

San Juan EMA Integrated HIV Prevention and Care Plan 2022-2026



TABLE OF CONTENT

Acronyms and Terminology	3
<u>Section I: Executive Summary</u>	5
a. Approach	6
b. Documents submitted to meet requirements	7
<u>Section II: Community Engagement and Planning Process</u>	8
1. Jurisdictional Planning Process	8
a. Entities involved in the process	10
b. Role of the RWHAP Part A Planning Council/Planning Body	10
c. Role of Planning Bodies and Other Entities	10
d. Collaboration with RWHAP Parts	11
e. Engagement of people with HIV	12
f. Priorities	13
g. Updates to other strategic plans used to meet requirements	13
<u>Section III: Contributing Data sets and Assessments</u>	14
1. Data Sharing and Use	14
2. Epidemiologic Snapshot	15
3. HIV Prevention, Care and Treatment Resource Inventory	25
a. Strengthens and Gaps	35
b. Approaches and partnerships	35
4. Needs Assessment	35
a. Priorities	37
b. Action Taken	38
c. Approach	39
<u>Section IV: Situational Analysis</u>	40
1. Situational Analysis	40
a. Priority Populations	42
<u>Section V: Goals and Objectives</u>	43
1. Goals and Objectives Description	43
a. Updates to Other Strategic Plans Used to Meet Requirement	43
<u>Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional follow up</u>	58
1. 2022-2026 integrated planning implementation approach	58
a. Implementation	58
b. Monitoring	58
c. Evaluation	58
d. Improvement	59
e. Reporting and dissemination	60
f. Updates to other strategic plans used to meet requirements	60
<u>Section VII: Concurrence Letter</u>	61
Checklist	62

Acronyms and Terminology

These acronyms and terminology are used throughout this Plan.

ACRONYMS AND TERMS	DEFINITION
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Centers
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CDC	Centers for Disease Control
EHE	Ending the HIV Epidemic, A Plan for America
EIS	Early Intervention Services
EMA	Eligible Metropolitan Area as designated by HRSA under the RWHAP
HAB	HIV/AIDS Bureau
HETSEX	Heterosexual Risk Factor
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HOPWA	Housing Opportunities for Persons With AIDS
HUD	Housing Urban Development
Integrated State Plan	Puerto Rico 2022-2026 Integrated HIV Surveillance, Prevention and Care Plan
MAI	Minority AIDS Initiative, part of the RWHAP
MSM	Men Who Have Sex with Men (Refers to people)
Part A/MAI	Part A and the Minority AIDS Initiative of the RWHAP
PC	Planning Council
SJEMA Plan	San Juan EMA Integrated HIV Prevention and Care Plan 2022-2026
PrEP	Pre-Exposure Prophylaxis
PEP	Post-Exposure Prophylaxis
PRDoH	Puerto Rico Department of Health
PWH	People with HIV
PWID	People Who Inject Drugs
Rapid ART	Is a health system intervention to facilitate antiretroviral drug initiation as soon as possible.
Risk Factor	Self-reported mode of initial HIV/AIDS diagnosis
RWHAP	Ryan White HIV/AIDS Program
RWPA	Ryan White Part A

RWPB	Ryan White Part B
SJEMA	San Juan Eligible Metropolitan Area as designated by HRSA under the RWHAP
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
Subrecipient	A non-Federal entity that receives a subaward from a pass-through entity to carry-out part of a Federal program; but does not include an individual that is a beneficiary of such a program; (also called providers)
TAGGS	Tracking Accountability in Government Grants System. The database of grants awarded by the eleven Operating Divisions of the Department of Health and Human Services.
U=U	Undetectable = Untransmittable Campaign

Section I: Executive Summary

Puerto Rico is one of the jurisdictions among the 50 US States and 6 dependent areas with highest rates of HIV/AIDS incidence and prevalence, according to data published by the Centers for Disease Control and Prevention. HIV/AIDS prevalence as of December 31, 2020, ranked 6th. As of December 31, 2022, a total of 50,723 cases of HIV/AIDS have been diagnosed, of which an estimated 20,216 people with HIV have residency on the Island¹.

The San Juan Eligible Metropolitan Area (SJEMA) is composed of 30 of 78 municipalities in Puerto Rico, which contains 51.3% (1,620,8761) of the Puerto Rican population, and 65% of all HIV/AIDS cases of the Island. Over half of the new diagnoses are in people 25-44 years of age. Men that have sex with men (MSM) continue to be the sub populations with the highest incidence of new HIV and AIDS cases in the SJEMA, with over 50% of the cases, follow by people reporting heterosexual contact as a risk conduct to acquire HIV².

SJEMA is the only Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) in Puerto Rico and provides health and support services to more than 4,500 (about 42%) of the people living with HIV in the jurisdiction, through the Ryan White Part A Program.

The Ryan White Part A Program of the San Juan Municipality, in coordination and collaboration with the Puerto Rico Health Department, the Ryan White Community in Puerto Rico, clinical and non-clinical private non-profit and community-based organizations, the Ryan White Part A Planning Council, and the community of people with HIV have come together and worked in partnership throughout the years to find effective and efficient ways to end the HIV syndemic in the jurisdiction. While in despite the challenges and barriers faced, more ever with the advent of the COVID 19 epidemic, we have advanced significantly and 86% of our population is virally suppressed, there is much work to be done to prevent new transmissions, diagnose and rapidly treat all people with HIV, and respond quickly and efficiently to HIV clusters.

This document presents the San Juan EMA 2022-2026 Integrated Plan for HIV Prevention and Treatment in the SJEMA (hereinafter, SJEMA Plan), that will strategically guide the efforts to end the HIV syndemic in the jurisdiction for the following 5 years. The SJEMA Plan was developed, in compliance with the requirements established by the Health Resources and Services Administration (HRSA) and the Center for Disease Control and Prevention (CDC).

The process to develop the SJEMA Plan was based on a multi-method approach, including data analysis, surveys, interviews, and group discussions. In addition, to lay the foundations for the collaboration and integration structure that is required in the future to implement the SJEMA Plan and achieve a more coordinated response to HIV epidemic in Puerto Rico, the Ryan White Part A Grantee not only joined the Puerto Rico Department of Health Ryan White Part B/ADAP Grantee and participated actively in the Puerto Rico 2022-2026 Integrated HIV Surveillance, Prevention and Care Plan for Puerto Rico (hereinafter, Integrated State Plan) planning sessions, but also aligned the SJEMA Plan to the jurisdictional goals developed through this participatory planning process of identification and prioritization of needs and strategies to address them.

^{1 2} HIV/STD Surveillance Program, Office of Epidemiology & Investigation, Puerto Rico Health Department

The SJEMA Plan builds upon the lessons learned and the successes not only of the previous SJEMA Plan for 2017- 2021, but also the San Juan Municipality Project TIES, Ending the HIV Epidemic, A Plan for America (hereinafter, EHE). In accordance with the needs identified at the Jurisdictional level and validated for the SJEMA, the following goals were established. These goals are framed in the goals of the National HIV Strategy 2022-2025 and the pillars of Ending the HIV Epidemic of 2019.

1. Preventing further HIV transmission through proven interventions.
2. Diagnose all people with HIV as early as possible.
3. Treat people with HIV rapidly and effectively to reach sustained viral suppression.
4. Respond in a coordinated and integrated manner to the HIV syndemic.

In accordance with guidelines published by CDC and HRSA, the SJEMA Plan includes the following sections:

- Description of the community participation and planning process (Section II)
- Contribution of datasets and evaluations for the development of the Plan (Section III)
- Situational analysis (Section IV)
- Goals, objectives, and strategies (Section V)
- Description of the integrated planning implementation, monitoring and jurisdictional follow Up activities (Section VI)
- Concurrence letter (Section VII)
- Checklist

Approach

The SJEMA Plan is an Integrated City-only prevention and care plan, prepared using several strategies and sources of information. There was participation of the administration staff, planning council members, subrecipients and PWH during the State planning process. Information from this and other sources was obtained and put together by the administrative staff. After several discussion meetings, the proposed Plan was presented to the Planning Council for feedback and concurrence.

All four goals and most objectives were aligned to the Integrated State Plan. Some strategies and activities were also aligned to the Integrated State Plan while others were aligned to the San Juan Municipality EHE (Project TIES) workplan. The latter, particularly for those activities related to the multimedia campaign for education and information dissemination and any activity the flexibilities of the EHE program allows. A couple of activities and language were aligned to the National HIV/AIDS Strategy Implementation Plan. Needs assessment findings and activities were describe in the Needs Assessment section and data was also used in the Situational Analysis section. Information for the 5 years trend analysis in the epidemiologic snapshot was obtained from the 2022 San Juan EMA Ryan White Part A Application.

Documents submitted to meet requirements

This plan was informed by:

- 2022 San Juan Municipality Ending the HIV Epidemic workplan
- 2022 Ryan White Part A Needs Assessment
- 2022-2026 Integrated State Plan
- 2022 San Juan EMA Ryan White Part A Application
- National HIV/AIDS Strategy for the United States 2022–2025
- National HIV/AIDS Strategy Federal Implementation Plan for the United States 2022-2025
- PRDoH, HIV/AIDS Surveillance Program

Section II: Community Engagement and Planning Process

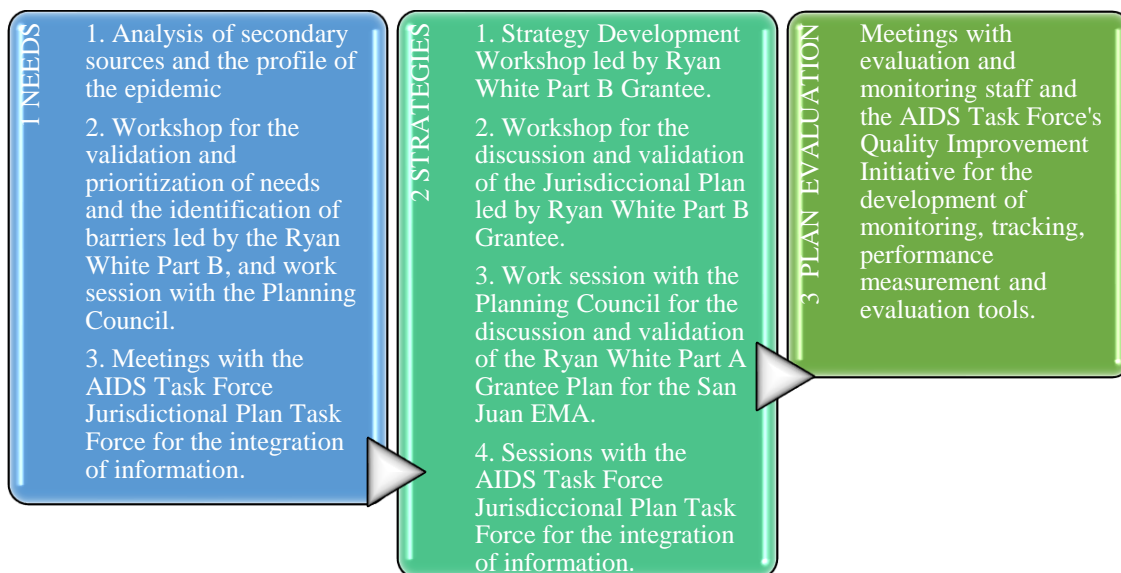
The following section describes how the Ryan White Part A Grantee for the San Juan Eligible Metropolitan Area (SJEMA) approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements.

1. Jurisdiction Planning Process:

The process to develop the SJEMA Plan was based on a multi-method approach of participatory planning. The Ryan White Part A Grantee joined the Ryan White Part B Grantee planning sessions where representatives of the community, non-profit organizations, public entities, and other interest groups, participated in the identification and prioritization of needs and jointly developed to address them. The purpose of using this integrated type of approach was to lay the foundations for the collaboration and integration structure that is required in the future to implement the SJEMA Plan and achieve a more coordinated response to HIV epidemic in Puerto Rico.

Taking into consideration that the SJEMA contains about 65% of the HIV cases in Puerto Rico, and that both, Ryan White Part A and Ryan White Part B share many sub recipients and clients, the joint approach to consult the interest groups and obtain their feedback and validation, was deemed most appropriate. Besides the in-person planning sessions, the Ryan White Part A Grantee consulted the interest groups through interviews, surveys and data collection component of the planning and development of the 2022 SJEMA Needs Assessment. Other data sources utilized and incorporated in the SJEMA Plan include: the EHE (Project TIES), the Integrated HIV Surveillance, Prevention and Treatment Plan 2017-2021 and the new Integrated State Plan.

The work and activities carried out to develop the plan were organized in three stages, as shown in the figure below.



This mode of organization allowed the representatives of the different interest groups to participate actively in the identification of needs and barriers, the elaboration of strategies and activities and in the validation of the Plan.

During the first phase, the SJEMA and its Ryan White Part A Planning Council participated in the validation sessions of the prioritization and identification of needs for the Integrated State Plan. The SJEMA participated in two sessions related to treatment, aimed to validate the needs outlined in the identified information sources, to establish the priority areas on which the SJEMA Plan should focus. During the first workshop, barriers and gaps in the service system were identified. During the second round of workshops, the purpose was to identify the goals and objectives according to the results of the first phase. In the last phase, the proposed Integrated State Plan was presented for recommendations of the stakeholders, HIV community, partners, etc.

For the development of the SJEMA Plan the sessions convened by the State and promoted by the SJEMA leadership among their stakeholders, had a broad and diverse participation of the interest groups related to the surveillance, prevention and treatment of HIV in Puerto Rico and the jurisdiction of the SJEMA. All sectors recommended in the guidelines for integrated planning published by the CDC and HRSA were brought together, in addition to obtaining the participation of 119 persons, representatives of the people with HIV, Puerto Rico Department of Health, community organizations, other service providers, community health centers, partners who can assist in the response to clusters or outbreaks, other federal, state, and local government agencies, researchers and academics, among others.

