Alive!
MARYLAND
BUILDING CAPACITY TO IMPROVE HEALTH

2022 NEEDS ASSESSMENT

An Annual Assessment on the Healthcare Capacity Building Needs of Maryland's Primary Care and Infectious Disease Workforce

A PROGRAM OF
Maryland
DEPARTMENT OF HEALTH
AND
HealthHIV

LET'S BUILD A HEALTHIER MARYLAND TOGETHER

TABLE OF CONTENTS

EXECUTIVE SUMMARY

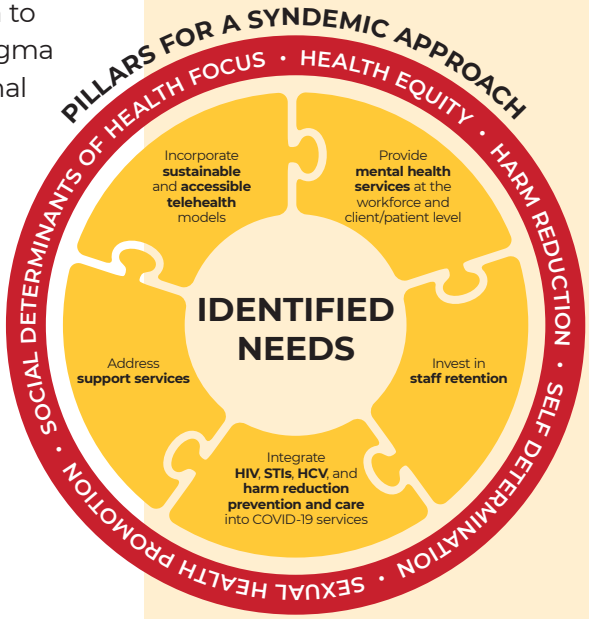
In 2021, the Maryland Department of Health (MDH) engaged HealthHIV to begin *Alive! Maryland*, a capacity building initiative for Maryland's primary care and infectious disease workforce. *Alive!* stands for **A**ssess, **L**earn, **I**ntegrate, **V**isualize, **E**ngage—representing each phase of the program—and serves as a motivational call to action to build capacity to improve health in Maryland.

In the first year of programming, *Alive! Maryland* administered an initial comprehensive needs assessment to gain insight into training and technical assistance needs of Maryland's primary care and infectious disease workforce. In October 2022, *Alive! Maryland* launched a second annual needs assessment to identify trends in Maryland's healthcare landscape and gain further knowledge about issues affecting the workforce. This assessment retained many elements of the 2021 assessment, as well as several new sections addressing the following topics:

- Community Health Worker issues, roles, and reach;
- Burnout, retention, and turnover issues, etc.; and
- Caring for transgender and non-binary individuals.

The findings reflected the significant extent of challenges facing healthcare providers in Maryland in the wake of COVID-19, MPox, and other emerging epidemics. Respondents emphasized the emotional burden of managing the fallout of these public health crises and providing care in the current social and political context. Their responses highlighted the need for a more responsive approach to address scarcity of resources, provider burnout, and ongoing stigma and mental health issues affecting patient populations. Additional points observed in the data described in this report include the need for:

- Integrating CHWs into programming and services;
- Providing mental health services at the workforce and patient/patient level;
- Investing in staff retention;
- Developing training on gender-affirming care; and
- Addressing stigma.



PURPOSE OF THE NEEDS ASSESSMENT

HealthHIV, in partnership with the Center for HIV/STI Integration and Capacity (CHSIC) within the Infectious Disease Prevention and Health Services Bureau at the MDH, conducted a follow-up needs assessment for the *Alive! Maryland* project to gain insight into the evolving training and technical assistance needs of Maryland's primary care and infectious disease workforce. The 2022 assessment reflected data gleaned from the needs assessment and programmatic evaluations in 2021 in order to identify opportunities to augment *Alive! Maryland's* educational programming.

BACKGROUND AND RATIONALE

The 2022 *Alive! Maryland* Workforce Needs Assessment built upon the findings from the previous survey to identify the training needs of the infectious disease and primary care workforce as it emerged from the pandemic. This framing reflected lessons learned from training evaluations as well as the findings from the 2021 *Alive! Maryland* Assessment, which reflected high levels of pandemic-related burnout and a need for more coordinated medical and community-based services. In 2022, HealthHIV and the Maryland Department of Health sought to further quantify and qualify the infectious disease and primary care workforce to identify opportunities and assets.

This second needs assessment seeks to gain more knowledge about the skills and competencies that the workforce needs to effectively do their job, as well as the demographics of the workforce and their ability to liaise effectively with program participants and Marylanders from all walks of life. By integrating these data points with existing epidemiological data, MDH and its systems of care will be in an improved position to target where and how workforce development resources are deployed.

Methods

This needs assessment was conducted utilizing an online survey hosted on Research Electronic Data Capture (REDCap), a secure web application for building and managing online surveys and databases. REDCap is in compliance with 21 Code of Federal Regulations (CFR) Part 11, Federal Security Modernization Act (FISMA), Health Insurance Portability and Accountability Act (HIPAA), and General Data Protection Regulation (GDPR), and it is specifically designed to support online and offline data capture for research studies and operations.

Recruitment and Overall Sampling Approach

To facilitate maximum variation sampling, the program implemented a sampling strategy that ensured the broadest range of perspectives within Maryland's health workforce.

- The needs assessment incorporated a variety of recruitment strategies as follows:
- Program-tailored emails via a customer relations management tool (CRM),
- Broad-scope emails to Maryland-based contacts via the CRM,
- Influencer emails leveraging the Alive! Interprofessional Advisory Board (IAB) members,
- Posts on the Alive! Maryland website,
- Posts on Alive! Maryland social media across multiple platforms, including LinkedIn, Facebook, and Twitter,
- Announcements at various Maryland-based meetings,
- Local health department program monitoring calls held by MDH, and
- Marketing at national meetings (SYNC 2022).

In addition to answering multiple choice response items, many respondents wrote in specific needs, commenting on the barriers they face providing care and their emerging training and technical assistance needs, particularly around stigma, mental health, and retention in care. These comments were reviewed and incorporated into the report.

There were no financial or material incentives offered for participation.

Sample and Inclusion Criteria

HealthHIV, in collaboration with MDH, conducted outreach using a sampling approach that ensures representation from across the state.

The inclusion criteria was defined as adult clinical and non-clinical health care providers who work in the field of infectious disease and/or primary care in the state of Maryland. Clinical and non-clinical health care providers include the following:

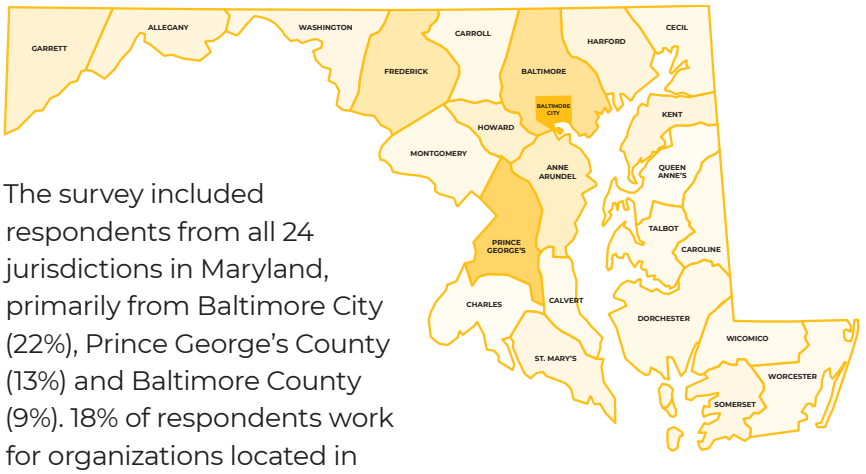
- Physicians (MD/DO)
- Physician Assistants
- Certified Nurse Practitioners
- Registered Nurses
- Certified Nurse Midwives
- Pharmacists (PharmD/RPh)
- Community Health Workers
- Public Health Workers
- Peer Recovery Specialists
- Social Workers, Therapists/Counselors
- Administrative and leadership staff (various disciplines)

