

★ ROADMAP ★

TO ENDING THE HIV EPIDEMIC IN HOUSTON

~December 2016~

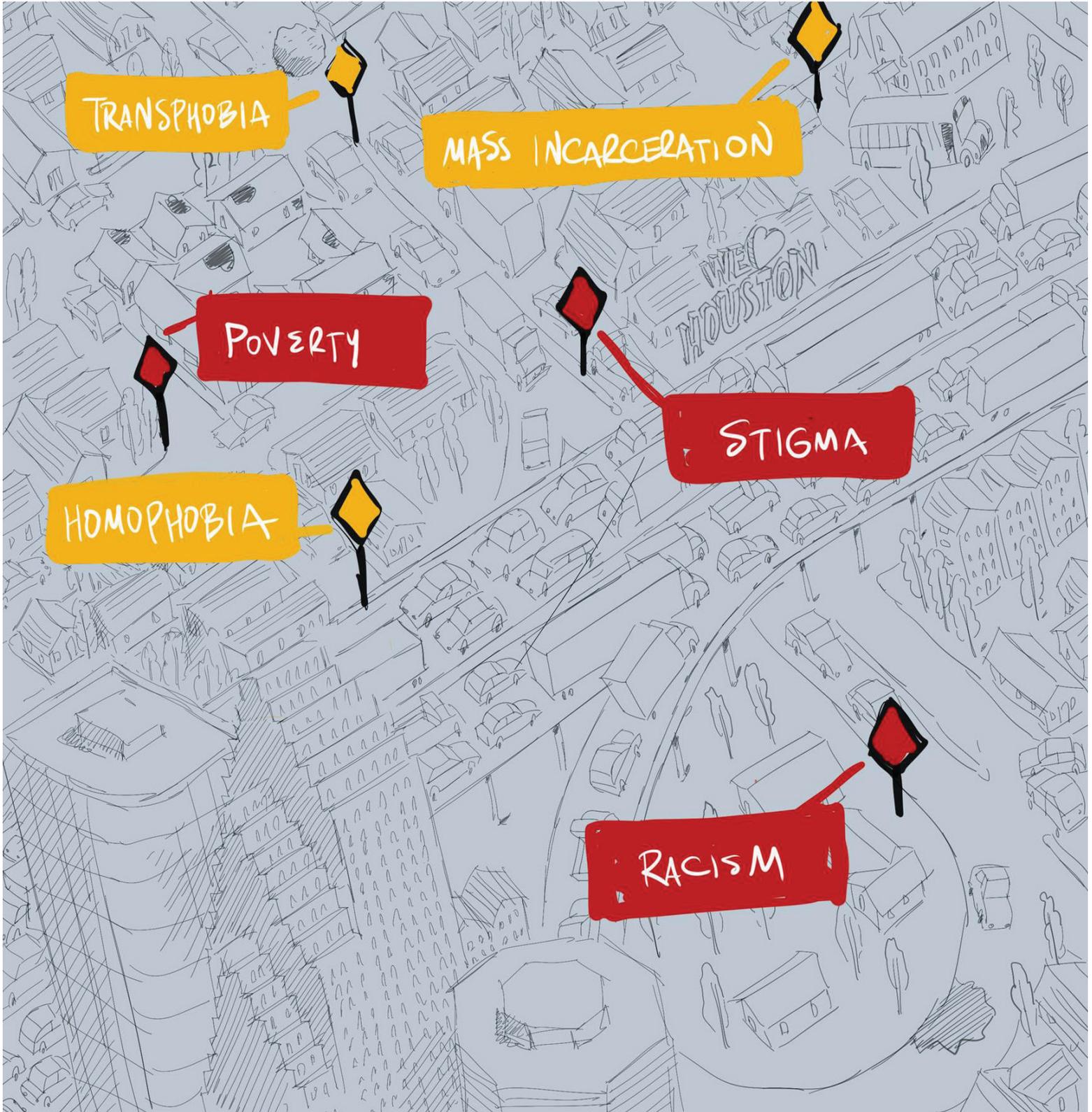


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I. EXECUTIVE SUMMARY

Houston has the highest number of new HIV/AIDS cases in the state of Texas, yet there is no collective sense of urgency to combat the disease. One out of every 200 Houston residents, according to the Houston Health Department, reports living with HIV, a reality with incalculable public health, social, and financial consequences. Although we have the medical and scientific knowledge to end the epidemic, political and health care leaders aren't paying attention to social factors that perpetuate the disease in the Houston area.