For the process of developing the SJEMA Plan, stakeholders participated in the processes of prioritization of needs and identification of barriers. The work sessions led by the Ryan White Part B program were validated during the Needs Assessment process of the Ryan White Part A program. A total of 27 key informants, 370 people with HIV, and 23 entities (Municipal, State and Non-Profit Organizations), were consulted during the Part A Needs Assessment Study of the SJEMA.

After collecting the information from different available sources, the Recipient team for the Plan development held a session with the SJEMA Ryan White Part A Planning Council to outline the workplan and integrate the information obtained as established in the guidelines. Once the corresponding information was put together, a draft was sent to the Planning Council for revision and recommendations. A final meeting was held to present the completed Plan to the Planning Council in full for validation and concurrence.

a. Entities involved in the process

As required by the guidelines for the development of the Plan, the list of entities involved in the planning process and their contribution are presented in the table below:

List of Entities	Contributions to Plan Development
b. Role of the RWHAP Part A Planning Council/Planning Body	
San Juan EMA Ryan White Planning Council	<ul style="list-style-type: none"> • The SJEMA Ryan White Part A Planning Council is composed primarily of people with HIV (consumers) and providers of services for HIV care. The consumers are reflective of the epidemic in the jurisdiction to ensure that the decisions made are in the best interest of people with HIV (PWH) in the EMA. • Oversaw the completion of the comprehensive needs assessment of PWH and Ryan White clients, in collaboration with the Administrative Agency of the Ryan White Part A funds. • Participated in the planning session for the Integrated State Plan. • Contributed data for the Statewide Coordinated Statement of Need. • Participated in the creation and validation of tools for the realization of the SJEMA Needs Assessment Study.
c. Role of Planning Bodies and Other Entities	
Part B Planning Body	<ul style="list-style-type: none"> • SJEMA Ryan White Part A participates in ordinary meetings held by the Ryan White Part B. • SJEMA Ryan White Part A Planning Council participates in ordinary meetings held by the Ryan White Part B. • Participated in the planning session for the Integrated State Plan. • Ryan White Part B members participated in the SJEMA 2022 Needs Assessment.
Community Health Centers	<ul style="list-style-type: none"> • Membership on the San Juan EMA Ryan White Part A Planning Council • EHE (Project TIES) signed a MOU with the Homeless Primary Health Services Program (330 Center) for the referral of HIV-positive participants for counseling and liaison to specialized HIV+ health care services. • EHE (Project TIES) signed a MOU with the Health ProMED Primary Health Services Program (Center 330) to support the process of linking to specialized health services and referring HIV negative sexual partners of HIV-positive individuals for counseling. • Participated in the planning session for the Integrated State Plan.

List of Entities	Contributions to Plan Development
HIV Surveillance Program	<ul style="list-style-type: none"> • Puerto Rico Department of Health HIV/AIDS Surveillance Program shared information with the Ryan White Part A Program that was used for the development of the Plan and shares information throughout the year. • EHE (Project TIES), Ryan White Part A program and the Puerto Rico Department of Health HIV/AIDS Surveillance Program • signed a MOU to share information on laboratory results to the algorithm for positive HIV diagnosis, including CD4, viral loads and HIV molecular tests, from participants. Participated in the planning session for the Integrated State Plan.
HOPWA	<ul style="list-style-type: none"> • Membership on the SJEMA Ryan White Part A Planning Council. • Participated in the process of identifying needs, barriers, and gaps for the SJEMA Needs Assessment. • Participated in the planning session for the Integrated State Plan. • Allocates resources for HIV housing for eligible clients in the community.
Non-traditional Partner Agencies	<ul style="list-style-type: none"> • Under the grant of EHE (Project TIES), an advertising company (<i>Interad</i>) has been contracted to develop a plan that includes media tours, information dissemination campaigns, early HIV intervention, information about treatments and available services, social networks and to create a website. • Under EHE (Project TIES), a monthly plan was established to visit healthcare providers, hospitals, emergency rooms and other potential points of entry to promote and guide on clinical and supportive services available for PWH.
d. Collaboration with RWHAP Parts	
Puerto Rico “Inter-Parts Committee”	<ul style="list-style-type: none"> • For more than 10 years this committee has worked with issues common to all Ryan White Programs in the Island including the more recent 2022 Integrated State Plan and EHE (Project TIES).
Ryan White Part B	<ul style="list-style-type: none"> • Membership on the SJEMA Ryan White Planning Council • Signed a MOU for data exchange with the EHE (Project TIES) to follow up PWH missing their ADAP prescription for 3 months in the San Juan Municipality. • As member of the SJEMA Ryan White Part A Planning Council contributes to the completion of comprehensive needs assessment of people with HIV and Ryan White

List of Entities	Contributions to Plan Development
	clients, in collaboration with recipient of Ryan White Part A funds
Ryan White Part C Program	<ul style="list-style-type: none"> • Membership on the SJEMA Ryan White Part A Planning Council. • Contributed data for the Statewide Coordinated Statement of Need. • Participates in SJEMA Ryan White Part A Planning Council meetings where needs are prioritized, and resources are allocated. • Contributed and share data for the SJEMA Needs Assessment.
Ryan White Part D Program	<ul style="list-style-type: none"> • Membership on the San Juan EMA Ryan White Planning Council • The two Part D Recipients in Puerto Rico (PR CoNCRA and CEMI) participated in all the planning meetings of the Integrated State Plan. • Participates in the processes of identifying needs, barriers, and gaps for the Part A Needs Assessment Study. • Participated in the planning session for the Integrated State Plan.
Northeast/Caribbean Ryan White Part F AIDS Education and Training Center (AETC)	<ul style="list-style-type: none"> • Membership on the SJEMA Ryan White Part A Planning Council • The AETC agreed to train healthcare providers of the SJEMA and the Community Health Workers of the EHE project (TIES).
e. Engagement of people with HIV	
People with HIV	<ul style="list-style-type: none"> • At least 370 individuals (8% of the SJEMA RWPA clients) including 45 PWH out of care participated in 2022 annual needs assessment; identifying needs, gaps, and barriers. The information was used for the development of the Integrated Plan. • At least 33% of the Ryan White Part A Planning Council is composed by people with HIV. In addition, PWH are encouraged and invited to attend the meetings as these are open to the public during the ordinary sessions. They participated of all the PC activities (Needs Assessment, planning meetings, SJEMA Integrated Plan feedback, State Integrated Plan) • Participated in the planning session for the Integrated State Plan. 14% of the participants were PWH. • PWH will continue to be engaged in all stages of Plan implementation, monitoring, evaluation, and improvement.

F. Priorities:

The priorities that arose out of the planning and community engagement process during the development of the Integrate State Plan, were determined by a broad range of community members, people with HIV and stakeholders that included the SJEMA jurisdiction. The priorities are the following.

1. Strengthen the HIV surveillance, diagnosis, prevention and treatment service delivery system and its human capital.
2. Promote the combination of economic resources and take advantage of the leverage that these funds allow, to maximize existing resources and have a greater impact.
3. Promote multisectoral planning and coordination to address the HIV, STI, viral hepatitis and mental health syndemic in order to have an integrated system that provides equitable access to services.
4. Increase the availability of and equitable access to comprehensive, high-quality, culturally sensitive services based on best practices, evidence-based practices, and evidence-based practices for HIV prevention and treatment.
5. Implement ongoing education and guidance efforts to improve levels of knowledge about the syndemic and its prevention and care among service providers, at-risk groups, people with HIV, and the general community.
6. Increase the number of scenarios and the number of tests performed in Puerto Rico.
7. Address the social determinants of health.
8. Address the particular needs associated with the demographic transformation in Puerto Rico, as well as the mental health situation that has worsened after the natural disasters that the country has faced and, more recently, the COVID-19 pandemic.
9. Continue to promote early linkage to treatment and retention approaches to achieve viral suppression.
10. Continue to promote changes in public policy aimed at integrating surveillance, prevention, and treatment efforts for HIV, STIs and Viral Hepatitis

g. Updates to other strategic plans used to meet requirements

No portion of other local strategic plans (Getting to Zero, Fast track Cities, State EHE plan, etc.) were used to satisfy this requirement.

Section III: Contributing Data Sets and Assessments

This section provides an analysis of the qualitative and quantitative data used by the SJEMA to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system.

1. Data Sharing and Use

The San Juan EMA has a RW CAREWare² centralized database of twenty five (25) subrecipients in which twenty (20) of them enter data in real time, while other five (5) send their data monthly through the Provider Data Export protocol (PDE). Data is shared among subrecipients serving the same clients which allows better coordination of services.

Another data sharing agreement exist between the Ryan White Part A (RWPA) and Part B (RWPAB) programs for the follow up of clients referred to care by the Part B program to verify linkage to care into the Part A service network. Other data has been shared between Part A and B programs that has helped to verify potential duplication of services.

Meanwhile, EHE (Project TIES) signed a Memorandum of Understanding (MOU) with the PRDoH Ryan White Part B/ADAP program for the exchange of information of participants failing to pick up their ADAP medications for at least three months. This data is validated and shared with Community Health Workers for the corresponding intervention.

Finally, the Ryan White Part A and EHE (Project TIES) signed a MOU with the PRDoH HIV/AIDS Surveillance Program for the exchange of clinical data for the purpose of cluster identification and linkage to care of identified HIV+ cases.

DATA SHARING SUMMARY			
Partners		Data Characteristics	Purpose
RWPA 25 subrecipients		<ul style="list-style-type: none"> • Eligibility • Demographic • Services • Clinical 	Coordination of services among subrecipients.
RWPA	RWPB	Linkages to care of new or previous diagnoses with unmet need.	Monitoring of Part B referred to care clients in the San Juan EMA central database to confirm linkage to care.
EHE (Project TIES)	RWPB/ADAP	HIV participants failing to pick up their ADAP medications for at least three months.	Follow up of out of care cases of the San Juan Municipality.
RWPA & EHE (Project TIES)	PRDoH HIV/AIDS Surveillance Program	<ul style="list-style-type: none"> • CD4 • Viral load 	Cluster identification.

² RW CAREWare is the free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers.

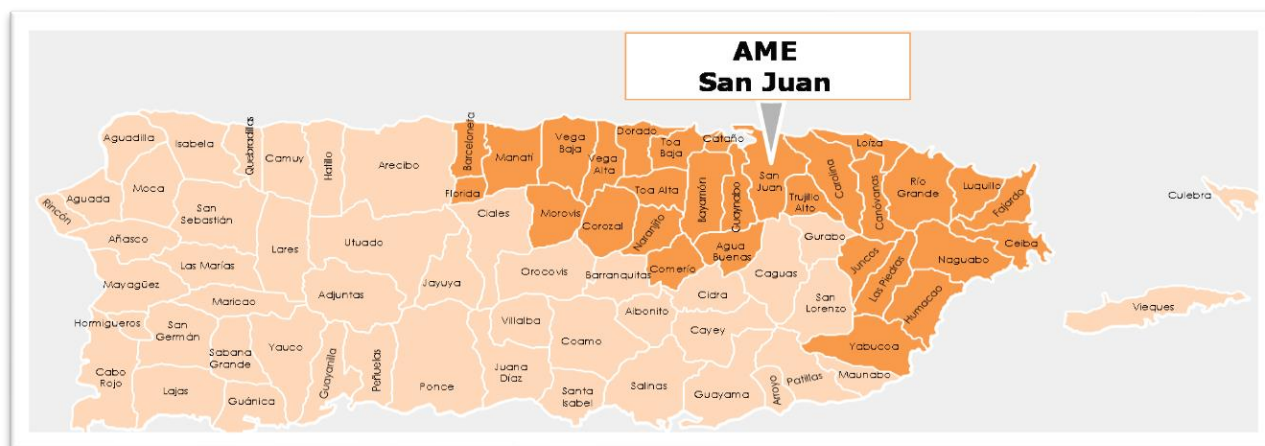
2. Epidemiologic Snapshot

Puerto Rico is an island in the Caribbean comprised of 78 municipalities with a Spanish speaking estimated population of 3,159,343 in 2020³.

According to data published by the Centers for Disease Control and Prevention, Puerto Rico is one of the jurisdictions among the 50 US States and 6 dependent areas with highest rates of HIV/AIDS incidence and prevalence. HIV/AIDS prevalence as of December 31, 2020, ranked 6th⁴.

The San Juan Eligible Metropolitan Area (SJEMA) is composed of 30 municipalities which contains 51.3% (1,620,876¹) of the Puerto Rican population and 65% of all HIV/AIDS cases of the Island (see Figure 1). It is the only Eligible Metropolitan Area or Transitional Grant Area in Puerto Rico and provides health and support services to more than 4,500 (about 42%) of the people living with HIV in the jurisdiction.

Figure 1 : SJEMA MUNICIPALITIES (AME FOR ITS SPANISH ACRONYM)



As a summary, in the SJ EMA, men having unprotected sex with men is the main mode of transmission of new HIV infections, followed by heterosexual contact, then by persons who inject drugs. New HIV diagnosis is mostly among younger people, whereas new AIDS diagnosis is generally amongst older people. As for the rest of the world, advances in pharmacology, along with proper health care, have resulted of great benefit for people with HIV infection in Puerto Rico, where the fatality rate has markedly dropped from 92% before 1985 to 4% in 2020⁵. As life expectancy for people with HIV/AIDS continues to increase, challenges related to comorbidities associated to longevity, and to the management of long-term antiretroviral treatment, increase as well, requiring new strategies on health and supporting care to properly address the emerging needs of an older population.