SURVEY FINDINGS

The Alive! Maryland needs assessment survey was administered from October 26 to December 21, 2022. A total of 306 people participated in the survey. To begin the needs assessment, respondents were asked to describe the current state of infectious and primary care in Maryland in one word. Respondents answered along a continuum from *lacking* to *promising*, signifying that providers are reporting a vast range of experiences. Overall, they reported that the state of infectious and primary care was:

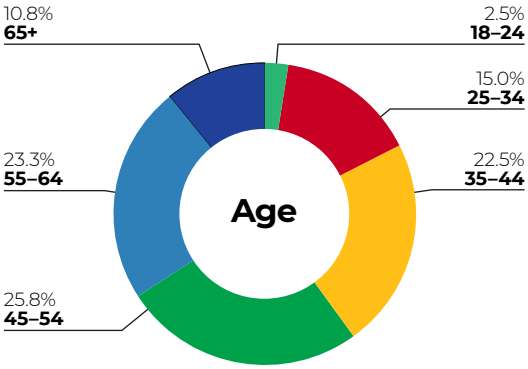
Demographics

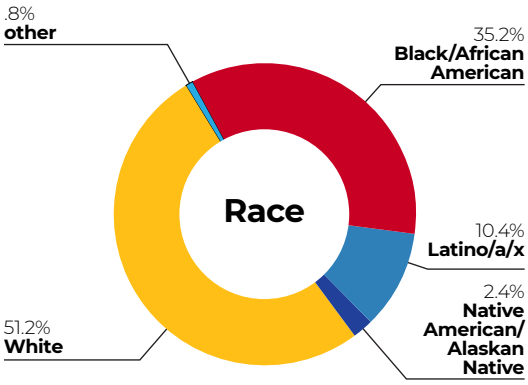
Almost half of respondents were 45 to 64 years old (49%). Out of the 306 total respondents, 51% identified as White, 35% identified as Black/African-American, and 10% identified as Hispanic or Latino/a/x. More than three-fourths identified as women.

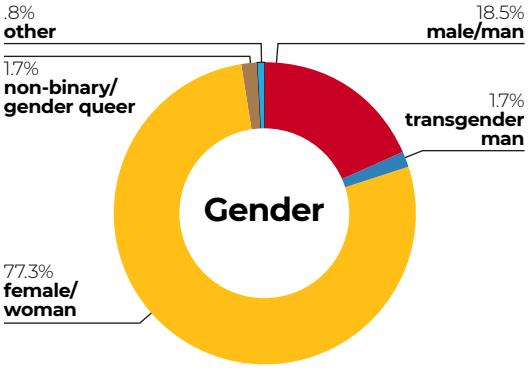


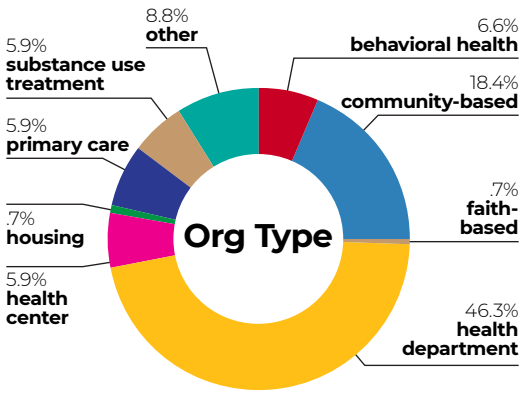
The survey included respondents from all 24 jurisdictions in Maryland, primarily from Baltimore City (22%), Prince George's County (13%) and Baltimore County (9%). 18% of respondents work for organizations located in rural areas of the state.

Respondents included clinical and administrative staff, with approximately 45% of all respondents identifying as social workers, community health workers (CHWs), or other behavioral health coordinators; 40% identifying as nurses (NPs, RNs, APRNs); and just under 10% as physicians (MDs, DOs). Among clinical providers, 33% report specializing in substance use disorder treatment, 22% in infectious disease health services, and 15% in mental health services. Of the total number of respondents, 13% report being licensed to prescribe medication.









Respondents indicated that they offered a wide range of clinical services. The most common services reported were as follows:

- 70% provide HIV testing
- 62% provide STI testing
- 56% provide STI treatment
- 53% provide mental health services
- 47% provide substance use diagnosis/treatment
- 48% provide HCV screening
- 21% provide primary care

Maryland healthcare workers seek training and technical assistance

Respondents were asked to identify training needs across six content areas including workplace culture, caring for priority populations, prevention, clinical care and treatment, behavioral health care and treatment, and organizational and infrastructure development.

The top five training topics requested by respondents across all six areas were:

- Mental health
- Retention and re-engagement in care
- Substance use among people living with HCV, STIs, and/or HIV
- Whole person health
- Stigma and cultural humility and cultural flexibility

These selections suggest that respondents are focused on strengthening wrap-around services and supporting patient mental health in the face of the ongoing behavioral health epidemic and converging public health crises, namely COVID-19 and MPox.† The results also demonstrate that respondents desire to integrate care along the HIV continuum in order to ensure comprehensive linkage to services and long-term patient retention.

The top three training topics requested for each of the specified content areas are as follows:

WORKPLACE CULTURE

- Stigma (39%)
- Cultural competency (31%)
- Mental Health First Aid (22%)

CARING FOR PRIORITY POPULATIONS

- Care for racial and ethnic minorities (33%)
- Care for people living with mental illness (30%)
- Care for LGBTQ+ individuals (30%)

PREVENTION

- Retention and re-engagement in care (43%)
- Testing (routine, streamline, rapid, clinical/non-clinical settings) (35%)
- Community health center/primary care provider engagement (34%)

CLINICAL CARE AND TREATMENT

- Substance use among people living with HCV, STIs, and HIV (39%)
- STIs (24%)
- Medical case management/linkage to care (22%)

BEHAVIORAL CARE AND TREATMENT

- Mental health (58%)
- Harm reduction (52%)
- Whole person health (51%)

ORGANIZATIONAL AND INFRASTRUCTURE DEVELOPMENT

- Social media and social marketing (community outreach) (37%)
- Research and data/data use (24%)
- Evidence-based policy development (24%)

† CDC, 2022. "Anxiety and Depression: Household Pulse Survey." National Center for Health Statistics. November 28, 2022. https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

Additionally, the high percentage of respondents who indicated needing increased clinical training on substance use among people living with HCV, STIs, and HIV, points towards the difficult reality of substance use disorder (SUD) in Maryland. As a response, CBA efforts through the Alive! Maryland initiative should prioritize behavioral healthcare, including SUD screening, diagnosis, counseling and treatment.

When respondents were asked about their preferred training format, they overwhelmingly reported that they preferred online training sessions (80%).

