# Delaware Integrated HIV Prevention and Care Plan:

CY2022-2026

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**Testing & Linkage to Care Working Group**

**Retention & Viral Suppression Working Group**

**Systems of Care Working Group**

**Positive Action Committee Working Group**

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## Acronyms

| Acronym | Definition |
|---|---|
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **AETC** | U.S. Ryan White HIV/AIDS Program, AIDS Education and Training Center |
| **ART** | Antiretroviral therapy |
| **ASO** | AIDS Service Organization |
| **BCD** | Bureau of Communicable Disease |
| **BGOC** | Beautiful Gate Outreach Center |
| **BRFSS** | U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System |
| **CBO** | Community-based organization |
| **CDC** | U.S. Centers for Disease Control and Prevention |
| **DHC** | Delaware HIV Consortium |
| **DIS** | Disease Intervention Specialist |
| **DPH** | Delaware Division of Public Health |
| **DRC** | University of Delaware Disaster Research Center |
| **DSAMH** | Delaware Division of Substance Abuse and Mental Health |
| **EHE** | U.S. Department of Health and Human Services, Ending the HIV Epidemic in the U.S. |
| **EIS** | Early Intervention Services |
| **EMA** | Eligible Metropolitan Area |
| **HAD** | Housing Alliance Delaware |
| **HIV** | Human Immunodeficiency Virus |
| **HOPWA** | U.S. Department of Housing and Urban Development, Housing Opportunities for Persons with AIDS |
| **HPC** | Delaware HIV Planning Council |
| **HPSA** | U.S. Health Resources and Services Administration, Health Professional Shortage Area |
| **HRSA** | U.S. Health Resources and Services Administration |
| **HUD** | U.S. Department of Housing and Urban Development |
| **IDU** | Injection drug users |
| **KSCS** | Kent/Sussex Community Services |
| **LGBTQ+** | Lesbian, gay, bisexual, transgender, and queer |
| **MCE** | Delaware HIV Planning Council, Membership & Community Engagement Working Group |
| **MMP** | federal Centers for Disease Control and Prevention, Medical Monitoring Project |
| **MSM** | Men who have sex with men |

| Acronym | Definition |
|---|---|
| **NHAS** | White House Office of National AIDS Policy, National HIV/AIDS Strategy for the United States 2022–2025 |
| **NSDUH** | U.S. Substance Abuse and Mental Health Administration, National Survey on Drug Use and Health |
| **PAC** | Delaware HIV Planning Council, Positive Action Committee Working Group |
| **PIT** | U.S. Department Housing and Urban Development, Point in Time Count |
| **PLWH** | Persons living with HIV |
| **PRC** | Delaware Division of Public Health Bureau of Communicable Disease, Plan Review Committee |
| **PrEP** | Pre-exposure prophylaxis |
| **QMT** | Delaware Ryan White HIV/AIDS Program Part B, Quality Management Team |
| **RFP** | Request for Proposals |
| **RVS** | Delaware HIV Planning Council, Retention & Viral Suppression Working Group |
| **RWHAP** | U.S. Health Resources and Services Administration, Ryan White HIV/AIDS Program |
| **SAMSHA** | U.S. Substance Abuse and Mental Health Administration |
| **SCSN** | U.S. Ryan White HIV/AIDS Program, Statewide Coordinated Statement of Need |
| **SoC** | Delaware HIV Planning Council, Systems of Care Working Group |
| **STD** | Sexually transmitted disease |
| **TGA** | Transitional Grant Area |
| **TLC** | Delaware HIV Planning Council, Testing & Linkage to Care Working Group |
| **UD** | University of Delaware |
| **WFH** | Westside Family Healthcare |
| **YRBS** | Delaware Youth Risk Behavior Survey |

## Section I: Executive Summary of the Integrated Plan and SCSN

The *Delaware Integrated HIV Prevention & Care Plan: 2022-2026* is the culmination of the state's HIV community planning and needs assessment processes performed by the Delaware HIV Planning Council (HPC), the Delaware Division of Public Health' (DPH) Bureau of Communicable Diseases (BCD), and the Delaware HIV Consortium (DHC). This *Integrated Plan* serves to identify Delaware's HIV prevention and care needs, existing resources, barriers and gaps. The plan outlines the state's strategic plan for addressing gaps in needed HIV services and for improving all steps along the HIV Care Continuum. This document includes and draws upon epidemiologic data, direct input from Delawareans living with HIV, a wide variety of other community stakeholders, survey research, focus groups, geographic evidence and service utilization data. Furthermore, this plan provides for ongoing coordination and future collaboration between Delaware's Ryan White HIV/AIDS Program (RWHAP) Part B, HIV Prevention Program, other state agencies, and the state's community-based organizations and medical community. Finally, the *National HIV/AIDS Strategy* (NHAS) guides all HIV community planning work in Delaware, including this *Integrated Plan*.

In 2019, 3,483 Delawareans were reportedly living with HIV. Delaware's HIV incidence rate ranks 16th highest in the United States. In Delaware, HIV disproportionately affects specific populations including African Americans, age group 25-29 years, and men who have sex with men (MSM). African Americans have accounted for 65% of all HIV cases ever diagnosed in Delaware yet represent only 22% of the state's total population. Delawareans in the age group 25-29 years represent the highest rate of new cases in the state. Among new cases of HIV from 2015 to 2019, the top HIV exposure risks were MSM contact (44.5%), heterosexual contact (35.8%), and injection drug users (IDUs) (6%). Addressing HIV disparities and health inequities in the state of Delaware remains a top priority in preventing new HIV infections.

### I.1.a. Approach.

The state of Delaware developed a new HIV Integrated Plan in the context of the current climate of HIV in Delaware.

### I.1.b. Documents submitted to meet requirements.

The *Delaware Integrated HIV Prevention and Care Plan: 2022-2026*, in its entirety, meets submission requirements set forth in the *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022 – 2026*, released by the U.S. Centers for Disease Control and Prevention (CDC) and U.S. Health Resources & Services Administration (HRSA) for this planning process.

## Section II: Community Engagement and Planning Process

### II.1. Jurisdiction Planning Process

Delaware's approach to the state's HIV integrated planning process is closely aligned with the CDC's *HIV Planning Guidance* to ensure Delaware achieves the goals of NHAS. The state's collaborative planning process entailed: (1) Stakeholder Identification; (2) Results-Oriented Engagement Process; and (3) HIV Prevention Plan Development, Implementation, and Monitoring.

**(1) Stakeholder Identification**. The HPC – the state's joint HIV prevention and care community planning body, in collaboration with the DPH, actively engaged a broad spectrum of stakeholders in the planning process, including persons living with HIV (PLWH), HIV service providers, community-based organizations (CBOs) serving populations affected by HIV, and other key stakeholders. Delaware's HIV planning process prioritizes the recruitment and retention of a diversity of stakeholders largely through the efforts of the HPC's Membership & Community Engagement (MCE) Working Group. On an ongoing basis, the MCE Working Group conscientiously recruits HPC members to fill existing gaps in the representativeness of the planning body and empowers HPC members to participate in the group's work by providing training on HPC processes, and structures that make up the Delaware, and national, HIV response. The MCE Working Group also outreaches to community stakeholders, particularly those not represented on the HPC, seeking their input in the HIV planning process. The HPC's establishment of the standing working group, Positive Action Committee (PAC) Working Group, empowers PLWH participation in the HIV planning process. The MCE Working Group collaborates with the PAC to increase the number of HPC voting members who are living with HIV.

**(2) Results-Oriented Engagement Process.** DPH and the HPC sought stakeholder input using multiple channels throughout the HIV community planning process. The HPC met six times per year throughout the planning cycle and those meetings served as a forum to analyze the state's continuum of HIV prevention, care and treatment services, and to hold discussions on the impact of emerging trends on PLWH and those at increased risk for infection in Delaware. DPH and the HPC also kept stakeholders abreast of the latest information to guide the HIV planning process with annual briefings at the Delaware RWHAP Part B Public Hearing and financial resource allocation; Epidemiologic Surveillance Update; findings from the Medical Monitoring Project (MMP); and other evidence-based findings. Community participation is encouraged in all activities completed by the HPC, and meetings are open to the public.

Additionally, the HPC pursued broader stakeholder engagement by conducting two needs assessment surveys that elicited input from case managers and prevention specialists as one of the key strategies to identify the service needs of persons at risk or living with HIV in Delaware. Survey findings informed the development of Delaware's *HIV Integrated Plan*.

PLWH played a vital role in the planning process through engagement activities, specifically the PLWH consumer survey and findings from the MMP, the PAC, and PLWH focus groups.

**(3) HIV Prevention Plan Development, Implementation, and Monitoring.** The HPC works in concert with DPH, and other entities to identify the state's strategies to improve access to HIV prevention, care, and treatment services, particularly for the most affected populations, through its engagement processes. Delaware's *Integrated HIV Prevention and Care Plan: 2022 – 2026* aims to move the state towards a greater reduction in HIV incidence and HIV-related disparities. The monitoring of Delaware's *Integrated HIV Prevention and Care Plan: 2022 – 2026* involves ongoing community

engagement and annual needs assessments to examine emerging trends and formulate strategies to address unmet needs. The HPC ensures the biannual assembly of a Plan Review Committee (PRC); verifying that Delaware's *Integrated HIV Prevention and Care Plan* remains up-to-date and the state is meeting the *Plan's* goals and objectives. Annually, the HPC conducts an end-of-year evaluation survey of HPC voting members and stakeholders, providing them an opportunity to propose and advocate for changes in the plan direction.

### II.1.a. Entities involved in the planning process.

Table 1 lists the entities involved in Delaware's HIV integrated planning process, including key stakeholders as required by the HRSA and the CDC. These entities participated in at least one HPC meeting in the previous planning cycle from 2017 to 2022.

**Table 1: Entities Involved in Delaware HIV Integrated Planning Process.**

**People with HIV, including members of a Federally recognized Indian tribe as represented in the population, and individuals co-infected with hepatitis B or C**

- Persons living with HIV

**Community-based Organizations Providing HIV Services**

- AIDS Delaware
- Beautiful Gate Outreach Center
- CAMP Rehoboth
- Delaware HIV Consortium
- Latin American Community Center
- Ministry of Caring, House of Joseph II
- Philadelphia FIGHT
- Kent Sussex Community Services
- Connections Community Support Program

**Local Academic Institutions**

- Capital School District
- Transforming Lives Positive Change Academy
- University of Delaware, Biden School of Public Policy and Administration
- University of Delaware, College of Education and Human Development
- University of Delaware, Partnership for Healthy Communities
- Wesley College

**Hospital Planning Agencies**

- ChristianaCare
- ChristianaCare, Family Medicine

**HIV Clinical Care Providers**

- ChristianaCare, William J. Holloway Community Program
- ChristianaCare, William J. Holloway Community Program, MidAtlantic AIDS Education and Training Center

**Substance Use Treatment Providers**

- Addiction Recovery Systems New Castle
- Brandywine Counseling & Community Services

**Health Department Staff**

- Delaware Department of Health and Social Services
- Delaware Division of Public Health, Adult Viral Hepatitis Program
- Delaware Division of Public Health, Bureau of Communicable Disease
- Delaware Division of Public Health, Community Health Services
- Delaware Division of Public Health, HIV Prevention Program
- Delaware Division of Public Health, HIV Surveillance Program
- Delaware Division of Public Health, HIV/AIDS Ryan White Treatment Program
- Delaware Division of Public Health, Milford Health Unit
- Delaware Division of Public Health, Sussex County Health Unit
- Delaware Division of Public Health, Title X Family Planning Program

**Community Healthcare Center Representatives including Federally Qualified Health Centers**

- Westside Family Healthcare
- Henrietta Johnson Medical Center

**Community-based Organizations**

- Champions DE
- Delaware Alliance Against Sexual Violence
- Delaware Democratic Party
- National Alliance on Mental Illness in Delaware
- YMCA of Delaware
- Delaware Ecumenical Council on Children and Families
- Network Delaware
- Islamic Social Services Association of Philadelphia

**Social services providers including housing and homeless services representatives**

- Dover Interfaith Mission on Housing

**Mental Health Providers**

- Gateway Foundation
- Holistic Elevation LLC

**Government Institutions**

- City of Wilmington, Wilmington City Council
- Delaware Department of Education
- Delaware Department of Education, School Support Services
- Delaware Department of Insurance
- Delaware General Assembly, Delaware State Senate

- Delaware Department of Services for Children, Youth and Their Families, Division of Prevention and Behavioral Health Services
- U.S. Health Resources and Services Administration, Office of Intergovernmental & External Affairs
- U.S. Veterans Affairs

**Professional Associations**

- We Work for Health Delaware

**Medicaid/Medicare Partners and Private Payers**

- Delaware Division of Medicaid and Medical Assistance

**Local and National Business and Corporations**

- ACME pharmacies
- Albertsons
- Gilead Sciences
- Greenhill Pharmacy
- Janssen Infectious Diseases & Vaccines
- Janssen Pharmaceutical Company
- Janssen Scientific Affairs
- Kidz Korner Healthcare consulting
- Legends Insurance Services
- Orasure Technologies
- Seven Keys Consulting
- Veru Inc.
- ViiV Healthcare
- Walgreen specialty pharmacies
- Walgreens

#### II.1.b. Role of the RWHAP Part A Planning Council/Planning Body.

The state of Delaware does not operate a RWHAP Part A, as the jurisdiction does not qualify for Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) status as per HRSA.

#### II.1.c. Role of Planning Bodies and Other Entities.

The HPC is the state's joint HIV prevention and care community planning body. The HPC is composed of consumers and providers of services utilized by the state's HIV community. The members of the state's planning body reflect the community that they serve to ensure the group's decision-making is in the best interest of those receiving and providing HIV prevention and care services. Regular participation from the DPH BCD, MidAtlantic AIDS Education and Training Center (AETC), staff of the State of Delaware, and the business community aids the HPC in completing HIV community planning activities.

The HPC maintains five working groups with direct responsibility for the implementation of needs assessment activities and for informing the development of this plan. The Testing & Linkage to Care (TLC)

Working Group and the Retention & Viral Suppression (RVS) Working Group provide forums for the membership of the HPC to critically analyze the state's HIV prevention, treatment, and care services. These working groups reviewed epidemiologic data and MMP data, and performed needs assessments of persons at-risk for HIV and PLWH that served as the basis for the Statewide Coordinated Statement of Need (SCSN). The Systems of Care (SoC) Working Group reviewed national and local data, HIV-specific and other data, to assess how external changes in Delaware affect the system of care at all points along the HIV Prevention and Care Continuum. The objectives, strategies, and activities noted in this plan are the result of the work of these committees, in conjunction with direct input from the HPC, and other community stakeholders. The PAC is composed exclusively of persons with HIV, and the group provides direct input into the development of the needs assessment process, and in the decisions of the HPC.

Through a contract with the DPH RWHAP Part B the DHC provides administrative and technical support for the HPC. DHC's responsibilities for the HPC include maximizing stakeholder engagement in the community planning process through education and outreach, assessing community needs through quantitative and qualitative research, preparing comprehensive prevention and care plans, and providing logistical and administrative support for the planning body, including the taking of meeting minutes.

The HPC strives for the inclusion of all stakeholder groups affecting Delaware's HIV Prevention and Care Continuum, and all population groups affected by the HIV epidemic in Delaware. The MCE Working Group participates in the ongoing recruitment of targeted individuals who best represent areas where the HPC is deficient. The HPC encourages stakeholders that are not directly involved with HIV services, but largely affect PLWH in Delaware to present in HPC meetings and participate in HPC working groups as needed.

**II.1.d. Collaboration with RWHAP Parts – SCSN Requirement.**

RWHAP Parts and its relationship with Delaware are described below.

- *RWHAP Part A - Metropolitan and Transitional Areas:* There are no EMA or TGA within the territorial boundaries of the State of Delaware jurisdiction. The HRSA allocates no Part A funds to, or within the State of Delaware. Neither the State of Delaware, nor any locality within its borders are required to, or are eligible to operate a Part A Planning Council.
- *RWHAP Part B – States and Territories:* DPH BCD is Delaware's RWHAP Part B Grantee for HIV health care and support services. In FY21, the HRSA appropriated resources to Delaware's RWHAP Part B Grantee through Base Grant, AIDS Drug Assistance Program Grant, Emerging Communities Grant, Minority AIDS Initiative Grant, and Part B Supplemental Grant.
- *RWHAP Part C – Early Intervention Services:* ChristianaCare, through the William J. Holloway Community Program, is the sole HRSA RWHAP Part C Grantee for Early Intervention Services (EIS). ChristianaCare utilizes the Part C grant for EIS, HIV medical care, mental health assessment and treatment to HIV Program Patients.
- *RWHAP Part C – Capacity Development:* The HRSA does not allocate RWHAP Part C Capacity Development Grants to any organization for application within the State of Delaware.
- *RWHAP Part D – Services for Women, Infants, Children, and Youth:* ChristianaCare, through the William J. Holloway Community Program, is the sole HRSA RWHAP Part D Grantee for Services for Women, Infants, Children, and Youth. ChristianaCare utilizes the Part D grant for Primary HIV medical care for women, children, infants, and youths; women's wellness for women living with HIV.

- *RWHAP Part F – AIDS Education and Training Center (AETC) Program:* University of Pittsburgh, through the MidAtlantic AETC, is the HRSA RWHAP Part F Grantee for AETC Program for services in Delaware. ChristianaCare William J. Holloway Community Program is the University of Pittsburgh's sole sub-recipient for AETC operations in Delaware. ChristianaCare utilizes Part F funds to provide tailored education and training on HIV-related topics, clinical consultation, and technical assistance to healthcare providers, and non-healthcare HIV care teams.

Delaware does not operate a regular, structured process governing collaboration and funding decisions between RWHAP Grantees regarding contracting or targeting resources. However, RWHAP Grantees collaborate in community planning and quality management, which help steer the allocation of resources to areas of gaps in Delaware's HIV service continuum.

RWHAP Parts B-D and F grantees are all voting members of the HPC, and actively participate in the HPC's working groups, needs assessments, educational presentations and events.

Annually, RWHAP Parts C, D and F grantee presents at the public RWHAP Part B Annual Meeting. The annual meeting affords RWHAP grantees the opportunity to inform community stakeholders on the quantity and quality of services provided with grant funds over the previous fiscal year, and to discuss the grantees' priorities and contracts that it will execute in the upcoming fiscal year.

Designees of the RWHAP Part C, D, and F grantee serve on the RWHAP Part B Quality Management Team (QMT). The QMT comprises of Delaware's RWHAP Part B grant administrator, RWHAP Part B Eligibility Coordinator, RWHAP Part B Contractor for quality management activities, DPH HIV Prevention Coordinator, ChristianaCare William J. Holloway Community Program Performance Improvement Data Manager, and the DHC Director of Programs. The QMT pursues ongoing efforts to engage consumers in the various activities of the team. The group regularly reviews RWHAP Part B funded HIV medical care on 12 clinical performance indicators and creates evidence-based improvement plans for areas that do not meet group-established standards.

#### II.1.e. Engagement of people with HIV – SCSN requirement.

Delaware remains committed to engaging PLWH throughout its integrated planning process. PLWH are represented in the HPC, the state's HIV planning body. As indicated in the *2020 HPC Diversity Analysis*, 21% of the voting members on the Planning Council were PLWH. The PAC, a working group of the HPC, is composed entirely of PLWH. The PAC empowers PLWH as they participate in all aspects of the HIV community planning process. Additionally, one community co-chair position of the HPC remains solely attainable by individuals living with HIV.

The HPC engaged with and received support from multiple AIDS Service Organizations (ASO), CBOs, and other external entities to ensure ample involvement and input from PLWH in Delaware. For example, HIV service providers ChristianaCare and Beautiful Gate Outreach Center (BGOC) independently operate two Patient Advisory Groups, which facilitated direct engagement with PLWH in Delaware's community planning process. Community engagement with PLWH increased understanding of the barriers to utilization of HIV services and informed on the needs of those living with HIV and at risk of infection.

The DPH MMP annual assessment of PLWH informed DPH and the HPC of the behavioral and medical experiences as well as the needs of PLWH. The HPC used information collected from interviewed PLWH as an integral part of the needs assessment of individuals living with HIV and those at risk.

The emergence of the coronavirus pandemic in 2020 affected the involvement of PLWH in the community planning process in recent years. Re-engaging PLWH remains a top priority of the HPC, its working groups, and support staff. The HPC has prioritized revitalizing entities, such as the PAC and external Patient Advisory Groups, to strengthen the representation and participation of PLWH in Delaware's ongoing HIV planning.

**II.1.f. Priorities.**

***HIV Testing for Prevention of HIV Infection.***

CDC's Revised *Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* advises routine HIV screening of adults, adolescents, and pregnant women in health care settings in the United States, recommending that everyone between the ages of 13 and 64 gets tested for HIV at least once as part of routine health care. The *Ending the HIV Epidemic* (EHE) *in the U.S*. initiative established "diagnose all individuals with HIV as early as possible after infection," as one of four key strategies to ending the HIV epidemic. It notes that early detection coupled with rapid linkage to care is critical and can lead to improved individual and community health outcomes. EHE highlights improved, more accessible, and routine HIV testing, immediately connecting people with HIV to care services, and connecting those who test negative to appropriate prevention services as key activities to ending the epidemic. Similarly, the *National Strategic Plan: A Roadmap to End the Epidemic for the United States 2021-2025*, recognizes activities to increase knowledge of HIV status as a key objective to meet the goal of "preventing new HIV infections."

Delaware's HIV community recognizes the importance of making easily accessible, readily available, low- and no-cost HIV testing services ubiquitous across Delaware as a key priority for making progress to end Delaware's HIV epidemic.