Thanks to a generous grant from the Ford Foundation and AIDS United, Houston's HIV leaders have developed this citywide roadmap—the first in Texas—that offers more than 30 recommendations to end the epidemic. The ambitious goal is to decrease new cases of HIV from roughly 1,200 per year to 600, or to cut the rate in half, over five years. Additionally, we strive for 90% of people living with HIV knowing their status; 90% of them staying in care; and 90% being virally suppressed.

“Roadmap to Ending the HIV Epidemic in Houston” outlines five core areas for the HIV and the non-HIV communities to achieve this goal. Those include (1) prevention of HIV in the first place, (2) access to care for those living with it, (3) social determinants that exacerbate it, (4) criminal justice reforms to slow it, and (5) public policies and funding to manage it. Our approach is intersectional and multidisciplinary. We draw on solutions and engagement from the medical, policy, faith-based, criminal justice, and education communities. Relegating responsibility to just health care and health providers has never and will never be effective.

Similar to other citywide plans in the U.S. aimed at combating HIV/AIDS, our plan focuses heavily on prevention and treatment and emphasizes key populations: men who have sex with men (MSM) (all ethnicities and ages), heterosexual African Americans, and transgender individuals. We recommend expanding routine HIV testing and expanding the market for pre-exposure prophylaxis (PrEP)—the daily pill that has over a 90% chance of protecting people from the virus. In addition, because Houston is incredibly diverse and home to large African American, Latino, and LGBTQ populations, health care providers must emphasize cultural sensitivity. People will not walk through the door to access care if they do not feel welcome.

Keeping people living with HIV/AIDS in care and virally suppressed is key. Holistic management can stop it from spreading. For this reason, it is important to expand access to care for those with HIV/AIDS by utilizing women-centered care models, streamlining protocols, training more health care workers on the Ryan White HIV/AIDS Program, and offering mental health and substance abuse treatment. Ryan White provides a comprehensive system of care that includes primary medical care and essential support services for the uninsured or underinsured living with HIV.

Along with prevention and treatment, interested parties must focus on the social determinants of health that preclude people from seeking treatment and acquiring an adequate level of health literacy. Particularly pronounced in Houston, these include poverty, racism, violence, stigma, homophobia, and transphobia. A Health is Wealth initiative, anti-stigma campaigns, and increased faith-based involvement would aid in combating the HIV/AIDS epidemic.



Due to high rates of HIV among incarcerated individuals, there is a need for programs targeting this population before and after they transition back into society. Community organizations should partner with the correctional system to create drop-in centers that would provide HIV care, primary care, and mental health services for those just released. We as a community must make their transition back into society less onerous to obtaining identification cards, temporary housing, and a 30-day supply of HIV medication.

Finally, public policy at the local and state level appears indifferent to eradicating HIV. The City of Houston and Harris County should emulate other major cities, including San Francisco and Atlanta, in allocating funds for programs aimed at prevention. Private entities should also contribute towards these programs. At the statewide level, strengthening Medicaid would reduce the cost of care—a well-documented problem in a state with the highest rate of uninsured in the nation.

This report provides solutions—most practical, a few aspirational. It is the job of stakeholders to decide which solutions are feasible to implement. The END Implementation Group is here to help coordinate all private and public interest in ending the epidemic. The group will develop benchmarks, metrics, and budgets for successful implementation of this plan through 2021. Join us for the beginning of the end of HIV in Houston.



II. BACKGROUND ON THE EPIDEMIC IN HOUSTON/HARRIS COUNTY

A disease or outbreak is defined as an epidemic when substantial numbers of cases are involved, and when these numbers vary significantly over time. HIV/AIDS in Houston has increasingly become an epidemic which impacts those living in poverty, people of color, and communities facing multiple forms of discrimination. For this reason, a spectrum of non-medical services are necessary to reduce barriers to medical care for people living with HIV/AIDS.

