

## Cross-Cutting Strategies:

- Reduce/eliminate **stigma**
- Engage and follow **people with lived experience**
- Build and educate the **workforce**
- Consider the **whole person**
  - Identify and eliminate disparities
  - Organize as a system - collaboration and cooperation

## Crosscutting Strategies

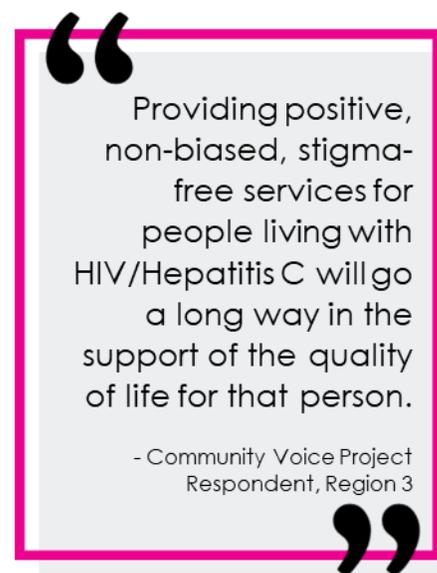
In the development of the objectives and strategies under each of the pillars, several crosscutting and priority strategies rose to the top: reduce stigma, build the workforce, apply a whole-person approach, and partner with PWLE. These strategies are discussed in detail below and woven throughout the strategies in each pillar.

### Reduce Stigma

Over the next 10 years, the work informed by the ZIP-IN Plan seeks to validate and de-stigmatize the experiences of PLHIV/PLHCV and related high-risk populations by strengthening the systems that support them; empowering to seek testing and care; fostering adherence to treatment; and spreading accurate, humanizing HIV/HCV awareness and education within the communities that they call home.

Responding to the HIV and HCV epidemics is not medical challenge but also a social one, due to the barrier-creating stigma faced by PLHIV and PLHCV. Societal and systemic stigma can lead to self-stigmatization; an internalization of beliefs that can or exasperate depression, substance use disorders, risky behaviors, and reduce proactive and sustained management of chronic conditions. PLHIV/PLHCV those in high-risk populations may fear being ostracized by their communities or families; fail to disclose sexual, drug use, and other relevant medical history with their doctors or service providers; and practice self-neglect or risky behaviors as a result of internalized stigmas.

Societal stigma may also be present in the healthcare system, in the form of provider bias. To reduce stigma in communities as well as within healthcare networks, HIV should be discussed as a chronic health condition rather than a death sentence, and HCV should be discussed as a curable illness. Additionally, health education in public schools should be audited to ensure that curriculum about HIV and HCV is accurate and respectful to the populations involved.



only a

cause  
and

and

Another key strategy for reducing stigma is to modernize the language used in the field and ensure that terminology does not reinforce biases or negative associations – for example, terms like “Disease Intervention Specialist” that emphasize *disease* rather than reflecting the important role that these professionals play in reaching people to share critical health-related information and connect to resources. Terms such as Expert Client, widely used in international efforts, emphasize the important role of PWLE to inspire others to seek testing and treatment, and provide peer-based support to people who are unfamiliar with service systems, or fearful of diagnosis and disclosure of status.

## Build the Workforce

In order to end the HIV epidemic and eliminate HCV in Indiana, it is imperative to build the capacity for an expert workforce to address the needs of those living with and at increased risk for HIV and HCV. Not only are additional providers needed to serve all those living with HIV or HCV, but providers that do exist should be well educated and provide appropriate, relevant services without stigma or bias.

Reaching all communities – particularly those in nonmetropolitan areas that may lack specialized healthcare services – requires engaging existing medical providers as well as service providers who may interact with PLHIV/PLHCV to incorporate HIV/HCV education, screening, testing, counseling, and referrals into their package of services. This could include examples such as: primary care providers (PCPs) offering HIV/HCV testing and treatment in their communities; OB/GYNs asking screening questions and connecting patients to testing and other services; pharmacists helping customers adhere to their medication regimens and better understand the importance of maintaining care; medication-assisted treatment facilities providing education and testing services; or homeless service providers incorporating screening into their intake and support processes.

Incorporating networked, interdisciplinary cooperation will also help to address geographic and socioeconomic disparities. While healthcare providers have a view from the frontline, pharmacists have the insights to assess prescription refill behaviors; local health department (LHD) staff and Disease Intervention Specialists (DIS) can help inform surveillance and population-level impacts; social workers are skilled at addressing individual barriers to access; and organizations can work to implement and monitor progress toward programmatic goals.