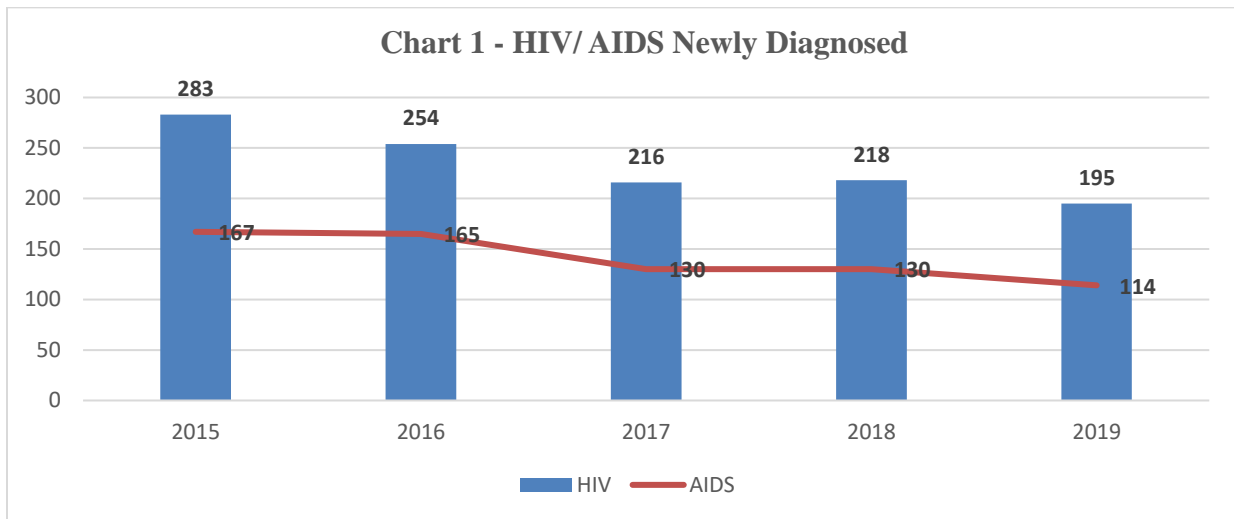
³ <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-total-puerto-rico-municipios.html>

⁴ Centers for Disease Control and Prevention. HIV Surveillance Report, 2020 (updated); vol. 33. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-33/index.html> Published May 2022. Accessed November 4, 2022.

The snapshot summary of the most current epidemiological profile for the SJEMA jurisdiction uses 2015-2019 data for the trend analysis (unless stated otherwise) as the COVID-19 pandemic impacted case surveillance activities, HIV testing services and access to care during calendars year 2020, 2021 and even 2022. Data source is from PRDoH HIV/AIDS Surveillance Program.

Persons with newly diagnosed HIV (2015-2019)

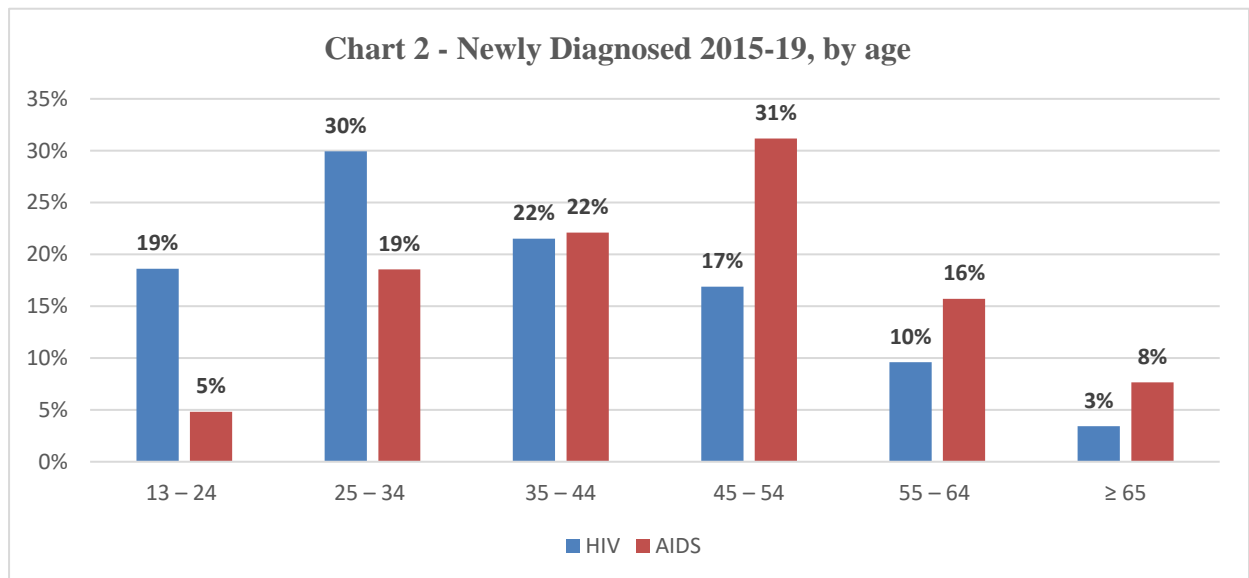
For the year-end period 2015 to 2019, more than 64% of all new cases in PR belonged to the SJEMA, with 1,872 new cases (1,166 HIV and 706 AIDS). For every three persons diagnosed with HIV, two were diagnosed with AIDS. Over the years, the total of new cases dropped by 31%, from 450 in 2015 to 309 in 2019. See Chart 1.



Number of individuals with HIV who do not know their HIV status. According to the PRDoH HIV/AIDS Surveillance Program there were around 1,100 cases were unaware of their status in 2017.

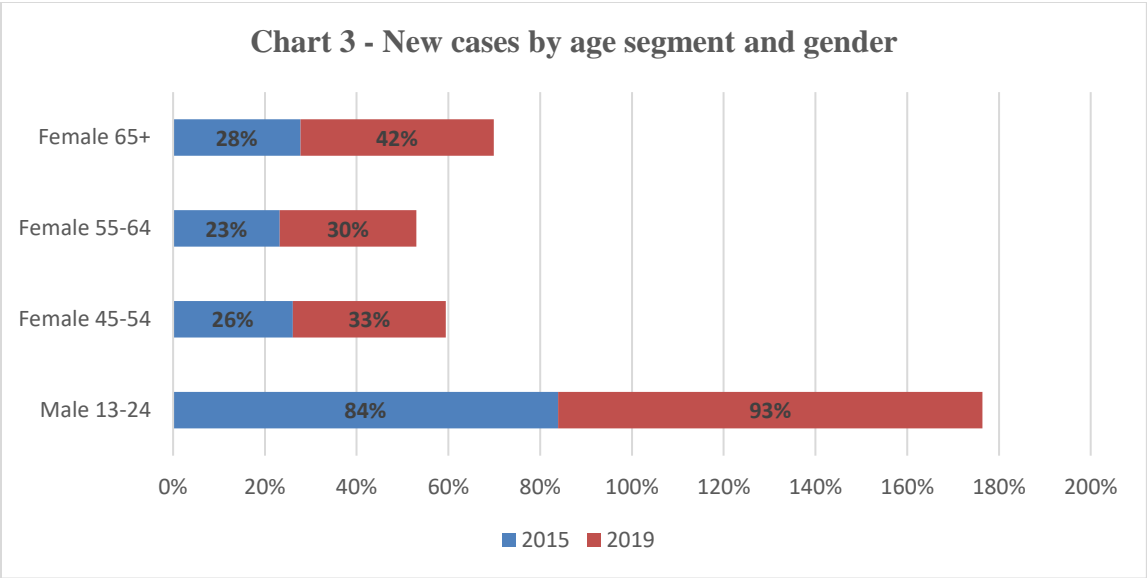
Race. Almost 99% of the persons diagnosed are Hispanic.

Age. HIV (not AIDS) are mostly diagnosed to younger people than AIDS. Almost half of the newly HIV diagnosed were between ages 13 and 34 (49%), while roughly one-fourth of the newly AIDS diagnosed were from the same age group (24%). For new cases diagnosed with AIDS, 31% were between ages 35-44 and 24% were 55 and over. No new cases were reported during the period for persons under 13 years old. See Chart 2.

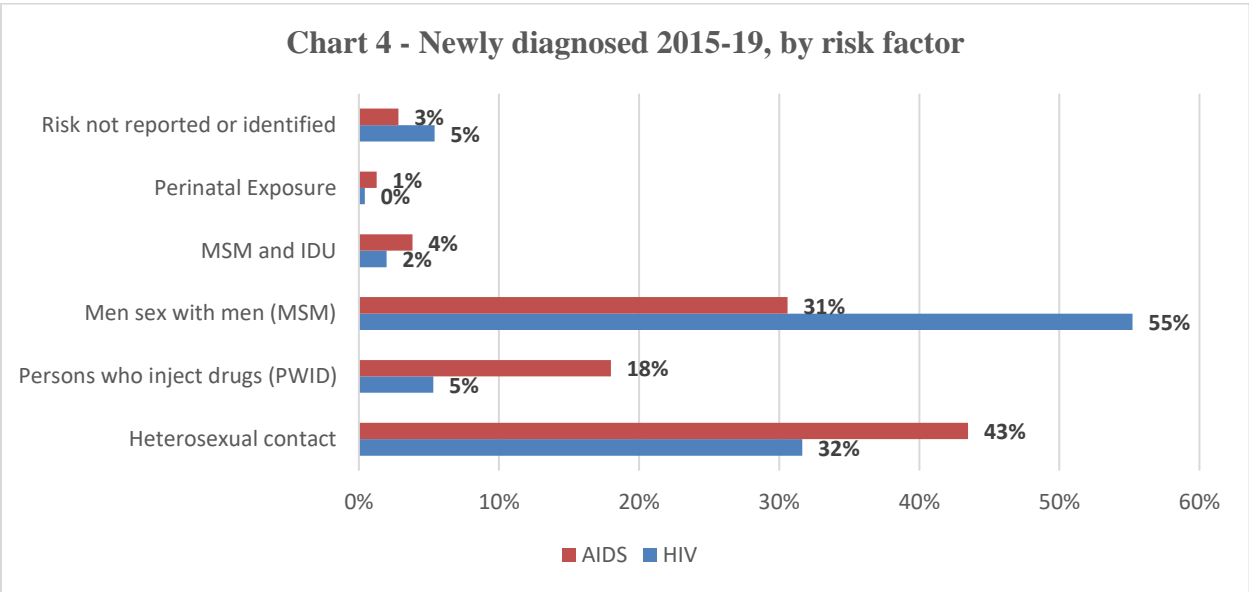


Gender at birth. Males at birth have always been disproportionately impacted with HIV/AIDS. Eight out of ten persons diagnosed with HIV, and seven out of ten diagnosed with AIDS, were males at birth. Inversely, the percentage of females at birth is higher among AIDS (28%) new diagnosis than HIV's (19%). In 2015, of all new cases among females, 25% were diagnosed with AIDS and by 2019 this percentage increased to 33%. This data trend suggests that females are being late diagnosed at a higher percentage than males. There were no data available of new cases among transgenders from the PRDoH HIV/AIDS Surveillance Program. Nonetheless, the SJEMA Part A/MAI caseload is appropriately classified by gender including transgenders, both male to female and female to male.

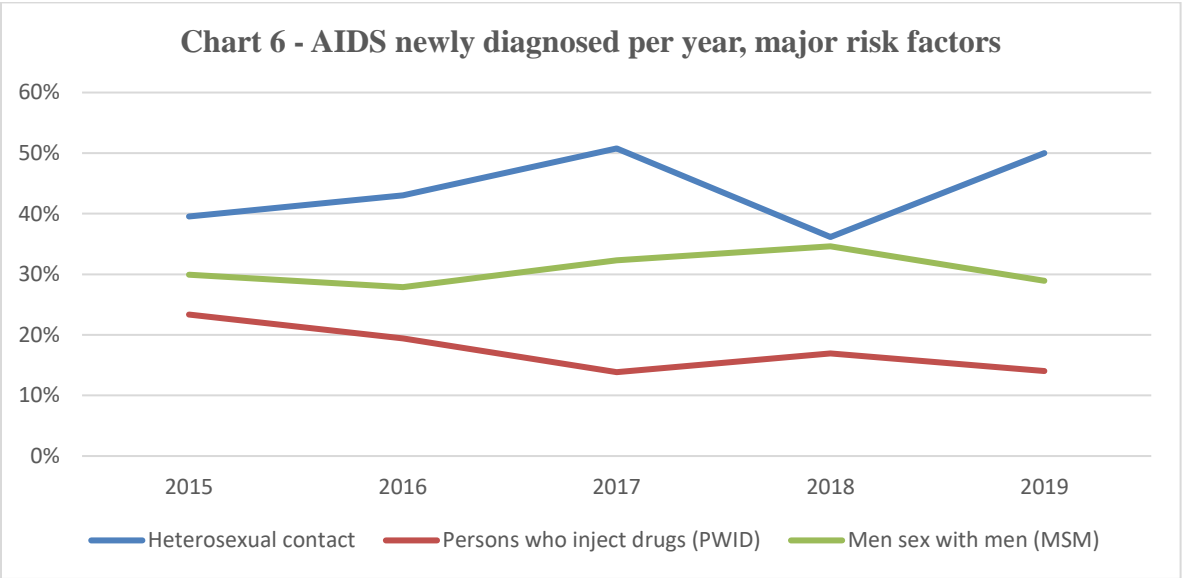
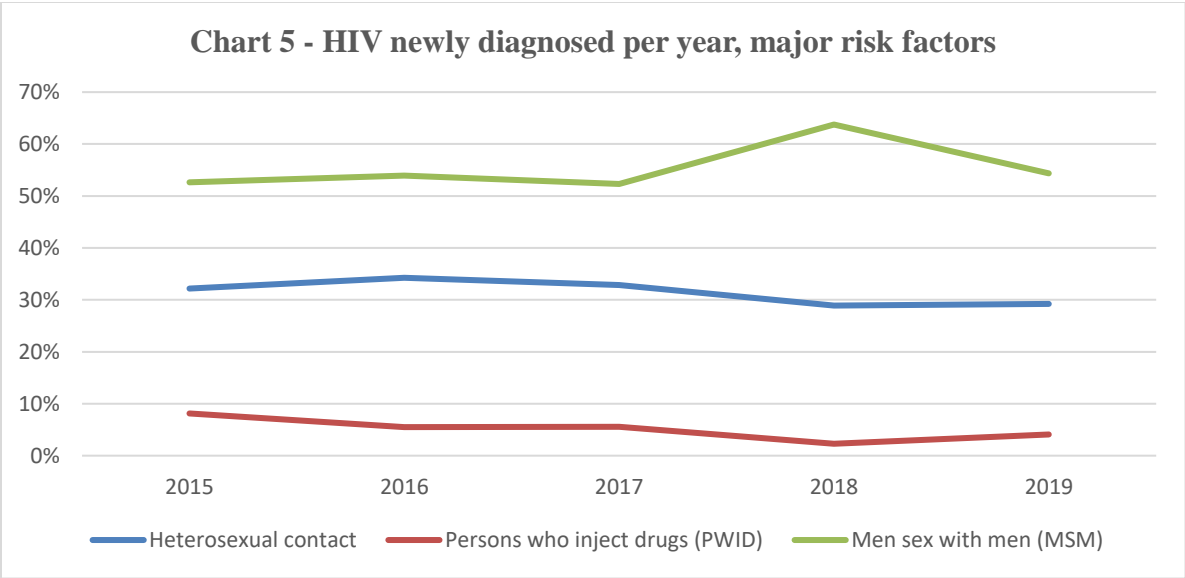
Age by gender. The following chart shows increasing trends for some age segments by gender. For males, this increase is observed on new cases of age segment 13-24, and for females for ages 45+. There is no significant difference per gender for ages between 25 and 44. See Chart 3.