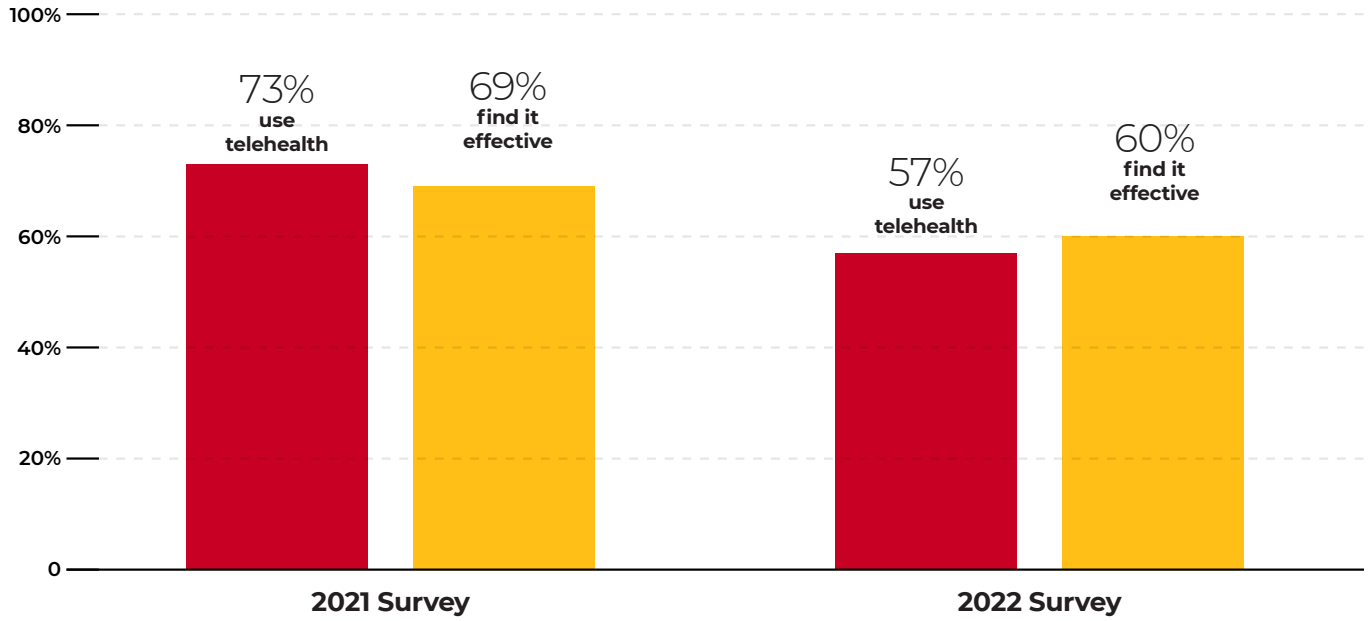
Respondents also stated that they normally learn about training through the following channels:

- State and local health department listservs and email notifications (78%)
- Maryland Department of Health website (68%)
- Federal government website (36%)

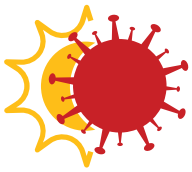
Changes in the state of COVID-19 impact telehealth uptake

Last year's Alive! Workforce Needs Assessment found that the majority of Maryland providers implemented telehealth as an alternative service delivery approach in response to COVID-19 (73%) and felt that it effectively engages patients in care (69%). Now, about one year later, 57% of respondents report using telehealth to care for patients and 60% feel it effectively engages patients in care. 28% of respondents, however, feel unsure. This reflects the changing landscape of telemedicine nationwide.

While most respondents reported that behavioral health and care coordination can still be conducted effectively via telehealth, nearly half (40%) reported that their use of telehealth has decreased since they first offered it. A variety of explanations were provided for this decrease, including that patients prefer to come in-person or that many patients experience technology barriers such as limited access to devices or limited digital literacy.



Workforce faces ongoing challenges as it manages multiple epidemics



Recent workforce studies show that healthcare workers in the United States are currently experiencing unprecedented levels of burnout and exhaustion. The 2022 Needs Assessment echoed these reports, confirming that the experiences of Maryland's healthcare workforce reflect national trends. When asked how often they feel emotionally drained from work, 22% of respondents said a few times a month, 22% said a few times a week, and 16% said every day. Even more significantly, when asked whether they have considered quitting their job at any point in the past six months, half of respondents said 'yes'.

Respondents provided a variety of explanations for why they have considered quitting their jobs that reinforce this point, including:

- Low Pay
- Exhaustion
- Being overworked
- Lack of support
- High turnover
- Frustration with systemic barriers
- Staffing shortages
- Lack of leadership

58%

feel they accomplished worthwhile goals at least a few times a week.

One respondent explained:

> *"Pay isn't remotely competitive at this point... Work is rewarding but very hard... [We are] continuing to face barriers while trying to implement health equity."*

However, despite stress and frustration at work, most respondents remain proud of their jobs. The majority reported feeling they have accomplished worthwhile goals in their job at least a few times a week, if not every day (58%).

The results point to a clear need for urgently developing retention strategies for Maryland's infectious disease and primary care providers. Respondents indicated that the most successful methods for addressing staff burnout include allowing flexible hours, offering mental health/ wellness focused days, and hiring more support staff to align skill-to-task.

Providers note increased mental health concerns

Respondents consistently expressed concern for the state of patient mental health and well-being in the wake of COVID-19. An overwhelming majority of respondents (84%) report that the demand for mental/behavioral health treatment services in 2022 is higher or much higher than before the start of the COVID-19 pandemic.

This finding reflects the significant mental health burden facing Marylanders, and in particular, low-income and/or minority residents navigating multiple barriers to care. In February 2021, nearly 40% of adults in Maryland reported symptoms of anxiety or depression, nearly a third of whom were unable to get needed counseling or therapy for a variety of reasons including cost and provider shortages. Mental health care is ten times more likely to be out-of-network for Marylanders than primary health care, and over 1 million state residents live in communities without enough mental health professionals.††

Needs Assessment respondents echoed these points, noting that the greatest challenges to providing mental health services are:

- Lack of mental/behavioral health care providers and support staff (64%)
- Stigma surrounding mental illness (50%)
- Difficulty reaching vulnerable populations (37%)

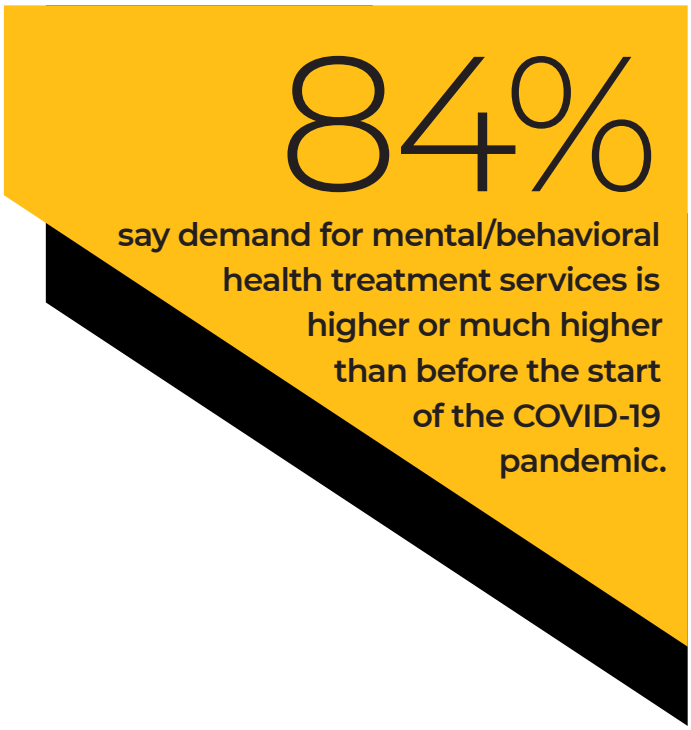
In a year of a worsening syndemic and continued upheaval in healthcare, comprehensive behavioral health services are needed more than ever. Maryland healthcare organizations need help recruiting behavioral health providers and establishing robust behavioral health programs that are adequately funded so as to ensure accessibility regardless of patient ability to cover costs. Additionally, much like the broader workforce, current behavioral health providers need assistance coping with ongoing compassion fatigue and burnout.

Workforce requests more training on providing care to transgender and non-binary patients

The majority of Needs Assessment respondents (58%) report feeling as if their organization is only somewhat equipped or not equipped at all to provide care for transgender and/or non-binary patients. This represents a significant gap that must be addressed.

Respondents identified the following training topics relating to transgender/non-binary care as most needed by their organizations:

- Gender-affirming care guidelines (58%)
- Stigma and discrimination (52%)
- Cultural humility and responsiveness (51%)
- Systemic barriers to care that cause transgender health inequities (40%)
- Clinical care protocols for transgender and non-binary people living with HIV (25%)



†† NAMI, 2021. "Mental Health in Maryland." National Alliance on Mental Illness. https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf.

Special Focus: Community Health Workers

This year's Needs Assessment included a special focus on Community Health Workers (CHWs). About a quarter of respondents identified as CHWs and 70% indicated that their organization employs CHWs.

