of MUPs (as of 4/4/2018)
United States	325.7 million	7,176	3586	426
HHS V and VII	66.6 million	1,831	935	96
Illinois	12.8 million	234	147	17
Indiana	6.7 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

<sup>1</sup> 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/pep/states-total.html>

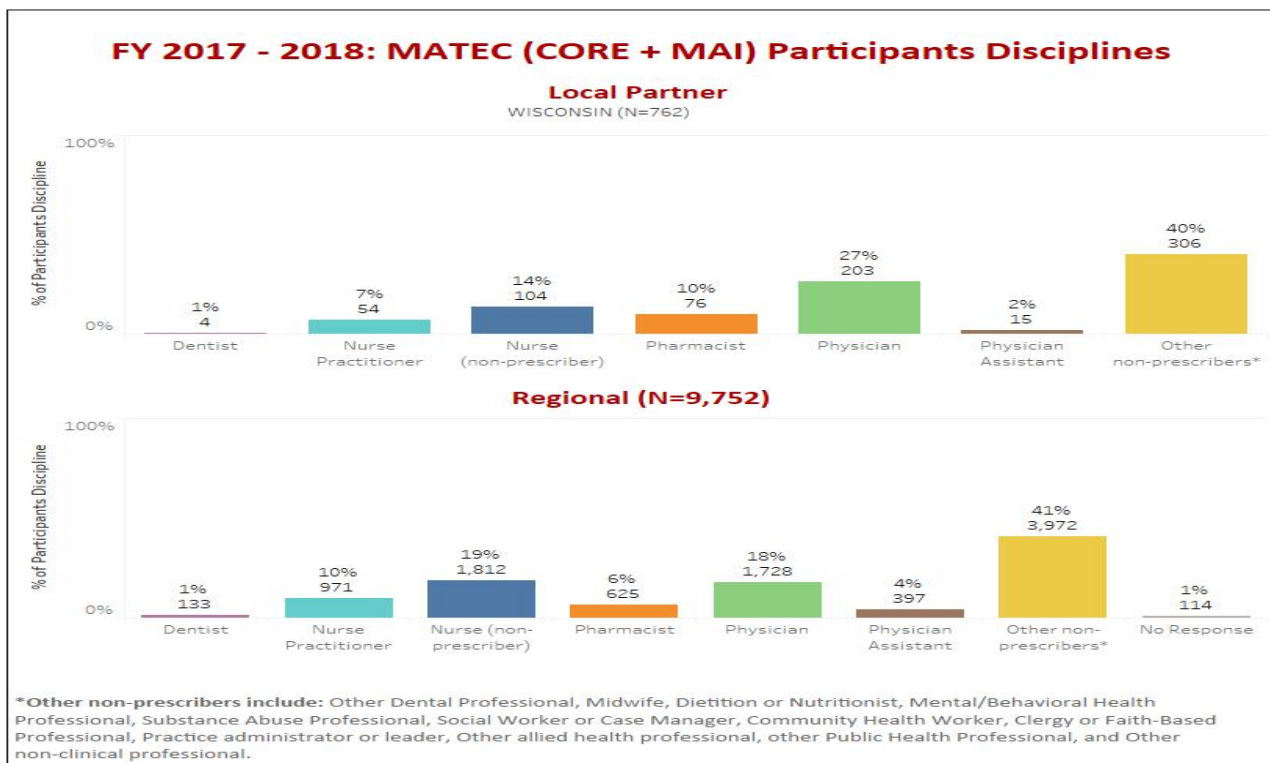
**Fig 2: Training Needs of Low Volume and Novice Providers in Wisconsin during FY 2017-18**