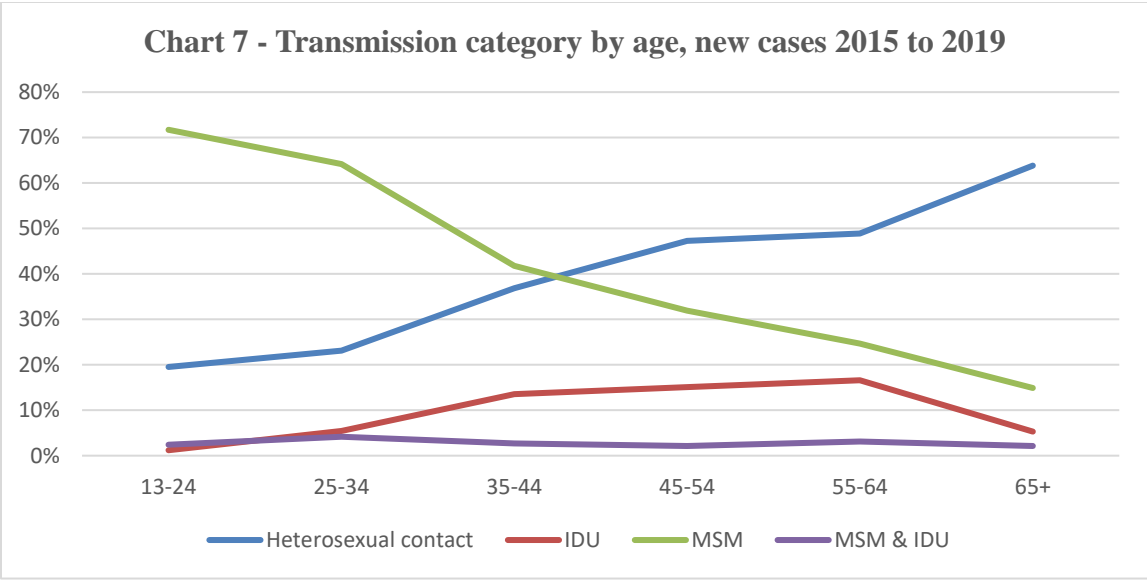
Transmission category. As depicted in the following chart, men having sex with men (MSM) is by far, the main transmission category of new HIV cases, followed by heterosexual contact (HETSEX) and then by persons who inject drugs (PWID). HETSEX, however, is the principal exposure category of new AIDS diagnosis, followed by MSM and then by PWID. Both HETSEX and PWID are disproportionately higher for AIDS new cases than for HIV's. See Chart 4.



The next two graphs show that HIV diagnosis by the three principal modes of exposure has remained stable for the five-year period 2015 to 2019 and, that AIDS diagnosis by HETSEX has been increasing and PWID has been decreasing. See Chart 5 and Chart 6.

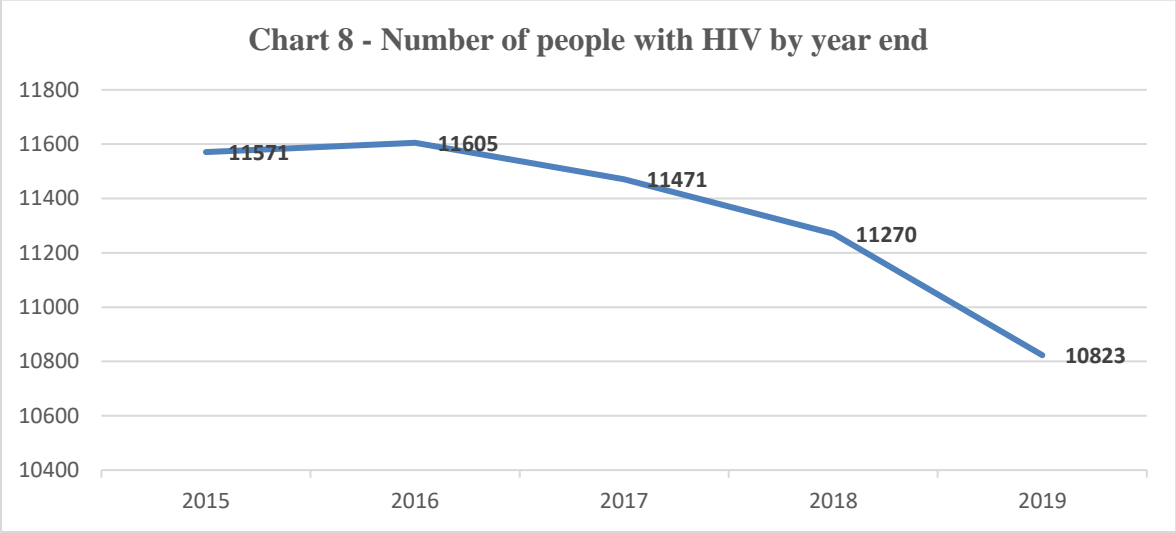


Transmission category by age. New cases among younger population for the five-year period 2015 to 2019 were from MSM exposure category (72% ages 13-24, 64% ages 25-34). For older population the main mode of exposure was heterosexual contact (47% ages 45-54, 49% ages 55-64, 64% ages 65+). See Chart 7.



Geography, location. Among the 78 municipalities within the SJEMA the burden of newly HIV/AIDS diagnosed cases has always been around its metropolitan area, primarily in San Juan, Puerto Rico’s capital and with the highest population, accounting for 36.4% of new diagnosis for the years 2015-2019. Two other highly populated municipalities in the SJEMA are Carolina and Bayamón, with 10.5% and 9.8% of new cases, respectively. The SJEMA has an Intergovernmental Agreement with the Municipality of Bayamón. The remaining 43% of the total new cases are dispersed among the remaining 27 municipalities within the service area, with less than 5% each.

Last, but not least, Chart 8 shows that the number of people with HIV has been waning over the years, with the highest net reduction occurring from 2018 to 2019. The main reasons for this reduction are people with HIV moving from the jurisdiction, deaths, and data validation.



Persons with newly diagnosed HIV as of December 2021

HIV STAGE	2021		Total frequency
	Frequency	Percent	N
HIV NOT AIDS	215	77.06	564
STAGE 3 (AIDS)	64	22.94	179
Total	279	100.00	743
Race	Frequency	Percent	N
WHITE, NOT HISPANIC	2	0.72	6
HISPANIC	277	99.28	737
Total	279	100.00	743
Sex at birth	Frequency	Percent	N
FEMALE	56	20.07	135
MALE	223	79.93	608
Total	279	100.00	743
Age at HIV diagnosis	Frequency	Percent	N
13 - 24	38	13.62	110
25 - 34	75	26.88	206
35 - 44	64	22.94	162
45 - 54	53	19.00	132
55 - 64	25	8.96	88
>=65	24	8.60	45
Total	279	100.00	743
Transmission Category	Frequency	Percent	N
Heterosexual Contact	94	33.69	224
IDU	6	2.15	29
MSM	150	53.76	411
MSM & IDU	1	0.36	12
Adult NIR/NRR/Other risk	28	10.04	67
Total	279	100.00	743

As of December 31, 2021, there were 215 new persons with HIV and 64 with AIDS, for a total of 279 people with HIV/AIDS diagnosed during year 2021.

Race. More than 99% of new cases are Hispanic.

Age. Most of the people diagnosed with HIV/AIDS in the year were younger than 45 years old (63.4%).

Gender at birth. Male at birth has always been the majority gender of HIV and AIDS newly diagnosed cases. They comprised 80% of the new cases.

Transmission categories. Of the new diagnoses in the year, the main modes of transmission were MSM (54%), HETSEX (34%), and PWID (2%)

Geography/location. Most HIV new cases reported are from persons living in the Municipalities of San Juan (35%), Bayamón (10%), and Carolina (10%).

Currently San Juan is one of the jurisdictions executing Phase I of the *Ending the HIV Epidemic Initiative: A Plan for America*, which funds were assigned to geographic areas that contributed more than 50% of new HIV diagnoses in 2016 and 2017 in the United States.

All People with diagnosed HIV as of December 2021

Demographic characteristics / Transmission category	2021	
	Frequency	Percent
HIV Stage		
HIV Not AIDS	5320	48.75
Stage 3 (AIDS)	5593	51.25
Race		
White, Not Hispanic	30	0.27
Black, Not Hispanic	7	0.06
Hispanic	10872	99.62
Asian/Pacific Islander	1	0.01
American Indian/Alaska Native	1	0.01
Unknown	2	0.02
Sex At Birth		
Male	7679	70.37
Female	3234	29.63
Current Age at Year-end		
0 - 12	1	0.01
13 - 24	125	1.15
25 - 34	1006	9.22
35 - 44	1704	15.61
45 - 54	2602	23.84
55 - 64	3433	31.46
>=65	2042	18.71
Transmission Category		
Heterosexual Contact	4069	37.29
MSM	3435	31.48
IDU	2612	23.93
MSM & IDU	394	3.61
Adult NIR/NRR/Other risk	267	2.45
Perinatal Exposure	123	1.13
Child NIR/NRR or other risk	13	0.12

As of December 31, 2021, there were 5,320 persons with HIV and 5,593 with AIDS, for a total of 10,913 people with HIV/AIDS, representing 65% of all prevailing cases in Puerto Rico.

Number of individuals with HIV who do not know their HIV status. According to the Puerto Rico HIV/AIDS Surveillance Program there were around 943 cases were unaware of their status in 2020.

Race. More than 99% of cumulative cases are Hispanic.

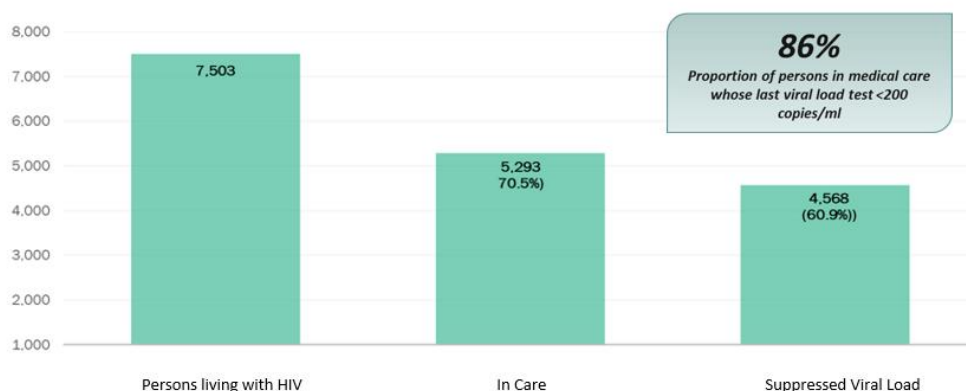
Current age. As the mortality rate associated with HIV/AIDS remains low, people with HIV are growing older. However, a significant disproportion is observed by HIV status. By year-end 2021, 50% were over 55 years old.

Gender at birth. By year-end 2021, 7,679 males at birth and 3,234 females at birth were diagnosed with HIV/AIDS. The ratio males to females (7:3) has remained stable for at least the last five years (up to 2019).

Transmission categories. By the end of 2021, the main modes of transmission were HETSEX (37.%), MSM (31%) and PWID (24%)

Geography/location. Like the newly diagnosed, the highest burden of HIV cases is located around the metropolitan area of the SJEMA, principally San Juan (38%), Bayamón (11%), and Carolina (9%). The remaining 42% are dispersed among the other 27 municipalities within the service area, each accounting less than 5%.

HIV Care Continuum



Persons living with HIV: Persons ≥ 13 years living with a positive diagnosis of HIV in the SJEMA, diagnosed with HIV or who have had an HIV+ test, genotype test, CD4 genotype, CD4 and/or viral load test reported to the PRDoH HIV/AIDS Surveillance Program during the 2016 - 2020 period.

In Care: Persons ≥ 13 years living with a positive diagnosis of HIV in Puerto Rico with a CD4 or viral load test viral load in 2020.

Suppressed Viral Load: Persons ≥ 13 years living with a positive diagnosis HIV-positive with a need for covered medical care whose viral load in the year 2020 is < 200 copies/mL

Note:

1. The percentage of suppressed viral load suppressed is based on the number of people with a laboratory test during the period 2016-2020, whose last viral load in in 2020 was < 200 copies/mL.

Unique challenges have been lingering in Puerto Rico since the impact of the 2017 devastating climatic events⁶, the 2020 earthquakes⁷ and the COVID-19 pandemic, causing barriers to both provision of services and access to them that have impacted the HIV Care Continuum. However, despite these challenges, the proportion of persons in medical care whose last viral load test < 200 is 86%.

Priority Populations

The process for the selection of the priority populations to be focused on, came up from the Ryan White Part A and the San Juan Municipality Ending the HIV program specific processes.