CHWs fill multiple essential roles

Maryland is one of the only states in the country that requires that all CHW certification training programs be accredited by the Department of Health, representing statewide interest in standardizing and scaling up implementation of CHW programs.

The Needs Assessment included several questions evaluating the workforce's perception of CHWs and extent to which standardization and implementation have succeeded on the ground.

Over a third of respondents require their CHWs to be certified by one of the MDH-accredited trainings. However, 30% of respondents do not require CHW certification, reflecting inconsistent expectations for CHW preparation. When asked to identify the primary roles of CHWs in their organization, respondents most frequently selected:

- Addressing the needs of diverse populations in a culturally sensitive way (71%)
- Communicating ideas and information in a way that patients and patients can understand (66%)
- Collaborating with diverse communities to identify and solve health problems (60%)

Overall, CHWs selected more answer choices than non-CHWs, when asked to identify their professional roles. This may indicate that non-CHWs do not have a complete understanding of CHW roles and responsibilities, which might inhibit full integration of CHWs into care teams. In fact, on average, CHWs viewed themselves as more effectively utilized by their organizations than their non-CHW counterparts, who were more likely to feel neutral or disagree that CHWs are effectively utilized.

When asked whether they agree that CHWs are fully integrated throughout their organization, respondents answered along a broad continuum, with the majority agreeing, to some extent, that CHWs are fully integrated:

- Totally agree (24%)
- Somewhat agree (33%)
- Neutral (22%)
- Somewhat disagree (16%)
- Totally disagree (6%)

Additionally, nearly 40% of respondents agreed that other departments/teams in their organization could integrate CHWs but are unaware of how to do so, indicating significant room for improvement regarding the full optimization of CHWs in organizations.

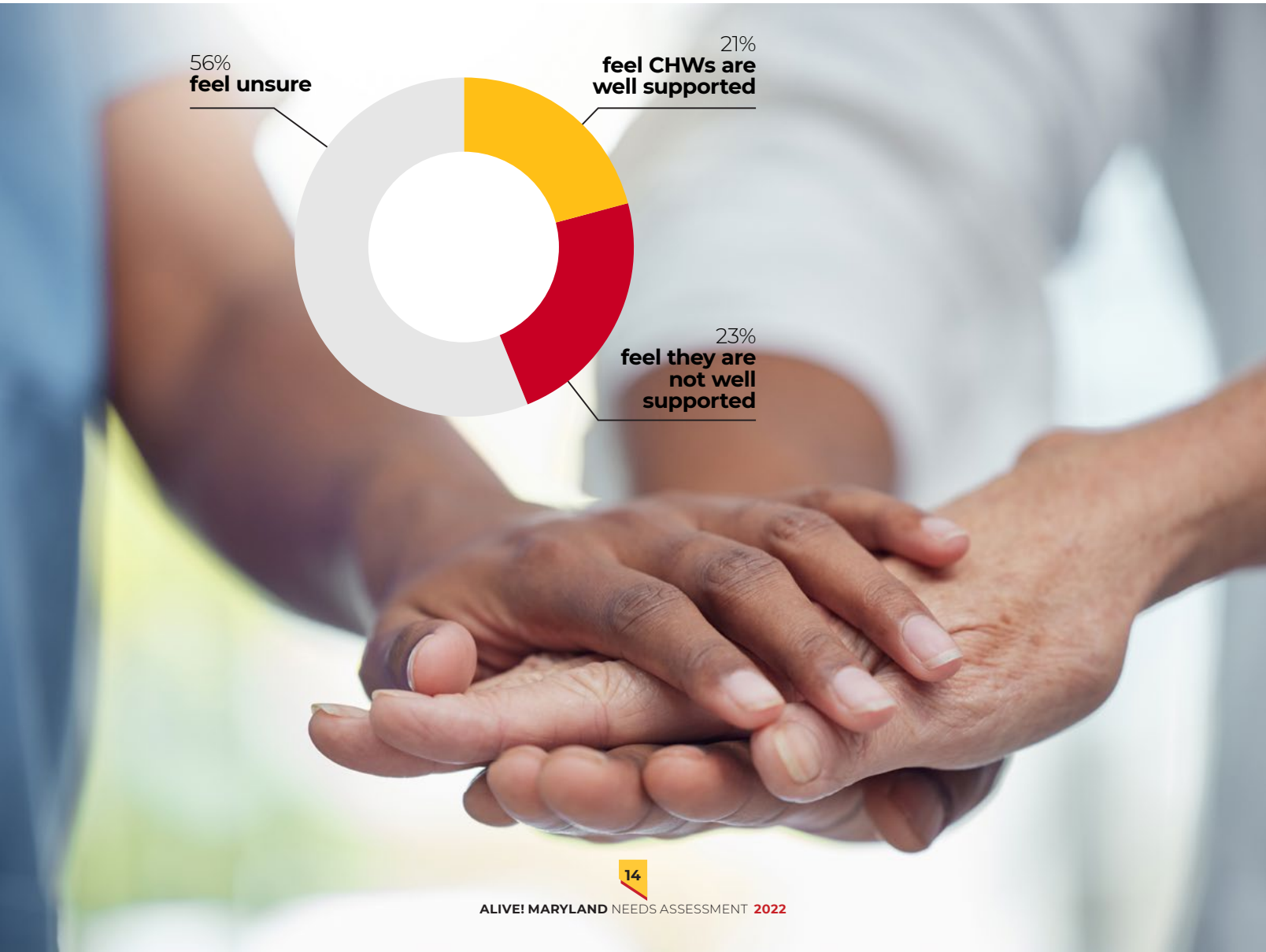
CHWs call for increased support

Respondents were nearly evenly split when asked whether they feel like the CHW workforce in Maryland is well supported, with 21% saying CHWs are well supported and 23% saying they are not. The remaining 56% felt "unsure." Those who felt the CHW workforce is not well-supported, offered a variety of explanations, including the following:

> *"Salary [for CHWs] in the State of Maryland does not increase once certified: a career ladder would be good."*
>
> *"The majority of these positions are contractual and have unfair salaries for the amount of work expected of them."*

CHWs need standardized industry roles and fair compensation that reflects the difficulty and importance of their position. Crucially, the majority of respondents also reported seeing a need to hire/work with more CHWs in the future, explaining:

> *"CHWs can help reach populations we are not good at reaching. They have a better grasp of the needs the community has. The community is more likely to listen/engage with us if they see us as a force of good."*
>
> *"Can't retain CHWs. The certification requirements are unrealistic for the pay."*
>
> *"We are in a rural community so having more CHWs that can do outreach events in the areas in need would make a difference."*



DISCUSSION AND IMPLICATIONS

Supporting an Exhausted Workforce

The findings of this needs assessment demonstrate that burnout and work-related anxiety and fatigue are some of the greatest challenges currently facing Maryland's healthcare workforce.

Providers report being tired and are leaving the workforce at unprecedented rates. COVID-19 may have been the tipping point, but participant responses indicate the existence of deeper, long-brewing issues relating to compensation, compassion fatigue, lack of operational support, and accumulating frustration with systemic barriers.

It is crucial that organizations and program leaders invest in employee retention. Respondents noted that flexibility and employee autonomy are key to preventing burnout. Additionally, respondents described the importance of employee wellness programs that prioritize helping employees access mental health services and support opportunities for professional development and advancement. In order for their work to be sustainable, healthcare workers say, their employers need to consider their welfare and offer material assistance in the form of training and pay.

Prioritizing Mental Health Services

As we reach the end of a third year marked by escalating and converging epidemics, broad-scale disruptions to social support systems and care services continue to mount nationwide. Maryland providers echo this national reality, listing mental health concerns as one of the greatest challenges facing their patients in 2022. The importance of comprehensive wrap-around services and point-of-care referral pipelines is clearer than it has been in recent years. Behavioral health assessments should be included as standard parts of regular clinic and primary care visits. Providers need support from regional leaders and local health departments in developing workflows for integrating behavioral health assessments and counseling into regular services. Normalizing mental health care as part of standard health visits will also work to combat stigma, which respondents listed as a significant barrier to care.