Access to health care breaks down strikingly along racial lines. Compared to Whites, African Americans are twice as likely to be uninsured, while Hispanics are four times as likely to be uninsured. Houston/Harris County leads the state with the highest number of people living with HIV/AIDS. The Centers for Disease Control and Prevention (CDC) ranked Houston 12th in the nation for new cases of HIV.¹

The Houston Area is also unique in the way it provides prevention and care services for HIV. The city Health Department is responsible for most of the programs focused on prevention, which are primarily funded by the CDC. Harris County is responsible for HIV care and treatment and uses both federal Ryan White funding and monies from the state of Texas.

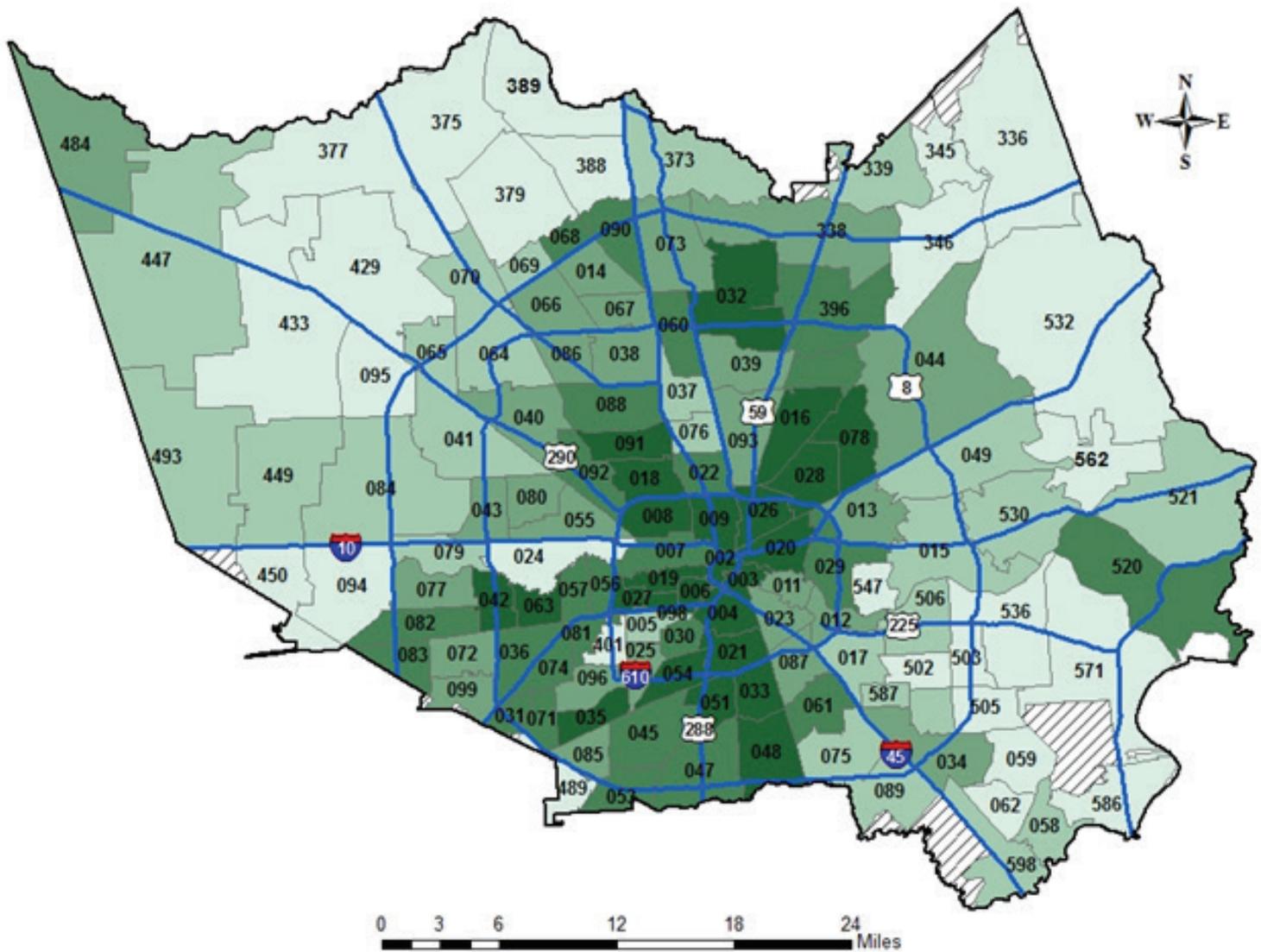
There were 22,551 people living with HIV in Houston/Harris County by the end of 2013. In 2014, 1,288 new HIV diagnoses were reported. The disease doesn't discriminate; it runs through all types of neighborhoods, hitting the African-American population in Houston the hardest.²