In 2021 the Ryan White Part A program used a data driven process that included the needs assessment study, the HIV care continuum, the unmet need framework, and epidemiological data. The identified populations were:

- Latina females heterosexual contact risk factor, focus on ages 45+
- Latino MSM risk factor, focus on ages 25-44
- Latinx ages 55+

Meanwhile, the San Juan Ending the HIV Epidemic program identified the following priority populations to focus their efforts:

- Men who have sex with men
- Heterosexual men
- Heterosexual women
- Injection drug users

While all identified populations will be impacted by the activities stated in the SJEMA Plan, it is worth mention that at least two of them are aligned with those sated in the *National HIV/AIDS Strategy for the United States 2022–2025* while a third and broader one will ensure that most PWH is targeted. Then the priority populations to be referred in the SJEMA Plan are:

- Heterosexual men and women 25+
- Latino MSM
- People Who Inject Drugs (PWID)

⁶ *Irma and María hurricanes*

⁷ <https://earthquake.usgs.gov> January 7, 2020: 6.4 (Mw) earthquake and aftershocks

3. HIV Prevention, Care and Treatment Resource Inventory

- Organizations and agencies providing HIV care and prevention services in the San Juan Eligible Metropolitan Area.

Within the San Juan EMA (30 out of 78 Puerto Rico municipalities), there are six (4) State administered Immunologic Clinics (Part B grantees); two (2) Municipality administered clinics (both Part A grantees and one also Part C), and over 30 privately own organizations, community based organizations, from which 25 are Part A sub recipients); 3 Community Health Centers (one both Part A and Part C grantees), a specialized OBGyn clinic for HIV+ women, funded by Part A and D), and organizations dedicated to provide clinical trials.

HIV Service Providers	HRSA Grantee/Part A Sub	CDC Grantee	Federally Qualified HC	Case Management	Early Intervention	HIV Medical Care	Home and Community based services	Homeless services	Housing Services	Medical Nutrition Therapy	Mental Health Care	Oral Care	Meds/Pharmacy	HIV Prevention	Protocols Research	Psychosocial Support	Rehabilitation	Substance Abuse
AIDS Healthcare Foundation	*			*	*	*				*	*	*	*					
Hogar de Ayuda El Refugio	*			*														*
Aspira PR		*		*														
Bayamon Municipality	*			*		*		*		*	*	*	*					*
Bill's Kitchen	*			*				*		*								
Casa Ismael	*			*			*											
Casa Joven del Caribe	*			*	*	*							*					
Centro ARARAT San Juan	*			*	*	*				*	*	*	*	*	*	*		
CEMI	*			*		*									*	*		
Healthcare Integrated Program Services – CIS Program	*			*		*				*	*	*	*					
Centro Latinoamericano De Enfermedades Transmisibles					*	*					*		*	*				

HIV Service Providers	HRSA Grantee/Part A Sub	CDC Grantee	Federally Qualified HC	Case Management	Early Intervention	HIV Medical Care	Home and Community based services	Homeless services	Housing Services	Medical Nutrition Therapy	Mental Health Care	Oral Care	Pharmacy	Prevention	Protocols Research	Psychosocial Support	Rehabilitation	Substance Abuse
Concilio Integral de Salud de Loíza	*		*	*		*				*	*	*						
COSSMA	*	*	*			*				*	*		*	*				
Estancia Corazón					*											*		
Hogar Fortaleza del Caído	*			*	*		*	*							*			
Fundación UPENS	*			*							*							*
GAMMA			*												*			
GUARA BI	*			*				*								*		
GRUPEDIC															*			
Hogar Crea	*			*	*				*		*					*		*
Hogar El Buen Pastor				*	*				*							*		
Iniciativa Comunitaria de Investigación	*			*	*	*		*							*			*
La Casa Nuestra Gente				*					*							*		
Corporación La Fondita de Jesus	*			*				*	*							*		
La Perla de Gran Precio	*			*	*			*	*							*	*	*
Lucha contra el SIDA	*			*				*	*							*		*
Oasis de Amor	*			*				*	*							*		*
Puerto Rico CoNCRA	*			*	*	*				*	*	*	*	*	*	*		
Puerto Rico Department of Health	*	*		*	*	*	*	*		*	*	*	*	*	*		*	*
PrepVen Corp.	*			*	*	*								*				
San Juan Municipality	*		*	*	*	*	*	*	*	*	*	*	*					*
University of Puerto Rico	*													*	*			

- HRSA and CDC funding sources.

In fiscal year 2022, HRSA and CDC awarded a total of \$51,863,399 in grants to provide HIV prevention and care services, to grantees within the San Juan Eligible Metropolitan Area (EMA). A total of \$38,815,069 were awarded for HIV treatment, through the Ryan White Program, and \$13,048,330, through the CDC, for HIV/STD prevention services. See tables below.

HRSA Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for HIV treatment						
FY	OPDIV	Assistance Listing	Award Title	Entity Name	ZIP Code	Award Amount
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Part C: Outpatient EIS Program	CENTRO ARARAT INC	00717-1567	\$171,826
					00717-1567	\$515,478
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Part C: HIV Capacity Development and Planning Grants		00717-1567	\$150,000
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Part C: early intervention services	Concilio De Salud Integral De Loiza, Inc.	00772	\$42,955
					00772	\$128,864
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Part C Outpatient EIS Program	Healthcare Integrated Program Services Inc.	00791-3249	\$418,164
					00791-3249	\$139,388
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Part C Outpatient EIS Program	MUNICIPIO DE BAYAMON	00960	\$260,380
					00960	\$364,482
2022	HRSA	Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	Ending the HIV Epidemic: A Plan for America: Ryan White HIV/AIDS Program Parts A and B	Municipio De San Juan	00918	\$330,509
					00918	\$1,183,525
2022	HRSA	HIV Emergency Relief Project Grants	HIV Emergency Relief Project Grants	Municipio De San Juan	00918	\$7,417,716
					00918	\$3,368,602
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Part C Outpatient EIS Program	PUERTO RICO COMMUNITY NETWORK FOR CLINICAL SERVICES, RESEARCH AND HEALTH ADVANCEMENT (PRCONCRA) INC.	00925-3608	\$418,106
					00925-3608	\$298,688
2022	HRSA	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Ryan White Title III HIV Capacity Development and Planning Grants		00925-3608	\$148,207

HRSA Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for HIV treatment						
2022	HRSA	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare		00925-3608	\$382,170
					00925-3608	\$138,980
2022	HRSA	HIV Care Formula Grants	RYAN WHITE CARE ACT TITLE II	Puerto Rico Department of Health	00909	\$6,891,353
2022	HRSA	HIV Care Formula Grants			00909	\$15,593,768
2022	HRSA	Ryan White HIV/AIDS Dental Reimbursement and Community Based Dental Partnership Grants	Dental Reimbursement Program	University Of Puerto Rico Medical Sciences Campus	00935-0001	\$27,931
2022	HRSA	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare		00935-0001	\$423,977
fundingshttps://taggs.hhs.gov/SearchAward					Total Grant Funds Awarded	\$38,815,069

There has been a significant reduction of funding available for prevention services in the jurisdiction in 2021. Compared to the previous year, the SJEMA subrecipients report a reduction of almost 75% of the amounts available. This impact has been considered by the Planning Council in the allocation of funds for Early Intervention Services. In fiscal year 2022, CDC awarded in grants, a total of \$13,048,330 to entities within the San Juan EMA, being the Department of Health the recipient of 93.7 percent of the funds. Only one non-governmental entity within the SJEMA received a direct award for HIV prevention activities. See table below.

CDC Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for HIV/STD prevention						
Fund FY	OPDIV	Assistance Listing	Award Title	Legal Entity Name	ZIP Code	Award
2022	CDC	HIV Prevention Activities Non-Governmental Organization Based	ASPIRA's Comprehensive High-Impact HIV Prevention Program	Aspira Inc. Of Puerto Rico	00985	\$441,625
2022	CDC	Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	Promoting Adolescent Health through School-Based HIV Prevention - 2018	Department Of Education Of Puerto Rico	00918-1339	\$34,347
2022	CDC	HIV Prevention Activities Health Department Based	Integrated HIV Surveillance and Prevention Programs for Health Departments	Puerto Rico Department of Health	00909	\$1,892,342

CDC Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for HIV/STD prevention							
2022	CDC	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	Puerto Rico National HIV Behavioral Surveillance (NHBS)		00909	\$446,215	
2022	CDC	Sexually Transmitted Diseases (STD) Prevention and Control Grants	PRDOH STRENGTHENING STD PREVENTION AND CONTROL		00909	\$159,809	
2022	CDC	HIV Prevention Activities Health Department Based	Integrated HIV Programs for Puerto Rico Health Department to Support Ending the HIV Epidemic in San Juan, Puerto Rico		00909	\$2,011,005	
2022	CDC	HIV Prevention Activities Health Department Based	Integrated HIV Surveillance and Prevention Programs for Health Departments		00909	\$4,632,972	
2022	CDC	Sexually Transmitted Diseases (STD) Prevention and Control Grants	PRDOH STRENGTHENING STD PREVENTION AND CONTROL		00909	\$808,454	
					00909	\$1,917,681	
					00909	\$8,674	
2022	CDC	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	MEDICAL MONITORING PROYECT (MMP)		00909	\$345,206	
2022	CDC	Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups	Puerto Rico PrEPParado: Increasing PrEP uptake among sexual minority men in Puerto Rico	University Of Puerto Rico Medical Sciences Campus	00935-0001	\$350,000	
funding https://tags.hhs.gov/SearchAward					Total Grant Funds Awarded		\$13,048,330

- Leveraged public and private funding sources.

For fiscal year 2022, HRSA awarded through the Health Center Program (HCP), a total of \$36,490,901 dollars in grants (\$337,275 of this total for efforts to end the HIV Epidemic in San Juan), to provide primary healthcare services within the San Juan EMA; and \$1,685,284 (4.4%) to the State Primary Care Association, to support the HCP grantees throughout the Island of Puerto Rico. These funds are not awarded to exclusively serve people living with HIV but such can access these services as needed. See table below.

HRSA/HCP Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for Primary Care						
FY	OPDIV	Assistance Listing	Award Title	Entity Name	ZIP Code	Award
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	Health Center Controlled Network	Asociacion De Salud Primaria De Puerto Rico Inc	00927-5142	\$790,817
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	State and Regional Primary Care Associations			\$894,467
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	Centro De Servicios Primarios De Salud Inc	00650	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER			\$481,113
						\$1,443,341
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	Community Health Foundation Of Puerto Rico Inc.	00961-6706	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	Health Center Program			\$433,333
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	Concilio De Salud Integral De Loiza, Inc.	00772	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER			\$1,383,028
						\$4,149,086
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER	Corporación De Servicios Medico Primario Y prevención De Hatillo	00659-1847	\$1,058,728
						\$38,176,185
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	HPM Foundation, Inc	00916-4457	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	FY 2021 Ending the HIV Epidemic - Primary Care HIV Prevention			\$347,849

HRSA/HCP Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for Primary Care						
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER		00915-3822	\$54,167
						\$1,587,213
						\$4,761,641
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	Morovis Community Health Center Inc	00687-3021	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	Health Center Program Service Expansion - School Based Service Sites (SBSS)			\$200,000
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER			\$878,125
						\$2,634,377
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	Municipio De San Juan	00918	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER			\$828,436
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	FY 2021 Ending the HIV Epidemic - Primary Care HIV Prevention			\$276,145
						\$337,275
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	SALUD INTEGRAL EN LA MONTANA INC	00719-0000	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER			\$8,019,286
2022	HRSA	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	American Rescue Plan Act Funding for Health Centers	Servicios De Salud Primarios De Barceloneta, Inc.	00617	\$65,500
2022	HRSA	Grants for New and Expanded Services under the Health Center Program	HEALTH CENTER CLUSTER			\$3,866,960

HRSA/HCP Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for Primary Care		
fundings https://tags.hhs.gov/SearchAward	Total Grant Funds Awarded	\$38,125,572

In fiscal year 2022, SAMHSA awarded a total of \$6,948,890 dollars in grants within the San Juan EMA, for Substance Abuse and Mental Health protection, advocacy, prevention and treatment. These funds are not awarded to exclusively address the needs of people living with HIV, but inclusive of all populations. 66.5% of the funds are awarded to the State. See table below.

SAMHSA Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for Substance Abuse and Mental Health prevention and treatment services						
FY	OPDIV	Assistance Listing	Award Title	Entity Name	ZIP Code	Award
2022	SAMHSA	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Puerto Rico 988 Cooperative Agreement	ADMINISTRACION DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCION	00917-4306	\$250,000
			Puerto Rico Prevent Prescription Drug/Opioid Overdose-Related Deaths (PR-PDO)			\$850,000
			Puerto Rico Promoting Integration of Primary and Behavioral Health Care (PR-PIPBHC)			\$2,000,000
2022	SAMHSA	Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)	Puerto Rico System of Care Initiative Project (SOCI)			\$1,000,000
2022	SAMHSA	Certified Community Behavioral Health Clinic Expansion Grants	FY 2022 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI)	COMMUNITY HEALTH FOUNDATION OF PUERTO RICO INC.	00961-6706	\$1,000,000
2022	SAMHSA	Protection and Advocacy for Individuals with Mental Illness	Protection & Advocacy for Individuals with Mntl Illness	EXECUTIVE OFFICE OF THE COMMON-WEALTH OF PUERTO RICO	00912	\$88,933
					00912	\$325,828
					00912	\$107,023
2022	SAMHSA	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Puerto Rico Offender Reentry Project	GUARA BI INC.	00725	\$415,708
2022	SAMHSA	Congressional Directives	Early Childhood Intensive Behavioral Intervention Program	SOCIEDAD DE EDUCACION Y REHABILITACION DE PUERTO RICO, INC	00917	\$180,000

SAMHSA Awards to grantees within the San Juan Eligible Metropolitan Area (EMA) for Substance Abuse and Mental Health prevention and treatment services						
2022	SAMHSA	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Puerto Rico Mental Health Community Response	UNIVERSIDAD CENTRAL DEL CARIBE, INC.	00956-4816	\$125,000
2022	SAMHSA	Substance Abuse and Mental Health Services Projects of Regional and National Significance	IAUPR-Aguadilla Suicide Prevention Program (INTERcontigo)	UNIVERSIDAD INTERAMERICANA DE PUERTO RICO, INC.	00926	\$102,000
2022	SAMHSA	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Trauma-Focused Cognitive Behavioral Therapy for Children and Adolescents of Puerto Rico	UNIVERSITY OF PUERTO RICO	00931	\$379,398
			UPR-RP's Mental Health Awareness Training Project II - Proyecto AHORA		00931	\$125,000
fundingshttps://taggs.hhs.gov/SearchAward				Total Grant Funds Awarded		\$6,948,890

In 2021, Puerto Rico received \$8,413,971 in federal dollars through the HUD/HOPWA Program to provide housing to persons with HIV Island wide. 27.15% were awarded to the Municipality of San Juan to address the housing needs of the population in San Juan (see table below). Year 2022 information for HUD/HOPWA awards was not available. According to the FY2022 Formula Allocations report⁸, allocations are less for the Municipality of San Juan. The State approved funding for FY2022 is \$2,369,813, and for the Municipality of San Juan, \$5,789,155.