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



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



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

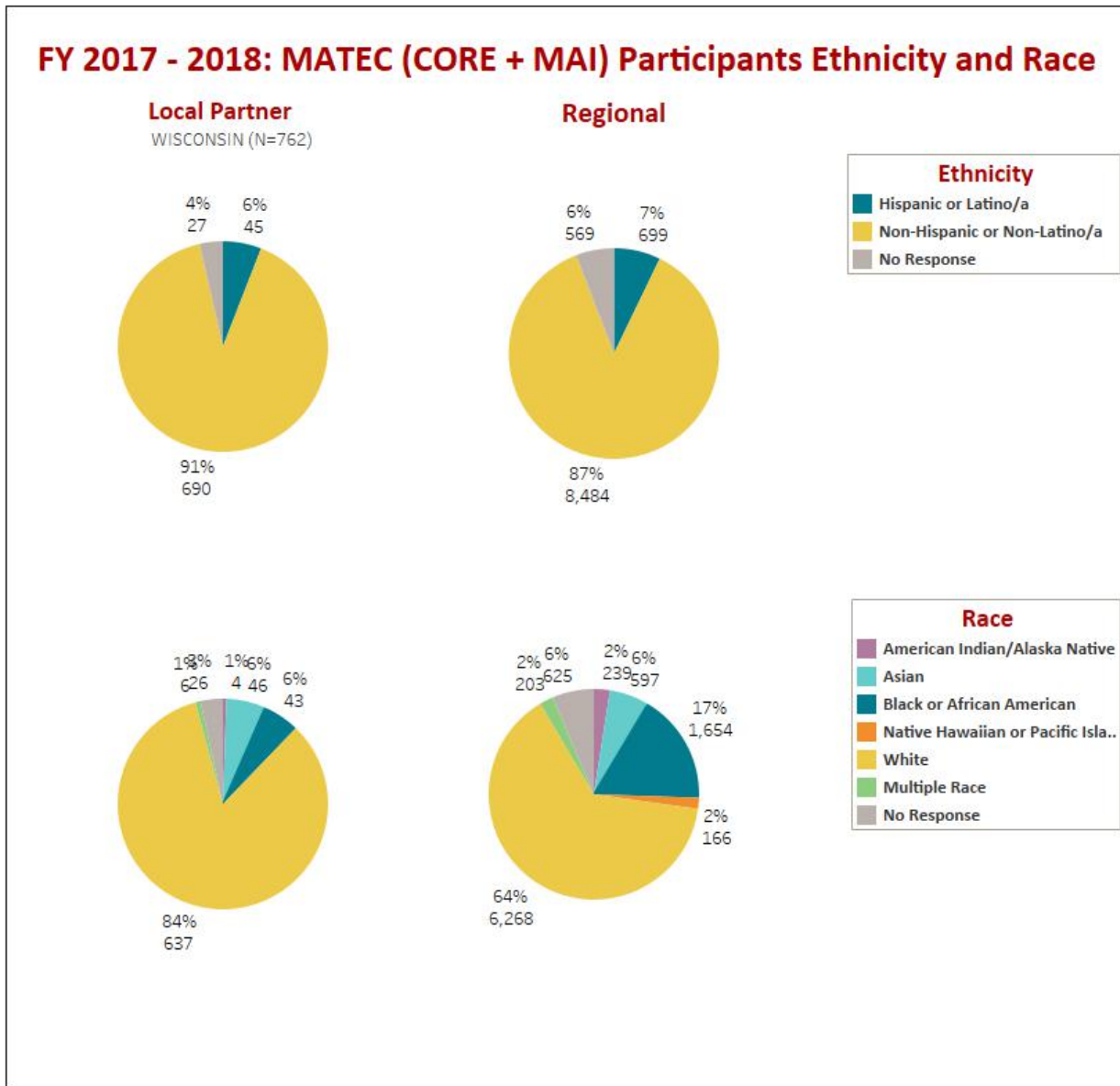


Fig 6: Map of employment zip codes of MATEC trainings who are working in Wisconsin

**FY 2017-2018: MATEC Participants' Employment Zipcodes in WISCONSIN**