*Areas of community engagement.*

The following points summarize areas where the community was involved in the planning process:

- The HPC: In 2022, DPH HIV Prevention Program's epidemiologist presented the HIV Epidemiology Update to the council. Following the presentation there was a discussion, which highlighted an unmet need for HIV prevention services for Black, Indigenous, and people of color Men who have Sex with Men (MSM). At the end of 2021, African Americans made up 65% of Delawareans living with HIV, despite being 22% of the state's population. In 2018 and 2019, state-funded sites tested 21,448 Delawareans were counseled and tested for HIV. Of those, 49% (10,504) were African-Americans, accounting for 66.7% (44) of all positive HIV tests performed in that period. Caucasians accounted for 34.2% (7,335) of tests performed, and 14.5% (10) of positive tests. HPC discussion also noted that, due to the nature of the state of Delaware, there are limited established lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities and community service providers. The result of this is that limited attention is being demanded to consider the specific needs of the community, and the current inability of Delaware's HIV service community to easily provide services that cater to the specific needs of MSMs, and, in particular, MSMs of color. The community recognized that the HPC maintains similar gaps in LGBTQ+ representation in the HIV community planning process, and has noted recruitment needs within this community.

- COVID-19, Impact on Delawareans Living with HIV Study Presentation: In January and February 2021, researchers from the University of Delaware's (UD) Disaster Research Center (DRC) conducted a study of the impacts of COVID-19 on Delawareans living with HIV. Through the study, researchers interviewed 55 Delawareans living with HIV regarding their experiences since the start of the pandemic. During the presentation of the study results, the HPC had extended discussions regarding the COVID-caused reduction in community-based HIV testing in Delaware. In 2019, the year just prior to the COVID-19 pandemic CBOs collaborating with the DPH performed 10,872 HIV tests. Due to the closures of CBOs for in-person services, the number of community-based HIV tests performed in 2020 was 5,098, a year-over-year reduction of 53.1%. In 2021, DPH-partnering organizations performed 4,974 community-based HIV tests, or, a 54.3% reduction when compared to 2019.
- HIV Services Provider Perspective Survey, 2022: The survey researchers asked respondents if persons at risk for contracting HIV have an unmet need for various HIV risk reduction services. Twenty-one percent of question respondents reported an unmet need for HIV counseling and testing services for Delawareans at high-risk for HIV infection. Prevention specialists responding to the survey reported several barriers that Delawareans at high risk for HIV infection face when accessing HIV testing services and other HIV prevention services, including general unwillingness and resistance to being tested, limited knowledge of service availability, perceived lack of urgency, stigma or lack of understanding that HIV is preventable and manageable, and lack of resources to address basic human needs. Respondents saw mental health and daily stressors as preventing people from viewing testing as a priority. Additional barriers were emphasized by respondents, among them transportation, cultural barriers, stigma, homelessness, and lack of providers.
- Delaware Behavioral Risk Analysis Survey, 2019: The 2019 Delaware Behavioral Risk Analysis Survey surveyed 3,897 Delaware adults aged 18 and older. This study uses the weighting variable offered by the CDC to generalize the prevalence rates and population of chronic diseases and behavioral risk factors. According to study results HIV testers had tested around 37.5% of Delaware adults for HIV, which is lower than the national rate (41.3%). Regarding age, the oldest age groups report the lowest testing rates. It is 18.9% for age group of 65 and older. With race-ethnicity, Black adults report a statistically significant greater testing rate (64.7%) than White (38.0%) and Hispanic adults (38.6%). Gender and socio-economic conditions make no statistically significant difference for HIV test rate.

*Actions Taken on Priority:*

- In 2019, the HIV Prevention Program partnered with CAMP Rehoboth and Kent/Sussex Community Services (KSCS; closed in 2020) to provide rapid testing in high-prevalence areas of Western Sussex County. Data indicated that widespread injection drug usage continued to affect this region of Delaware's jurisdiction. Both CAMP Rehoboth and KSCS continue to target injecting drug users in the area. From January 1, 2019, to June 30, 2019, the partnership tested 314 Delawareans for HIV (40% increase from 2018).
- As of February 2022, the DPH maintained collaborations with 12 community-based agencies and government entities to provide community-based HIV testing services across Delaware. Through these partnerships, which provide HIV testing services at 115 locations across the state, any Delawareans is able to access a free HIV test within a 10-minute drive from their location.

- In May 2021, the HIV Prevention office, in collaboration with the Title X program, purchased 800 in-home rapid HIV test kits. This collaboration started in 2020. Due to the pandemic, HIV testing decreased 50% from the previous year. Self-test kit is a valuable tool to offer Delawareans at a time when social distancing is necessary. By June 2021, DPH distributed all test kits to its testing partners (AIDS Delaware, Latin American Community Center, BGOC, Camp Rehoboth, Brandywine Counseling & Community Services, and DHC). DPH collaborators in the initiative disseminated 586 tests to clients. Two individuals had a reactive test. The HIV Prevention program also collaborated with the Kaiser Family Foundation on an in-home test social media campaign in the fall of 2021.

***HIV Workforce.***

Delaware's HIV workforce is a diverse body made up of public, private and non-profit employees working across sectors ranging from HIV medical care to housing assistance to Pre-Exposure Prophylaxis (PrEP) education, and from small CBOs of four or five employees to large healthcare systems employing thousands. Yet, Delaware's HIV continuum lacks important redundancies that the community has noted is a threat to the system in the future. This includes the impact of retirements and the loss of institutional knowledge that is hard to replace, and limitations in provider diversity. The system has also experienced challenges caused by having just a few service providers. The community has noted that having a limited number of service providers has created access challenges for clients, and challenges that the service continuum has experienced when permanent closures of CBOs force the remaining providers to assume additional clients (e.g. KSCS in 2020).

*Areas of Community Engagement:*

- HPC HIV and Aging Focus Group: In March of 2019, the HPC held six focus groups of Delawareans living with HIV specifically dedicated to service needs for aging PLWH. Among other things, discussion topics included healthcare seeking behavior in the aging population, stigma, and adherence. Notably, through the HPC's review of the focus groups' findings, HPC conversations raised additional concern regarding the aging of Delaware's HIV workforce alongside the population of Delawareans living with HIV. The community noted that as with the aging population of PLWH in Delaware, the professionals providing HIV services are also getting older and are approaching retirement age, including several key director-level positions across the state's ASOs and HIV healthcare providers. The HPC expressed concern that as the leaders in the field of HIV in Delaware retire the state will lose the institutional knowledge of HIV prevention and treatment gained over thirty years of work in the field.
- In March of 2020, the Delaware RWHAP Part B Program presented results of a Diversity Analysis Assessment of HIV Case Managers and Social Workers funded with Part B grants. While understanding that the findings of the analysis were garnered from a small sample size (n=26; possible universe of respondents = 36), so that small changes is responses can result in large changes in outcomes, Delaware's HIV case managers and social workers were found to be diverse, but not representative of the demographic distribution of Delawareans living with HIV. Compared to the community of Delawareans living with HIV, the state's HIV Case Managers and Social workers were:
    - Gender: Over-representation of woman (69% as compared to 30% of Delawareans Living with HIV)
    - Race: Over-represented by White (62% as compared to 31%)

        - Age: Younger than the community of Delawareans living with HIV (66% currently 50 years of age and below as compared to 38%)
        - Sexual Orientation: 73% of HIV Case Managers and social workers identified as heterosexual/straight, whereas only 40% of Delawareans living with HIV had a primary HIV exposure risk at the time of their diagnoses that was "heterosexual contact"
    - When asked if the respondent expected to leave the field of case management within the next five years 35% of respondents reported that "yes," they expected to leave the field, 46% responded "no," they expected to remain in the field, and 19% responded, "I am not sure."
- Provider Perspective Survey, 2022: In April 2022, the HPC conducted two surveys – one focused on case managers and one focused on prevention specialists. The surveys focused on identifying the service needs of persons living with and at risk for HIV in Delaware as a part of the HPC's needs assessment process and for the development of the state's *Integrated HIV Prevention and Care Plan: 2022-2026*. The goal was also to involve directly case managers and prevention specialists in the planning process of future HIV services. As it relates to the HIV workforce HIV case managers and social workers and HIV prevention specialists indicated:
    - When considering current barriers, the most commonly mentioned responses were accessibility and transportation issues, having to miss school and/or work to attend medical appointments. This highlighted the need to, as a network of ASOs and HIV health care providers expand hours of operations to outside of normal Monday through Friday, 9:00 a.m. – 5:00 p.m., and to use creative services/programs to reach people that they might not ordinarily reach with traditional methods (e.g. going into the community rather than relying on clients walking into service centers).
    - Limited number of providers and services in Sussex and Kent counties. Provider and service shortages in these areas include medical transportation, HIV service providers, medical, vision, dental, infectious disease doctors, and mental health services. As one case manager stated, "Transportation is the biggest barrier at the Kent Clinic and has been for years. Period. Amen."

***COVID-19 Impacts on Delawareans Living with HIV.***

Delaware's HIV sector and Delawareans living with HIV continue to adjust to the COVID-19 pandemic, and the HIV community largely understands that the true impact of COVID-19 on the community may not be known for many years, if ever. In 2021, researchers from the UD's DRC, on behalf of the HPC, conducted a study of the impact of COVID-19 on Delawareans Living with HIV. Researchers interviewed 55 Delawareans with HIV in January and February of 2021, focusing on those in greatest need of economic and healthcare assistance. The goal of the study was to gather accounts of their experiences, what they observed, needed, lost, wished had been different, and found most helpful. Many findings were similar to those of the general population, with many reporting a deep sense of isolation, declines in physical or mental health, increasing economic hardship, and uneven access to health care. The study also highlighted the importance and impact of supportive services that individuals with HIV received during the pandemic. Finally, the study found that many individuals living with HIV were ahead of the curve when it comes to coping with a potentially deadly virus. The study participants were familiar with the importance of trusted

information sources, accurate information, reliable testing and consistent medical care. Many also knew the negative effects of distance and disconnection from their families and support systems.

In 2022, DHC again engaged researchers from the UD's DRC to perform work on behalf of the HPC. The research, two surveys - one focused on case managers and one focused on HIV prevention specialists – informed the HPC's needs assessment process. DRC researchers asked survey respondents to comment on several key findings of the preliminary COVID-19 impact study to determine how applicable the initial findings remained. In general, providers agreed that fear and concern about contracting COVID-19 was a serious challenge during the height of the pandemic and remains so – although to a lesser extent – currently. Respondents noted that procedures, operations, and service provision practices developed during COVID-19 were beneficial for their clients – including the expansion of telehealth, verbal consent, and the convenience of not having to leave for appointments. Clients were able to complete testing in the privacy of their own homes

***Coordination of the state's HIV planning process with similar community planning processes addressing different facets of the syndemics of HIV, STIs, viral hepatitis, substance abuse and mental health disorders, and housing insecurity and homelessness.***

Delaware's HIV community planning initiatives recognized, as the *NHAS* noted, the "overlapping risk factors as well as associations with social determinants of health such as poverty, lack of health insurance, housing instability, and other related inequities," that drive Delaware's HIV epidemic. Through HPC discussions, annual diversity assessments, and annual evaluations of the planning process, the HPC has recognized that it needs to make a more concerted and impactful effort to align its strategic planning efforts with community bodies planning continuums of care for related epidemics and bodies sharing similar clients (e.g. the Delaware Behavioral Health Consortium, the Delaware Continuum of Care, Healthy Communities Delaware).

***Delaware's Housing Environment: Housing Insecurity, Affordability, and Access.***

According to the Housing Alliance Delaware (HAD), Delaware is the 12th costliest rental market in the United States, and is one of just four states where the average one-bedroom rent exceeds 100% of Supplemental Security Income (SSI) in every part of the state. The fair market rent for a two-bedroom apartment in Delaware varies by county, from $952 in Kent County, to $1,012 in Sussex County, and $1,210 in New Castle County. In Delaware, a person must make $21.70 per hour to be able to afford a two-bedroom apartment, at 30% of their income. Of the 103,775 renter households in Delaware, 25,521 households (24.6%) are severely cost-burdened by their rental fees, spending 50% of their income on housing.

According to the Delaware Continuum of Care, 8,300 Delawareans experience homelessness annually. There were 1,070 homeless adults and children who were sheltered in weather-related shelters, emergency shelters, transitional housing, or were unsheltered during the Delaware Continuum of Care's last Point in Time (PIT) Count. The PIT Count is an estimate of homelessness on any given night. During this PIT Count, which occurred on the night of January 27, 2016, 62% of persons experiencing homelessness were male; 75% were over the age of 24; 58% were African American, and 38% were white. It is estimated that 7% of Delaware's nightly homeless population is chronically homeless, or have been homeless on the street for more than one year, or four or more times in a three-year period for a

cumulative length of a year or longer. An estimated 48% have a disabling condition making it difficult to sustain steady housing; an estimated 1% was living with HIV.

#### II.1.g. Updates to Other Strategic Plans Used to Meet Requirements.

Delaware utilizes no components of any other local strategic plan in its process of satisfying all requirements, as set by federal guidelines. The State of Delaware is not a part of a RWHAP Part A jurisdiction, EHE priority jurisdiction, or any other entity with HIV community planning requirements. As such, it is not using a portion of another local strategic plan to satisfy its RWHAP Part B *Integrated HIV Prevention and Care Plan: 2022-2026* plan requirements.

## Section III. Contributing Data Sets and Assessments

### III.1. Data Sharing and Use

The DPH HIV/AIDS Surveillance Program, and the HPC relied on a myriad of data sources and systems, both HIV-specific and non-HIV-specific, in the development of this plan. Annually, DPH develops a comprehensive epidemiologic profile of the state's HIV epidemic based on service utilization reports, clinical outcomes data, census information, and other sources of information. The HPC reviews and discusses the epidemiologic profile and other relevant evidence-based findings as an integral part of the needs assessment process. The primary data sources used in Delaware's HIV planning needs assessment, and the state's plan is described below:

**Federal Data Sources.**

***CDC.***

*Behavioral Risk Factor Surveillance System (BRFSS).* National system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, such as drug and alcohol use and sexual behaviors; chronic health conditions; and use of preventive services.

*Enhanced HIV/AIDS Reporting System (eHARS).* eHARS is a browser-based application provided by the CDC. The Delaware Division of Public Health, HIV/AIDS Surveillance Program uses eHARS to collect, manage, and report Delaware's HIV/AIDS case surveillance data to the CDC.

*HIV Surveillance Report.* The annual HIV Surveillance Report provides an overview on the current epidemiology of HIV disease in the United States, its states, and dependent areas. CDC funds state and territorial health departments to collect surveillance data on persons diagnosed with HIV infection. The report includes HIV demographic information on age, race, sex, transmission category, and jurisdiction. DPH and the HPC use this information to report HIV trends, nationally and in Delaware.

*STD Surveillance Report.* The annual STD Surveillance Report provides statistics and trends for sexually transmitted diseases (STDs) in the United States. CDC funds state and territorial health departments to collect surveillance data on persons diagnosed with an STD. The report includes STD demographic information on age, race, sex, and jurisdiction. The HPC and DPH use STD surveillance information to identify populations at increased risk for HIV infection.

*Youth Risk Behavior Surveillance System (YRBSS).* A biennial survey of students' grades 9-12 attending U.S. high schools regarding the health-risk behaviors among youths and young adults. Risk behaviors, such as sexual behaviors and use of drugs and alcohol, are included in the survey. The HPC and DPH use YRBSS to describe the prevalence of health-risk behaviors among youths, assess trends in health-risk behaviors over time, and evaluate and improve health related policies and programs.

***HRSA.***

*CAREWare.* CAREWare is the central database for managing and monitoring HIV clinical and supportive care for PLWH in Delaware receiving services through the Ryan White HIV/AIDS Program. Ryan White contracted service providers use CAREWare to produce Ryan White HIV/AIDS Service Reports

(RSRs).

*Ryan White HIV/AIDS Service Report (RSR).* The RSR are standard program reports submitted by the recipient and sub-recipients of RWHAP funds. The report includes RWHAP services and units provided, and aggregated client level data. Client-level data reported in the RSR include demographics, socioeconomic status, HIV clinical outcomes and transmission factors, and health insurance status.

*Health Professional Shortage Areas (HPSA).* HPSAs, designated by HRSA, are geographic areas, population groups, or medical facilities that are underserved by the jurisdictions' existing health professional workforce (primary care physicians, dentists, and mental health professionals). DPH and HPC use this information primarily in the development of the state's resource inventory and needs assessments.

***Substance Abuse and Mental Health Services Administration (SAMHSA).***

*National Survey on Drug Use and Health.* Data on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental disorders in the U.S. civilian, non-institutionalized population, age 12 and older.

***U.S. Department of Housing and Urban Development (HUD), Housing Opportunities for Persons with AIDS (HOPWA).***

*Consolidated Annual Performance and Evaluation Report (CAPER).* The CAPER, completed by all HOPWA formula grantees, is an annual performance report for all activities undertaken during the program year. Information included in this report are program outcomes (number of households supported), client demographic information, and unmet housing needs and barriers to accessing and maintaining housing in the jurisdictions.

***United States Census Bureau.***

*American Community Survey.* The American Community Survey provides Delaware's county-level population data. The Census Bureau standardizes nationwide data estimates and are up to date through 2021.

***United States Department of Justice, Bureau of Justice Statistics.***

*National Prison Statistics Program.* Provides annual statistics regarding the rate of HIV- and Stage 3 HIV (AIDS)-related deaths among inmates in state and federal prison systems.

**State and Local Data Sources.**

***Delaware Department of Health and Social Services, Division of Public Health, Bureau of Health Planning & Resources Management.***

*Mental Health Professionals in Delaware.* Estimate of mental health professionals in Delaware, including psychiatrists, psychologists, social workers, professional counselors of mental health and chemical dependency care specialists, and psychiatric advanced practice. Estimates are based on mental health professional licensures in Delaware followed up by surveys of practice details. Findings include provider demographics and educational background, and practice information including spatial distribution, hours of operation, and willingness to accept new clients.

*Primary Care Physicians in Delaware.* Estimate of primary care physicians practicing in Delaware, including family practice physicians, general practice physicians, internal medicine physicians, pediatricians, and obstetricians/gynecologists. Estimates are based on physician licensures in Delaware followed up by surveys of practice details. Findings include provider demographics and educational background, and practice information including spatial distribution, hours of operation, average patient wait time, use of non-physician resources (i.e. physician assistants), and willingness to accept new clients.

***Delaware Division of Public Health (DPH).***

*EvaluationWeb.* EvaluationWeb is an online data collection and reporting system specifically designed for HIV testing and prevention activities. DPH-funded agencies that offer HIV Counseling, Testing and Referral (CTR) services must report its activities using EvaluationWeb. Activities include HIV rapid test results, Comprehensive Risk Counseling and Services (CRCS), and Sexual Health services, and outreach. The CDC uses data from HIV data collection systems, like EvaluationWeb and eHARS, to report on 21 indicators that support planning, monitoring, and improvement related to four key priorities of the National HIV/AIDS Strategy. DPH-funded agencies that provide CTR services include three community-based organizations, the DPH State Service Centers, several Title X programs and Delaware's high school wellness centers. EvaluationWeb also provides the link between testing data and HIV Partner Services. The collection system allows Disease Intervention Specialists (DIS) to link positive HIV Testing events to index case records, view client networks between index and related partners, and record client sessions, tests, risks, and disposition, all in compliance with the CDC requirements.

*Delaware Vital Statistics System.* The Delaware Division of Public Health, Office of Vital Statistics monitors population data for all Delaware residents on six life events: births, deaths, marriages, divorces, fetal deaths, and induced terminations of pregnancy. The Office of Vital Statistics gathers mortality information presented in the Integrated Plan from death certificates.

*MMP.* A CDC funded surveillance system, which uses one-on-one interviews with a locally representative sample of PLWH to determine behavioral and clinical experiences of those in and out of HIV medical care. DPH and the HPC use information from the MMP to understand the met and unmet needs of PLWH in Delaware, barriers to accessing needed services, adherence practices to HIV medical treatment, and HIV stigma.

*Partner Services Web.* A centralized database used for managing and reporting HIV Partner Services and required variables for the CDC National HIV Prevention Program Monitoring & Evaluation.

***HAD.***

*Annual Report on Housing and Homelessness in Delaware.* This report provides aggregate data from the National Low Income Housing Coalition and the U.S Bureau of Labor Statistics, American Community Survey on the availability of affordable housing in Delaware, the availability of affordable housing for the state's special needs populations, the Fair Market Rent statewide, and its three counties, homelessness, homeownership and eviction and foreclosure statistics.

***Delaware Division of Substance Abuse and Mental Health (DSAMH).***

*Alcohol and Other Drug (AOD) Adult Admissions Summary.* The summary reports on admission statistics to publicly funded substance abuse treatment facilities in Delaware, including demographic information and primary drug of use at time of admission.

***Delaware Continuum of Care.***

*PIT Count.* The PIT Count is an annual one-night count of people experiencing homelessness in communities across Delaware. This report also examines the utilization of public emergency housing services in Delaware.

***HPC.***

*Delaware HIV/AIDS Consumer Survey, 2017.* DPH tasks the HPC with periodically performing comprehensive assessments of the service needs of Delawareans living with HIV. In 2017, the HPC sought information directly from persons living with HIV through survey research. The research objectives were to assess the met and unmet needs of Delawareans living with HIV regarding HIV care and support services; examine the gaps in existing HIV care and support services in the state of Delaware; and analyze the barriers that Delawareans living with HIV face in accessing HIV care and support services for which they are eligible. A representative sample of 311 Delawareans living with HIV completed the survey. Findings from the survey informed the development of the Integrated Plan.