HUD Awards for housing for persons with HIV in Puerto Rico and the Municipality of San Juan.				
Year	Org Name	Program Name	Program Type	Award Amount
2021	Puerto Rico	HOPWA	Formula	\$2,284,366
2021	San Juan, PR	HOPWA	Formula	\$6,129,605
https://www.hudexchange.info/grantees/allocations-awards				Total Grant Funds Awarded
				\$8,413,971

The SJEMA strategy for coordinating the provision of substance use prevention and treatment services will focus on several activities stated in Section V: 2002-2026 Goals and Objectives:

- Campaigns for stigma reduction
- Integrate the social determinants of health in substance use prevention during PC priority setting and resources allocation process.
- Promote the status neutral approach to HIV testing to ensure where people with high risk for substance abuse are referred to prevention services.
- Training of the corresponding workforce on Effective Behavioral Interventions.

⁸ https://www.hud.gov/program_offices/comm_planning/budget/fy22

- Participation and collaboration with State multisectoral committee strategies

There is a broad range of funding sources to provide high quality of health and support services to people at risk or with HIV. To increase coordination among programs and funding sources is essential to the success of the SJEMA Plan goals and objectives. This is addressed in Goal 4 of the SJEMA Plan.

a. Strengths and Gaps

Although there is a robust network of clinical and support services providers in the SJEMA, most are located in the metropolitan area of San Juan. The SJEMA has regions like Fajardo, that are farther from the metropolitan area, where the resources are scarce. In these regions, public transportation limitations represent a gap to ensure the continuum of care, when the services needed, cannot be accessed in a timely matter. The people with HIV living in more remote rural areas, that rely on public transportation, have additional challenges to access the resources in the metropolitan area.

b. Approaches and Partnerships

To develop the jurisdiction HIV prevention, care and treatment inventory, the AIDS Task Force staff, Planning Council Coordinator, consultants, the EHE (Project TIES) key staff, and the contractor hired to develop the Needs Assessment Study for the San Juan EMA, came together to search for and gather data, analyze, and integrate the available information. Information was obtained through the Health and Human Services (HHS) TAGGS webpage, the resources inventory of the Ryan White Part A subrecipients, the EHE (Project TIES) Directory of Resources and Providers, the Puerto Rico Department of Health, and the Ryan White Part B resources inventory.

4. Needs Assessment

The San Juan EMA conducted a Comprehensive Needs Assessment in 2022. This section summarizes the needs assessment data used to establish the goals, objectives, and activities of the SJEMA Plan. The needs assessment included 27 interviews of key informants and at least 325⁹ interviews of people with HIV receiving health care and 45¹⁰ who were out of care.

Findings:

29.8% of PWH in care and 40% out of care did not visit a health provider in the first month after testing for HIV either because of denial or fear of a positive result.

PWH (in care and out of care) did not access medical services because:

- Did not know where to find them (28.3%)
- Far distance from their residence (15.1%)

⁹ Data as of November 2022

¹⁰ Data as of November 2022

- Economic limitations (13.2%)

PWH (in care and out of care) did not access support services because:

- Did not know where to find them (57.7%)
- Required eligibility documentation (11.3%)
- Economic limitations (8.5%)

The needs identified by key informants were:

- To reduce stigma
- To receive financial assistance
- To fix public health insurance coverage issues
- To enhance transportation services
- To increase workforce
- To increase mental health services
- To improve access to housing services
- To enhance detox services
- To increase knowledge of availability of services

Barriers to receive services for PWH (in care and out of care):

- Fear and stigma
- Lack of information
- Mental health problems
- Difficulty to access to services
- Transportation issues
- Discrimination

Reasons for not accessing services for PWH (in care and out of care):

- Lack of knowledge regarding where to get them
- Economic limitations
- Lack of service in a near location
- Required eligibility documentation
- COVID-19 measures

Testing

The services that people need to access HIV testing are:

- Campaigns to know where to get tested and to reduce stigma and fear
- More nontraditional testing sites (ex. mobile units)
- More availability to self-testing

The services that people at risk for HIV need to stay negative are:

- Pre-exposure prophylaxis (PrEP)/Post-exposure prophylaxis (PEP) orientation
- More PrEP/PEP providers
- Behavioral Interventions

The services that people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis are:

- Rapid initiation of ART protocols
- Rapid eligibility determination
- Transportation services
- Community Health Workers

The services that people with HIV need to stay in HIV care and treatment and achieve viral suppression:

- Incentives
- Behavioral Interventions
- Services availability awareness
- Transportation services

The barriers to accessing existing HIV testing are:

- Lack of knowledge
- Fear
- Stigma

a. Priorities

As part of the planning process and development of the Needs Assessment Study for the San Juan EMA, people with HIV identified the following needs, and assigned the order of priorities in terms of what is most important for them to have access to. The priorities identified by key informants and healthcare providers are also shown below.

Priority	Need identified by persons with HIV
1	Medicines/ Non-Medical Case Management Services
2	Food Vouchers
3	Laboratory Testing
4	Services of other medical examinations or tests
5	Medical Transportation/ Emergency Financial Assistance (utilities, food including groceries and food vouchers)
6	Housing Referral Services
7	Medical Case Management
8	Mental Health Services (psychological and psychiatric services, Mental Health Counselor, Substances Abuse Counselor
9	Outpatient/Ambulatory Health Services (nurses, general and specialist physicians)
10	Referral for Health Care and Support Services/ Medical Nutrition Therapy
11	Emergency Financial Assistance (Transitional or emergency housing)
12	Emergency Financial Assistance (medication not covered)

Priority	Need identified by persons with HIV
13	Oral Health Care (preventive and treatment)
14	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
15	Health Education/Risk Reduction/ Respite Care
16	Rehabilitation Services/ Treatment for Substance Abuse
17	Home Health Care
18	Substance Abuse Outpatient Care
19	Other Professional Services- Legal Services
20	Home and Community-Based Health Services
21	Child Care Services
Priority areas identified by key informants and healthcare providers	
<ul style="list-style-type: none"> • Mental Health • Housing • Appropriate health care • Support Services • Lack of Health Professional Workforce • Medication access • Education • Empowerment of people with HIV • Stigma and empathy • Funding • Prevention 	<ul style="list-style-type: none"> • Addiction Treatment • Transportation to services • Population ageing • Laboratory Services • Training for service providers • Higher priority to entities that are alone in a region • Chaplaincy Services • Case Management • Help for the homeless

b. Actions Taken

The SJEMA Plan included activities to address the needs identified during the needs assessment process. Other actions have already been taken accordingly in recent years as:

- The establishment of a universal transportation program managed by a service provider through which any eligible PWH can request the service opposed to transportation services provided for in-house provider participants.
- Several strategies in place to facilitate eligibility determination: ex. shared eligibility documentation in the central database system (RW CAREWare), Referral Eligibility Certification Form for SJEMA subrecipients.
- Through the EHE (Project TIES)
 - Multimedia campaigns to promote availability of HIV prevention and treatments services including information about routine HIV testing
 - Promotion and funding of rapid start of antiretroviral treatment
 - Incentives for linkage, viral load suppression, sustained viral load suppression and retention in care
 - Establishment of MOUs with organizations to address HIV prevention and linkage to care issues and workforce capacity building

- MOU with HealthProMED Primary Health Services Program (Center 330) and with San Juan Municipality Homeless Primary Health Services Program (330 Center).

The MOU's will encompass the following:

- refer to the EHE (Project TIES), identified PWH to be linked to services not provided by them
- enroll people at high risk of HIV identified and referred by the EHE (Project TIES) to receive PrEP orientation and other preventive services
- provide primary services to PWH referred by the EHE (Project TIES)
- EHE (Project TIES) will provide workforce capacity building

c. Approach

The approach the San Juan EMA used to complete the needs assessment included:

- Interviews to 27 key informants
- Interviews to at least 370 PWH (325 in care/45 out care)
- Surveyed at least 23 healthcare providers (subrecipients, Municipal entities, State entities, for profit and nonprofit organizations)
- Planning Council (PC) meetings to outline and supervise the Needs Assessment process. By means of the required membership, the PC includes a broad range of community representative categories and reflects the local HIV/AIDS epidemic. See Section II: *Community Engagement and Planning Process/ A. Entities Involved in the Process.*

Section IV: Situational Analysis

This section provides an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities in the San Juan Eligible Metropolitan Area (EMA). This snapshot synthesizes the information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III. The content of the analysis lays the groundwork for proposed strategies submitted in the SJEMA Plan's goals and objective sections.

1. Situational Analysis

The situational analysis is based on themes that emerged from the planning sessions of the Integrated State Plan and the EMA epidemiologic snapshot, resource inventory, and Needs Assessments. It resumes the strengths, challenges, and identified needs within the four EHE pillars.

Strengths common to all pillars are:

- The availability of EHE funds which provides flexibilities to implement EBIs, educational campaigns and innovations for the delivery of services.
- The existence, for more than 10 years, of the Puerto Rico "Inter-Parts Committee" which, has provided a place of concurrence for all Ryan White Parts to coordinate efforts across programs.

Challenges common to all pillars are:

- Stigma particularly for Latino MSM in a male dominated culture.
- Lack of adequate workforce due to either emigration, low pay or other causes has impacted most work environments in Puerto Rico.
- COVID19 pandemic caused disruption on every aspect of HIV the care continuum even into 2022 in some areas.
- Transportation issues especially in rural areas.

Pillar One: Diagnose

- a. Diagnose all people with HIV as early as possible

Strengths

- Linkage to care in 30 days or less in the Ryan White network
- State policy to mandate routine HIV testing
- EHE funding available to support testing initiatives
- Innovative strategies for deliver HIV self-test by some service providers

Challenges

- Stigma towards people with HIV
- Fear of knowledge of the HIV+ status
- Low compliance with the regulations for routine HIV test
- Lack of knowledge on the latest HIV testing algorithm

Needs

- Incorporate a status-neutral approach to HIV testing
- Educate service providers on the latest HIV testing algorithms
- Increase awareness and educate on the importance of routine HIV testing

Pillar two: Treat

b. Treat people with HIV rapidly and effectively to reach sustained viral suppression

Strengths

- Access to medications
- No ADAP waiting list.
- High viral load suppression rate in the Ryan White Part A network
- High retention rate in the Ryan White Part A network
- EHE funding available to support rapid initiation of ART

Challenges

- Difficult access to services for People with HIV who live far from the metropolitan areas where most of the services are concentrated.
- Inadequate transportation services
- Lack of adequate specialized medical services
- Lack of knowledge of where to find services.
- Slow determination of eligibility to rapid link newly diagnoses before 7 days

Needs

- Educational campaigns for promotion of HIV available services

Pillar three: Prevent

c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Strengths

- Signed MOU with a Federal Qualified Health Center for referral of HIV-negative sexual partners for PrEP orientation.

Challenges

- Lack of knowledge about PrEP/PEP of healthcare providers and the general population
- Limitations of PrEP access for HIV negative sexual partners of people with HIV
- Lack of adequate workforce
- Few PrEP/PEP providers
- Limited funding for campaigns (only allowable through EHE)

Needs

- Educational campaigns for stigma reduction
- Educational campaigns on HIV transmission prevention
- Educational campaigns on PrEP/PEP
- Education on Treatment as Prevention

Pillar four: Respond

- d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Strengths

- Data exchange agreement in place with the PRDoH HIV/AIDS Surveillance Program

Challenges

- Lack of adequate workforce
- Lack of an approved PRDoH protocol for the identification and response to HIV clusters

Needs

- Cluster response protocol

a. Priority Populations

As stated in the epidemiologic snapshot section, the priority populations selected were:

- Heterosexual men and women 25+
- Latino MSM
- People Who Inject Drugs (PWID)

Within the SJEMA Plan there are activities that address some of the needs of the EMA priority populations as:

1. The reduction of stigma and discrimination using social media campaigns. This activity is addressed in Goal 1, Objective 1.1.

2. The provision of incentives for linkage and retention in care through the appropriate funding source. This activity is addressed in Goal 3, Objectives 3.3, 3.4 and 3.5.
3. The capacitation of HIV providers in Behavioral Interventions. This activity is addressed in Goal 3, Objectives 3.3, 3.4 and 3.5.

Section V: Goals and Objectives

The SJEMA Plan addresses the four goals of the National HIV/AIDS Strategy. These goals and most objectives of the SJEMA Plan were aligned to the Integrated State Plan. A few objectives and many strategies and activities were derived from the EHE (Project TIES). Objective 1.1 addresses HIV prevention and Objectives 3.1 and 4.1 address health equity.

1. The Goals and Objectives Table below includes the following elements:

- Goals
- Objectives
- Target Populations
- Activities
- Timeframe
- Data Indicators
- Responsible Parties/Key Collaborations
- Potential funding

a. Updates to Other Strategic Plans Used to Meet Requirements

No portion of other local strategic plans (Getting to Zero, Fast track Cities, State EHE plan, etc.) were used to satisfy this requirement.