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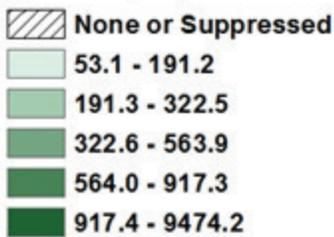
¹ CDC Surveillance Reports (HIV: 2013, STD: 2013)

² Houston Health Department, HIV Surveillance Program. HIV Infection in Houston: An Epidemiologic Profile (2010-2014)

People living with HIV by zip code in Houston/Harris County, 2013



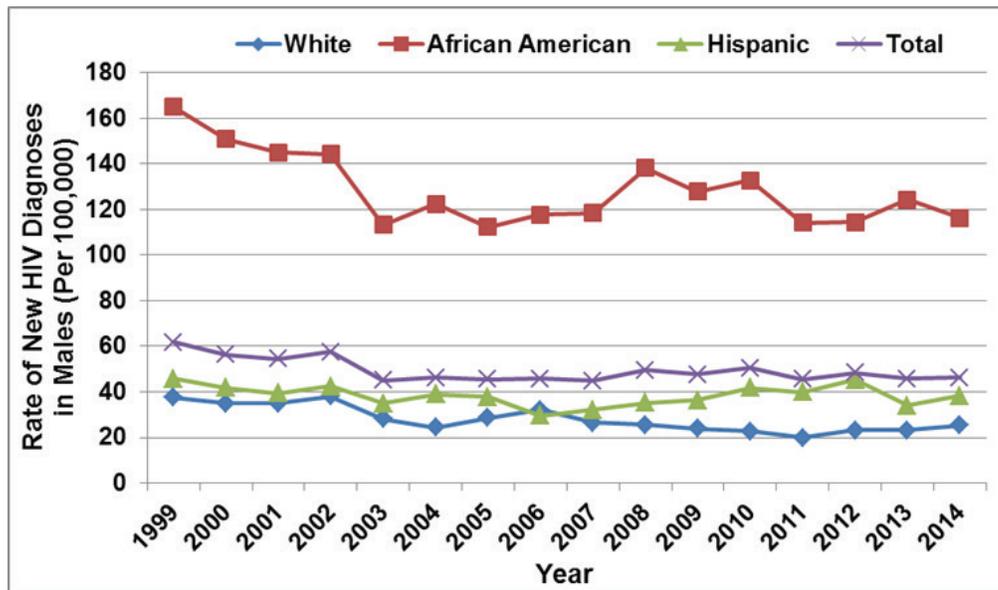
Rate by ZIP code (Per 100,000)



Source: Texas eHARS, 2015. The number of PLWH includes all cases diagnosed earlier than 12/31/2013 with address at 12/31/2013 residing in Houston/Harris County and reported to Texas eHARS through 7/26/2015. The population data was based on 2010 US Census. The rates by ZIP code were grouped by quintiles and shown in the map. ZIP codes were labeled using the last three digits only (e.g. 77002 was labeled as "002"). ZIP codes with less than five cases were suppressed to protect patients' confidentiality.

African American men and women are disproportionately impacted by HIV diagnoses. African American males had the highest rate of new HIV diagnoses each year.³