*HIV Services Provider Perspective Survey, 2022: Case Managers.* The HPC regularly assesses access to HIV care and treatment services, gaps and barriers through a provider perspective survey. The survey relies on HIV-specific case managers and social workers to provide information about their client caseload. Researchers asked respondents questions about the demographics, health status, use of and needs for HIV services and barriers to care for their caseload. In April 2022, all HIV-specific case managers and social workers (n=33) were approached to fill out the survey, of which 28 submitted a survey for analysis. The last time the HPC performed Provider Perspective Survey was 2015. The HPC deemed information collected in this survey as vital to the Council's needs assessment process and for the development of the state's Integrated HIV Prevention and Care Plan: 2022-2026.

*HIV Services Provider Perspective Survey, 2022: Prevention Specialists.* In April 2022, DRC researchers conducted a survey of prevention specialists for the HPC. The survey focused on identifying the service needs of persons living with HIV in Delaware. The questions sought information on the services people need to stay HIV negative, to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis, and to stay in HIV care and treatment and achieve viral suppression, in addition to barriers to service accessibility. The HPC deemed information collected in this survey as vital to the Council’s needs assessment process and for the development of the state’s Integrated HIV Prevention and Care Plan: 2022-2026. The survey yielded a 100% response rate; 33 out of 33 potential respondents completed the survey.

*Focus Groups.* In 2019, the HPC held six focus groups with PLWH in New Castle County on topics related to the intersection of HIV and aging. The HPC used these focus groups to complement the Provider Perspective Survey by providing direct insights of PLWH into the needs assessment process.

**Data Policies.**

Delaware's small size aids in the coordination of HIV-specific data for use in HIV community planning, and the needs assessment process. The Delaware DPH is the state's single health department, and its lone recipient of the CDC HIV prevention and RWHAP Part B funds. As a result, the state does not require coordination of data collection processes across local and state jurisdictions, or across state lines, as does some RWHAP Part A recipients. ChristianaCare, as sub-recipient of RWHAP Part B funds, and the state's sole recipient of RWHAP Part C and Part D funding, utilizes CAREWare data management system to track the clients it serves. ChristianaCare provided HIV medical treatment to 50% of all PLWH in Delaware in 2021. This utilization of uniform electronic medical records, prevention and partner service databases allows the state to maintain a comprehensive perspective of persons living with or at risk for HIV in Delaware.

The DPH BCD is comprised of a small staff of 54 members. The Bureau maintains four sections – HIV Prevention, HIV Surveillance, Ryan White Program, and STD Program– that encompasses the state's HIV program. These sections are co-located in the same office and regularly collaborate in the development of reports. Furthermore, section heads for all five programs that make up the BCD meet annually to review and update the Bureau's data sharing, security and confidentiality policies to ensure that they meet CDC guidelines and promote effective data monitoring practices to reduce the burden of communicable diseases in Delaware.

Since 2014, Delaware has maintained a QMT with a goal of using data to improve the state's RWHAP Part B funded HIV treatment and care services. The QMT is comprised of Delaware's RWHAP Part B grant administrator, RWHAP Part B Eligibility Coordinator, RWHAP Part B Contractor for Quality Management Activities, DPH HIV Prevention Coordinator, ChristianaCare HIV Program Performance Improvement Data Manager, and the DHC Director of Programs. The team makes ongoing efforts to engage consumers in the various activities. The group regularly reviews RWHAP Part B funded HIV medical care on 12 clinical performance indicators and creates evidence-based improvement plans for areas that fail to meet group-established standards.

Importantly, the state's small size is also an inherent barrier to data coordination and analysis. Most national and local data sets for Delaware, HIV-specific or other, present estimates for the entire state and will not present estimates for subdivisions smaller than county-level data (such as census tract, or census block). Because of Delaware's small population size, the margin of error in estimates for subdivisions smaller than counties is generally too great to provide useful information in research. This inability to define finely disparities in health by geographic location limits the state's ability to plan effective data-informed HIV services to targeted communities or populations where the services will have the greatest impact.

One example of how this affects the Delaware's HIV community planning, particularly needs assessment, is in the development of the epidemiological profile of HIV in Delaware. To protect the privacy of PLWH in Delaware, DPH HIV Surveillance does not provide HIV infection counts or demographic indicators for census tract with less than five residents diagnosed with HIV. Therefore, DPH epidemiologists aggregate all statistics presented in Delaware's epidemiologic profile to the county or the Wilmington Metropolitan Area levels.

## III.2. Epidemiologic Snapshot
### Epidemiologic Overview

As of 2019, a total of 3,483 Delawareans were known to be living with HIV, and of those, 2,020 had progressed to AIDS. In that same year the cumulative number of HIV/AIDS cases ever diagnosed in Delaware reached 6,210. As noted in the DPH HIV Surveillance Report of 2019, Delaware's HIV incidence rate for 2018 (11.2 per 100,000 persons) ranked the 16th highest in the United States. The latest reported five-year average number of new infections diagnosed in Delaware stands at 106 cases per year from 2015 to 2019.

The distribution of HIV cases in Delaware mirrors county-level population distribution. New Castle County – the most populous county of Delaware's three counties – has the largest number of cases with most confined to the densely populated Wilmington metropolitan area. The Wilmington metropolitan area accounts for 56% of the county's individuals living with HIV (all stages) and 36% of all cases in Delaware.

African Americans are disproportionately affected by the HIV burden. Twenty-two percent of Delaware's total population is African American but this group accounts for 65% of all HIV/AIDS cases ever diagnosed in the state. This racial disparity is more pronounced in Delaware compared to the general U.S. population. Of all persons living with a diagnosed HIV infection in Delaware, African Americans account for 58% far exceeding 41% in the U.S.

Among new HIV infections diagnosed in Delaware from 2015 to 2019, the largest proportion (44%; N=235) were attributable to MSM followed by heterosexual transmission (36%; N=190) and IDU (6%; N=32). Three percent (N=18) were attributable to both MSM and IDU.

From 1981 to December 2019, 2,945 Delawareans diagnosed with HIV died. In the past two decades, the survival of those living with HIV has increased significantly as has the slowing of the progression of HIV to AIDS. Earlier diagnoses of HIV infection and advances in medical management have all contributed to the marked improvement in HIV quality of life and survival rates.

### Delaware: State Profile

**Geographic Region.** Delaware is the second smallest state in the U.S., measuring 100 miles from north to south and 30 miles from west to east. The state is comprised of three counties. Located to the north, New Castle County is the most populous and home to 58% of the state's population. Almost 13% of Delaware residents live in the City of Wilmington. Centrally-located Kent County, home to 18% of Delawareans, includes a blend of urban, suburban, and agricultural zones. Dover Air Force Base and the state capital (Dover) are located in Kent County. Sussex County, the southernmost of the three counties where 24% of Delawareans live, is largely rural and home to poultry, dairy, and crop-growing operations. Eastern Sussex County includes the beach communities, which draws a significant number of retirees (both from within Delaware and out-of-state) and tourists. Figure 1 shows a map of Delaware's three counties.

Figure 1: Map of Delaware Counties

**Socio-demographic Characteristics**. In 2019, Delaware's population was estimated at 972,332, representing 0.3% of the U.S. population. Majority of Delawareans (62%) are Caucasian; African Americans and Hispanics comprise 22% and 9% of the state's population respectively. Approximately 7% of Delawareans are Asian, Pacific Islander, Native American or multi-race. Females account for 52% of the population, similar to the national gender distribution (Table 2).

**Table 2: Racial and Ethnic Population Distribution by County, Delaware, 2019**

| County | Caucasian | | African American | | Hispanic | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % |
| New Castle | 319,202 | 53% | 142,913 | 67% | 58,153 | 63% | 42,426 | 65% | 562,694 | 58% |
| Sussex | 171,233 | 28% | 27,000 | 13% | 22,910 | 25% | 10,476 | 16% | 231,619 | 24% |
| Kent | 111,620 | 19% | 42,518 | 20% | 11,841 | 13% | 12,040 | 19% | 178,019 | 18% |
| Delaware | 602,055 | 62% | 212,431 | 22% | 92,904 | 9% | 64,942 | 7% | 972,332 | 100% |

Source: Delaware Population Consortium, 2019 estimates.

The median age in Delaware is 41. Compared to the general U.S. population, Delaware has a slightly higher median annual household income ($65,627 vs. $60,293, respectively) and similar patterns of educational attainment. Thirteen percent of Delaware residents report speaking a language other than English in the home (U.S. Census Bureau, 2020).

**HIV in Delaware**

From 1981 through 2019, 6,210 Delawareans were diagnosed with HIV or Stage 3 HIV (Table 3). Cumulatively, males account for 72% of all cases ever diagnosed in the state. African Americans account for 65% of cases ever diagnosed and represent a disproportionate share of the state's HIV burden. White and Hispanic Delawareans account for 27% and 6% of those ever diagnosed, respectively. The largest percentage of HIV cases have been diagnosed among adults ages 30 to 39. New Castle County residents account for majority of cases.

**Table 3: Delaware Reported HIV Cases, 1981-2019***

| | HIV (Not AIDS) Cases | Stage 3 HIV (AIDS) Cases | Total Cases All Stages |
|---|---|---|---|
| | N (%) | N (%) | N (%) |
| Birth Sex | | | |
| Male | 1,104 (71%) | 3,361 (72%) | 4,465 (72%) |
| Female | 452 (29%) | 1,293 (28%) | 1,745 (28%) |
| Race/Ethnicity | | | |
| African American | 461 (30%) | 1,242 (27%) | 1,703 (27%) |
| White | 946 (61%) | 3,095 (67%) | 4,041 (65%) |
| Hispanic | 118 (8%) | 269 (6%) | 387 (6%) |
| Other | 31 (2%) | 48 (1%) | 79 (1%) |
| Age at Diagnosis | | | |
| 0-12 | - | - | 54 (1%) |
| 13-14 | - | - | 1 (0%) |
| 15-19 | - | - | 171 (3%) |
| 20-24 | - | - | 586 (9%) |
| 25-29 | - | - | 897 (14%) |
| 30-34 | - | - | 1,103 (18%) |
| 35-39 | - | - | 1,098 (18%) |
| 40-44 | - | - | 874 (14%) |
| 45-49 | - | - | 637 (10%) |
| 50-54 | - | - | 361 (6%) |
| 55-59 | - | - | 197 (3%) |
| 60-64 | - | - | 125 (2%) |
| 65+ | - | - | 106 (2%) |
| Area of Residence | | | |
| New Castle County (NCC) | 1,086 (70%) | 3,462 (74%) | 4,548 (73%) |
| *NCC, Wilmington Metro* | 627 (40%) | 2,262 (49%) | 2,889 (47%) |
| *NCC, Other* | 443 (28%) | 1,170 (25%) | 1,613 (26%) |
| Kent County | 216 (14%) | 515 (11%) | 731 (12%) |
| Sussex County | 254 (16%) | 677 (15%) | 931 (15%) |
| Total | 1,556 (100%) | 4,654 (100%) | 6,210 (100%) |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020.
Note: In Delaware, HIV surveillance efforts began in 1981 and 2001, respectively.
*Table represents cumulative Delaware diagnosed cases regardless of current vital status.
**HIV and Stage 3 are two separate disease states thus the age at HIV diagnoses is represented as a total based on the first known HIV disease date.

**Delawareans Living with HIV**

**Prevalence**

At the end of 2019, 3,483 Delawareans were living with HIV and 2,050 (59%) of them had progressed to Stage 3 HIV (Table 4). Approximately 24% of these cases arrived in the state after diagnosis. Figure 2 shows the concentration of persons living with HIV in Delaware by zip code.

**Table 4: HIV Prevalence, Persons Living with HIV, All Stages and Stage 3 (AIDS) by Selected Characteristics, Delaware, 2019**

| | Persons living with HIV All Stages | | Persons living with Stage 3 HIV | |
|---|---|---|---|---|
| | N (%) | Rate[a] | N (%) | Rate[a] |
| Birth Sex | | | | |
| Male | 2,461 (70.7%) | 522.2 | 1,442 (70.3%) | 306.0 |
| Female | 1,022 (29.3%) | 204.0 | 608 (29.7%) | 121.3 |
| Race/Ethnicity | | | | |
| African American | 2,034 (58.4%) | 957.5 | 1,220 (59.5%) | 574.3 |
| White | 1,088 (31.2%) | 180.7 | 621 (30.3%) | 103.1 |
| Hispanic | 272 (7.8%) | 292.8 | 162 (7.9%) | 174.4 |
| Other | 89 (2.6%) | 137.0 | 47 (2.3%) | 72.4 |
| Birth Sex and Race/Ethnicity | | | | |
| Male | | | | |
| White | 908 (36.9%) | 311.9 | 525 (36.4%) | 180.3 |
| African American | 1,290 (52.4%) | 1281.1 | 771 (53.5%) | 766.3 |
| Hispanic | 195 (7.9%) | 398.0 | 113 (7.8%) | 230.6 |
| Other | 68 ( 2.8%) | 223.1 | 33 (2.3%) | 108.3 |
| Female | | | | |
| White | 180 (17.6%) | 57.9 | 96 (15.8%) | 30.9 |
| African American | 744 (72.8%) | 665.4 | 449 (73.8%) | 401.6 |
| Hispanic | 77 (7.5%) | 175.4 | 49 (8.1%) | 111.6 |
| Other | 21 (2.1%) | 60.9 | 14 (2.3%) | 40.6 |
| Age at Diagnosis | | | | |
| 0-12 | 46 (1.3%) | – | 20 (1.0%) | – |
| 13-14 | 5 (0.1%) | – | 7 (0.3%) | – |
| 15-19 | 131 (3.8%) | – | 18 (0.9%) | – |
| 20-24 | 430 (12.3%) | – | 120 (5.8%) | – |
| 25-29 | 539 (15.5%) | – | 204 (9.9%) | – |
| 30-34 | 562 (16.1%) | – | 312 (15.2%) | – |
| 35-39 | 560 (16.1%) | – | 395 (19.3%) | – |
| 40-44 | 453 (13.0%) | – | 365 (17.8%) | – |
| 45-49 | 342 (9.8%) | – | 268 (13.1%) | – |
| 50-54 | 203 (5.8%) | – | 181 (8.8%) | – |
| 55-59 | 116 (3.3%) | – | 77 (3.8%) | – |
| 60-64 | 56 (1.6%) | – | 49 (2.4%) | – |
| 65+ | 40 (1.1%) | – | 34 (1.7%) | – |

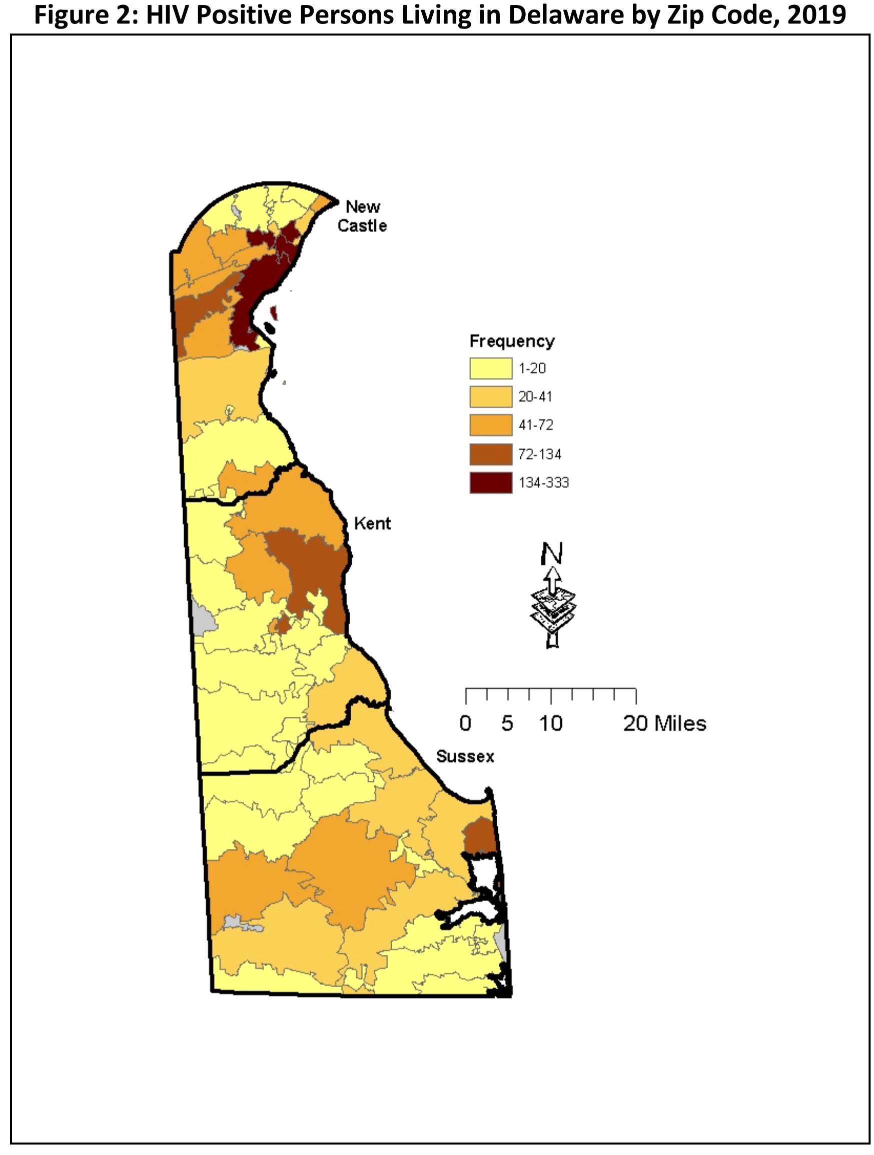
| Area of Residence | | | | |
|---|---|---|---|---|
| New Castle County (NCC) | 2,201 (67.0%) | 391.2 | 1,301 (63.5%) | 231.6 |
| *NCC, Wilmington Metro* | *1,237 (37.7%)* | *563.6* | *768 (37.5%)* | *349.9* |
| *NCC, Other* | *964 (29.4%)* | – | *533 (26.0%)* | – |
| Kent County | 501 (14.4%) | 281.4 | 297 (14.5%) | *166.8* |
| Sussex County | 781 (22.4%) | 337.2 | 450 (22.0%) | *194.3* |
| Total | 3,283 (100%) | 358.2 | 2,050 (100%) | 210.8 |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

Note: Persons living with HIV All Stages diagnosed 1981-2019

[a]Rate are per 100,000 population

**Figure 2: HIV Positive Persons Living in Delaware by Zip Code, 2019**

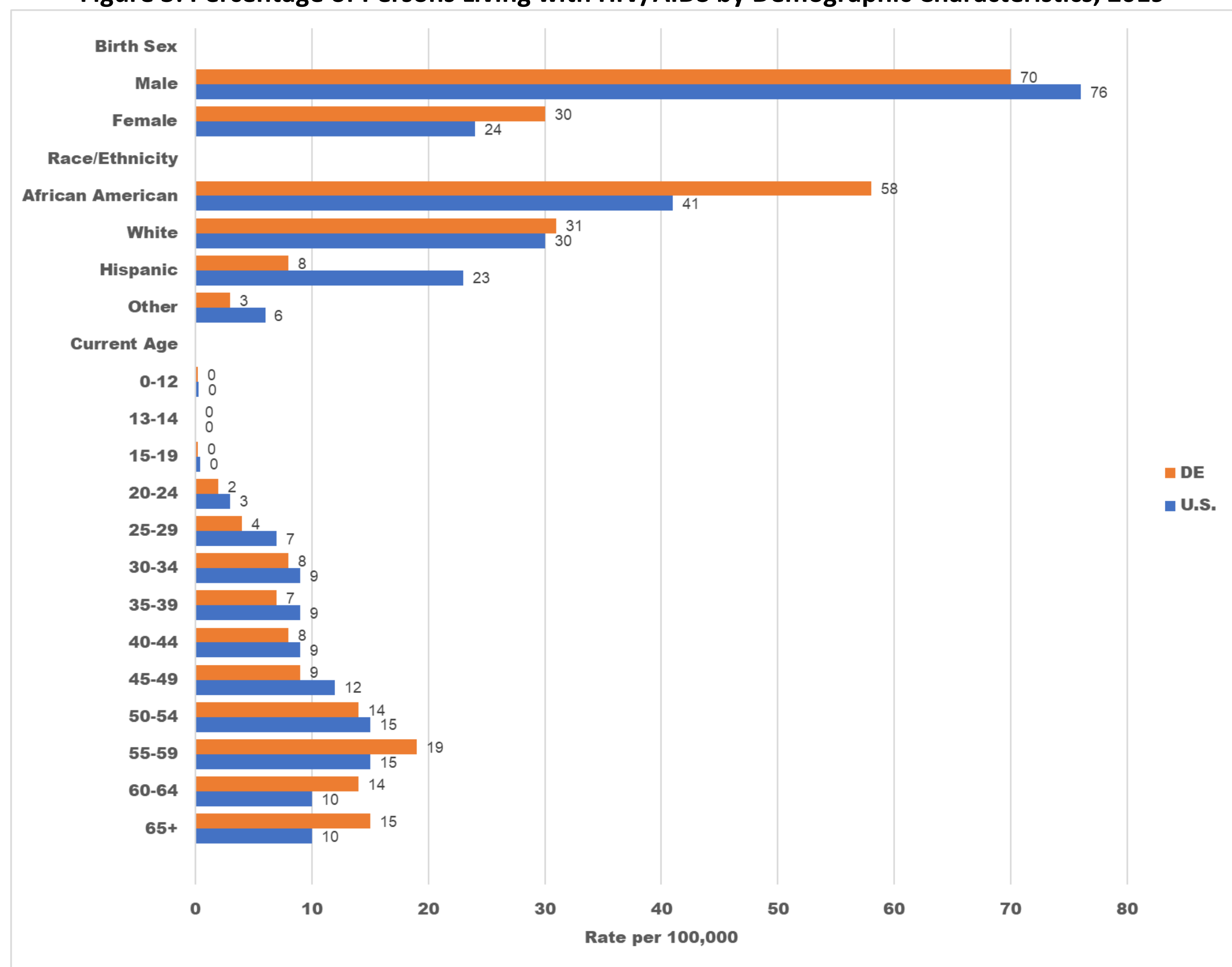



Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

**Living with HIV All Stages: Delaware and U.S. Comparison**

The percentage of Delaware males living with HIV is 6% lower and Delaware females living with HIV are 6% higher compared to their U.S. counterparts (70% vs 76% and 30% vs 24%, respectively) (Figure 3). Delaware's percentage of African Americans living with HIV is 17% higher than Africans Americans in the U.S., Delaware Hispanics are 15% lower than U.S. Hispanics. Delawareans living with HIV are generally older than those living with HIV in the U.S.