As Indiana builds its HIV/HCV workforce capacity, an adequate investment must also be made to ensure long-term sustainability and efficiency. Investment in collaboration with partners such as the Midwest AIDS Education and Training Center (MAETC) and the Fairbanks School of Public Health Project ECHO for HIV and HCV will be critical to incorporating relevant trainings and competencies into professional school curricula. Provider education and support from these partners will help to sustain local expertise, and foster innovation, in the management of HIV and HCV throughout the state.

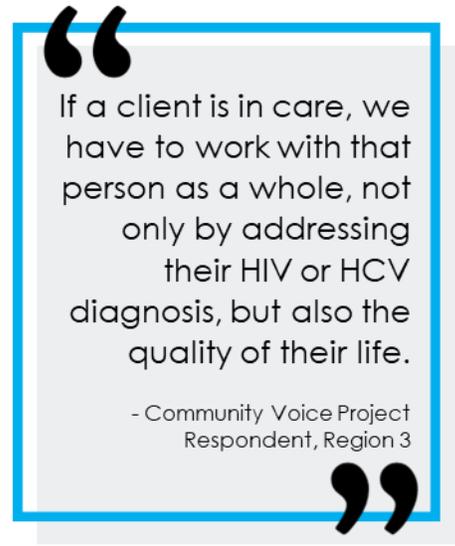
Validation and empowerment of those with nonclinical roles in HIV/HCV care continua is also an essential component within this strategy. This could include social workers, community leaders, faith-based organizations, and others within local support networks. Additionally, research shows that increased racial and ethnic diversity among the healthcare workforce can translate to better health access and outcomes for individuals facing population health disparities. This finding underscores the need to engage individuals who are culturally and professionally diverse, competent, and compassionate toward the populations they serve.

For all those serving PLHIV/PLHCV, it is critical that they are sufficiently equipped to identify, discuss, and respond to the unique needs of key populations. While some providers may not be aware of current best practices, misinformed assumptions about key populations can affect providers' perceptions of patient risk, resulting in critical omissions from routine health assessments. An "always ask" screening protocol can prevent missed opportunities for HIV/HCV testing and diagnosis. Additionally, ensuring that provider knowledge is current and comprehensive will help reduce the number of PLHIV/PLHCV who are unaware of their status or not receiving treatment.

### Apply a Whole Person Approach

When the basic needs and most pressing concerns of PLHIV/PLHCV and those in high-risk populations are addressed, early diagnosis, adherence to treatment, reduced viral suppression become achievable goals. ZIP-IN Plan presents strategies that focus on supporting the holistic wellbeing of people, rather following a segmented approach with disease- and recovery-oriented systems of care. Understanding the populations most impacted by and vulnerable to HIV/HCV are often confronting a syndemic is important in ending the HIV epidemic and eliminating HCV.

A significant compounding factor affecting access adherence to HIV/HCV testing and treatment is poverty. Indiana residents living in poverty face many intersecting challenges, including lack of transportation, unstable housing, food insecurity, and an overall environment of stress that makes managing a chronic health condition more difficult. This type of instability can lead an individual to engage in behaviors that may put them at risk, such as transactional sex and IDU, all of which lead to heightened vulnerability to HIV/HCV and transmission.



“  
If a client is in care, we have to work with that person as a whole, not only by addressing their HIV or HCV diagnosis, but also the quality of their life.  
”

- Community Voice Project Respondent, Region 3

and  
The  
than  
that

### Partner with PWLE

Each component of this plan has been developed the input of PWLE and the providers who engage PLHIV/PLHCV on a daily basis. All contributors agreed the importance of validating, empowering, and compensating PWLE who support this work. PWLE should be engaged at all levels throughout the service delivery network and implementation period advocates, volunteers, employees, and leaders.

Engaging PWLE intentionally and equitably is especially important within PWID populations. Drug are a highly stigmatized group, both socially and within the medical community, so establishing trusted linkages to support services and harm reduction interventions is key to diagnosing, treating, preventing, and responding to HIV/HCV in this population.



“  
Peer stories have a great impact, and it would be useful to see more of that in the community.  
”

- Community Voice Project Respondent, Region 12

with  
with  
on  
- as  
users

The knowledge and experience PWLE bring to this work is essential, and their input should be included in decision-making and strategy design throughout the implementation period. Not only are PWLE able to provide expert insights into how they experience service networks, but they can also serve as trusted linkages between vulnerable populations and the support systems they need.