A. PREVENTION

Goal 1: Prevent new HIV transmissions by using proven interventions.

Objective 1.1: Increase the level of knowledge of the population about HIV and ways to prevent new infections.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding
Develop and implement a mass integrated communication campaign of education and guidance on HIV, with elements of transmission prevention.	Priority populations	Develop media and marketing campaign across multiple platforms including topics as: <ul style="list-style-type: none"> • Stigma reduction • HIV transmission prevention • Promotion of HIV available services 	Quarterly	<ul style="list-style-type: none"> • Media and marketing campaign • Media impact report • Quarterly report 	<ul style="list-style-type: none"> • RWPA • EHE (Project TIES) • Municipality of San Juan 	EHE
Promote coordination of prevention and treatment services	People at high risk of HIV	<p>Promote continuous representation and participation of prevention membership from the PRDoH under the <i>other Federal HIV Programs</i> legislative category in the Planning Council</p> <p>Participation of RWPA in PRDoH HIV Prevention Planning Group meetings.</p>	Quarterly	<ul style="list-style-type: none"> • Meeting Announcement • Planning Council Roster • Meeting Minutes 	<ul style="list-style-type: none"> • RWPA • Planning Council • PRDoH, HIV Prevention Division 	RWPA
Scale-up treatment as prevention by diagnosing people	Priority populations	Educate people living with HIV on: Undetectable = Untransmittable concept (U=U)	Quarterly	<ul style="list-style-type: none"> • # of educational activities • Attendance sheet 	<ul style="list-style-type: none"> • RWPA • EHE (Project TIES) 	<ul style="list-style-type: none"> • RWPA • EHE • Other

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding
with HIV, as early as possible, and engaging them in care and treatment to achieve and maintain viral suppression.		Promote and fund subrecipients in the use of the latest testing technology and recommended algorithm	Annually	<ul style="list-style-type: none"> Subaward Grant Agreement Notification # of tests performed with the latest technology 	<ul style="list-style-type: none"> PRDoH HIV/AIDS Surveillance Program Subrecipients 	funding sources
		Promote and fund rapid start of antiretroviral therapy	Annually	# of New HIV diagnosed cases in Rapid HIV Antiretroviral Therapy		
Provide evidence-based interventions (EBI) capacity building on prevention of new transmission for the HIV services providers.	Subrecipients	Identify and select the appropriate EBIs interventions to develop a capacity building plan.	Annually	Selected EBIs	<ul style="list-style-type: none"> RWPA EHE (Project TIES) AETC PRDoH, HIV Prevention Division 	<ul style="list-style-type: none"> RWPA EHE Other funding sources
		Develop and implement the EBI capacity building plan	Quarterly	<ul style="list-style-type: none"> Capacity Building Plan developed. # Educational Activities # of trained people 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) Subrecipients AETC 	

B. DIAGNOSE

Goal 2: Diagnose people with HIV as early as possible.

Objective 2. 1: Increase by 25% the number of tests performed for the diagnosis of HIV.

Strategy	Target Population	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Promote access to information and education on the availability and benefits of the diagnostic HIV test, in clinical and non-clinical settings.	Priority populations	Design and implement culturally competent educational campaigns to raise awareness about the screening of HIV and where to access them.	Annual	<ul style="list-style-type: none"> Evidence of printed and multimedia material. Media Outlet reports 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) Subrecipients 	<ul style="list-style-type: none"> EHE Subrecipients
		Publish an HIV testing activity calendar.	Monthly	Calendars of Testing Activities		
Increase availability and access to testing scenarios.	Unaware HIV positive persons and High-risk HIV-negative populations with emphasis on the priority populations.	Establish a MOU with the PRDoH, HIV Prevention Division to increase information exchange of HIV testing activities.	2023	Signed MOU	<ul style="list-style-type: none"> RWPA EHE (Project TIES) PRDoH, HIV Prevention Division 	<ul style="list-style-type: none"> RWPA EHE
		Improve the coordination and mapping system within the SJEMA, to identify and assign underserved areas, to EIS subrecipients.	2023 and follow up annually	<ul style="list-style-type: none"> Subaward Grant Agreement Notification Coordination Meeting minutes Subrecipients progress reports Mapping coordination documents 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) PRDoH, HIV Prevention Division 	<ul style="list-style-type: none"> RWPA EHE
		Perform HIV targeted activities in underserved areas.	Monthly	<ul style="list-style-type: none"> Report of testing sites and activities 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE Other funding sources

Strategy	Target Population	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Increase the availability and access to the most advanced HIV rapid tests	Subrecipients	Disseminate information to promote the benefits of the use of the most advanced HIV rapid tests to diagnose persons unaware of their HIV status.	Quarterly	<ul style="list-style-type: none"> Written communications Printed materials distribution report Views in the EHE (Project TIES) webpage of the related blogs and articles. 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE
		Train the service providers in the use and benefits of the most advanced HIV rapid tests to diagnose persons unaware of their HIV status.	Annually and updates as needed	<ul style="list-style-type: none"> Training Agenda Presentation # of participants 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) AETC PRDoH HIV/AIDS Surveillance Program Test Manufactures Trainer 	<ul style="list-style-type: none"> RWPA EHE Other funding sources
		Provide funding to purchase the most advanced HIV rapid tests including self-testing.	Annually	Subaward Grant Agreement Notification	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE

Objective 2.2: Increase to 95% the number of persons that become aware of their HIV+ status.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Increase awareness and educate on the importance of routine HIV testing.	Primary care and other Healthcare Providers	Produce and disseminate educational materials to healthcare providers to educate on and promote the integration of routine HIV testing in their clinical practices.	Quarterly	<ul style="list-style-type: none"> Written communications Printed materials distribution report Views in the EHE (Project TIES) webpage publications 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	EHE
		Design, develop and implement educational campaign on the	Annually	<ul style="list-style-type: none"> Educational Campaign Printed material produced 	<ul style="list-style-type: none"> EHE (Project TIES) 	

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
		importance of routine testing as part of the annual routine checkup, regardless of risk factors.		<ul style="list-style-type: none"> Evidence of multimedia material Media Outlet reports Educational Activities 		
		Offer an educational activity on HIV routine testing for healthcare professionals and promote the participation among healthcare providers in the SJEMA.	Annually	<ul style="list-style-type: none"> # of trained persons # of training sessions provided 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE Other funding sources
Continue removing identified system barriers for people with an HIV+ diagnose who have never engaged in care, or who have fallen out of care.	Priority populations	Provide technical assistance to subrecipients to facilitate and accelerate the implementation of guidance to subrecipients on determining and confirming RWHAP eligibility in a manner that avoids unnecessary interruptions in medical care.	Annually	<ul style="list-style-type: none"> TA sessions. Monitoring reports 	<ul style="list-style-type: none"> RWPA Subrecipients 	RWPA

Objective 2.3: Incorporate a status-neutral approach into the provision of clinical HIV testing services.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Strengthen capacity at the institutional and human resource level for the integration of the status-neutral approach.	Clinical and Non-Clinical HIV testing administrators, personnel, and providers.	Develop and implement a training plan for the implementation of the status-neutral approach for key program personnel, administrators, and providers.	Annually	<ul style="list-style-type: none"> • Approved training plan • Training Agenda • Presentation • # of participants 	<ul style="list-style-type: none"> • RWPA • EHE (Project TIES) • AETC 	<ul style="list-style-type: none"> • RWPA • EHE • Other funding sources

C. TREATMENT

Goal 3: Treat people with HIV rapidly and effectively to reach sustained viral suppression

Objective 3.1: Expand the capacity of the service delivery system to provide comprehensive, coordinated, and equitable care to all people with a positive HIV diagnosis

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Address social and structural determinants of health that generate barriers in the care of diagnosed HIV-positive people.	Medical and non-medical Case Managers in benefit of people with HIV	Promote acuity-based case management services, train providers, and incorporate the acuity level scale instrument to the annual case management needs assessment process for the development or update of the individualized service plan to address barriers in care.	2023 to 2025	<ul style="list-style-type: none"> • Acuity -based tool • Acuity training • Training Agenda • Presentation • # of participants 	<ul style="list-style-type: none"> • RWPA • Subrecipients 	RWPA

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
	Subrecipients	Integrate data fields related to social determinants of health in the data collection system (RW CAREWare).	2023 and updates annually	<ul style="list-style-type: none"> # of social determinants of health fields integrated Social determinants of health data reports 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE
	Planning Council	Integrate the use of data regarding determinants of health during priority setting and allocation process.	Annually	Planning Council Minutes	<ul style="list-style-type: none"> RWPA Planning Council 	RWPA
Expand the provision of integrated services for the HIV-positive persons, in non-conventional settings or modalities, according to the special needs of the population.	Priority populations	Determine special needs (clinical, economical, access to services, etc.) of HIV positive persons.	Annually	<ul style="list-style-type: none"> Special Need Reports Action Plans to Manage identified special needs 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) Subrecipients 	<ul style="list-style-type: none"> RWPA EHE
		Establish a coordinate action plan to manage special needs to facilitate access to HIV services.				
	Health Services Providers	Disseminate information on different modalities and innovations for the provision of health services	Quarterly	<ul style="list-style-type: none"> Webpage publications Subrecipients quarterly reports Webinars Webinar Agenda Presentation # of participants 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) AETC 	<ul style="list-style-type: none"> EHE RWPA Other funding sources

Objective 3.2: Link to medical care at least 80% of people newly diagnosed with HIV in or before 30 days of diagnosis, including providing rapid (within 7 days) start of ART therapy for persons who can take it.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Expand and diversify activities to link the population with a HIV-positive diagnosis to treatment services.	Newly and previously diagnosed, out of care	Fund clinical sub-recipients to provide: Rapid ART Initiation and other clinical and support services to clients newly diagnosed and previously diagnosed referred for reengagement in care.	Annually	Subaward Grant Agreement Notification	<ul style="list-style-type: none"> • RWPA • EHE (Project TIES) 	<ul style="list-style-type: none"> • RWPA • EHE
	Health care professionals	Perform visits to disseminate educational material to healthcare professionals within the SJEMA about the importance of early referral to treatment, promote referrals, and provide orientation in how and where to refer patients.	Monthly	<ul style="list-style-type: none"> • Subrecipients' reports • Community outreach Specialist activity reports 	<ul style="list-style-type: none"> • RWPA • EHE (Project TIES) Subrecipients 	<ul style="list-style-type: none"> • RWPA • EHE
	Healthcare professionals	Provide training in cultural sensitivity among healthcare providers, and in the management of population of older adults, MSM, people who inject drugs and transgender population with positive HIV diagnosis.	Annually	<ul style="list-style-type: none"> • # of trained persons • # of training sessions provided 	<ul style="list-style-type: none"> • RWPA • EHE (Project TIES) • AETC 	<ul style="list-style-type: none"> • RWPA • EHE • Other funding sources

Objective 3.3: Increase by 10% the linkage to care of people who are tested positive for HIV who are out of care, including providing rapid (within 7 days) start of ART therapy for persons who can take it.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Establish integrated systems to re-engage people who have been out of treatment for six (3) months or more.	HIV positive Out of care, priority populations	Expand the current agreement with ADAP and EHE (Project TIES) to cover all EMA clinical organizations.	By July 2023	<ul style="list-style-type: none"> Signed MOU 	<ul style="list-style-type: none"> RWPA PRDoH RWPB/ADAP 	<ul style="list-style-type: none"> RWPA PRDoH RWPB/ADAP
		Provide training on the agreement and operationality responsibilities.	By September 2023	<ul style="list-style-type: none"> # of trained persons 		
	Case Managers and Community Health Workers	Provide training to Case Managers, and Community Health Workers in Effective Behavioral Interventions such as Steps to Care	By October 2023	<ul style="list-style-type: none"> # of trained persons # of training sessions provided 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) AETC 	<ul style="list-style-type: none"> EHE Other funding sources
	HIV positive Out of care priority populations	Provide Financial incentives for linkage to care	Annually for each participant	<ul style="list-style-type: none"> RW CAREWare Subrecipients reports Incentives Delivery Registration 	<ul style="list-style-type: none"> EHE (Project TIES) 	<ul style="list-style-type: none"> EHE
Improve Usability of Collected Data	Subrecipients	To capacitate subrecipients in the use of collected data to improve identification of HIV+ people out of care.	Ongoing through 2025	<ul style="list-style-type: none"> # of trained persons # of training sessions provided 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE

Objective 3.4: Increase to 90% the number of people HIV+ retained in medical care.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Expand the offering of support services according to the profile of the populations that present the greatest challenges for retention.	Medical Case Managers and Community Health Workers	Provide training to Case Managers and Community Health Workers in Effective Behavioral Interventions such as Steps to Care, ARTAS among others.	Annually	<ul style="list-style-type: none"> # of trained persons # of training sessions provided 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> EHE Other funding sources
	HIV positive persons not retained in medical care	Provide Financial incentives for retention in care	Annually for each participant	<ul style="list-style-type: none"> RW CAREWare Subrecipients reports Retention Performance Measure Report (RW CAREWare) Incentives Delivery Registration 	<ul style="list-style-type: none"> EHE (Project TIES) PRDoH HIV/AIDS Surveillance Program 	EHE
		If necessary, attempt to obtain a Core Medical Service waiver to allocate more than 25% of funds to support services, according to demonstrated need.	Annually	<ul style="list-style-type: none"> Core medical services waiver request 	<ul style="list-style-type: none"> RWPA 	RWPA

Objective 3.5: Increase HIV-Positive people with suppressed viral load to 85%.