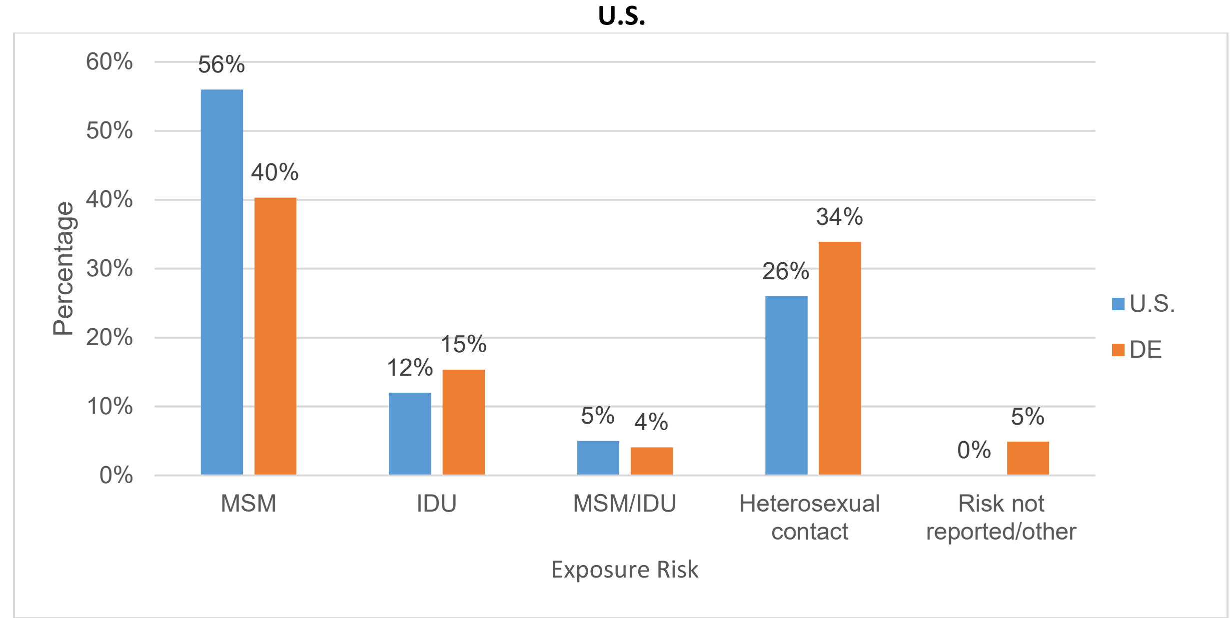
**Figure 3: Percentage of Persons Living with HIV/AIDS by Demographic Characteristics, 2019**




Source: Delaware Department of Health and Social Services,
Division of Public Health, 2020, CDC HIV Surveillance Report, 2018; Vol. 31.
Note: Persons living with HIV All Stages diagnosed 1981-2019

In Delaware, a lower percentage of MSM (16%) and both MSM and injects drugs (MSM/IDU) (1%) have been diagnosed with HIV compared to the U.S. Delaware's injection drug user, heterosexual, and other risk categories are 3%, 8%, and 5% higher than the U.S., respectively (Figure 4).

**Figure 4: Percentage of Persons Living with HIV, All Stages by Exposure Risk Category, Delaware and U.S.**




Source: Delaware Department of Health and Social Services,
Division of Public Health, 2020, CDC HIV Surveillance Report, 2018; Vol. 31.
Note: Persons living with HIV All Stages diagnosed 1981-2019

In Delaware, the prevalence rate of males living with HIV in 2019 (522 per 100,000) was 2.5 times the rate of females living with HIV (204 per 100,000) (Table 3 and Figure 5). Among racial/ethnic groups, the highest prevalence was among African Americans (957.5 per 100,000), followed by Hispanic (292.8 per 100,000), White (180.7 per 100,000), other racial/ethnic groups (137.0 per 100,000). The prevalence of HIV in Delaware is highest among African American males (1,282.1 per 100,000) and females (665.4 per 100,000) compared to their male and female counterparts. Most Delawareans with HIV are diagnosed between the ages of 25-39 (48%).

The prevalence rate of those living with HIV in Delaware was highest in New Castle County (391.2 per 100,000) followed by Sussex County (337.2 per 100,000) and Kent County (281.4 per 100,000) (Table 3 and Figure 5). Over half of those living with HIV in New Castle County resided in the Wilmington Metropolitan area, which accounted for 38% of all persons living with HIV in Delaware.

**Table 5: HIV Prevalence, Persons Living with HIV, All Stages and Stage 3 by Selected Characteristics, Delaware, 2019**

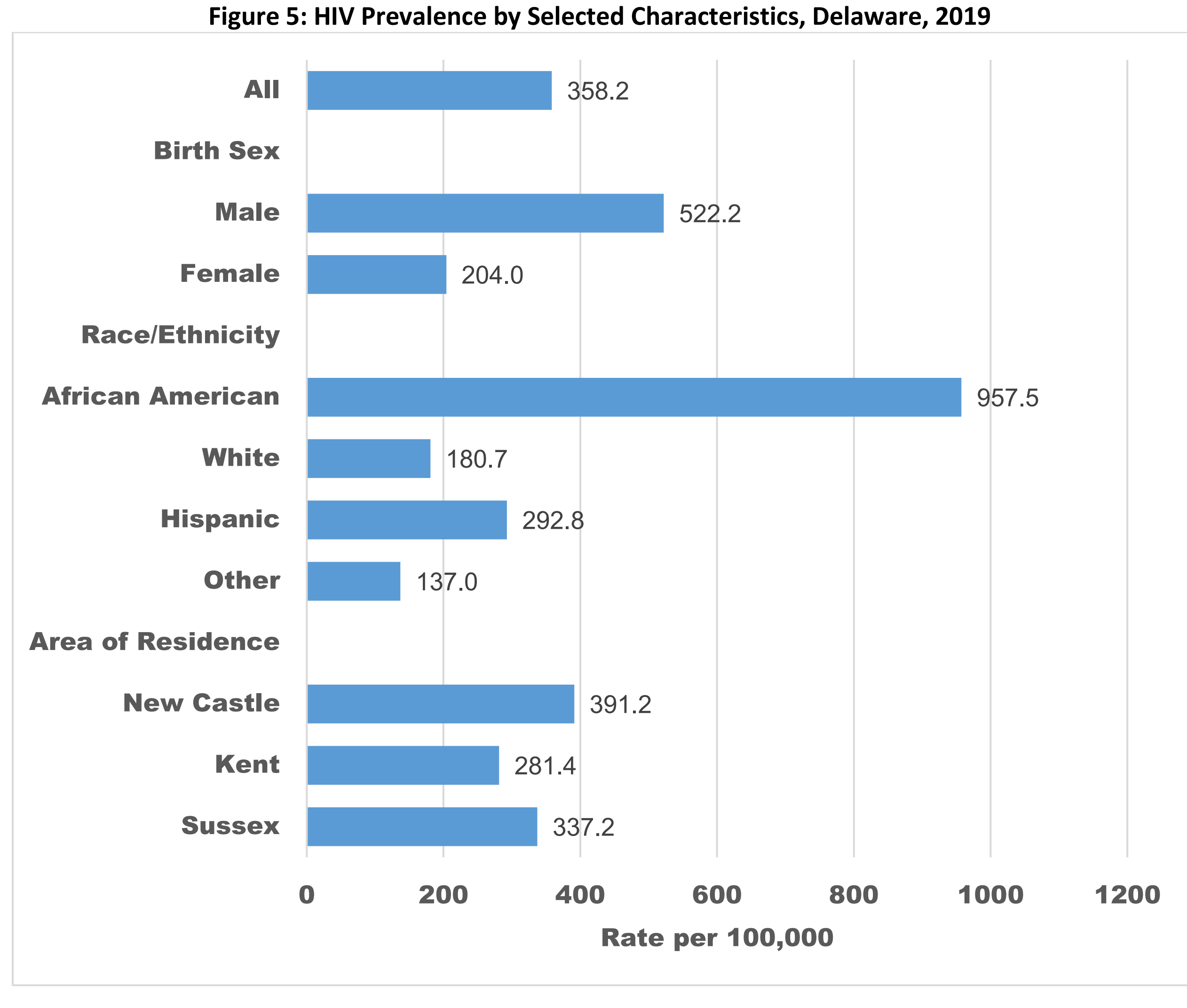
| | Persons living with HIV All Stages | | Persons living with Stage 3 HIV | |
|---|---|---|---|---|
| | N (%) | Rate[a] | N (%) | Rate[a] |
| Birth Sex | | | | |
| Male | 2,461 (70.7%) | 522.2 | 1,442 (70.3%) | 306.0 |
| Female | 1,022 (29.3%) | 204.0 | 608 (29.7%) | 121.3 |
| Race/Ethnicity | | | | |
| African American | 2,034 (58.4%) | 957.5 | 1,220 (59.5%) | 574.3 |
| White | 1,088 (31.2%) | 180.7 | 621 (30.3%) | 103.1 |
| Hispanic | 272 (7.8%) | 292.8 | 162 (7.9%) | 174.4 |
| Other | 89 (2.6%) | 137.0 | 47 (2.3%) | 72.4 |
| Birth Sex and Race/Ethnicity | | | | |
| Male | | | | |
| White | 908 (36.9%) | 311.9 | 525 (36.4%) | 180.3 |
| African American | 1,290 (52.4%) | 1281.1 | 771 (53.5%) | 766.3 |
| Hispanic | 195 (7.9%) | 398.0 | 113 (7.8%) | 230.6 |
| Other | 68 ( 2.8%) | 223.1 | 33 (2.3%) | 108.3 |
| Female | | | | |
| White | 180 (17.6%) | 57.9 | 96 (15.8%) | 30.9 |
| African American | 744 (72.8%) | 665.4 | 449 (73.8%) | 401.6 |
| Hispanic | 77 (7.5%) | 175.4 | 49 (8.1%) | 111.6 |
| Other | 21 (2.1%) | 60.9 | 14 (2.3%) | 40.6 |
| Age at Diagnosis | | | | |
| 0-12 | 46 (1.3%) | – | 20 (1.0%) | – |
| 13-14 | 5 (0.1%) | – | 7 (0.3%) | – |
| 15-19 | 131 (3.8%) | – | 18 (0.9%) | – |
| 20-24 | 430 (12.3%) | – | 120 (5.8%) | – |
| 25-29 | 539 (15.5%) | – | 204 (9.9%) | – |
| 30-34 | 562 (16.1%) | – | 312 (15.2%) | – |
| 35-39 | 560 (16.1%) | – | 395 (19.3%) | – |
| 40-44 | 453 (13.0%) | – | 365 (17.8%) | – |
| 45-49 | 342 (9.8%) | – | 268 (13.1%) | – |
| 50-54 | 203 (5.8%) | – | 181 (8.8%) | – |
| 55-59 | 116 (3.3%) | – | 77 (3.8%) | – |
| 60-64 | 56 (1.6%) | – | 49 (2.4%) | – |
| 65+ | 40 (1.1%) | – | 34 (1.7%) | – |
| Area of Residence | | | | |
| New Castle County (NCC) | 2,201 (67.0%) | 391.2 | 1,301 (63.5%) | 231.6 |
| *NCC, Wilmington Metro* | *1,237 (37.7%)* | *563.6* | *768 (37.5%)* | *349.9* |
| *NCC, Other* | *964 (29.4%)* | – | *533 (26.0%)* | – |
| Kent County | 501 (14.4%) | 281.4 | 297 (14.5%) | *166.8* |
| Sussex County | 781 (22.4%) | 337.2 | 450 (22.0%) | *194.3* |
| Total | 3,283 (100%) | 358.2 | 2,050 (100%) | 210.8 |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

Note: Persons living with HIV All Stages diagnosed 1981-2019

[a]Rate are per 100,000 population.

**Figure 5: HIV Prevalence by Selected Characteristics, Delaware, 2019**




Source: Delaware Department of Health and Social Services, Division of Public Health, 2020
Note: Persons living with HIV All Stages diagnosed 1981-2019

Among those living with HIV in Delaware, the leading exposure category is MSM (40%), followed heterosexual contact (34%) and IDU (15%) (Table 4). For males living with HIV in Delaware, the top three exposure categories are MSM (57%), heterosexual contact (18%), and IDU (13%). For females living with HIV in Delaware, the leading exposure category is heterosexual contact (73%) followed by IDU (21%), and risk not reported/other (3.3%).

**Figure 6: HIV Prevalence, Persons Living with HIV, All Stages and Stage 3 by Exposure Category and Birth Sex, Delaware, 2019**

| | All | Male | Female |
|---|---|---|---|
| Persons Living with HIV All Stages | N (%) | N (%) | N (%) |
| Men Who Have Sex with Men (MSM) | 1,404 (40.3%) | 1,404 (57.0%) | 0 (0.0%) |
| Injection Drug User (IDU) | 535 (15.4%) | 324 (13.2%) | 211 (20.7%) |
| MSM/IDU | 142 (4.1%) | 142 (5.8%) | 0 (0.0%) |
| Heterosexual Contact | 1,181 (33.9%) | 432 (17.5%) | 749 (73.3%) |
| Transfusion/Transplant | 4 (0.1%) | 2 (0.1%) | 2 (0.2%) |
| Risk not Reported/Other | 171 (4.9%) | 137 (5.6%) | 34 (3.3%) |
| Pediatric Exposure | 46 (1.3%) | 20 (0.8%) | 26 (2.5%) |
| Total | 3,483 (100%) | 2,461 (100%) | 1,022 (100%) |
| Persons Living with Stage 3 HIV | | | |
| Men Who Have Sex with Men (MSM) | 753 (36.7%) | 753 (52.2) | 0 (0.0%) |
| Injection Drug User (IDU) | 388 (18.9%) | 239 (16.6%) | 149 (24.5%) |
| MSM/IDU | 92 (4.5%) | 92 (6.4%) | 0 (0.0%) |
| Heterosexual Contact | 699 (34.1%) | 277 (19.2%) | 422 (69.4%) |
| Transfusion/Transplant | 3 (0.1%) | 1 (0.1%) | 2 (0.3%) |
| Risk not Reported/Other | 79 (3.9%) | 65 (4.5%) | 14 (2.3%) |
| Pediatric Exposure | 36 (1.8%) | 15 (1.0%) | 21 (3.5%) |
| Total | 2,050 (100%) | 1442 (100%) | 608 (100%) |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

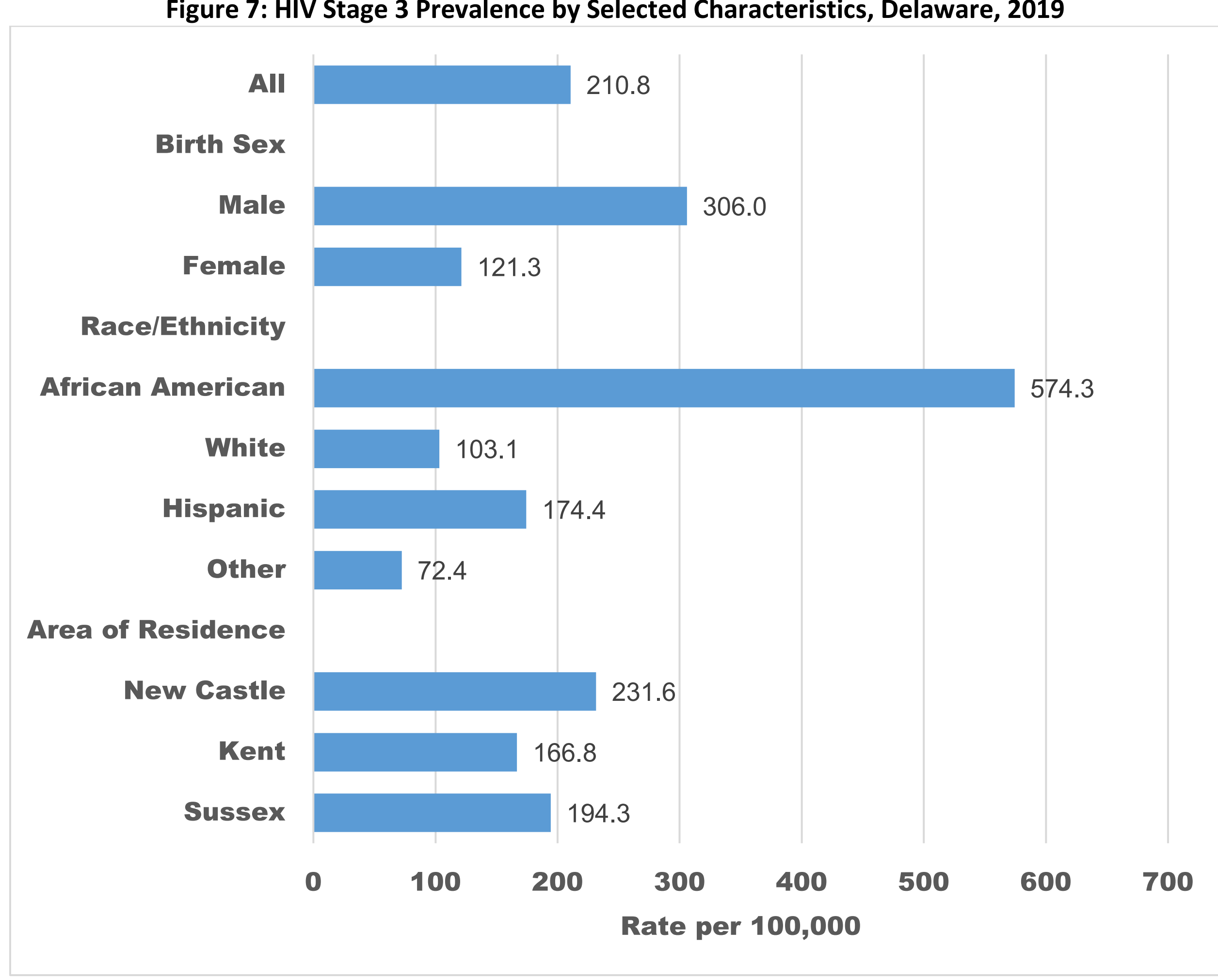
Note: Persons living with HIV All Stages diagnosed 1981-2019

**Living with Stage 3 HIV**

In Delaware, those living with State 3 HIV had similar demographic and exposure characteristics to those living HIV all stages. The prevalence rate of among males living with Stage 3 HIV (AIDS) in 2019 (306.0 per 100,000) was 2.5 times the rate among females living with Stage 3 HIV (121.3 per 100,000) in Delaware (Table 3 and Figure 6). Among racial/ethnic groups, the highest prevalence was among African Americans (574.3 per 100,000), followed by Hispanic (174.4 per 100,000), White (103.1 per 100,000), other racial/ethnic groups (72.4 per 100,000). The prevalence of Stage 3 HIV (AIDS) in Delaware is highest among African American males (766.3 per 100,000) and females (401.6 per 100,000) compared to their male and female counterparts. Most Delawareans are diagnosed with Stage 3 HIV (AIDS) between the ages of 30-44 (52%).

The prevalence rate of those living with Stage 3 HIV in Delaware was highest in New Castle County (231.6 per 100,000) followed by Sussex County (194.3 per 100,000) and Kent County (166.8 per 100,000). Nearly 60% of those living with Stage 3 HIV in New Castle County resided in the Wilmington Metropolitan area, which accounted for 38% of all Delawareans living with Stage 3 HIV.

**Figure 7: HIV Stage 3 Prevalence by Selected Characteristics, Delaware, 2019**




Source: Delaware Department of Health and Social Services, Division of Public Health, 2020
Note: Persons living with HIV All Stages diagnosed 1981-2019

Among those living with Stage 3 HIV in Delaware, the leading exposure category is MSM (37%), followed heterosexual contact (34%) and IDU (19%) (Table 4). For males living with Stage 3 HIV in Delaware, the top three exposure categories are MSM (52%), heterosexual contact (19%), and IDU (17%). For females living with HIV in Delaware, the leading exposure category is heterosexual contact (69%) followed by IDU (25%), and pediatric exposure (3.5%).

**HIV Incidence in Delaware, 2015-2019**

Among those newly diagnosed with HIV from 2015 through 2019, the HIV incidence rate in Delaware peaked in 2017 (12.9 per 100,000) and declined to the lowest rate in 2018 (9.5 per 100,000) (Figure 7). The average HIV incidence rate in Delaware was 11.1 per 100,000 during this period. The five-year average for males (17.4 per 100,000) is more than three times higher than for females (5.1 per 100,000) (Table 5 and Figure 7). HIV incidence was highest among African Americans (31.7 per 100,000), followed by Hispanic (13.3 per 100,000), and White (4.4 per 100,000). Among age groups, HIV incidence was highest among ages 25-29. Nearly 60% of Delawareans were newly diagnosed between the ages of 20-39. The highest HIV incidence resided in New Castle County (12.5 per 100,000), followed by Kent County (10.8 per 100,000) and Sussex County (7.7 per 100,000).