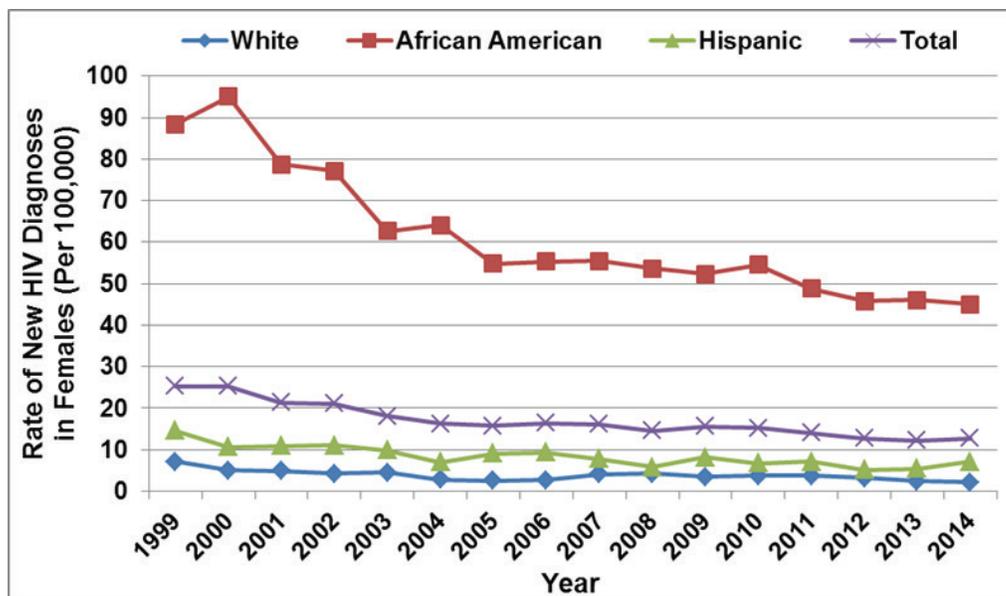
Rates of New HIV Diagnoses by Race/Ethnicity in Males, Houston, Harris County, 1999-2014



Source: Texas eHARS, 2015

Although the rates of HIV decreased slightly for African American females, they continue to be the most impacted group among women.

Rates of New HIV Diagnoses by Race/Ethnicity in Females, Houston, Harris County, 1999-2014

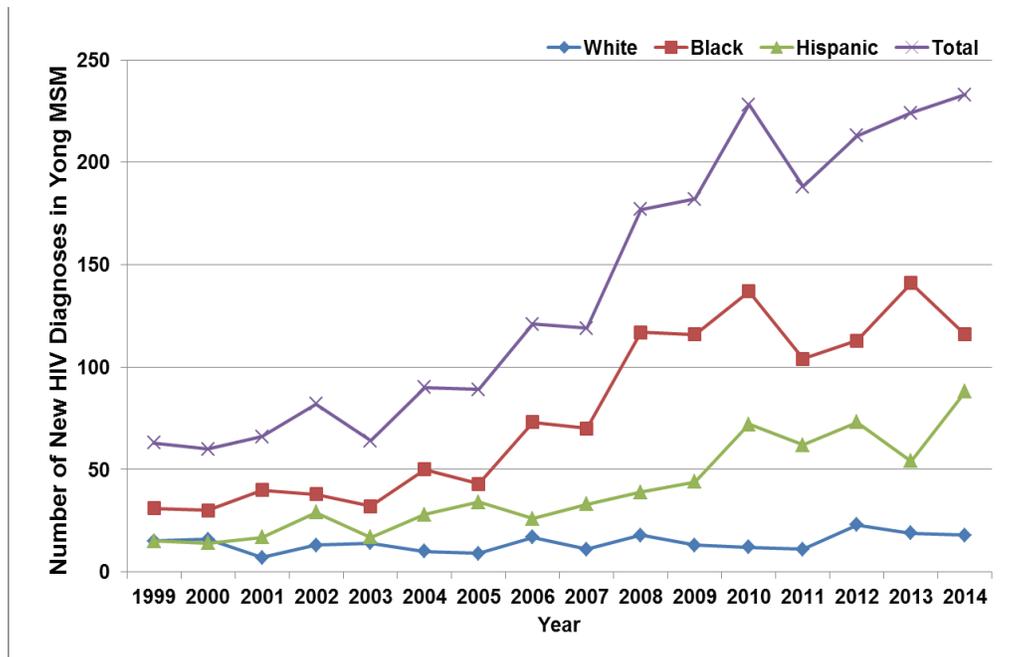


Source: Texas eHARS, 2015

³ Houston Health Department, HIV Surveillance Program. HIV Infection in Houston: An Epidemiologic Profile (2010-2014)