There is also considerable need for more behavioral health providers at all levels of care, from hospitals, clinics, and primary healthcare settings, health departments, and substance-use treatment facilities. Addressing staff shortages will offer relief to current behavioral health providers experiencing compassion fatigue and burnout.

Addressing the Reality of Substance Use in Maryland

Substance use among people living with HCV, STIs, and/or HIV was identified by respondents as one of topics for which Maryland's healthcare workforce requires the most training. It was also listed as the number one training need relating to clinical care and treatment. This is true despite the fact that only 6% of respondents work at substance-use treatment facilities, demonstrating that most providers, regardless of type and setting, are encountering challenges relating to substance use. This is also reflective of Maryland's high drug-related mortality rate (44.6 deaths/100,000 people in 2020) and widespread mental health challenges in the wake of COVID-19. Like mental health care, SUD assessments and care referrals must be integrated into standard healthcare services.

Meeting the Needs of Maryland's Rural Workforce

The needs of rural providers are often distinct from those of their urban and suburban counterparts. This is critical to keep in mind when addressing the needs of Maryland's healthcare workforce, as 75% of the state's jurisdictions are rural (Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties). Over 18% of Needs Assessment respondents reported working for organizations located in rural counties, and targeted analysis shows that rural providers face specific challenges that require targeted interventions.

Like urban/suburban respondents, rural respondents frequently requested training content in areas, such as patient retention, substance use care, and best screening practices. However, rural respondents were more likely to request training in primary care provider engagement, data-to-care surveillance, and service integration. These needs may reflect increased healthcare shortages in rural areas. In fact, workforce shortages are a leading cause of burnout among rural respondents. A significant majority (65%) of rural healthcare workers in Maryland report a lack of behavioral health providers, compared to 55% of urban and suburban workers. Though rural providers overwhelmingly feel that their work is worthwhile, they have considered quitting their job in the last six months more often than their urban/suburban counterparts (55% and 49%, respectively). Rural providers commonly provided the following reasons for their interest in quitting:

> *"Lack of concern about the mental health of employees given the short staffing."*
>
> *"Being overworked and underpaid."*
>
> *"Lack of state authority and support for local jurisdictions in rural areas."*

Additionally, as observed in national trends, the proportion of respondents in rural counties who provide primary care services is significantly lower than the proportion of total respondents who provide primary care services (18% and 21%, respectively), and compared to those working in urban/suburban settings, rural respondents are more likely to report low or no reimbursement as a major barrier to providing telehealth services.

CONCLUSION: INTEGRATION AND ACCESS FOR A HEALTHIER MARYLAND

The final question in the assessment asked participants to describe their vision for infectious disease and primary care provision in Maryland, in one word. Participant responses reflect the themes drawn from all the previous data outlined in this report. Some of the most common words submitted by respondents include:

APPENDIX

The data compiled in these tables is from the 2022 Alive! Maryland Needs Assessment Survey.

Organizational Demographics

IN WHAT COUNTY IS YOUR ORGANIZATION LOCATED?	
Allegany County	3.2%
Anne Arundel County	4.8%
Baltimore City	21.8%
Baltimore County	8.9%
Calvert County	1.6%
Caroline County	1.6%
Carroll County	2.4%
Cecil County	2.4%
Charles County	0.8%
Dorchester County	2.4%
Frederick County	7.3%
Garrett County	4.0%
Harford County	3.2%
Howard County	4.0%
Kent County	3.2%
Montgomery County	2.4%
Prince George's County	12.9%
Queen Anne's County	0.8%
Saint Mary's County	2.4%
Somerset County	2.4%
Talbot County	1.6%
Washington County	2.4%
Wicomico County	1.6%
Worcester County	1.6%

WHAT COUNTIES/AREAS DOES YOUR ORGANIZATION SERVE?	
Allegany County	16.4%
Anne Arundel County	26.9%
Baltimore City	29.9%
Baltimore County	30.6%
Calvert County	14.2%
Caroline County	14.9%
Carroll County	15.7%
Cecil County	17.9%
Charles County	14.9%
D.C.	9.7%
Delaware	2.2%
Dorchester County	16.4%
Frederick County	22.4%
Garrett County	14.9%
Harford County	20.1%
Howard County	21.6%
Kent County	14.2%
Montgomery County	24.6%
Other	2.2%
Prince Georges County	30.6%
Queen Anne's County	14.9%
Saint Mary's County	14.9%
Somerset County	14.9%
Talbot County	14.2%
Virginia	5.2%
Washington County	15.7%
Wicomico County	17.9%
Worcester County	14.2%

HOW LONG HAS YOUR ORGANIZATION BEEN IN OPERATION?	
Less than 2 years	2.2%
2-4 years	8.1%
5-10 years	10.3%
11-20 years	5.9%
21+ years	64.7%
Not sure	8.8%

WHAT IS YOUR ORGANIZATIONAL TYPE?	
AIDS Service Organization (ASO)	0%
Behavioral Health Organization	6.6%
Community-Based Organization (CBO)	18.4%
Faith-Based Organization (FBO)	0.7%
Health Department	46.3%
Health Center/FQHC/FQHC-lookalike	5.9%
Housing	0.7%
Primary Health Care Setting	6.6%
Substance Use Treatment Facility	5.9%
Other	8.9%

WHAT TYPES OF CLINICAL CARE DO YOU/DOES YOUR ORGANIZATION PROVIDE?	
Primary Care	20.7%
STI Testing	62.2%
STI Treatment	55.6%
HIV Testing	70.4%
HIV Treatment	40%
PrEP Prescriptions/Management	42.2%
Hepatitis C (HCV) Screening/HCV Treatment	48.1%
Infectious Disease Care	37%
Mental Health Services	52.6%
Substance Use Treatment Care	46.7%
Urgent Care	7.4%
Dental Care	22.2%
Other	17%

WHAT POPULATIONS DO YOU SERVE?	
Incarcerated and formerly incarcerated persons	78.7%
Other	6.6%
People living with HIV	89.0%
People of color	94.9%
People over 50 years of age	87.5%
People who identify as LGBTQ+	89.7%
People who inject drugs (PWID)	81.6%
Undocumented individuals	71.3%
Unhoused individuals	80.1%
Women	90.4%
Youth (24 years and younger)	87.5%

IF YOU PROVIDE SERVICES TO THE LGBTQ+ COMMUNITY, TELL US SPECIFICALLY WHO YOU/YOUR ORGANIZATION SERVES FROM THIS COMMUNITY	
Bisexual	98.3%
Gay	99.2%
Lesbian	95.0%
Other	6.6%
Queer	86.8%
Transgender	91.7%

IF YOU PROVIDE SERVICES TO PEOPLE OF COLOR, WHICH POPULATIONS/COMMUNITIES OF COLOR DO YOU/YOUR ORGANIZATION SERVE?	
Asian and/or Asian American	75.8%
Black/African/African American	99.2%
Latino/Latina/Latinx	95.3%
Native American and/or Alaska Native	64.8%
Native Hawaiian or Other Pacific Islander	58.6%
Other	4.7%

DOES YOUR ORGANIZATION RECEIVE FUNDING FROM THE MARYLAND DEPARTMENT OF HEALTH?	
Yes	72%
No	28%

Individual Demographics

WHAT IS YOUR ROLE IN YOUR ORGANIZATION?	
Executive Director/CEO	8.0%
Program Director	13.6%
Clinical Director	1.6%
Program Manager	14.4%
Clinical Manager	2.4%
Clinical Provider	9.6%
Behavioral Health Provider	4.8%
Program Associate/Coordinator	8.0%
Clinical Associate/Coordinator	2.4%
Administrative/Frontline Staff	12.0%
Other	23.2%