During 2015-2019 MSM (45%) and heterosexual contact (36%) were the top two HIV exposure risk categories statewide (Table 6). Delaware had one perinatal HIV case in 2017, the first in over eight years. The top HIV exposure risks for males were MSM (59%) and heterosexual contact (20%). For females, the top HIV exposure risks were heterosexual contact (86%) and IDU (14%). Among African Americans, the top HIV exposure risks were heterosexual contact (44%) followed by MSM (39%) (Table 7). Among White and Hispanic racial/ethnic groups, the top HIV exposure risks were MSM (56% and 46%, respectively) followed by heterosexual contact (19% and 32%, respectively). IDU and MSM/IDU exposure risk was more frequent among White (14.3% and 6.8%, respectively) and Hispanic (8.5% and 5.1%, respectively) compared to African Americans and Other racial/ethnic groups.

**Figure 8: HIV Incidence Rate, Delaware, 2015-2019**

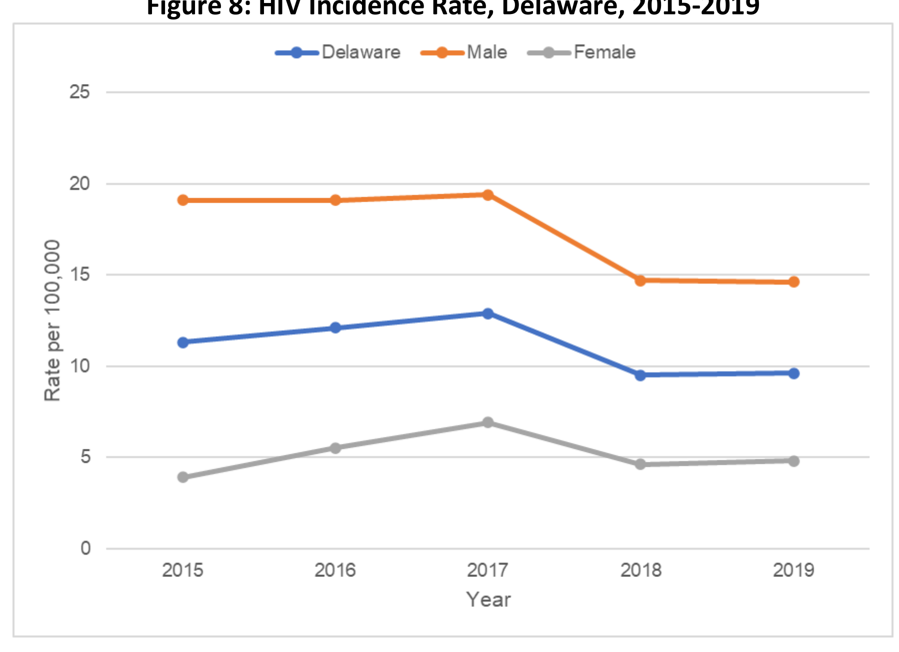


**Table 6: HIV Incidence by Selected Characteristics, Delaware, 2019**

| | HIV Incidence | | Stage 3 HIV Incidence | |
|---|---|---|---|---|
| | N (%) | Rate[a] | N (%) | Rate[a] |
| Birth Sex | | | | |
| Male | 403 (76.0%) | 17.4 | 208 (73.8%) | 9.0 |
| Female | 127 (24.0%) | 5.1 | 74 (26.2%) | 3.0 |
| Race/Ethnicity | | | | |
| African American | 328 (61.9%) | 31.7 | 185 (65.6%) | 17.9 |
| White | 133 (25.1%) | 4.4 | 61 (21.6%) | 2.0 |
| Hispanic | 59 (11.1%) | 13.3 | 32 (11.3%) | 7.2 |
| Other | 10 (1.9%) | 3.2 | 4 (1.4%) | 1.3 |
| Age at Diagnosis | | | | |
| 0-12 | 2 (0.4%) | – | 20 (1.0%) | – |
| 13-14 | 1 (0.2%) | – | 7 (0.3%) | – |
| 15-19 | 20 (3.8%) | – | 18 (0.9%) | – |
| 20-24 | 77 14.5%) | – | 120 (5.8%) | – |
| 25-29 | 104 (19.6%) | – | 204 (9.9%) | – |
| 30-34 | 64 (12.1%) | – | 312 (15.2%) | – |
| 35-39 | 69 (13.0%) | – | 395 (19.3%) | – |
| 40-44 | 36 (6.8%) | – | 365 (17.8%) | – |
| 45-49 | 43 (8.1%) | – | 268 (13.1%) | – |
| 50-54 | 40 (7.5%) | – | 181 (8.8%) | – |
| 55-59 | 31 (5.8%) | – | 77 (3.8%) | – |
| 60-64 | 24 (4.5%) | – | 49 (2.4%) | – |
| 65+ | 19 (3.6%) | – | 34 (1.7%) | – |
| Area of Residence | | | | |
| New Castle County (NCC) | 349 (66.0%) | 12.5 | 181 (64.2%) | – |
| Kent County | 95 (18.0%) | 10.8 | 51 (18.1%) | – |
| Sussex County | 85 (16.1%) | 7.7 | 50 (17.7%) | – |
| Total | 530 (100%) | 11.1 | 282 (100%) | 5.9 |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

Note: Persons living with HIV All Stages diagnosed 1981-2019

[a]Rate are per 100,000 population.

**Table 7: HIV Incidence by Exposure Risk Category and Birth Sex, Delaware, 2015-2019**

| | All | Male | Female |
|---|---|---|---|
| Exposure Risk | N (%) | N (%) | N (%) |
| Men Who Have Sex with Men (MSM) | 236 (44.5%) | 236 (58.6%) | – |
| Injection Drug User (IDU) | 32 (6.0%) | 14 (3.5%) | 18 (14.2%) |
| MSM/IDU | 18 (3.4%) | 18 (4.5%) | – |
| Heterosexual Contact | 190 (35.8%) | 82 (20.3%) | 109 (85.8%) |
| Risk not Reported/Other | 53 (10.0%) | 52 (12.9%) | – |
| Pediatric Exposure | 1 (0.2%) | 1 (0.2%) | – |
| Total | 530 (100%) | 403 (100%) | 127 (100%) |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

Note: Persons living with HIV All Stages diagnosed 1981-2019

**Table 8: HIV Incidence, Persons Living with HIV, All Stages by Exposure Category and Race/Ethnicity, Delaware, 2019**

| | All | White | African American | Hispanic | Other |
|---|---|---|---|---|---|
| Exposure Risk | N (%) | N (%) | N (%) | | |
| Men Who Have Sex with Men (MSM) | 236 (44.5%) | 74 (55.6%) | 128 (39.0%) | 27 (45.8%) | 7 (70%) |
| Injection Drug User (IDU) | 32 (6.0%) | 19 (14.3%) | 8 (2.4%) | 5 (8.5%) | – |
| MSM/IDU | 18 (3.4%) | 9 (6.8%) | 6 (1.8%) | 3 (5.1%) | – |
| Heterosexual Contact | 190 (35.8%) | 25 (18.8%) | 143 (43.6%) | 19 (32.2%) | 3 (30%) |
| Risk not Reported/Other | 53 (10.0%) | 6 (4.5%) | 42 (12.8%) | 5 (8.5%) | 0 (0%) |
| Pediatric Exposure | 1 (0.2%) | – | 1 (0.3%) | – | – |
| Total | 530 (100%) | 133 (100%) | 328 (100%) | 59 (100%) | |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

Note: Persons living with HIV All Stages diagnosed 1981-2019

**Stage 3 HIV Incidence**

Delaware's Stage 3 HIV (AIDS) incidence rate decreased from 7.0 per 100,000 population in 2015 to 4.5 per 100,000 in 2019 with a five-year average incidence rate of 5.9 per 100,000 (Figure 8 and Table 5). During 2015-2019, the average incidence rate among Delaware males (9.0 per 100,000) is three times higher than among Delaware females (3.0 per 100,000). In Delaware, the five-year average Stage 3 HIV incidence rate among African Americans is the highest among all groups at 17.9 per 100,000 (Table 5). Statewide, approximately 75% of Stage 3 HIV diagnoses were between the ages of 25 to 54.

**Figure 9: HIV Stage 3 HIV Incidence Rate, Delaware, 2015-2019**



Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

Among those newly diagnosed with Stage 3 HIV in Delaware from 2015 to 2019, the top two exposure risk categories were MSM (40%) and heterosexual contact (39%) over the five-year span. (Table 8). IDU (9%) and other exposure risk categories for Stage 3 HIV (AIDS) accounted for 20%.

**Table 9: Stage 3 HIV by HIV Exposure Risk, Delaware, 2015-2019**

| Exposure Risk Category | N (%) |
|---|---|
| Men Who Have Sex with Men (MSM) | 116 (40%) |
| Injection Drug User (IDU) | 24 (9%) |
| MSM/IDU | 5 (2%) |
| Heterosexual Contact | 109 (39%) |
| Risk not Reported/Other | 25 (9%) |
| Pediatric Exposure | 3 (1%) |
| Total | 282 (100%) |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

### Late-Stage HIV Diagnosis

In Delaware, most late-stage HIV diagnoses (or diagnoses of Stage 3 HIV within 90 days of initial HIV diagnosis) were male (79%), African Americans (61%), resided in New Castle County (66%), and diagnosed at ages 25-39.

**Table 10: Late-Stage HIV Diagnosis by Selected Characteristics, Delaware, 2019**

| | Late-Stage HIV Diagnosis |
|---|---|
| | N (%) |
| Birth Sex | |
| Male | 103 (78.6%) |
| Female | 28 (21.4%) |
| Race/Ethnicity | |
| African American | 80 (61.1%) |
| White | 33 (25.2%) |
| Hispanic | 17 (13.0%) |
| Other | 1 (0.8%) |
| Age at Diagnosis | |
| 0-12 | 1 (0.8%) |
| 13-14 | 0 (0.0%) |
| 15-19 | 3 (2.3%) |
| 20-24 | 5 (3.8%) |
| 25-29 | 20 (15.3%) |
| 30-34 | 13 (9.9%) |
| 35-39 | 23 (17.6%) |
| 40-44 | 9 (6.9%) |
| 45-49 | 16 (12.2%) |
| 50-54 | 13 (9.9%) |
| 55-59 | 6 (4.6%) |
| 60-64 | 14 (10.7%) |
| 65+ | 8 (6.1%) |
| Area of Residence | |
| New Castle County (NCC) | 349 (66.0%) |
| Kent County | 95 (18.0%) |
| Sussex County | 85 (16.1%) |
| Total | 131 (100%) |

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020

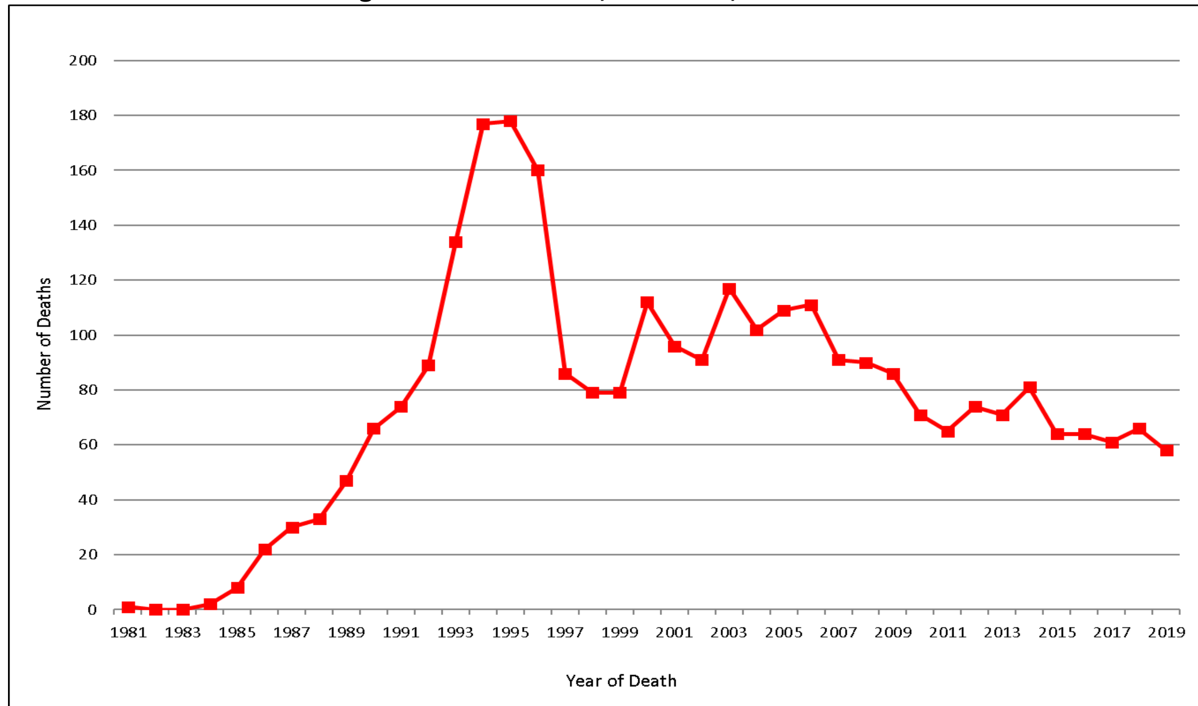
Note: Persons living with HIV All Stages diagnosed 1981-2019

[a]Rate are per 100,000 population.

**Mortality among Persons with Stage 3 HIV, 1981-2019**

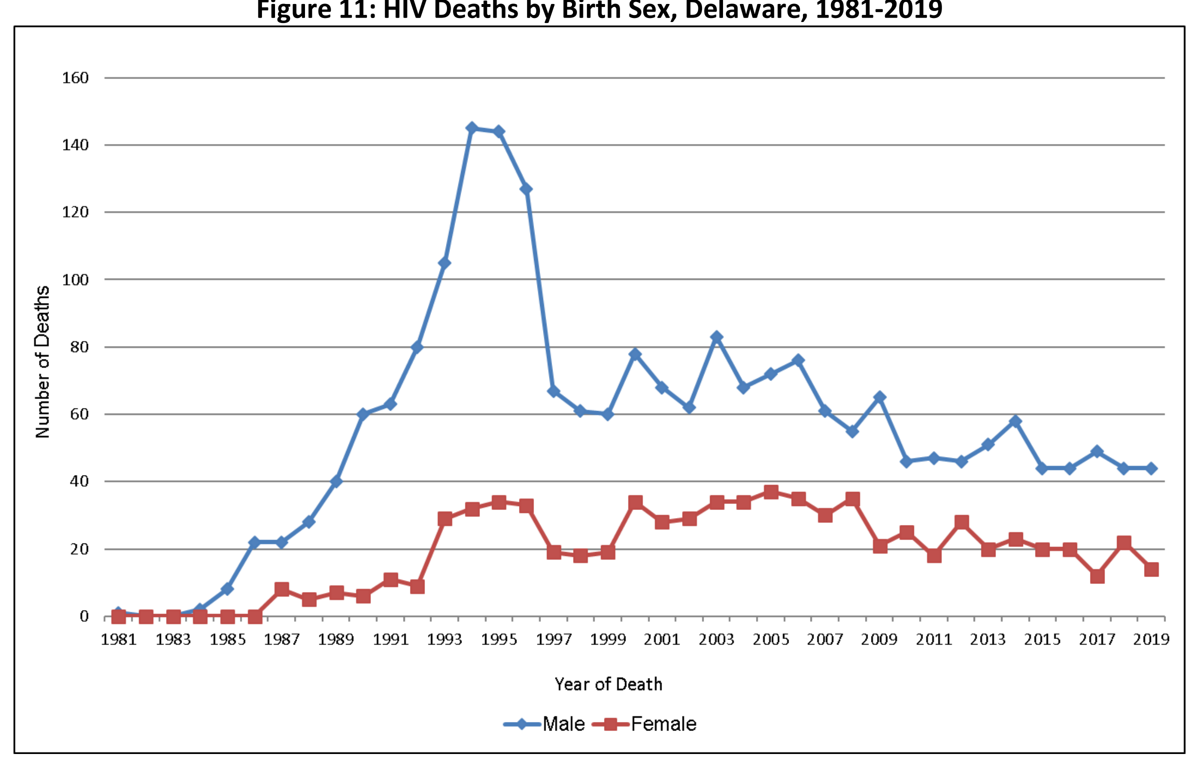
A total of 2,945 Delawareans with Stage 3 HIV died from 1981-2019. Improved Antiretroviral Therapy (ART) treatments have reduced deaths among those with advanced stage HIV. This trend is observed among all racial groups and by birth sex (Figures 9-11).

**Figure 10: HIV Deaths, Delaware, 1981-2019**



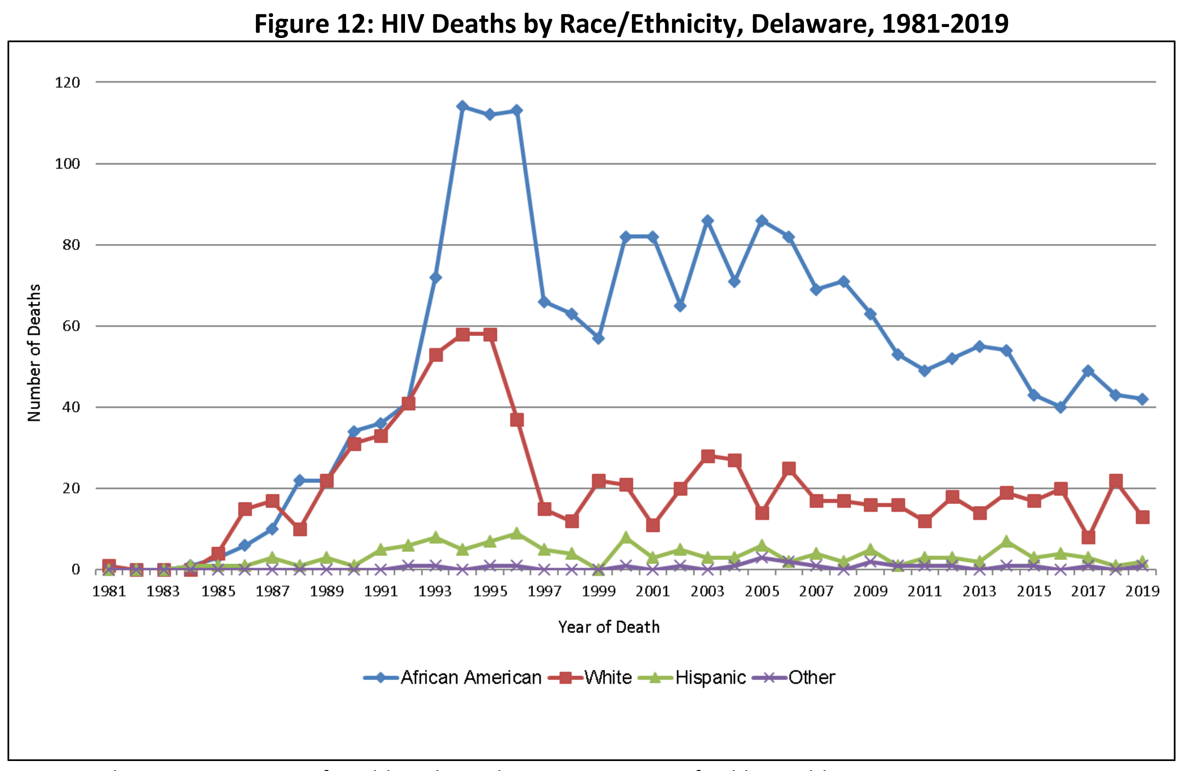

Source: Delaware Department of Health and Social Services, Division of Public Health, 2020.

**Figure 11: HIV Deaths by Birth Sex, Delaware, 1981-2019**




Source: Delaware Department of Health and Social Services, Division of Public Health, 2020.

**Figure 12: HIV Deaths by Race/Ethnicity, Delaware, 1981-2019**




Source: Delaware Department of Health and Social Services, Division of Public Health, 2020.

**HIV Risk Indicators**

**Mental health.** According to the 2018-2019 National Survey on Drug Use and Health (NSDUH), an estimated 20.9% of Delawareans aged 18 or older experienced mental illness in the year before the survey (19.9% of U.S. adults aged 18 or older); 5.4% of Delawareans had a serious mental illness over that time (4.9% of U.S. adults aged 18 or older). Furthermore, the NSDUH estimated that 8.5% of Delawareans over the age of 18 had a major depressive episode in the previous year (7.5% among U.S. adults aged 18 or older).

A higher percentage of Delaware's youth population experiences mental distress than does the state's adult population. According to the Youth Risk Behavior Survey (YRBS) for 2015, 24.2% of the state's high school had population felt sad or hopeless almost every day for two or more weeks at some point over the previous year; 14% had seriously considered attempting suicide in that span.

Mental illness diagnoses were more common among people living with HIV than in the general public. The Medical Monitoring Project (MMP) found that 36.7% of Delawareans living with HIV interviewed between 2015-2019 had accessed mental health services over the 12-month period prior to the survey; 6.4% of those interviewed for the MMP self-reported having "major depression" based on DSM-IV criteria during the two weeks before the interview.

**Substance use.** The 2018-2019 NSDUH estimated that in the month prior to the survey period, 26.0% of Delawareans above the age of 18 had binge drank, having five or more drinks on the same occasion. The NSDUH estimates that 14.7% of adult Delawareans used illicit drugs in the month prior to the survey period while 4.1% used illicit drugs other than marijuana over that span. Furthermore, the NSDUH estimates that 3.6% of Delawareans over the age of 18 misused pain relievers over the previous 12 months.