In young MSM (13-24 years old), the number of new HIV diagnoses doubled from 1999 to 2014 in African Americans and Hispanics. In Whites, the numbers increased slightly from 1999 to 2014. Overall, the number of new HIV diagnoses in young MSM increased from 2003 to 2014 in Houston/Harris County.⁴

New HIV Diagnoses in Young (13-24 Years) Men Who Have Sex with Men by Race in Houston, Harris County, 1999-2014



Houston/Harris County, 1999-2014

⁴ Houston Health Department, HIV Surveillance Program. HIV Infection in Houston: An Epidemiologic Profile (2010-2014)

III. DEVELOPMENT OF THE PLAN

In November 2015, Legacy Community Health (Legacy) received a \$50,000 Southern Regional Expansion of Access and Capacity to Address HIV/AIDS (REACH) grant from AIDS United and the Ford Foundation. One of only three Texas grantees, Legacy used the funding to facilitate the development of this roadmap to reduce HIV/AIDS in the city.

On March 29–30, 2016, community leaders attended an invitation-only two-day kickoff of this END plan. Led by Legacy, in collaboration with Housing Works and the Harvard Center for Health Law & Policy Innovation, attendees explored the state of HIV/AIDS at a local, state, and federal level. Participants were divided up into work groups tasked with tackling five broad subject areas: (1) access to care, (2) prevention, (3) social determinants of health, (4) criminal justice, and (5) policy/research. Each work group was headed by two co-chairs, at least one of whom was a person living with HIV, who led the development of actionable recommendations using an intersectional approach and viewing the issues with social and racial justice lenses. We also sought involvement from both HIV and non-HIV organizations in the domestic violence, faith-based, and law enforcement arenas.

The work groups met monthly from April through July. During that time, each of the work groups completed a SWOT analysis, developed a vision statement, thought through intersectional issues, and developed recommendations. Those recommendations form the basis of this roadmap.

A second community meeting was held in September for the work groups to review and provide feedback on the draft plan. The work groups prioritized the recommendations based on level of difficulty to implement and importance. This final END report reflects the input of over 150 community members and countless hours of work. Members of Houston’s Federally Qualified Health Centers (FQHC) also met on two occasions to review the plan and provide feedback. During this process, we concluded that a coordinated and system-wide response—by the Houston health care system, community-based organizations, government, research, social service providers, schools and others—was necessary to achieve the goal of ending the epidemic in Houston/Harris County.



IV. RECOMMENDATIONS

PREVENTION

The vision of the prevention work group is that the Houston Area will be a place where HIV transmission is rare and all residents are free to live, love, and have sex without fear. Houston/Harris County will have seamless access to culturally relevant HIV prevention services that include expanded targeted and routine testing, comprehensive prevention education, and increased availability of PrEP and non-occupational post-exposure prophylaxis (nPEP).

We must increase the opportunities—and decrease the cost—for providers to prescribe both PrEP and nPEP, and expand access to all key populations.

Recommendation 1: Improve cultural awareness of health care and service providers

The goal is to increase the number of people being tested and treated for HIV. However, people will not access care if they do not feel welcome in the space, or if the services are delivered in a culturally insensitive manner. Cultural sensitivity involves being aware that cultural differences and similarities exist between people without assigning them a value—positive or negative, better or worse, right or wrong.⁵

Some specific actions include:

- Train medical providers to create environments that are welcoming and culturally sensitive in collaboration with members of the key populations.⁶ That means we need inclusive health care and service facilities with a diversified staff that have an understanding of the social and economic conditions of the community.
- Encourage medical providers to collaborate with transgender community leaders to develop a transgender friendly resource guide on accessing care and HIV prevention.
- Engage in active recruitment of people from nearby communities to ensure that staff reflects the diversity of the community being served.
- Analyze cost effectiveness and financial benefit of having cultural competence in place.

⁵ <http://redshoemovement.com/what-is-cultural-sensitivity/>

⁶ For the purposes of this plan, key populations include men who have sex with men of all ethnicities and ages, heterosexual African American men and women and transgender persons.



Recommendation 2: Expand the market for Pre-Exposure Prophylaxis (PrEP) and Non-occupational Post-Exposure Prophylaxis (nPEP)

Currently access to PrEP is prescribed primarily by HIV providers and targets MSM. We must increase the opportunities—and decrease the cost—for providers to prescribe both PrEP and nPEP, and expand access to all key populations.

