

2012-2014

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

STRATEGY 1: STRATEGY FOR PREVENTION AND EARLY IDENTIFICATION

Goals

1. Reduce New HIV Infections
2. Increase Awareness of HIV
3. Increase Awareness of HIV Status
4. Ensure Early Entry Into Care
5. Maximize Adherence to Antiretroviral Therapy
6. Address the HIV Prevention Needs of High Incidence Communities
7. Reduce Population Risk Factors for HIV Infection
2. Sustain condom distribution for: (a) the general public and (b) for high-risk populations and communities (Houston Department of Health and Human Services; 2012-2014)
3. Expand social marketing and other mass education activities focused on raising HIV awareness and increasing HIV testing (e.g., *HIP HOP for HIV Awareness*, *Testing Makes Us Stronger, Greater Than AIDS*, etc.) (Houston Department of Health and Human Services; 2012-2014)

Solutions

1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that normalize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools
2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals
4. Intensify prevention with positives including treatment adherence, HIV prophylaxis, and behavior change interventions for HIV+ individuals and their partners
5. Expand the HIV prevention knowledge base to include behavioral surveillance and measures of community-wide HIV health
4. Sustain *targeted* HIV testing by community-based organizations to high-risk populations (Houston Department of Health and Human Services; 2012-2014)
5. Expand *non-targeted* routine, opt-out HIV testing in facilities serving high-risk populations (Houston Department of Health and Human Services; 2012-2014)
6. Document and present outcomes of the Expanded Testing Initiative (ETI) to encourage other hospital systems, private medical providers, and Federally Qualified Health Centers (FQHCs) to begin routine HIV testing in their facilities; cost benefit analysis and leveraging public/private collaboration should be emphasized (Houston Department of Health and Human Services; 2012)
7. Intensify combination HIV prevention in high-risk communities (Houston Department of Health and Human Services; 2012-2014)

Activities (Responsible Party, Timeline)

1. Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools (e.g., repeal the ban on syringe access, adopt comprehensive sexuality education in schools, etc.) (Houston Department of Health and Human Services; 2012-2014)
8. Implement training to Counseling, Testing, and Referral (CTR) providers on integrating HIV testing with testing for other (non-HIV) STDs and Viral Hepatitis (Houston Department of Health and Human Services; 2013)

Activities (Responsible Party, Timeline)

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9. Implement training to CTR providers about their role in encouraging entry into care beginning at post-test counseling/results notification; and establish linkage to care performance measures for CTR providers (Houston Department of Health and Human Services; 2012)
10. Implement training to Ryan White HIV/AIDS Program funded case managers on Partner Services (Houston Department of Health and Human Services; Ryan White Grant Administration; 2012)
11. Expand Disease Intervention Specialist (DIS) activities to include a readiness for HIV care assessment at the time of DIS interview as a means of assisting with linkage to care efforts (Houston Department of Health and Human Services; 2013)
12. Re-develop the Ryan White HIV/AIDS Program Service Category definition for Case Management (Non-Medical) (i.e., Service Linkage) during the *How to Best Meet the Need* process to improve linkage to care rates (Ryan White Planning Council; 2012)
13. Identify and disseminate a model protocol for a layperson system navigator program to assist newly-diagnosed HIV infected individuals to enter HIV care (Ryan White Planning Council/Office of Support; 2013)
14. Develop a toolkit for private medical doctors for how to link newly-diagnosed HIV infected individuals into the Ryan White HIV/AIDS Program (Ryan White Planning Council/Office of Support; 2013)
15. Expand the provision of Partner Services to HIV infected individuals (e.g. identification, notification, counseling and testing, and linkage to care for partners) (Houston Department of Health and Human Services; 2012-2014)
16. Sustain evidence-based behavioral interventions (EBIs)* for HIV infected individuals and their partners (Houston Department of Health and Human Services; 2012-2014) *Refer to the 2011 Texas HIV/STD Prevention Plan for a list of approved EBIs for use in the Houston Area.
17. Form a Scientific Advisory Council for the Houston Area that will use scientific expertise to advise on HIV prevention activities and research questions (Houston Department of Health and Human Services; 2012)
18. Support ongoing efforts of local HIV clinical trial networks (Ryan White Planning Council, HIV Planning Group; 2012-2014)
19. Develop community-wide guidelines for the use of Pre-exposure Prophylaxis (PrEP) and for Non-Occupational Post-Exposure Prophylaxis (nPEP) (Houston Department of Health and Human Services; 2013)
20. Launch a Ryan White HIV/AIDS Program clinical quality management initiative focused on retention in care (Ryan White Grant Administration/Clinical Quality Management Committee; The Resource Group; 2012)
21. Establish a mechanism for tracking medication adherence among Ryan White HIV/AIDS Program clients (Ryan White Grant Administration; 2012)
22. Establish a baseline for Houston Area community viral load of individuals in HIV care (Houston Department of Health and Human Services; 2014)

Benchmarks

1. Reduce the number of new HIV infections diagnosed in the Houston Area by 25 percent (from 1,029 to 771)
2. Maintain the number of HIV/STD brochures distributed at 86,389 annually
3. Maintain the mean number of calls per day to the local HIV prevention hotline at 6.2

Benchmarks Con't

4. Increase the number of persons reached each year with an HIV awareness message via the *HIP HOP for HIV Awareness* Radio One advertising campaign by 3.2 percent (from 1,231,400 to 1,353,438)
5. Maintain the percentage of individuals at *HIP HOP for HIV Awareness* that agree "HIV/AIDS is a major health problem for my peers" at 55.9 percent
6. Maintain the mean score on the *HIP HOP for HIV Awareness* individual HIV/STD knowledge test at 10.9 correct answers (out of 14)
7. Maintain the number of publicly-funded HIV tests at 165,076 annually
8. Increase the positivity rate for *targeted* HIV testing to 2 percent (from 1.7 percent) to demonstrate maximization of HIV testing resources in high risk populations
9. Reduce the positivity rate for *non-targeted* routine, opt-out HIV testing to 1 percent (from 1.2 percent) to demonstrate maximized identification of new positives
10. Maintain and, if possible, increase the percentage of individuals with a positive HIV test result identified through *targeted* HIV testing who are informed of their HIV+ status (from 92.9 percent to the goal of 100 percent)
11. Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by 25 percent (from 36.0 percent to 27.0 percent)
12. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis to 85 percent (from 65.1 percent)
13. Increase the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load by 10 percent (from from 57.0 percent to 62.7 percent)
14. Reduce the number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention by 25 percent (from 33 to 24)
15. Reduce or maintain the rate of STD infection per 100,000 population (Chlamydia = Maintain at 510.0, Gonorrhea = Reduce by 0.6% annually to 146.0; Primary and Secondary Syphilis = Reduce to 6.0)
16. Maintain the number of condoms distributed at 380,000 annually
17. Maintain the number of high-risk individuals receiving information on HIV risk reduction through community outreach at 9,000 annually
18. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV at 3,288 annually