A large percentage of Delaware's high school population is participating in illicit substance use. The YRBS (2017) estimates that 44.1% of Delaware high school students have used marijuana; 26.1% had used marijuana in the 30 days prior to the survey. The YRBS estimates that 10.1% of Delaware high school students have taken prescription drugs without a doctor's prescription; 1.4% had injected an illegal drug.

In recent years, Delaware has experienced a growth in illicit opioid use and is now the number one class of drugs seized by Delaware law enforcement. The Philadelphia Field Division of the U.S. Drug Enforcement Agency reports that there was a 130% rise in drug overdose deaths from 2013 to 2019 (from 187 overdoses in 2013 to 431 in 2019). The Centers for Disease Control and Prevention ranked Delaware sixth highest in the nation for per-capita overdose deaths (most recent data available). This rise in opioid use in Delaware is largely attributable to the proliferation of highly potent illicit fentanyl and fentanyl-related substances (FRS), as well as the continued availability of inexpensive, high-purity heroin, which is being transported in mass quantities from nearby Philadelphia and being sold cheaply in a high purity. From 2011 to 2016, there was a 138% rise in adult admissions for heroin treatment at Division of Substance Abuse and Mental Health (DSAMH) funded substance abuse treatment programs. Adults treated for substance abuse through DSAMH are largely male (69.6% in 2016), white non-Hispanic (68.1%), and between the ages of 21-44 (78.0%).

In 2014, the Delaware General Assembly passed two pieces of legislation that approved Delaware law enforcement officers to carry naloxone and allowed community members to purchase naloxone. That

year Delaware emergency medical providers administered 1,236 doses of naloxone to patients experiencing symptoms of drug overdose in 2015 naloxone administrations rose 12% to 1,389 doses. In both years, roughly 50% of patients experienced an improved outcome because of receiving the drug. Emergency responders' administration of naloxone continues to rise with 3,728 doses administered in 2018, an increase of 30% doses administered in the previous year.

**Sexual behaviors.** According to the CDC Sexually Transmitted Disease Surveillance Report, 2019, Delaware ranks above the national average for chlamydia (13th highest - chlamydia infection rate of 606.3 per 100,000) and below the national average for gonorrhea (28th highest - 167.2 per 100,000) and for syphilis (23rd highest - 9.7 per 100,000).

While the incidence of gonorrhea in Delaware has declined in recent years, chlamydia has increased. In 1998, 2,608 cases of chlamydia were diagnosed. In recent years, cases of diagnosed chlamydia climbed from 4,604 cases in 2015 to 5,839 cases in 2019. Females accounted for the majority of chlamydia cases. An upward trend of syphilis infections occurred from 2010-2019.

The state's high school population ranks above the national average on several indicators of risky sexual behaviors. According to the YRBS (2017), 45.4% of Delaware high school students had participated in sexual intercourse (compared 40% nationally); 3.6% of Delaware high school students had sexual intercourse before the age of 13, compared to the national average of 3.4%. Forty-seven percent of Delaware high school students did not wear a condom last sexual intercourse.

**HIV screening.** According to the Behavioral Risk Factor Surveillance System (BRFSS) (2019), an estimated 45.4% of Delawareans over the age of 18 had been tested for HIV at least once. African Americans were more likely to have had an HIV test (64.9%) than were non-Hispanic Whites (39.4%) and Hispanics (38.8%). Persons whose annual household income was less than $10,000 per year had the largest percentage of any income group to have been tested for HIV (57.1%); those whose household income between $25,000 and less than $35,000 per year had been screened for HIV in the smallest proportion (44.7%). The YRBS (2017) estimates that 13.5% of Delaware high school students have been tested for HIV; a higher percentage of females had been screened (16.6%) than did males (10.3%).

There were 21,448 Delawareans who received HIV counseling and testing services through the state's 92 sites from 2018 through 2019. Of those, 67 tested positive for HIV (a positivity rate of 0.35%). Females accounted for 47% of testing services performed, which yielded 17 new positive tests during the period (25% of all new diagnoses).

Nearly 50% of those receiving HIV testing services were African American (49%), while Whites accounted for 34%. The proportion of HIV positive tests were 67% and 15%, respectively.

Those 30-65 years of age were most likely to seek testing services. This age group accounted for 52% of those receiving these services and 61% of all new positive tests.

Those at risk of infection through heterosexual contact comprised the largest group seeking HIV testing services (71%), with less than 1% of those screened for HIV tested positive. Heterosexual contact did account for 33% of all new HIV cases (22 positive cases) diagnosed through Delaware Public Health sites funded from 2018-2019.

**HIV Care Continuum**

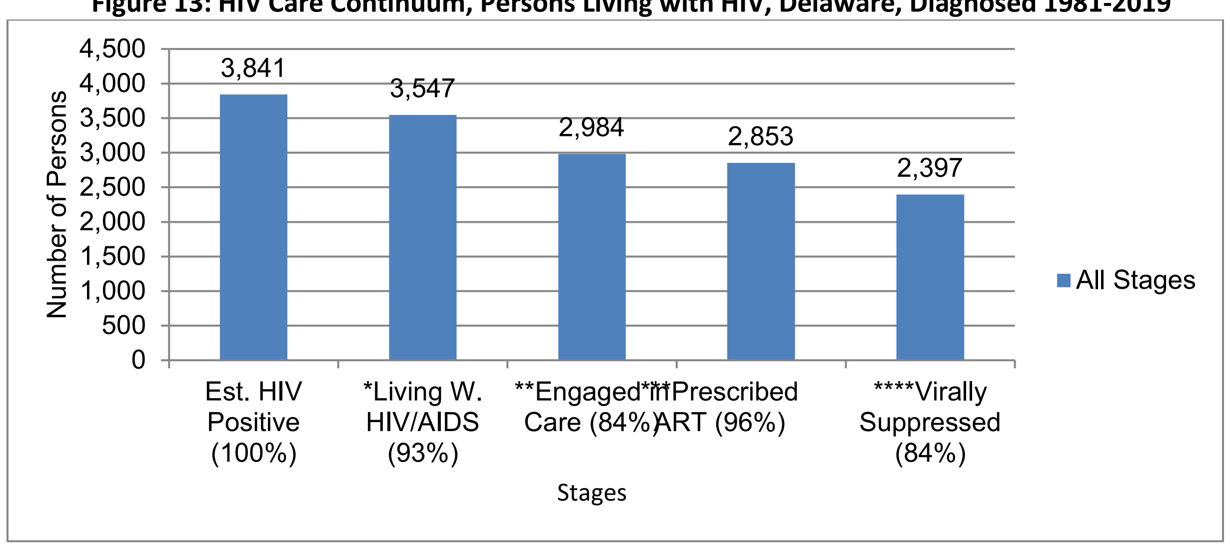
The HIV Care Continuum, or HIV treatment cascade, is a model used by the National HIV/AIDS Strategy (NHAS) and the HIV Care Continuum Initiative to analyze critically how a jurisdiction is doing at controlling its HIV epidemic. The model shows the proportion of individuals living with HIV who are engaged at each step or stage of HIV medical care: aware of their HIV status; engaged in regular HIV care; receiving and adhering to effective antiretroviral therapy; and virally suppressed. Critically analyzing how population groups are performing at each stage along the care continuum allows the jurisdiction to allocate HIV resources to areas that need it most, and work to overcome barriers that contribute to engagement in each stage of the continuum.

Delaware used a prevalence-based model in the development of its HIV Care Continuum. The model shows each step of the continuum in relation to the estimated total number of persons living with HIV (PLWH) in Delaware. In developing the total number of PLWH in Delaware, this model accounts for both the number of people who have been diagnosed with HIV and the estimated number of those who are living with the disease but are undiagnosed. The HPC and the Delaware Division of Public Health (DPH) use this data to make HIV planning decisions.

According to estimates from the CDC, 3,841 Delawareans are currently living with HIV/AIDS. Of these, over 90% (n=3,547) have been diagnosed and are aware of their HIV status. Delaware is one of just five states with an estimated 10% or less of its population living with HIV who are unaware of their status.

Delaware currently exceeds the national averages on all stages along the HIV Care Continuum. According to the state's eHARS, 84% of diagnosed PLWH in Delaware were engaged in care, having at least one documented CD4+ or viral load lab over the previous 12 months (Figure 12); this compares to an estimated 40% of PLWH engaged in care, nationally. Ninety-six percent (n=2,853) of PLWH engaged in care in Delaware were prescribed ART and 84% (n=2,397) were considered virally suppressed from 72% in 2015.

**Figure 13: HIV Care Continuum, Persons Living with HIV, Delaware, Diagnosed 1981-2019**




*Source: Delaware Department of Health and Social Services, Division of Public Health, 2020, Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.*
Percentage calculated from Est. HIV Positive, *Percentage calculated from Living W. HIV,

**Percentage calculated from Engaged in Care, ***Percentage calculated from prescribed ART,
****Percentage Virally Suppressed.

**Disparities by age.** The age group 25-34 is receiving the lowest level of care at 75% (Figure 13 and Table 10). Persons aged <18 and 55 and older are receiving the highest level of care at 86%. Persons aged 25-34 years are at the lowest level of those prescribed antiretroviral medications (ART) at 86%, while persons ages 65 and older are at the highest level at 99%. Persons 18-24 years of age are at the lowest level for viral suppression at 82%, while persons <18 years of age are at the highest level of viral suppression at 100% followed by persons aged 25-34 years (90%).

**Figure 14: HIV Care Continuum, Persons Living with HIV by Age Group, Delaware, Diagnosed 1981-2019**

*Source: Delaware Department of Health and Social Services, Division of Public Health, 2020, Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care

**Table 11: HIV Care Continuum, Persons Living with HIV by Age Group, Delaware, Diagnosed 1981-2019**

| Current Age | Living With HIV | | Engaged in Care | | Prescribed ART | | Virally Suppressed | |
|---|---|---|---|---|---|---|---|---|
| | # | % | # | %* | # | %** | # | %*** |
| <18 | 8 | 100% | 7 | 88% | 7 | 100% | 7 | 100% |
| 18-24 | 74 | 100% | 57 | 77% | 57 | 100% | 47 | 82% |
| 25-34 | 438 | 100% | 330 | 75% | 284 | 86% | 256 | 90% |
| 35-44 | 548 | 100% | 432 | 79% | 410 | 95% | 327 | 80% |
| 45-54 | 826 | 100% | 703 | 85% | 675 | 96% | 560 | 83% |
| 55-64 | 1142 | 100% | 1006 | 88% | 975 | 97% | 810 | 83% |
| >=65 | 511 | 100% | 449 | 88% | 445 | 99% | 390 | 88% |
| Total | 3547 | 100% | 2984 | 84% | 2853 | 96% | 2397 | 84% |

*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

**Disparities by race/ethnicity.** Hispanics are receiving the lowest level of care at 79% while African Americans and Whites are at 83% and 87%, respectively (Figure 14 and Table 11). Hispanics are at the lowest level of those prescribed antiretroviral medications at 92%, while Whites represent the highest level of identified persons prescribed ART at 99% followed by African Americans (95%). Hispanics are also at the lowest level for viral suppression, at 73%, while African Americans and Whites are at 84% and 86%, respectively.

**Figure 15: HIV Care Continuum, Persons Living with HIV by Race/Ethnicity, Delaware, Diagnosed 1981-2019**

*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

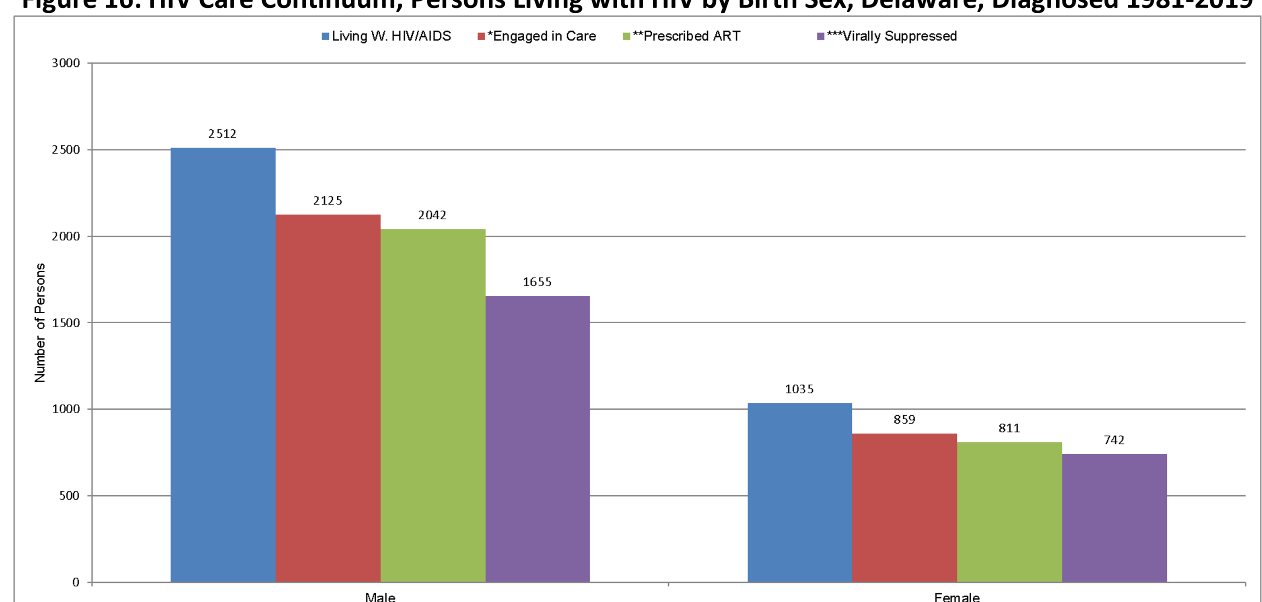
**Table 12: HIV Care Continuum, Persons Living with HIV by Race/Ethnicity, Delaware, Diagnosed 1981-2019**

| Race/Ethnicity | Living With HIV | | Engaged in Care | | Prescribed ART | | Virally Suppressed | |
|---|---|---|---|---|---|---|---|---|
| | # | % | # | %* | # | %** | # | %*** |
| African American | 2071 | 100% | 1725 | 83% | 1632 | 95% | 1378 | 80% |
| White | 1104 | 100% | 958 | 87% | 945 | 99% | 808 | 84% |
| Hispanic | 281 | 100% | 222 | 79% | 204 | 92% | 149 | 67% |
| Other | 91 | 100% | 79 | 87% | 72 | 91% | 62 | 78% |
| Total | 3547 | 100% | 2984 | 84% | 2853 | 96% | 2397 | 80% |

*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

**Disparities by gender.** Slightly higher percentage of males (85%) are receiving care than females (83%) and are prescribed ARTs (96% and 94%, respectively). Males are virally suppressed at a lower percentage than females, 81% and 91%, respectively.

**Figure 16: HIV Care Continuum, Persons Living with HIV by Birth Sex, Delaware, Diagnosed 1981-2019**




*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

**Table 13: HIV Care Continuum, Persons Living with HIV by Birth Sex, Delaware, Diagnosed 1981-2019**

| Birth Sex | Living With HIV | | Engaged in Care | | Prescribed ART | | Virally Suppressed | |
|---|---|---|---|---|---|---|---|---|
| | # | % | # | %* | # | %** | # | %*** |
| Male | 2512 | 100% | 2125 | 85% | 2042 | 96% | 1655 | 78% |
| Female | 1035 | 100% | 859 | 83% | 811 | 94% | 742 | 86% |
| Total | 3547 | 100% | 2984 | 84% | 2853 | 96% | 2397 | 80% |

*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

**Disparities by transmission risk exposure.** Eighty-nine percent of MSM/IDU risk group are receiving care followed by IDU (86%), MSM (85%), and Heterosexual (84%) risk groups. ARTs are being prescribed among all the risk groups at 95% of higher. MSM/IDU (72%) and IDU (79%) risk groups are virally suppressed at the lowest levels, while MSMs and Heterosexuals are at 84% and 88%, respectively.

**Figure 17: HIV Care Continuum, Persons Living with HIV by Exposure Risk, Delaware, Diagnosed 1981-2019**

*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

**Table 14: HIV Care Continuum, Persons Living with HIV by Exposure Risk, Delaware, Diagnosed 1981-2019**

| Risk Group | Living With HIV | | Engaged in Care | | Prescribed ART | | Virally Suppressed | |
|---|---|---|---|---|---|---|---|---|
| | # | % | # | %* | # | %** | # | %*** |
| Men Who Have Sex with Men (MSM) | 1439 | 100% | 1216 | 85% | 1170 | 96% | 986 | 81% |
| Injection Drug User (IDU) | 539 | 100% | 465 | 86% | 444 | 95% | 350 | 75% |
| MSM/IDU | 142 | 100% | 126 | 89% | 126 | 100% | 91 | 72% |
| Heterosexual | 1197 | 100% | 1006 | 84% | 956 | 95% | 846 | 84% |
| Other | 230 | 100% | 171 | 74% | 157 | 92% | 124 | 73% |
| Total | 3547 | 100% | 2984 | 84% | 2853 | 96% | 2397 | 80% |

*Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2018 interview and MRA data.* *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

### III.3. HIV Prevention, Care and Treatment Resource Inventory

The following section provides an inventory of the identifiable financial and service delivery resources available for persons living with and at risk for HIV in Delaware. CDC-funded high-impact prevention services, HRSA-funded core medical and support services, state funded services, and services available through other private and public funding sources is provided below in table format.

**Table 15: HIV Prevention, Care and Treatment Resource Inventory**

| Funder | Funding Source | Organization Receiving the Funding | Annual Award Amount | Sub recipients | Services Delivered | HIV Diagnosis | Linkage to Care | Engagement or Retention in Care | Prescription of ART | Viral Suppression | Diagnose | Treat | Prevent | Respond |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CDC** | Integrated HIV Surveillance and Prevention Funding for Health Departments | Delaware Department of Health and Social Services, Division of Public Health, Communicable Disease Bureau | $1,353,372.00 | AIDS Delaware, Brandywine Counseling and Community Services, Beautiful Gate Outreach Center, CAMP Rehoboth, Delaware HIV Consortium, Latin American Community Center, Kaiser Family Foundation | Health Education/Risk Reduction, Outreach Services, Psychosocial Support Services , HIV transmission cluster and outbreak identification and response, PrEP delivery, Prevention for persons living with diagnosed HIV infection, Social marketing campaigns, Social media strategies, Surveillance, Testing | ✓ | ✓ | ✓ | | | ✓ | ✓ | | ✓ |
| **CDC** | Medical Monitoring Project | Delaware Department of Health and Social Services, Division of Public Health, Communicable Disease Bureau | $369,257.00 | Division of Public Health, HIV Surveillance Program | Medical Monitoring Project | | | | | | | | | ✓ |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CMS** | Long Term Care HIV/AIDS Waiver | Delaware Division of Medicaid and Medical Assistance | $5,172,965.46 | Highmark Health Options | Home Health Care , Medical Nutrition Therapy, Mental Health Services, Outpatient/Ambulatory Health Services, Medical Transportation, Non-Medical Case Management Services, Respite Care | | | ✓ | | ✓ | | | | |
| **HHS** | Title X Service Grant | Delaware Health and Social Services, Family Planning Program | $40,000.00 | Delaware Division of Public Health, Bureau of Communicable Disease | Testing | ✓ | ✓ | | | | ✓ | | ✓ | |
| **HRSA** | Part B | Delaware Department of Health and Social Services, Division of Public Health, Communicable Disease Bureau | $5,125,133.00 | AIDS Delaware, Beautiful Gate Outreach Center, Christiana Care Health Services, Delaware HIV Consortium, Ramsell Public Health Rx, Seven Keys Consulting, LLC. | AIDS Drug Assistance Program Treatments, Early Intervention Services (EIS) , Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals , Home Health Care , Hospice , Medical Case Management, including Treatment Adherence Services, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Child Care Services, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Housing, Linguistic Services, Medical Transportation, Non-Medical Case Management Services, Outreach Services, Psychosocial Support Services , Referral for Health Care and Support Services | | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| **HRSA** | Part C | ChristianaCare | $892,694.00 | ChristianaCare, William J. Holloway Community Program | Mental Health Services, Outpatient/Ambulatory Health Services | | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **HRSA** | Part D | ChristianaCare | $508,778.00 | ChristianaCare, William J. Holloway Community Program | Outpatient/Ambulatory Health Services | | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| **HRSA** | Part F | MidAtlantic AETC - University of Pittsburgh | $250,000.00 | ChristianaCare, William J. Holloway Community Program | Capacity building/technical assistance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **HUD** | FY2021 Continuum of Care Program Competition | The Ministry of Caring | $225,140.00 | The Ministry of Caring | Housing | | | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| **HUD** | Housing Opportunities for Persons with AIDS Program | Delaware State Housing Authority | $336,185.00 | Delaware HIV Consortium | Housing | | | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| **HUD** | Housing Opportunities for Persons with AIDS Program | City of Wilmington Delaware, Department of Real Estate and Housing | $824,463.00 | Catholic Charities, Inc., Cecil County Health Department, Delaware HIV Consortium, The Ministry of Caring | Emergency Financial Assistance, Housing | | | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| **HUD** | Housing Opportunities for Persons with AIDS Program | The Ministry of Caring | $263,670.00 | The Ministry of Caring | Housing | | | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| **SAMHSA** | Medication-Asisted Treatment - Prescription Drug and Opioid Addiction | Brandywine Counseling and Community Services, Inc. | $525,000.00 | Brandywine Counseling and Community Services, Inc. | Substance Abuse Outpatient Care | | | ✓ | | ✓ | | ✓ | ✓ | ✓ |
| **SAMHSA** | Targeted Capacity Expansion - HIV Program: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS | Brandywine Counseling and Community Services, Inc. | $524,996.00 | Brandywine Counseling and Community Services, Inc. | Mental Health Services, Substance Abuse Outpatient Care | | | ✓ | | ✓ | | ✓ | ✓ | ✓ |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State of Delaware** | Fiscal Year 2021 Grant-In-Aid Appropriations Bill | Delaware Office of the State Treasurer | $95,000.00 | AIDS Delaware, CAMP Rehoboth | Health Education/Risk Reduction, Testing | ✓ | ✓ | | | | ✓ | | ✓ | |
| **State of Delaware** | Syringe Services Program | Brandywine Counseling and Community Services, Inc. | $557,400.00 | Brandywine Counseling and Community Services, Inc. | Health Education/Risk Reduction, Outreach Services, Referral for Health Care and Support Services , Community engagement, Condom distribution, Syringe services programs, Testing, Administration and training of Naloxone | ✓ | ✓ | | | | ✓ | | ✓ | ✓ |
| **HRSA** | 340B Drug Pricing Program | 340B Covered Entities | $1,472,634.52 | AIDS Delaware, ChristianaCare, William J. Holloway Community Program, Delaware HIV Consortium | Early Intervention Services (EIS) , Medical Case Management, including Treatment Adherence Services, Mental Health Services, Outpatient/Ambulatory Health Services, Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Outreach Services | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | | **$18,536,687.98** | | | | | | | | | | | |

#### III.3.a. Strengths and Gaps.

The provision of HIV-related services and care in Delaware contains many remarkable efficiencies. Utilizing a no-wrong-door approach to HIV prevention services in Delaware, the state allows for testing options within 10 minutes of any Delawarean. HIV test kits, both point of care rapid tests, and in-home rapid tests are available through the DPH, and provided free of charge to all testing partners. A seasonal migrant HIV testing program was also in operation with Westside Family Healthcare (WFH) to institute testing of migrant seasonal farm workers throughout Kent and Sussex Counties. WFH provided testing using the WFH van and/or mobile health unit. WFH extended the program through 2020. Since that time, WFH diagnosed 12 previously unaware PLWH and connected them to care. Likewise, collaboration with Delaware's probation and parole office created an opportunity for rapid testing to local clients. BGOC tests for both HIV and Hepatitis C. Additionally, a 2019 joint RFP with the Delaware RWHAP Part B and DPH HIV Prevention Program was released to fund EIS services. Starting in 2020, these two DPH programs jointly created and managed contracts with CBOs throughout Delaware for these HIV testing and linkage services,. Services normally funded by the HIV Prevention program (i.e. CLEAR and Lost to Care) can now be funded through Ryan White dollars. DPH anticipates an increase in HIV testing centers across Delaware, due to this collaboration. Delaware's PrEP Navigation Program also is an innovative program available for all people living in Delaware with perceived risk. Through private funding, the program can cover client laboratory copays. Currently the program employs responsive and flexible PrEP navigators to operate the program and there is no waitlist. Additional strengths include a lack of wait time or wait lists for any Delaware RWHAP Part B services except the housing assistance program, the expansion of the DIS team and the cluster investigation team at DPH, and a lack of competing public health departments, with no levels of bureaucracy to navigate, thus improving collaboration, facilitates negotiation and planning for various projects.