WHAT TYPE OF CLINICAL PROVIDER ARE YOU?	
Physician (MD/DO)	8.1%
Physician Assistant (PA)	3.3%
Certified Nurse Practitioner (NP)	13.0%
Advanced Practice Registered Nurse (APRN)	6.5%
Registered Nurse (RN)	34.1%
Clinical Nurse Specialist (CNS)	2.4%
Midwife	0.8%
Pharmacist (PharmD/RPh)	2.4%
Community Health Worker (CHWs)	23.6%
Public Health Worker	16.3%
Social Worker/Therapist/Counselor (SW/MSW/LCSW/DSW)	18.7%
Obstetrician/Gynecologist (OB/GYN)	1.6%
Behavioral Health Providers (PsychD/LPC/L Psych)	9.8%
Diagnostic-Related Technician	0.8%
Health Care Provider Administrative Staff	9.8%
ASO/CBO Administrative Staff Community Advocate	4.1%
Other	9.8%
I am not a provider	14.6%

IF YOU ARE A PROVIDER, PLEASE INDICATE YOUR SPECIALTY/SPECIALTIES.	
Adolescent Medicine	5.5%
Cardiology	2.7%
Dental	1.4%
Dermatology	1.4%
Ear/Nose/Throat	1.4%
Emergency Medicine	1.4%
Gastroenterology	2.7%
General Family Practice/Internist/Primary Care	12.3%
HIV specialist	16.4%
Immunology	2.7%
Infectious Disease	21.9%
Neurology	1.4%
OB/GYN	5.5%
Oncology	0%
Pathology	1.4%
Pain Specialist	1.4%
Preventive Medicine	5.5%
Proctology	1.4%
Substance Use	32.9%
Other	39.7%

ARE YOU LICENSED TO PRESCRIBE MEDICATION?	
Yes	12.7%
No	87.3%

IF YOU ARE A CLINICIAN, HOW LONG HAVE YOU BEEN IN PRACTICE?	
<2 years	5.8%
2-4 years	9.6%
5-10 years	19.2%
11-20 years	19.2%
21+ years	46.2%

WHAT IS YOUR CURRENT GENDER IDENTITY?	
Male/Man	18.5%
Female/Woman	77.3%
Transgender Man	1.7%
Transgender Woman	0%
Non-binary/Gender Queer	1.7%
Other	0.8%

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACE?	
Black/African American	35.2%
Latino/a/x	10.4%
Native American/Alaskan Native	2.4%
Native Hawaiian/Pacific Islander	0.0%
White	51.2%
Other	0.8%

WHAT IS YOUR CURRENT AGE?	
18-24	2.5%
25-34	15.0%
35-44	22.5%
45-54	25.8%
55-64	23.3%
65+	10.8%

WHAT COUNTY DO YOU LIVE IN?	
Allegany County	3.2%
Anne Arundel County	4.8%
Baltimore County	8.9%
Baltimore City	21.8%
Calvert County	1.6%
Caroline County	1.6%
Carroll County	2.4%
Cecil County	2.4%
Charles County	0.8%
Dorchester County	2.4%
Frederick County	7.3%
Garrett County	4.0%
Harford County	3.2%
Howard County	4.0%
Kent County	3.2%
Montgomery County	2.4%
Prince George's County	12.9%
Queen Anne's County	0.8%
Saint Mary's County	2.4%
Somerset County	2.4%
Talbot County	1.6%
Washington County	2.4%
Wicomico County	1.6%
Worcester County	1.6%

Training

HOW DO YOU/YOUR ORGANIZATION NORMALLY LEARN ABOUT TRAINING AND TECHNICAL ASSISTANCE OPPORTUNITIES?	
Alive! Maryland promotional materials (emails, newsletter, etc.)	34.8%
Alive! Maryland website	32.6%
Federal government listservs and email notifications	35.6%
Federal government websites	36.3%
General searches online	35.6%
Maryland Department of Health website	68.1%
Other	9.6%
State and local health department listservs and email notifications	77.8%
Technical assistance provider websites	25.9%

WHAT BARRIERS TO ENGAGING IN TRAINING AND TECHNICAL ASSISTANCE HAVE YOU/HAS YOUR ORGANIZATION EXPERIENCED?	
Competing priorities (i.e., COVID-19, Mpox)	50.8%
Financial constraints	34.6%
Lack of interest among staff	8.5%
Lack of time available to participate/scheduling conflicts	66.9%
Limitations set by funders	21.5%
Other	3.1%
Unaware of training/technical assistance opportunities	49.2%
Unsure how to request training and technical assistance	26.2%

WHAT TRAINING MODALITIES WORK BEST FOR YOU?	
In person/classroom trainings	52.2%
Hands on/practical trainings and exercises	45.6%
Online training sessions	80.1%
Asynchronous trainings (combined online and in person training sessions)	37.5%
Personal coaching sessions	8.8%
Special sessions during larger conferences	12.5%
Pre-conference meetings	2.2%
Other	0.7%

WHICH OF THE FOLLOWING CONTINUING EDUCATION CREDIT TYPES DO YOU LOOK FOR WHEN CHOOSING MEDICAL EDUCATION ACTIVITIES?	
Accreditation Council for Continuing Medical Education (ACCME)	30.0%
Accreditation Council for Pharmacy Education (ACPE)	4.5%
American Academy of Physician Assistants (AAPA)	3.6%
American Dental Association (ADA CERP)	1.8%
American Nurses Credential Center (ANCC)	32.7%
American Psychological Association (APA)	14.5%
American Society of Clinical Laboratory Specialists (P.A.C.E.®)	1.8%
Association of Social Work Boards (ASWB)	26.4%
Commission on Dietetic Registration (CDR)	3.6%
Council on Optometric Practitioner Education (COPE)	1.8%
International Association for Continuing Education and Training (IACET)	13.6%
National Commission for Health Education Credentialing (CHES®/MCHES®)	19.1%
Other	23.6%

WHICH OF THE FOLLOWING TRAINING/TECHNICAL ASSISTANCE SESSIONS DO YOU BELIEVE WOULD HELP CREATE A RESPECTFUL WORKPLACE THAT IS BENEFICIAL FOR STAFF AND CLIENTS?	
Cultural Competency/Awareness	30.6%
Stigma and Cultural Humility/Cultural Flexibility	38.8%
Structural Racism	14.9%
Non-Violent Crisis Intervention	17.2%
Mental Health First Aid	22.4%
Motivational Interviewing/Patient Centered Interviewing	15.7%
Anti-Racism	3.0%
Diversity and Inclusion	11.9%
Advocacy	9.0%
Coalition Building	4.5%
Interpreter Utilization	3.0%
Implicit Bias	9.0%
LGBTQ+ Health Provision	8.2%
Being an LGBTQ+ Ally	5.2%
Health Quality Improvement	16.4%
Access and Disparities	11.9%
Leadership Development	9.0%
Social Justice Advocacy	3.7%
Health Literacy	11.2%
Status Neutral Approaches to Service Provision	6.7%
Community Trust Building/Community Engagement	18.7%
Social Determinants of Health Resiliency	13.4%
Other	2.2%
None	0.7%

WHICH OF THE FOLLOWING TRAINING/TECHNICAL ASSISTANCE TOPICS RELATING TO PRIORITY POPULATIONS WOULD HELP YOU/ YOUR ORGANIZATION PROVIDE SPECIALIZED CARE?	
Care for racial and ethnic minorities	32.6%
Care for LGBTQ+ individuals	30.4%
Care for immigrants/refugees	22.2%
Care for women	14.8%
Care for young people (under 25 years of age)	14.1%
Care for older people (over 50 years of age)	16.3%
Care for people with limited English proficiency	14.8%
Care for people living with HIV	11.9%
Care for people who inject drugs (PWID)	11.1%
Care for people with substance use disorder (SUD)	25.2%
Care for people who are unhoused/unstably housed	17.0%
Care for people who are incarcerated or formerly incarcerated	8.1%
Care for people living in rural areas	20.0%
Care for people living in urban areas	7.4%
Care for people living with mental illness	30.4%
Other	0.7%
None	2.2%