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
Promote integrated, coordinated, HIV-positive health care that supports viral load suppression.	Medical Case Managers and Community Health Workers	Provide training to Medical Case Managers and Community Health Workers in Effective Behavioral Interventions such as Steps to Care, ARTAS among others.	Annually	<ul style="list-style-type: none"> # of trained persons # of training sessions provided 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) AETC 	<ul style="list-style-type: none"> RWPA EHE Other funding sources
	HIV positive persons virally suppressed	Provide Financial incentives for viral suppression	Annually for each participant	<ul style="list-style-type: none"> RW CAREWare Subrecipients reports Suppression Performance Measure Report (RW CAREWare) Client signed receipt of incentive 	<ul style="list-style-type: none"> EHE (Project TIES) PRDoH HIV/AIDS Surveillance Program 	EHE
Promote quality improvement projects aimed at achieving viral load suppression in priority populations and groups where there is a high proportion of people in care without viral	Subrecipients	Identify the number of HIV-positive populations who meet the criterion of unsuppressed viral load at each clinical site.	Annually	<ul style="list-style-type: none"> RW CAREWare Subrecipients reports Suppression Performance Measure Report (RW CAREWare) 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE
		Implement quality improvement projects aimed at achieving viral suppression in the populations with a positive diagnosis to HIV.				

Strategy	Target Populations	Activities	Timeframe	Data Indicators	Responsible Party Key collaborators	Potential funding sources
suppression.		Monitor the viral loads of HIV-positive people identified at each clinical provider.				
Educate population groups with low percentage viral suppression about the services available and the importance of retention and adherence to treatment, respectively.	Participants with no viral load suppression	Provide training to selected personnel in subrecipients organizations, in Effective Behavioral Interventions such as Steps to Care, to promote adherence and reach viral load suppression among patients.	Annually	<ul style="list-style-type: none"> # of trained persons # of training sessions provided Presentations 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) AETC 	<ul style="list-style-type: none"> RWPA EHE Other funding sources
		Develop and implement an assessment tool to identify health education needs of patients associated to adherence and viral suppression.	Monthly	<ul style="list-style-type: none"> Assessment tool Assessments per participants 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) Subrecipients 	<ul style="list-style-type: none"> RWPA EHE
		Develop and implement an adherence and viral load suppression health education plan for participants with demonstrated need.	Monthly	<ul style="list-style-type: none"> Health Education Plan Health Educations plans per participants 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) Subrecipients 	<ul style="list-style-type: none"> RWPA EHE
Improve Usability of Collected Data	Subrecipients	Capacitate subrecipients in the use of collected data to improve tracking of care outcomes.	Ongoing through 2025	<ul style="list-style-type: none"> # of trained persons # of training sessions provided Presentations 	<ul style="list-style-type: none"> RWPA EHE (Project TIES) 	<ul style="list-style-type: none"> RWPA EHE

D. RESPONSE

Goal 4: Respond in a coordinated and integrated manner to the HIV epidemic.

Objective 4.1: Strengthen multisectoral planning and coordination to address the HIV epidemic to have an integrated system that provides equitable access to services.

Strategy	Target Populations	Activities	Timeline	Outcomes indicator	Responsible Party Key collaborators	Potential funding sources
Ensure participation of the RWPA stakeholders in the State multisectoral committee	RWPA stakeholders	To participate in the meetings of the multisectoral committee.	2023 to 2025	Minutes	<ul style="list-style-type: none"> • RWPA • Planning Council • EHE (Project TIES) • Subrecipients 	<ul style="list-style-type: none"> • RWPA • EHE
Promote education to public employees on HIV stigma prevention and cultural sensitivity.	Municipality of San Juan public employees	To request courses on HIV stigma prevention and cultural sensitivity as part of the course offerings of the Puerto Rico Office of Governmental Ethics for public employees.	Annually	Courses posted in the Office of Governmental Ethics.	<ul style="list-style-type: none"> • RWPA • Office of Governmental Ethics • Municipality of San Juan 	RWPA

Objective 4.2 Coordinate across partners to quickly detect and respond to HIV outbreaks.

Note: The *Respond* strategy is led by the CDC to rapidly detect HIV clusters and networks with support from the HRSA RWHAP To Respond to Cluster Detection, provide HIV care and treatment, as applicable

Strategy	Target Populations	Activities	Timeline	Outcomes indicator	Responsible Party Key collaborators	Potential funding sources
Integrate data sharing, analysis, and utilization among the RW Programs, Puerto Rico Department of Health (PRDoH), Sub recipients and other providers within the EHE (Project TIES) to create and implement a coordinated response to promptly link people to prevention and treatment services.	Priority populations	Report all new HIV cases, Cd4, viral load and molecular testing results (the latter when available by PR DoH) identified by the sub-recipients to the PRDoH HIV/AIDS Surveillance Program for entry into eHARS.	Monthly	Newly Diagnosed Case Report	<ul style="list-style-type: none"> EHE (Project TIES) RWPA PRDoH 	<ul style="list-style-type: none"> RWPA EHE
		Participate in 100% of the Cluster ID Committee meetings of the PRDoH.	According to PR DoH meeting schedule	PRDoH Meeting invitations and Meeting minutes	<ul style="list-style-type: none"> EHE (Project TIES) PRDoH 	EHE
		Develop a Cluster Response Protocol for sub-recipients' field staff to standardize the process and to assure effectiveness of the linkage to care of new cases referred by the PR Department of Health.	2023	Cluster response protocol	<ul style="list-style-type: none"> RWPA EHE (Project TIES) PRDoH 	EHE
		Monitor Protocol implementation and provide technical assistance to subrecipients to ensure effective response to cluster outbreak.	Every 4 months	Monitoring reports and technical assistance attendance sheets	<ul style="list-style-type: none"> EHE (Project TIES) 	EHE

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

1. 2022-2026 Integrated Planning Implementation Approach

a. Implementation

The first step for the implementation phase of the 2022 SJEMA Plan will be to create a committee with representation from the:

- San Juan Municipality EHE (Project TIES)
- RWPA program
- Subrecipients
- PWH
- Planning Council

This committee will meet at least every six (6) months. Their duties will include to review the progress on the goals, objectives, and activities outlined in the Plan, review outcomes indicators, evaluate feedback for improvement, incorporate necessary changes and disseminate information.

b. Monitoring

For the monitoring phase, data will be collected as per outcomes indicators outlined in the Goals and Objectives table (Section V). Data will be collected at least every six (6) months.

The sources to generate necessary information are:

- Data and statistics reports from the Part A RW CAREWare database.
- Service provider reports.
- Information provided by the PRDoH HIV/AIDS Surveillance Program.
- Information provided by the Planning Council.
- Information provided by state agencies, public and private agencies.
- RWPA/EHE (Project TIES) internal reports (campaigns, educational activities, etc.)

Due to the existence of the State only Integrated Plan (Integrated State Plan) and to avoid duplication of efforts, the RWPA will ensure participation and collaboration in the State multisectoral committee. See implementation Goal 4, Objective 4.1 first strategy.

c. Evaluation

For the evaluation phase, the RWPA program will utilize the existing monitoring and evaluation infrastructure. This consists of the RW CAREWare database, the HIV Surveillance System and other available information sources used by the prevention and treatment programs.

The performance measures of clinical indicators that are part of the active portfolio of HRSA/HAB measures, will be utilized to monitor and determine progress of some activities, particularly Viral Load Suppression, Clinical Retention and Linkage to Care measures.

The frequency of the performance measures and data analysis will depend on the nature of the indicator but, for most of them, the collection and analysis will be conducted quarterly as presented in the Goals and Objectives table.

The evaluation activities will be conducted through the San Juan EMA Monitoring and Evaluation Division and the Quality Improvement Program, led by the Ryan White Part A Program Director.

However, based on complexity, an independent contractor may be hired to ensure accurate evaluation of the Plan.

In accordance with the goals and objectives proposed in the Goals and Objective table, the evaluation to be carried out will revolve around the following questions:

- How effective have we been in joining forces to prevent new HIV transmissions using proven interventions?
- How successful have we been in promoting access to information and education about the availability and benefits of HIV testing, in clinical and non-clinical settings?
- How effective are our efforts to ensure links to clinical services, support services, and treatment for newly diagnosed individuals?
- How effective have we been in promoting integrated, coordinated, HIV-positive health care that supports viral load suppression and retention in medical care?
- How productive have we been in promoting the strengthening and retention of the human resource that provides treatment and support services?
- How effective have we been in supporting a coordinated and integrated response to HIV in terms of prevention, care, and treatment?

d. Improvement

For the improvement phase, it is necessary to obtain feedback from the various stakeholders; Planning Council, subrecipients, RWPA program, EHE (Project TIES), PWH regarding the progress of the SJEMA Plan. The feedback will be requested through meetings, questionnaires, roundtables, etc.

Other sources for feedback will be the monitoring data and evaluation results.

The Ryan White Part A and Ending the HIV Epidemic's (TIES) Quality Improvement Program will collaborate with the implementation and monitoring of the Plan, particularly with those strategies involving quality improvement projects (Objective 3.5 second strategy). The RWPA will also make use of the cornerstone model in continuous improvement called Cycle PDSA. The cycle consists of a logical sequence of 4 steps (Plan, Do, Study and Act).

This tool makes it easier for us to answer three key questions:

- What do we want to achieve?
- how do we know if the change resulted in improvement?
- What changes can we make that result in improvement?

Revisions will be made at least every six (6) months.

e. Reporting and Dissemination

There are several methods that will be used for the reporting and dissemination phase.

- Availability of the SJEMA Plan and updates at the administrative office upon request
- Grantee reports to the Planning Council
- Subrecipients meetings and written communications
- Reports to the State multisectoral committee
- Quality Management meetings:
 - Multisectoral Advisory Committee
 - PWL
 - Subrecipient
 - RWHAP (A-B-C)
 - Collaborative Quality Team
 - Subrecipients

The Integrated Plan would be updated according to stakeholders' feedback, outcomes indicators data and when programmatic or legislative changes occur. The plan progress will be communicated at least every six (6) months

f. Updates to Other Strategic Plans Used to Meet Requirements

No portion of other local strategic plans (Getting to Zero, Fast track Cities, State EHE plan, etc.) were used to satisfy this requirement.

Section VII: Concurrence Letter



January 11, 2023

Priscilla Baez Merced, Public Health Analyst
Health Resources & Services Administration (HRSA)
Division of Metropolitan HIV/AIDS Program-Bureau of HIV/AIDS
5600 Fisher Lane, Room 7-89 Parklawn Building
Rockville, MD 28057

The San Juan EMA HIV/AIDS Planning Council concurs with the following submission by the Ryan White Part A Recipient (AIDS Task Force) in response to the guidance set forth for health departments and HIV planning group funded by the CDC's Division of HIV/IDS (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 San Juan EMA HIV/AIDS 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 population and geographical areas with high rates of HIV. The San Juan EMA 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 Program for Health Departments and The Ryan White HIV/ AIDS Program legislation and program guidance

The San Juan EMA Planning Council had the opportunity to reflect and review the goals and objectives outlined within the Integrated HIV Prevention and Care Plan, including the SCSN. The Plan was sent out, in draft form, to all members for review and delivery of feedback. During a full plenary meeting held for further discussions and in any case to provide other clarifications needed, the planning council proceeded to concurs with the San Juan EMA Integrated HIV Prevention and Care Plan.

The signature below from the San Juan EMA Planning Council chair confirm the concurrence of the full Planning Council with the Integrated HIV Prevention and Care Plan.

Rosa Rivera Avilés

Chair

Appendix 1: Completed Integrated Plan Checklist San Juan EMA Integrated HIV Prevention and Care Plan 2022-2026

Requirement:	New Material and/or Existing Material Used to Meet Requirement:	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material
Section I: Executive Summary of Integrated Plan and SCSN			
1. Executive Summary of Integrated Plan and SCSN	New Material	NA	5
a. Approach	New Material	NA	6
b. Documents Submitted to Meet Requirements	New Material	NA	7
Section II: Community Engagement and Planning Process			
1. Jurisdiction Planning Process	New Material	NA	8
a. Entities Involved in	New Material	NA	10
b. Role of the RWHAP Part A Planning Council/Planning Body (not required for state only plans)	New Material	NA	10
c. Role of Planning Bodies and Other Entities	New Material	NA	10

Requirement:	New Material and/or Existing Material Used to Meet Requirement:	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material
d. Collaboration with RWHAP Parts – SCSN	New Material	NA	11
e. Engagement of People with HIV – SCSN Requirement	New Material	NA	12
f. Priorities	New Material	NA	13
g. Updates to Other Strategic Plans Used to Meet Requirements	NA	NA	13
Section III: Contributing Data Sets and Assessments			
1. Data Sharing and Use	New Material	NA	14
2. Epidemiologic Snapshot	New Material	NA	15
3. HIV Prevention Care and Treatment Resource Inventory	New Material	NA	25
a. Strengths and Gaps	New Material	NA	35
b. Approaches and Partnerships	New Material	NA	35
4. Needs Assessment	New Material	NA	35
a. Priorities	New Material	NA	37
b. Actions Taken	New Material	NA	38
c. Approach	New Material	NA	39
Section IV: Situational Analysis			
1. Situational Analysis	New Material	NA	40
a. Priority Populations	New Material	NA	42

Requirement:	New Material and/or Existing Material Used to Meet Requirement:	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material
Section V: 2022-2026 Goals and Objectives			
Goals and Objectives Description	New Material	NA	43
a. Updates to Other Strategic Plans used to Meet Requirements	NA	NA	43
Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow UP			
1. 2022-2026 Integrated Planning Implementation Approach	New Material	NA	58
a. Implementation	New Material	NA	58
b. Monitoring	New Material	NA	58
c. Evaluation	New Material	NA	58
d. Improvement	New Material	NA	59
e. Reporting and Dissemination	New Material	NA	60
f. Updates to Other Strategic Plans Used to Meet Requirements	NA	NA	60
Section VII: Letter of Concurrences			
1. CDC Prevention Program Planning Body Chair(s) or Representative(s)	NA	NA	
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or	New Material		61

Requirement:	New Material and/or Existing Material Used to Meet Requirement:	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material
3. RWHAP Part B Planning Body Chair or Representative	NA	NA	
4. Integrated Planning	NA	NA	
5. EHE Planning	NA	NA	