DPH and the state's HIV stakeholders have yet to find solutions to address effectively some of the state's needs for the provision of some of HIV services. Among these gaps include housing insecurity and affordability, as well as limited redundancy in HIV workforce, and high turnover rates among service providers, are paramount. As noted by Delaware HIV case manager, an insufficient primary care and dental care workforce, limited access to prevention and care services outside of regular business hours, and promoting PrEP uptake as risk-reduction strategy remain unaddressed. Additionally, a gap exists in advertisement for preventive services among the general population and high-risk populations in Delaware.

#### III.3.b. Approaches and partnerships.

DHC, on behalf of the HPC and DPH, developed the resource inventory through researching publicly available, government databases and extracting information on Delaware's annual funding allocations. The Consortium verified the funding allocations, sub-recipient information, and services contracted by contacting the identified grantees for confirmation. For funding sources that were not publicly available from the government databases, in this instance the Delaware and Federal Medicaid expenditures on persons living with HIV, the Consortium contacted the Delaware Division of Medicaid & Medical Assistance to request the information needed. For validation of the resource inventory, the Consortium presented the compiled resource inventory to the HPC for comment. The Consortium subsequently sought comment from the grantees and other key stakeholders in Delaware's HIV community on the strengths and gaps in the HIV system, and the additional resources needed by Delaware's HIV care continuum. In seeking to understand the community's unmet need, researchers took a broad assessment

for services rather than just considering services fundable by the Delaware RWHAP Part B or DPH HIV Prevention.

## III.4. Needs Assessment

### III.4.a. Priorities.

Several key priorities arose from the data and information collected from the needs assessment process. These priority areas necessitate immediate focus to ensure PLWH can access quality services, including testing, medical treatment, support services, and additional related healthcare needs. Additionally, priorities areas will focus on ensuring that Delaware's HIV prevention specialists and healthcare providers rapidly link those previously unaware of their status who receive a positive diagnosis into care and treatment to achieve viral suppression.

Service accessibility and transportation remain critical areas of focus in ensuring PLWH and those at high-risk for HIV have access to HIV-related services. As indicated from the results of the HPC's Provider Prospective Survey, the inability to access services due to transportation-related issues were an identified barrier for clients in need of HIV care services, particularly those residing in Kent and Sussex Counties.

Housing insecurity and affordability substantially affect Delaware's population of PLWH. Focus groups of PLWH conducted by the HPC highlighted the need to address Delaware's HIV-related housing challenges. As a social determinant of HIV-related health in Delaware, housing affordability continues to be an indicator of poor outcomes related to HIV and wellness.

ASOs routinely provide HIV-related services on a similarly scheduled basis, operating largely Monday through Friday, from 9:00AM to 5:00PM. Delaware's HIV workforce identified this lack of diversity in hours of operation as a barrier due to the limited access to services by PLWH, and those at high-risk for HIV infection.

Drug and alcohol use remain risk factors to accessing HIV-related services in Delaware's jurisdiction. As reported in the Provider Prospective Survey, drug/alcohol use is a noted obstacle in service acquisition by PLWH. The HPC continues to prioritize this population.

Fear and concern regarding the contraction of COVID-19 was a significant challenge during the height of the COVID-19 Pandemic, and currently remains so although to a lesser extent. UD DRC researchers noted that the concern over the virus affected clients' attendance at doctor appointments, particularly those relating to dental care.

### III.4.b. Actions Taken.

***Re-engagement program.*** In 2021, the DPH HIV Prevention Program's Project Re-engagement Team made significant progress in reducing the number Delawareans living with HIV not currently accessing care. Since Project Re-engagement began, the team has reduced the number of clients believed "lost to care" by 342.

***Expansion of the DIS capacity.*** Prior to 2021, the State of Delaware employed eight DIS, spread throughout our three counties. In August 2021, the DPH Sexually Transmitted Disease Program received funding to expand the DIS workforce statewide. By November 2021, 14 "Investigator 1" positions were investigating all newly diagnosed STDs, including HIV. DPH hired three supervisors to manage the staff. The DPH STD Program and HIV Prevention Program manages DIS team, rather than the STD clinic managers, as was done prior to the program's expansion.

***Focused rapid testing.*** In 2019, the DPH HIV Prevention Program partnered with CAMP Rehoboth and KSCS to provide rapid testing in high-prevalence areas of Western Sussex County. Data indicated that widespread injection drug usage continued to affect this region of Delaware's jurisdiction. CAMP Rehoboth continues to target injecting drug users in the area, as did KSCS until its permanent closure.

***Expansion of rapid testing***. As of February 2022, the DPH has established and maintained collaborations with 12 CBOs and government entities to provide community-based HIV testing services across Delaware. Through these partnerships, which provide HIV testing services at 115 locations across the state, any Delawarean is able to access a free HIV test within 10 minutes' drive from their location.

***In-home rapid testing.*** In May 2021, the DPH HIV Prevention office, in collaboration with the Title X program, purchased 800 in-home rapid HIV test kits. This collaboration started in 2020. Due to the pandemic, HIV testing decreased 50% from the previous year. DPH and the HIV community view self-test kit is a valuable tool to offer Delawareans, particularly in times that require social distancing, such as the current COVID pandemic.

***Migrant Seasonal HIV testing program.*** In 2015, DPH and WFH established a pilot program to institute testing of Delaware's migrant seasonal farm workers throughout Kent and Sussex Counties. WFH offered testing on the federally qualified health center's van and/or mobile health unit. DPH and WFH extended the program through 2020. Since 2015, WFH has identified 12 PLWH previously unaware that they were living with the virus and connected them to care. WFH placed this program on hold due to COVID-19 in 2020, though the agency intends to reinstate it in 2023.

***Collaboration with Delaware's probation and parole office.*** In May 2019, the DPH HIV Prevention Program collaborated with Delaware's probation and parole office, which offered rapid testing to local clients. When the program was operating, BGOC tested those working through the probation and parole system for both HIV and Hepatitis C. COVID 19 forced BGOC to pause this program in 2020 but the agency plans to re-establish its operation in 2023.

***PrEP navigation.*** Through a contract with DPH, DHC offers an innovative PrEP navigation program that works to educate any Delawarean who believes that they are at risk for HIV about PrEP, and helps those that decide that they are a good candidate for the intervention navigate Delaware's healthcare system to access the medication. Utilizing private funding, DHC's program is able to cover client laboratory copays. Currently the program employs responsive and flexible PrEP navigators to operate the program and there is no waitlist. The program has been operating since 2019.

***III.4.c. Approach.***

The involvement of impacted and relevant community members was extensively utilized in the development of strategies to address the needs of PLWH and those at high-risk for infection in Delaware. As the state's chief HIV prevention and care advisory body, the HPC has convened six times annually throughout the current planning process and served to evaluate and interpret the condition of Delaware's HIV continuum of care and prevention, and initiated regular analyses regarding emerging trends in HIV within the state. Membership of the HPC is representative of the state's HIV epidemic and those contributing to the continuum of care process.

The state of Delaware implemented a multifaceted approach to conducting the state's HIV needs assessment. MMP data are integral to appropriately addressing the state's assessment of needs. Utilization of this data affords the HPC the opportunity to underscore adequately disparities in care and services for PLWH and those at increased risk – vastly enhancing the caliber of services and highlighting unfulfilled gaps.

PLWH were heavily involved in identifying the needs of the community through three distinct processes: The PLWH consumer survey; MMP needs component; and the PAC. In 2017, the Retention and Viral Suppression (RVS) Working Group of the HPC conducted a comprehensive HIV Consumer Survey, completed by PLWH in the state. The survey measured and defined needs/ barriers related to care and support services that PLWH in Delaware's encounters. The PAC Working Group of the HPC, composed of and led solely by PLWH, piloted the HIV Consumer Survey. The group also conducted a series of six focus group discussions on HIV and aging to understand the specific needs of this sub-population.

The HPC ensures the completion and examination of a Provider Perspective Survey. This survey invites all HIV-specific case managers and social workers in Delaware to provide information regarding demographics of their caseload, status of clients' health and wellness, and needs/ barriers for HIV care and treatment services, with direct, supportive community input.

Advancement of prevention efforts in Delaware includes the maintenance of various focus groups, operated by independent HIV service providers across the state. Focus groups, comprising of persons representative of the HIV epidemic in Delaware, allowed participating PLWH to provide input regarding need for and barriers to obtaining accessible HIV services.

HPC working groups and Delaware's HIV workforce regularly present survey results and data to the HPC to monitor emerging trends, assess the status of HIV in Delaware, and better inform the *Integrated Plan*.

## Section IV. Situational Analysis

### IV.1 Situational Analysis

Below is an overview of strengths, challenges, and identified needs of the Delaware continuum of HIV prevention and care services segmented along the *NHAS'* four goals.

**Diagnose.**

- Through collaboration between the DPH HIV Prevention Program and Delaware ASOs, the state has developed a 'no wrong door' approach to HIV prevention services, and testing options are available within 10 minutes of any Delawarean.
- Targeted HIV testing in Western Sussex County: In 2019, the HIV Prevention Program collaborated with CAMP Rehoboth and KSCS to provide rapid testing in high-prevalence areas of Western Sussex County. Data indicated that widespread IDU continued to affect this region of Delaware's jurisdiction.
- Migrant Seasonal HIV testing program: In 2015, the DPH BCD established a pilot program with WFH to institute testing of DE Jurisdiction's migrant seasonal farm workers throughout Kent and Sussex Counties. WFH provided testing using a WFH van and/or mobile health unit. DPH and WFH continued the collaboration through 2020. Through the period of collaboration, WFH was able to reconnect 12 PLWH who, at the time, were out of HIV healthcare to care. WFH placed this program on hold due to COVID-19, with the intent to reinstate it in 2023.
- Collaboration with Delaware's Probation and Parole Office: In May 2019, the DPH HIV Prevention program partnered with Delaware's Probation and Parole office, which offered rapid testing to local clients. Through the collaboration, BGOC offered to Delawareans going through the state's probation and parole system both HIV and Hepatitis C testing and linkage to care. BGOC placed this program on hold due to the pandemic. DPH and BHOC plans to recommence offering the program in 2023.
- Joint RFP with the RWHAP Part B: In June 2019, the HIV Prevention and RWHAP Part B programs wrote a joint RFP with the DPH HIV Prevention Program encompassing HIV testing services through EIS. Starting in 2020, the two program administrators jointly created and managed contracts with CBOs throughout Delaware for HIV testing and linkage services. Since that time, the RWHAP Part B has been able to financially support many services traditionally funded solely by the DPH HIV Prevention Program (e.g., "Choosing Life, Empowerment, Action, Results!", and Lost to Care). Due to this collaboration, DPH anticipates an increase in HIV testing centers across Delaware.
- Fear and concern regarding the contraction of COVID-19 was a serious challenge during the height of the COVID-19 Pandemic and remains so – to a lesser extent – today.

**Treat.**

- Collectively, Delaware RWHAP Part B clients' population health outcomes along the HIV Care Continuum are higher than the national average.
- Currently, no Delaware RWHAP Part B-funded service, aside from short-term housing maintains a wait times for any clients eligible for the service.
- DPH BCD staff possess expertise in providing and managing HIV service contracts built over years of familiarity with Delaware's HIV sector.

- Delaware’s HIV care and support community have limited access to population data in areas important for service provision (e.g. stigma, sub-population health disparities, etc.).
- Lack of in-depth involvement of several communities key to the effective execution of HIV community planning in Delaware (e.g. Delaware’s LGBTQ+ community, PLWH, etc.).
- Shortage of primary care health workforce in Delaware, exasperated by having no accredited medical school in the state.
- Insufficient supply of quality mental health support services: The need to enhance mental health and support group services emerged as issues within Provider Perspective Surveys. Note: responses largely indicated isolation as a significant factor in perpetuating mental health-related issues.
- Dental care services: There is a limited number of dental providers, particularly those that accept RWHAP Part B payment for the provision of services for eligible PLWH in Delaware.
- Housing insecurity/affordability: As noted previously, survey respondents chiefly mentioned housing insecurity when discussing barriers to maintaining HIV treatment.
- Service accessibility and transportation issues: Inability to access services due to transportation-related issues was of particular note for clients in need of HIV care services, particularly those residing in Kent and Sussex Counties.

**Prevent.**

- Migrant Seasonal HIV testing program (mentioned above).
- The PrEP Navigation program: DHC offers an innovative PrEP navigation program through a partnership DPH to eliminate barriers to PrEP access. The program is– designed to assist clients interested in PrEP get more information, schedule screening visits with a PrEP prescriber, and pay for diagnostic work required to start and maintain PrEP. Since its launch, the program has averaged serving 40 clients annually. There is no waitlist for the program and DHC has strategically placed its PrEP navigators to be able to cover all counties and locations across the state.
- Limited cross-collaborations between community bodies addressing issues affecting our state HIV (e.g. housing insecurity, mental health, Sexually Transmitted Infections including Hepatitis C, etc.).
- Collaborative response to HIV and substance use through the Syringe Service Program.
- Delaware does not have an expansive television network to promote HIV services.

**Respond.**

- Targeted HIV testing in Western Sussex County.
- Outbreak response (DPH DIS team) expansion is a valuable asset for the state.

### IV.1.a Priority Populations.

As documented within the NHAS, the needs of priority populations – individuals belonging to communities disproportionately affected by HIV – must be emphasized through plan goals and objectives to effectively address HIV in Delaware. Following a thorough situational analysis, including input from community involvement and data collection, Delaware’s jurisdiction has outlined key strategies to confront constructively the issues facing this state’s priority groups.

**MSMs** comprise the largest number of those living with and at risk for HIV infection in the state of Delaware. *NHAS 1: Prevent New HIV Infections* emphasizes the importance of promoting HIV testing opportunities in non-healthcare settings. The DPH contracts with numerous community-based partners to offer routine HIV screenings within communities containing large MSM numbers to ensure efficient outreach diagnosis procedures.

HIV in Delaware disproportionally affects **African Americans**. HIV incidence was highest among African Americans in Delaware. *NHAS 1: Prevent New HIV Infections* focuses on increasing availability and access to rapid HIV screenings for targeted populations. The DPH collaborates with organizations that work primarily with the African American population to encourage and provide HIV testing and HIV related education to the community.

HIV in Delaware greatly affects **IDUs** living in the state. Delaware's Integrated Plan strives to enhance its existing Syringe Services Programs (SSPs) by increasing the locations where SSPs operate, routinely evaluating and updating existing best practices to meet harm reduction and ensuring consistent and regular education regarding HIV through all channels.

HIV in Delaware has an outsized affect on y**outh ages 13-24** who are at high risk for HIV exposure. Delawareans 18-24 years of age are at the lowest level for viral suppression at 82%. Delaware's Integrated Plan commits to ensuring the provision of free safe sex supplies, with an emphasis on access placed in public, school-based wellness programs.

## Section V: 2022-2026 Goals and Objectives

### V.1 Goals and Objectives Description

**NHAS 1: Prevent new HIV Infections.**

***Goal 1: Enhance Community-based HIV-testing in non-healthcare settings.***

**Key Activities and Strategies:**

1. Provide technical assistance to contracted CBOs that do not meet contracted standards for Linkage to Care time period.
   **Responsible party:** DPH HIV Prevention Program.
2. Ensure that there are adequate HIV test kits available to meet DPH-supported testing initiatives.
   **Responsible party:** DPH HIV Prevention Program.
3. Maintain partnerships with public agencies and CBOs to enhance community HIV testing in areas of high HIV incidence.
   **Responsible party:** DPH HIV Prevention Program.
4. Ensure that HIV prevention specialists at DPH-contracted CBOs receive certification through a DPH approved or recognized HIV prevention training program, including training on the status neutral approach to HIV.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 2: Promote Routine opt-out HIV-testing of all patients aged 13-64, and all pregnant women in all healthcare settings.***

**Key Activities and Strategies:**

1. Increase awareness of routine/opt-out HIV testing by implementing an effective communication and education strategy for healthcare providers.
   **Responsible party:** DPH HIV Prevention Program.
2. Evaluate the State of Delaware's existing routine/opt-out HIV testing legislation 16 Del. Code §715 - Consent for HIV testing, for its ability to meet the intent of the regulation as currently applied in practice in the healthcare setting.
   **Responsible parties:** HPC.
3. Evaluate the viability of expanding 16 Del. Code §716 - HIV testing of pregnant women, to require licensed health-care providers rendering health care at time of labor and delivery to offer the mother an HIV test regardless of whether there is a documented 3rd trimester test in the patient's medical records.
   **Responsible parties:** HPC.

***Goal 3: Enhance Syringe Services Programs (SSPs).***

**Key Activities and Strategies:**

1. Increase the number of SSP locations statewide to expand access to the community-based prevention program.
   **Responsible party:** DPH HIV Prevention Program.
2. Identify and target funding sources for the existing SSPs statewide.
   **Responsible party:** DPH HIV Prevention Program.

3. Annually evaluate local regulations for their ability to meet best practices for harm reduction through the syringe services program, and educate regulators, elected officials, and the broader community on interventions to meet those best practices.
   **Responsible parties:** HPC.

***Goal 4: Offer free access to safe sex supplies***

**Key Activities and Strategies:**

1. Continue collaborations to provide condoms in public, school-based wellness programs.
   **Responsible party:** DPH HIV Prevention Program.
2. Offer a mail-order condom distribution program to administer condoms to PLWH and persons at high-risk for contracting HIV.
   **Responsible party:** DPH HIV Prevention Program.
3. Provide free condoms in non-healthcare settings.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 5: Expand Pre-Exposure Prophylaxis (PrEP) availability to Delaware residents.***

**Key Activities and Strategies:**

1. Continue presenting PrEP education in healthcare settings to expand the number of prescribers accepting referrals for PrEP in Delaware.
   **Responsible party:** AETC
2. Collaborate with CBOs to promote PrEP as a status-neutral HIV prevention strategy.
   **Responsible party:** DPH HIV Prevention Program.
3. Annually hold a PrEP conference in Delaware to provide the latest scientific data in the field of PrEP, both clinically and operationally.
   **Responsible party:** DPH HIV Prevention Program.
4. Identify and target funding sources to offer peer-to-peer PrEP Interventions.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 6: Increase the number of partners identified and contacted through partner notification services.***

**Key Activities and Strategies:**

1. Maintain structured training for all DIS around partner identification.
   **Responsible party:** DPH HIV Prevention Program.
2. Increase the collaboration between DPH and CBO's on eliciting partner contact information at the time of testing.
   **Responsible party:** DPH HIV Prevention Program.
3. Utilize the MidAtlantic AETC to increase education to healthcare providers around messaging the benefits of soliciting partner contacts through DPH DIS.
   **Responsible parties:** AETC.