WHICH OF THE FOLLOWING TRAINING/TECHNICAL ASSISTANCE SESSIONS ON PREVENTION AND SURVEILLANCE WOULD BENEFIT YOUR ORGANIZATION?	
Behavioral Surveillance	26.9%
Community Health Center/Primary Care Provider Engagement	34.3%
Data to Care Surveillance/Care Provision	27.6%
High-Impact HIV Prevention	29.1%
Program Collaboration/Service Integration	27.6%
Program Planning/Monitoring	23.1%
Retention and Re-engagement in Care	43.3%
Testing (Routine, Streamline, Rapid, Clinical/Non-Clinical Settings)	35.1%
Other	2.2%
None	0.7%

WHICH OF THE FOLLOWING TRAINING/TECHNICAL ASSISTANCE SESSIONS ON CLINICAL CARE AND TREATMENT WOULD BENEFIT YOUR ORGANIZATION?	
Biomedical HIV Prevention/Adherence (PrEP/PEP/ART)	13.6%
Building FBO/CBO Relationships	6.1%
Clinical and Non-Clinical Programming	10.6%
Confidentiality/HIPAA/Public Health Ethics	12.1%
COVID-19	9.1%
Developing/Expanding Infectious Disease Care in Primary Care	15.9%
Electronic Medical/Health Records	11.4%
HIV and Aging	7.6%
HIV and Co-morbidities	10.6%
HIV Testing/Linkage to Care	5.3%
Infectious Diseases and Pregnancy Integrated Care Team Development	6.8%
Integrated Care Team Development/Clinical and Non-Clinical Programming	20.5%
Medical Case Management/Linkage to Care	22.0%
Medication-Assisted Treatment (MAT)	12.1%
None	0.8%
Other	0.8%
Patient-Centered Medical Homes	3.8%
Proper Opioid Prescribing and Overdose Prevention	13.6%
Sexually-Transmitted Infections	24.2%
Substance Use and HCV, STIs, and HIV	38.6%
Telehealth	20.5%
Treatment Adherence	8.3%

WHICH OF THE FOLLOWING TRAINING/TECHNICAL ASSISTANCE SESSIONS ON BEHAVIORAL CARE AND TREATMENT WOULD BENEFIT YOUR ORGANIZATION?	
Harm Reduction	51.9%
Intimate Partner Violence	30.8%
Mental Health	57.9%
Motivational Interviewing	38.3%
None	2.3%
Other	1.5%
Performance Coaching	24.8%
Whole Person Health	51.1%

WHICH OF THE FOLLOWING TRAINING/TECHNICAL ASSISTANCE SESSIONS ON ORGANIZATIONAL AND INFRASTRUCTURE DEVELOPMENT WOULD BENEFIT YOUR ORGANIZATION?	
Accessible Data Visualizations	13.8%
Communications and Marketing Infrastructure and Planning	13.8%
Emergency Preparedness	17.7%
Event Planning	7.7%
Evidence-Based Policy Development	25.4%
FQHC Look-Alike Applications and Regulations	4.6%
Health Care Reform	18.5%
Human Resources/Workforce Planning	20.0%
None	4.6%
Organizational Protocol Development	12.3%
Other	1.5%
Public/Private Partnerships	15.4%
Research and Data/Data Use	24.6%
Social Media and Social Marketing (Community Outreach)	36.9%
Strategic Business Planning	6.2%
Surveillance Systems	8.5%
Technology Integration	16.2%

Telehealth

DO YOU/YOUR ORGANIZATION CURRENTLY USE TELEHEALTH TO CARE FOR YOUR PATIENTS/CLIENTS?	
Yes	57.1%
No	42.9%

WHAT TYPES OF SUPPORT HAVE YOU BEEN ABLE TO PROVIDE CLIENTS TO FACILITATE ACCESS TO TELEHEALTH SERVICES?	
In-clinic access to telehealth	45.9%
Internet access	28.4%
Mobile/cellular phone access	36.5%
Phones, tablets, or other devices	31.1%
Technical assistance to facilitate communication	32.4%
Remote patient/client monitoring	21.6%
Telehealth peripherals/At-home medical equipment (pulse oximeter, digital stethoscope, blood pressure cuff, glucometer, otoscope,ultrasound, EKG monitor, etc.)	13.5%
Self-testing services (HIV, STIs, HCV, COVID-19)	31.5%
Other	1.4%
None of the above	12.2%

DO YOU FEEL TELEHEALTH EFFECTIVELY ENGAGES PATIENTS/ CLIENTS IN TREATMENT AND CARE?	
Yes	59.9%
No	12.1%
Unsure	28.0%

HAS YOUR USE OF TELEHEALTH DECREASED SINCE YOU FIRST OFFERED TELEHEALTH?	
Yes	40.3%
No	59.7%

WHICH OF THE FOLLOWING HAS CONTRIBUTED TO YOUR DECREASING USE OF TELEHEALTH?	
I'm providing a mix of in-person and telehealth visits	41.7%
Patients/clients prefer to come in-person	66.7%
I prefer to provide care in-person	41.7%
Most of my patient/client population experiences technology barriers including limited access to devices or limited digital literacy	50.0%
I don't think telehealth is appropriate for my specialty	12.5%
The geographic location of my practice or patients/ clients has broadband internet limitations	10.4%
Privacy concerns	4.2%
Less COVID-19 restrictions	31.3%
Other	4.2%

WHICH TYPES OF CARE ARE WELL SUITED FOR TELEHEALTH?	
Acute care/urgent care	11.8%
Care coordination	62.2%
Chronic disease management	55.9%
Hospital/ED follow-up care	29.9%
Medical management	55.1%
Mental/behavioral health	59.8%
None	3.1%
Other	1.6%
Preventive care	50.4%
Primary care	31.5%

WHICH OF THE FOLLOWING POSE ONGOING BARRIERS OR CHALLENGES TO YOUR ORGANIZATION OFFERING TELEHEALTH?	
Clinical dissatisfaction/lack of buy in	12.7%
Cost of implementing or maintaining telehealth platform	21.4%
Integration with EHR/EMR	16.7%
Lack of guidelines for clinical appropriateness in telehealth	19.8%
Lack of institutional technical support	15.1%
Lack of insurer coverage of telehealth services	25.4%
Lack of marketing for telehealth services	15.9%
Liability	8.7%
Licensure in additional states	7.1%
Little or no buy-in from administrators and/or leadership	15.1%
Low or no reimbursement	23.0%
Low patient/client engagement	31.0%
None	9.5%
Other	5.6%
Roll back of COVID-19 waivers	18.3%
Technology challenges for patients/clients	54.0%

Workforce Challenges

HOW OFTEN DO YOU FEEL YOU HAVE ACCOMPLISHED WORTHWHILE THINGS IN YOUR JOB?	
Never	1.5%
A few times a year or less	5.4%
Once a month or less	8.5%
A few times a month	18.5%
Once a week	8.5%
A few times a week	29.2%
Every day	28.5%

HOW OFTEN DO YOU FEEL EMOTIONALLY DRAINED FROM WORK?	
Never	3.1%
A few times a year or less	13.0%
Once a month or less	11.5%
A few times a month	22.9%
Once a week	12.2%
A few times a week	21.4%
Every day	16.0%

HAVE YOU CONSIDERED QUITTING/LEAVING YOUR JOB AT ANY POINT DURING THE LAST 6 MONTHS?	
Yes	50.4%
No	49.6%

WHICH OF THE FOLLOWING DO YOU BELIEVE IS MOST HELPFUL IN ADDRESSING STAFF BURNOUT?	
Employee wellness programs (e.g. yoga, meditation, etc.)	20.6%
Flexible hours	60.3%
Hiring more support staff	33.6%
Increased employee autonomy/independence	23.7%
Mental health services available through work (e.g. counseling, therapy, support groups, etc.)	15.3%
Mental health/wellness focused days	41.2%
More focus on screening and hiring practices and processes	11.5%
Other	6.1%
Professional development and comprehensive preparation for work	20.6%
Recognition events	14.5%
Staff huddles	8.4%
Trainings focused on addressing staff burnout	14.5%
Work celebrations	13.7%