**NHAS 1: Prevent new HIV Infections Outcomes.**

- Increase the percentage of PLWH in Delaware who are aware of their HIV status from 91% (n=2017) to 95% by 2025.
- By 2025, reduce the number of new infections diagnosed by 75% from a 2017 baseline of 124.
- By 2025, increase PrEP coverage to 50% from a 2017 baseline of 295.

**NHAS 2: Improve HIV-Related Health Outcomes of People with HIV.**

***Goal 1: Improve linkage to care outcomes through Early Intervention Services activities*.**

**Key Activities and Strategies:**

1. Annually identify and analyze the demographic information on newly diagnosed PLWH in Delaware not linked to care within 30 days.
   **Responsible party:** DPH HIV Surveillance Program.
2. Utilize partner services interviews to understand barriers that prevent newly diagnosed PLWH in Delaware from being linked to care in 30 days.
   **Responsible party:** DPH HIV Prevention Program.
3. Develop and implement interventions around barriers highlighted through DIS interviews to support linkage to HIV care within 30 days of initial diagnosis.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 2: Develop an integrated counseling and testing, and Early Intervention Service model for Delaware.***

**Key Activities and Strategies:**

1. Continue integrated funded contracts for HIV Counseling and Testing and EIS programs through maintaining a collaborative relationship between the DPH RWHAP Part B Program and DPH HIV Prevention Program.
   **Responsible party:** DPH BCD.
2. Increase the capacity for service provision statewide if funding allows.
   **Responsible party:** DPH BCD.
3. Increase the capacity for training counseling and testing agents statewide.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 3: Increase the availability of transportation services for newly diagnosed PLWH in Delaware.***

**Key Activities and Strategies:**

1. Establish new relationships with community based service programs and other transportation service providers to offer medical transportation services for newly diagnosed PLWH in Delaware and address barriers to the service, including insurance status.
   **Responsible party:** DPH HIV Prevention Program.
2. Provide education and training to Counseling and Testing and EIS contractors regarding transportation availability for newly diagnosed PLWH in Delaware to initial medical visit. Update the handbook to regard developing a countywide resource list for transportation.
   **Responsible party:** DPH HIV Prevention Program.
3. Maintain the utilization of DIS funding for transportation services to support linkage to care after diagnosis.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 4: Develop ongoing strategies that reduce the number of individuals who cycle in and out of HIV care.***

**Key Activities and Strategies:**

1. Determine the characteristics of PLWH who are susceptible to non-compliance or who fall in and out of care by identifying and evaluating trends in clients.
   **Responsible party:** Delaware RWHAP Part B.
2. Implement interventions aimed at the retention of individuals affected.
   **Responsible party:** Delaware RWHAP Part B.
3. Review and refine approaches.
   **Responsible party:** Delaware RWHAP Part B.

***Goal 5: Improve clinical outcomes for people living with HIV who are not retained in care by enhancing the Lost to Care services.***

**Key Activities and Strategies:**

1. Annually perform surveillance and administrative data integration and review to identify and monitor HIV-positive individuals that are not engaged in care and/or not virally suppressed.
   **Responsible party:** DPH Surveillance Program.
2. Annually investigate 100% of the list of individuals who are lost to care.
3. **Responsible party:** DPH HIV Prevention Program. Annually connect 8% of the individuals lost to care back to medical services.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 6: Enhance the use of HIV Case Management and Social Work Services to better ensure Delawareans living with HIV have timely and coordinated, medically appropriate, health and support services in the continuum of care, through ongoing assessments of the clients' and other key family members' needs and personal support systems' needs.***

**Key Activities and Strategies:**

1. Evaluate the capacity of Delaware's existing HIV case management programs for caseload size and the ability to meet clients' current and future needs.
   **Responsible Party:** Delaware RWHAP Part B
2. Explore funding opportunities to enhance and expand case management services, if needed.
   **Responsible Party:** Delaware RWHAP Part B
3. Implement comprehensive educational programming to certify HIV Case Managers and Social Workers.
   **Responsible Party:** Delaware RWHAP Part B

***Goal 7: Maintain access to and adherence of HIV medical regimens, including antiretroviral therapy, HIV medical appointments and necessary lab testing, etc.***

**Key Activities and Strategies:**

1. Enroll all clients into ADAP based on eligibility and need.

**Responsible party:** Delaware RWHAP Part B.

2. Promote the use of the Health Insurance Program and the insurance marketplace to secure health insurance coverage to those underinsured.
   **Responsible Party:** Delaware RWHAP Part B
3. Encourage all Delaware Drug Formulary Committees to adhere to all HHS guidelines for HIV treatment when approving covered HIV medications on formulary.
   **Responsible Party:** Delaware RWHAP Part B
4. Encourage the use of telehealth to increase access to medical care in Delaware.
   **Responsible Party:** Delaware RWHAP Part B
5. Establish collaborations with rural community based entities to allow for increased access to telehealth.
   **Responsible Party:** Delaware RWHAP Part B

**Goal 8: Ensure eligible clients have access to needed supportive services**

**Key Activities and Strategies:**

1. Explore and promote housing options that are not HIV-specific but can meet the needs of PLWH in Delaware in need of housing services (i.e. elderly housing, HUD housing, etc.).
   **Responsible Party:** Delaware RWHAP Part B
2. Initiate dialogue with Medicaid and other transportation service providers to determine the existing capacity for medical transportation services for newly diagnosed PLWH in Delaware and barriers to the service.
   **Responsible Party:** Delaware RWHAP Part B
3. Identify available resources for peer support groups.
   **Responsible Party:** Delaware RWHAP Part B

***NHAS 2: Improve HIV-Related Health Outcomes of People with HIV Outcomes.***

- Increase the percentage of newly diagnosed PLWH in Delaware linked to care within 30 days after diagnosis from 65% in 2017 to 95% by 2025.
- Increase the percentage of PLWH in Delaware who are aware of their HIV status from 91% (n=2017) to 95% by 2025.
- Increase the proportion of PLWH in Delaware who are virally suppressed from 81% in 2017 to 95% by 2025.
- Increase the proportion of PLWH in Delaware engaged and retained in care from 81% in 2017 to 95% by 2025

**NHAS 3: Reduce HIV-related Disparities and Health Inequities.**

***Goal 1: Advance HIV-related communications to achieve improved messaging, address misinformation and health care mistrust, and to increase community awareness of HIV testing services.***

**Key Activities and Strategies:**

1. Use accurate and consistent social media messages, web communication and Public Service Announcements to promote HIV testing in community-based and healthcare settings to target high-risk communities.
   **Responsible party:** DPH HIV Prevention Program.
2. Ask CBOs to identify and reach out to appropriate venues to reach priority populations with educational materials and prevention services; establish requirements in CBO contracts.
   **Responsible party:** DPH HIV Prevention Program.
3. Promote in-home HIV self-testing for communities and populations who experience barriers that limit access to HIV testing in community-based and healthcare settings.
   **Responsible party:** DPH HIV Prevention Program.
4. Maintain the collaboration between DPH and AETC to educate diverse clinicians and other staff regarding routine opt-out HIV testing.
   **Responsible party:** DPH BCD.
5. Develop and implement an educational campaign to promote consumer advocacy in requesting HIV testing.
   **Responsible party:** DPH HIV Prevention Program.

***Goal 2: Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum***

**Key Activities and Strategies:**

1. Annually outline, define, and analyze the Delaware HIV Care Continuum by population characteristics and present to the state's HIV community for comment.
   **Responsible party:** DPH HIV Surveillance.
2. Promote awareness of HIV-related disparities through the dissemination of care continuum data to Delaware's general population and regulatory and legislative decision-makers.
   **Responsible party:** HPC.
3. Direct public resources to develop new and scale up effective, evidence-based, or evidence-informed HIV prevention interventions to improve health outcomes among priority populations and other populations or geographic areas experiencing disparities.
4. **Responsible party:** DPH HIV Prevention Program. Direct public resources to develop new and scale up effective, evidence-based, or evidence-informed HIV care or support interventions to improve health outcomes among priority populations and other populations or geographic areas experiencing disparities.
   **Responsible party:** DPH RWHAP Part B Program.

***Goal 3: Promote expansion of Delaware's HIV Workforce to encourage diversity of thought and composition and to offer culturally competent services to meet clients' diverse needs.***

**Key Activities and Strategies:**

1. Build collaborations with higher education institutions to offer regular internships representative of target communities or training programs to develop Delaware's HIV workforce (e.g. HIV infectious disease nurses, public policy, social work adjacent degree programs, epidemiology/ research methods, etc.).
   **Responsible party:** DPH BCD.
2. Ensure DPH-required training courses include conversations on DEI (Diversity, Equity, and Inclusion) and cultural competency in the provision of HIV services.
   **Responsible party:** DPH BCD.
3. Maintain AETC's HIV education of healthcare providers in DE, particularly in areas of high HIV incidence.
   **Responsible party:** AETC.

***NHAS 3: Reduce HIV-related Disparities and Health Inequities Outcomes.***

- Increase the percentage of PLWH in Delaware who are aware of their HIV status from 91% (n=2017) to 95% by 2025.
- Increase the proportion of PLWH in Delaware who are virally suppressed from 81% in 2017 to 95% by 2025.
  - **6a** Increase viral suppression among MSM diagnosed with HIV to 95% from a 2017 baseline of 66.1%.
  - **6b** Increase viral suppression among Black MSM diagnosed with HIV to 95% from a 2017 baseline of 58.4%
  - **6e** Increase viral suppression among Black women diagnosed with HIV to 95% from a 2017 baseline of 59.3%.
  - **6f** Increase viral suppression among transgender women in HIV medical care to 95% from a 2017 baseline of 80.5%.
  - **6g** Increase viral suppression among people who inject drugs diagnosed with HIV to 95% from a 2017 baseline of 54.9%.
  - **6h** Increase viral suppression among youth aged 13–24 diagnosed with HIV to 95% from a 2017 baseline of 57.1%

**NHAS 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties.**

***Goal 1: Improve mechanisms to measure, monitor, evaluate, report, and disseminate information towards achieving stated goals of the Integrated Plan***

**Key Activities and Strategies:**

1. Through the PRC and RWHAP Part B QMT, semi-annually evaluate and present progress on the integrated plan and state HIV indicators to the HPC and applicable stakeholders.
   **Responsible parties:** PRC, QMT.
2. Following presentations of PRC, QMT to the HPC regarding progress to the integrated plan and HIV indicators, semi-annually identify barriers and challenges that hindered the achievement of Integrated Plan goals, if applicable.
   **Responsible parties:** HPC, Stakeholders.
3. In alignment with PRC activities, semi-annually suggest interventions to address identified barriers and challenges impeding progress on integrated plan goals to DPH BCD Chief.
   **Responsible party:** PRC.

***Goal 2: Integrate programs to address the syndemic of HIV, STIs, Viral Hepatitis, and substance use and mental health disorders in the context of social, structural and institutional factors, including stigma, discrimination, and violence, etc.***

**Key Activities and Strategies:**

1. Assess the viability of co-contracting public HIV contracts to CBOs with public funders of the syndemics in question to provide co-fund shared services, in areas of mutual interest and/or shared clients.
   **Responsible party:** HPC.
2. Coordinate and align strategic planning efforts on HIV, STIs, viral hepatitis, substance use, and mental health care across the state by establishing a representation of the HPC with local planning bodies addressing these issues.
   **Responsible party:** HPC support staff, PDH BCD.
3. Enhance the ability of the HIV workforce to address the co-occurring epidemics by HIV public funders establishing relationships with state bodies that are focused on these other disorders to train HIV professionals to assess client needs and refer to services in those areas.
   **Responsible party:** DPH BCD.

***Goal 3: Increase coordination among and sharing of best practices from HIV programs across all levels of government and with public and private healthcare payers, faith-based organizations, CBOs, the private sector, academic partners, and the community.***

**Key Activities and Strategies:**

1. Through the HPC, utilize external, innovative speakers and experts to inform community discussions on best practices and trends in the implementation of HIV services to inform needs assessment processes and improve Delaware's HIV continuum of care.
   **Responsible party:** HPC.

2. Expand community voices in coordinated public HIV funding by performing a Priority Setting and Resource Allocation process at least once in a four-year planning cycle.
   **Responsible party:** HPC.
3. Improve operations of the HPC to meet the community planning responsibilities by annually performing diversity assessments and member-involved community planning evaluation, and responding to deficiencies, to include PLWH voices in the process.
   **Responsible party:** HPC.
4. Establish a new activity in the annual planning calendar of holding a DPH HIV Prevention Program annual hearing for the public to present service utilization, program funding, and emerging challenges, trends, and barriers across client population of the services.
   **Responsible party:** DPH HIV Prevention.
5. Perform an assessment of current sexual health education (i.e. curriculum, staff support, etc.) in state educational systems.
   **Responsible party:** HPC.
6. Host a meeting with school-based leadership to review needs assessment findings and gather additional information.
   **Responsible party:** HPC.

### NHAS 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties Outcomes.

- Increase the proportion of PLWH in Delaware who are virally suppressed from 81% in 2017 to 95% by 2025.

#### V.1.a Updates to Other Strategic Plans Used to Meet Requirements

Under the parameters as set by the HRSA, Delaware's jurisdiction utilizes no portion of any separate local strategic plans to satisfy requirements listed in Section V. Therefore, the jurisdiction has no changes resulting from related data analysis, thus making this component inapplicable to the state of Delaware.

## Section VI. 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up

### VI.1. 2022-2026 Integrated Planning Implementation Approach

#### VI.1.a. Implementation.

The HPC oversees and guides all stages of implementation of this strategic plan including monitoring and evaluation, improvement, reporting, and dissemination. The HPC hosts three working groups with direct responsibility for implementing needs assessment activities and for informing and proposing any improvement activities within the planning cycle. The TLC Working Group and the RVS Working Group provide forums for the membership of the HPC to critically analyze the state's HIV prevention, treatment, and care services. The SoC Workgroup oversees overarching activities and system-related activities. The DHC provides administrative and technical support for HPC. DHC's responsibilities for the HPC include maximizing stakeholder engagement in the community planning process through education and outreach, assessing community needs through quantitative and qualitative research, preparing comprehensive prevention and care plans, and providing logistical and administrative support for the planning body, including the taking of meeting minutes.

#### VI.1.b. Monitoring.

Delaware created this *Integrated Plan: 2022 – 2026* in a collaborative process that included a wide-ranging group of entities, including government officials, ASOs, HPC voting members, community stakeholders and PLWH. It drew upon the knowledge of those persons to ensure that the Integrated Plan was realistic and achievable. It fostered the buy-in of those individuals (and the organizations they represented) in the Integrated Plan itself. Lastly, it laid the groundwork to have those same individuals involved in the process to monitor Delaware's success in achieving the goals as articulated within the Integrated Plan.

An independent "Plan Review Committee" (or PRC) will monitor and improve Delaware's Integrated Plan. The PRC will work under the auspices of the Delaware Department of Health and Social Services, DPH BCD Chief. The five core members of the PRC will be the DPH RWHAP Part B Administrator, the DPH HIV Prevention Administrator, a representative from the ChristianaCare, William J. Holloway Community Program (RWHAP Part C, D and F recipient), a representative from the DHC, and the DPH RWHAP Part B quality management consultant. The Bureau Chief may add additional members to the PRC on a permanent or ad hoc basis.

The PRC will meet semi-annually to update each other on activities included in the Integrated Plan, to identify any challenges members of the community have encountered in implementing the Integrated Plan, and to engage in problem-solving strategies for those challenges. Members of the PRC may find it necessary to remind community partners of their roles in implementing the Integrated Plan, to offer technical assistance to community partners as needed, or to modify the Plan as necessary. The primary focus of the PRC will be monitoring the Integrated Plan on the Activities and Strategies level.

After each of its meetings, the PRC will report on its findings in two ways. The first way will be an oral presentation to the HPC at its next regularly scheduled meeting. The presentation will report on progress made towards the objectives in the Integrated Plan, as well as a discussion of challenges encountered. Throughout this presentation and thereafter, HOC members will have the opportunity to make suggestions for changes to the Integrated Plan or any of the activities and strategies included in the Integrated Plan. The HPC will refer suggestions to the PRC for possible implementation, with the approval of the DPH BCD Chief. The second way will be a written report to the Chief of the DPH BCD. The report will focus on challenges encountered in implementing the Integrated Plan, with suggestions for systemic changes that might resolve those challenges.

The key to monitoring and improving Delaware's Integrated Plan is communication. By fostering the open sharing of information between the PRC, the HPC, and the Chief of the Communicable Disease Bureau on a regular basis, Delaware will keep the implementation of the Integrated Plan as a high priority for service providers and community stakeholders. The Integrated Plan casts a vision for long-range planning for entities throughout the continuum of HIV services. It also serves as a catalyst for Delaware to make greater advances in its efforts to end the HIV epidemic within its jurisdiction.

#### VI.1.c. Evaluation.

The PRC will work with the HPC working groups to evaluate annually Delaware's progress towards achieving the goals of this integrated plan. The PRC will utilize the following performance measures to evaluate the state's progress on the plan's goals and it will report this progress annually to the HPC.

- Increase the percentage of PLWH in Delaware who are aware of their HIV status from 91% (n=2017) to 95% by 2025.

- By 2025, reduce the number of new infections diagnosed by 75% from a 2017 baseline of 124.
- By 2025, increase PrEP coverage to 50% from a 2017 baseline of 295.
- Increase the percentage of PLWH in Delaware who are aware of their HIV status from 91% (n=2017) to 95% by 2025.
- Increase the percentage of newly diagnosed PLWH in Delaware linked to care within 30 days after diagnosis from 65% in 2017 to 95% by 2025.
- Increase the percentage of PLWH in Delaware who are aware of their HIV status from 91% (n=2017) to 95% by 2025.
- Increase the proportion of PLWH in Delaware who are virally suppressed from 81% in 2017 to 95% by 2025.
- Increase the proportion of PLWH in Delaware engaged and retained in care from 81% in 2017 to 95% by 2025.
- Increase the proportion of PLWH in Delaware who are virally suppressed from 81% in 2017 to 95% by 2025.
    - **6a** Increase viral suppression among MSM diagnosed with HIV to 95% from a 2017 baseline of 66.1%.
    - **6b** Increase viral suppression among Black MSM diagnosed with HIV to 95% from a 2017 baseline of 58.4%
    - **6e** Increase viral suppression among Black women diagnosed with HIV to 95% from a 2017 baseline of 59.3%.
    - **6f** Increase viral suppression among transgender women in HIV medical care to 95% from a 2017 baseline of 80.5%.
    - **6g** Increase viral suppression among people who inject drugs diagnosed with HIV to 95% from a 2017 baseline of 54.9%.
    - **6h** Increase viral suppression among youth aged 13–24 diagnosed with HIV to 95% from a 2017 baseline of 57.1%
- Increase the proportion of PLWH in Delaware who are virally suppressed from 81% in 2017 to 95% by 2025.

#### VI.1.d. Improvement.

Following each PRC presentation of Integrated Plan activities and progress towards the plan's goals and objectives HPC members will be given the opportunity to propose suggestions for changes to the Plan or any of the activities included in the Plan. The HPC will refer suggestions to the PRC for possible implementation, with the approval of the PDH BCD Chief. The PRC report to the Chief of the DPH BCD will include proposed activities for systemic changes that might address any challenges or barriers.

#### VI.1.e. Reporting and Dissemination.

After each of its meetings, the PRC will report on its findings in two ways. The first way will be an oral presentation to the HPC at its next regularly scheduled meeting. The presentation will report on progress made towards the objectives in the Integrated Plan, as well as a discussion of challenges encountered. The second way will be a written report to the Chief of the DPH BCD. The report will focus on challenges encountered in implementing the *Integrated Plan*, with suggestions for systemic changes that might resolve those challenges.

### VI.1.f. Updates to Other Strategic Plans Used to Meet Requirements.

Delaware does not utilize components of any other local strategic plan in its process of satisfying all requirements, as set by federal guidelines.

**Section VII: Letter of Concurrence**
**Between the Delaware HIV Planning Council, and the Delaware Division of Public Health**

November 30, 2022

Kenya L. Young, MPH
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U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau
Division of State HIV/AIDS Program (DSHAP)
Northeastern/Central Services Branch
5600 Fishers Lane
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Darryl H. Richards
Public Health Advisor/ Project Officer
Program Development and Implementation Branch (PDIB)
Division of HIV Prevention (DHP)
National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
Centers for Disease Control and Prevention
1600 Clifton Road NE, Mailstop US8-3
Atlanta, GA 30333

Dear Mrs. Young & Mr. Richards:

The Delaware HIV Planning Council, the state's joint HIV prevention and care planning body, concurs with the following submission by the Delaware Division of Public Health in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The planning council has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning council concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The Delaware HIV Planning Council acted as an integral partner in the development and review of this *Integrated HIV Prevention and Care Plan*. The planning council has examined the epidemiology of HIV in Delaware annually and has directed a needs assessment of both, persons living with HIV, and those at risk for HIV infection, in Delaware. Furthermore, the planning council was responsible for developing and commenting on a resource inventory of HIV services in Delaware. Finally, in partnership with Delaware Division of Public Health, the Delaware HIV Planning Council used the findings of the HIV needs assessment to develop the goals, objectives, strategies, and activities that make up the Integrated HIV Prevention and Care Plan presented in Section V of the Integrated Plan. The planning council approved the Integrated P through a full vote of its members.

The signatures below confirm the concurrence of the planning body with the Integrated HIV Prevention and Care Plan.

Sincerely,

Stanley Waite
Stanley Waite (Dec 8, 2022 14:40 EST)

Stanley Waite,
State Co-Chair
Delaware HIV Planning Council

Rose C. Porter
Rose C. Porter (Dec 8, 2022 14:35 EST)

Rose Porter,
Community Co-Chair
Delaware HIV Planning Council

# Letter of Concurrence

Final Audit Report 2022-12-08

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