Mental and Behavioral Health

DOES YOUR ORGANIZATION PROVIDE MENTAL/BEHAVIORAL HEALTH SERVICES?	
No, but we connect/refer our clients/patients with partner organizations that provide mental health services	20.3%
No, we do not provide any mental health services or connect our clients with partner organizations that provide mental health services	3.1%
Yes	76.6%

HOW WOULD YOU DESCRIBE THE DEMAND FOR MENTAL/ BEHAVIORAL HEALTH TREATMENT SERVICES IN 2022 COMPARED TO BEFORE THE START OF THE COVID-19 PANDEMIC?	
About the same	14.8%
Higher	33.6%
Lower	1.6%
Much higher	50.0%

WHICH OF THE FOLLOWING POSE THE GREATEST CHALLENGES TO YOUR PROVISION OF MENTAL HEALTH SERVICES?	
Difficulty linking primary care and infectious disease services with mental health services	28.1%
Difficulty reaching vulnerable populations	36.7%
High/overwhelming caseload	34.4%
Lack of mental/behavioral health care providers and support staff	64.1%
None	2.3%
Other	8.6%
Stigma surrounding mental illness	50.0%

Care for Transgender and Non-Binary Clients

DO YOU FEEL AS IF YOUR ORGANIZATION IS WELL EQUIPPED TO PROVIDE CARE FOR TRANSGENDER AND/OR NON-BINARY CLIENTS?	
No, we are not equipped at all	7.7%
We are only somewhat equipped	50.0%
Yes, we are very well equipped	43.2%

WHICH OF THE FOLLOWING TOPICS RELATED TO CARE FOR TRANSGENDER AND NON-BINARY INDIVIDUALS DO YOU FEEL YOUR ORGANIZATION REQUIRES THE MOST TRAINING ON?	
Clinical care protocols for HIV prevention among transgender and non-binary people	26.8%
Clinical care protocols for transgender and non-binary people living with HIV	27.6%
Cultural competency	51.2%
Gender-affirming care guidelines	57.5%
HIV care and treatment for individuals receiving hormone therapy	22.0%
HIV care and treatment for transgender and non-binary youth	20.5%
None	11.0%
Other	2.4%
Stigma and discrimination	52.8%
Systemic barriers to care that cause transgender health inequities	40.9%

Community Health Workers (CHWs)

DOES YOUR ORGANIZATION EMPLOY COMMUNITY HEALTH WORKERS?	
Yes	69.5%
No	30.5%

DO YOU REQUIRE YOUR CHWs TO BE CERTIFIED?	
No	30.3%
Unsure	33.7%
Yes	36.0%

WHAT IS THE ROLE OF CHWs IN YOUR ORGANIZATION?	
Addressing the needs of diverse populations in a culturally sensitive way	71.4%
Anticipating the changes in your environment that may influence your work	28.6%
Assessing the broad array of factors that influence specific public health problems	44.0%
Collaborating with diverse communities to identify and solve health problems	59.5%
Communicating ideas and information in a way that clients and patients can understand	65.5%
Communicating in a way that persuades others to act (motivational interviewing)	48.8%
Engaging partners outside your organization to collaborate on projects	42.9%
Engaging staff within your organization to collaborate on projects	44.0%
Managing change in response to dynamic, evolving circumstances	29.8%
Other	7.1%

FROM YOUR PERSPECTIVE, WHAT ROLE DO YOU THINK CHWs SHOULD PLAY IN YOUR ORGANIZATION?	
Addressing the needs of diverse populations in a culturally sensitive way	70.6%
Anticipating the changes in your environment that may influence your work	44.7%
Assessing the broad array of factors that influence specific public health problems	49.4%
Collaborating with diverse communities to identify and solve health problems	68.2%
Communicating ideas and information in a way that clients and patients can understand	76.5%
Communicating in a way that persuades others to act (motivational interviewing)	61.2%
Engaging partners outside your organization to collaborate on projects	57.6%
Engaging staff within your organization to collaborate on projects	55.3%
Managing change in response to dynamic, evolving circumstances	44.7%
Other	4.7%

HOW EFFECTIVELY ARE CHWs UTILIZED AT YOUR ORGANIZATION?	
Effectively	41.9%
Not effectively at all	1.2%
Only somewhat effectively	25.6%
Very effectively	31.4%

PLEASE RATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS:	
CHWs ARE FULLY INTEGRATED THROUGHOUT MY ORGANIZATION.	
Neutral	21.7%
Somewhat agree	32.5%
Somewhat disagree	15.7%
Totally agree	24.1%
Totally disagree	6.0%
MY TEAM HAS FULLY INTEGRATED CHWs INTO THEIR WORK.	
Neutral	25.0%
Somewhat agree	27.4%
Somewhat disagree	7.1%
Totally agree	27.4%
Totally disagree	13.1%
OTHER DEPARTMENTS/TEAMS IN MY ORGANIZATION COULD INTEGRATE CHWs BUT ARE UNAWARE OF HOW TO DO SO.	
Neutral	41.7%
Somewhat agree	21.4%
Somewhat disagree	10.7%
Totally agree	16.7%
Totally disagree	9.5%
MY TEAM/DEPARTMENT DOES NOT HAVE ANY USE FOR CHWs.	
Neutral	16.3%
Somewhat agree	6.3%
Somewhat disagree	16.3%
Totally agree	5.0%
Totally disagree	56.3%

IN YOUR ORGANIZATION DO YOU SEE A NEED TO HIRE/WORK WITH MORE CHWs?	
No	13.0%
Unsure	33.3%
Yes	53.7%

DO YOU FEEL LIKE THE CHW WORKFORCE IN MARYLAND IS WELL SUPPORTED?	
No	22.8%
Unsure	56.1%
Yes	21.1%

WHICH OF THE FOLLOWING SUPPORTS WOULD MOST BENEFIT CHWs AT YOUR ORGANIZATION?	
CHW credentialing	22.2%
CHW focused professional development	27.2%
Establishment of clear and standardized CHW roles within and across organizations	35.8%
Increased CHW wages/salaries	37.0%
Increased funding of CHW programs	25.9%
Opportunities to engage in CHW peer learning cohorts	16.0%
Opportunities to practice techniques for client/patient outreach and encounters	17.3%
Other	3.7%
Specialized training and technical assistance	33.3%
Virtual/telehealth CHW training	24.7%
Workflows for integration into care teams	22.2%

ABOUT ALIVE! MARYLAND

Alive! Maryland, led by HealthHIV, features training, technical assistance, and capacity building to meet the needs of Maryland's HIV, viral hepatitis, STIs, and harm reduction workforce.

Education

Alive! Maryland offers Access Point, a self-paced virtual training institute designed with Maryland providers in mind, including many CEU opportunities that can be taken at your convenience. All opportunities are open to any Maryland-based healthcare workers, especially those in the infectious disease and primary care fields, such as healthcare providers, behavioral health providers, executive staff, medical staff, administrators, office staff, and more.

The CEUs we offer are course dependent and include CMEs, CNEs, CPEs, CHES/MCHES, and social work credits. Contact us with any questions about educational opportunities or CEUs at **info@alivemaryland.org**.

Training and TA

Alive! Maryland offers training and technical assistance for the State of Maryland's HIV, viral hepatitis, STIs, and harm reduction workforce and your organizations as you continue the fight against the epidemics in Maryland.

We offer technical assistance and capacity building assistance in the following areas:

- Organizational Infrastructure
- Fiscal Administration
- Data Collection Management and Reporting
- Service Provision
- And more!

Find the latest *Alive! Maryland* resources, including information about upcoming events, trainings, and educational opportunities — and sign up for our newsletter, *Exclamation Point!* — at alivemaryland.org.

HealthHIV

HealthHIV is a national non-profit working with organizations, communities, and health care providers to advance effective prevention, care, and support for people living with, or at risk for, HIV and HCV through education and training, technical assistance and capacity building, advocacy, and health services research and evaluation.

Learn more at HealthHIV.org.

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BUILDING CAPACITY TO IMPROVE HEALTH

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