Some specific actions include:

- Expand the availability and sustainability of PrEP and nPEP through education, referral, patient navigation, and cost effectiveness.
- Develop PrEP and nPEP educational and marketing campaigns specifically targeted to key populations.
- Include PrEP and nPEP information as a routine part of screening for sexually transmitted diseases (STDs).
- Educate primary care non-HIV providers on how to prescribe and provide follow up for PrEP and nPEP.

Recommendation 3: Encourage providers to include routine HIV testing as a standard protocol of their practice

Routine and widespread HIV testing is absolutely critical to avoiding new cases of HIV and to getting those living with HIV/AIDS diagnosed and into care.

Some specific actions include:

- Develop a provider training tool kit that would include basics on prevention and treatment, PrEP, nPEP, how to deliver HIV test results, and links to care and billing codes.
- Ensure clinicians have access to adequate protocols for integrating routine HIV testing into practice.

Recommendation 4: Increase HIV testing

To meet the goals of this plan, we need everyone who is living with HIV to be aware of their status and engaged in care. That means we must increase the number of people tested for HIV. According to the CDC, one in eight Americans who are living with HIV/AIDS do not know their status.⁷ Recent scientific advances have confirmed that when an individual living with HIV/AIDS has achieved an undetectable viral load for six months, the chance of spreading the virus is very low. This is known as treatment as prevention (TasP).⁸ Research has also shown that people who know their status tend to practice safer sex behaviors. Testing for other STDs should be increased simultaneously with testing for HIV. Those who have an STD are at increased risk for HIV if exposed sexually. Similarly, those living with HIV are more likely to transmit HIV sexually if diagnosed with an STD.⁹

⁷ <http://www.cdc.gov/hiv/statistics/overview/ata glance.html>

⁸ <http://www.preventionaccess.org/consensus>

⁹ <http://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>



Some specific actions include:

- Increase access through more HIV/STD testing sites such as: expand the use of mobile testing units, increase testing at community events, and engage new partners to expand testing opportunities using the best available technology.
- Launch a robust marketing campaign focused on the need for HIV/STD testing and to fill in information gaps, including (1) making women aware that well-women exams do not include HIV/STD testing unless specifically requested; and (2) inform the general public that physical exams do not include HIV/STD testing unless specifically requested.

Recommendation 5: Launch culturally sensitive public education campaigns identifiable to key populations

In addition to recommendation number one, it is critical to educate individuals from communities disproportionately impacted by HIV/AIDS because they have unique perspectives and needs. There are a series of actions that we must convey for the prevention/treatment message among key populations.

Some specific actions include:

- Develop tailored and culturally sensitive marketing and educational materials on prevention, including campaigns that target both youth and adults.
- Include community representation at every level in the development of marketing materials, and use relevant marketing venues and tools (e.g., radio, Spotify, Grindr, and other social media).
- Host or partner with existing HIV prevention conference(s) in Houston for nontraditional stakeholders, such as teachers, faith-based organizations and elected officials. People living with HIV should be included in these conferences. The content of these conference(s) would include:
 - Latest biomedical interventions, such as PrEP, nPeP, and HIV basics.
 - Information on cultural appropriateness to key populations.
- Recommit to grassroots street outreach in high incidence or prevalence areas such as strip clubs, bookstores, and cantinas.
- Collaborate with the Houston HIV Prevention Community Planning Group to improve dissemination of educational information in the community.
- Explore the feasibility of a partnership with the AIDS Education and Training Center (AETC) to host regular forums on how to best meet the needs of the transgender community, specifically targeting transgender women of color.

ACCESS TO CARE

The vision of the access to care work group is to ensure all residents of the Houston Area receive proactive and timely access to comprehensive and non-discriminatory care to prevent new diagnoses, and for those living with HIV/AIDS to achieve and maintain viral suppression.

Recommendation 1: Enhance the health care system to better respond to the HIV/AIDS epidemic

The ability of the local health care system to appropriately respond to the HIV/AIDS epidemic is a crucial component to ending the epidemic in Houston. FQHCs, in particular, represent a front line for providing comprehensive and appropriate access to care for people living with HIV/AIDS. While we acknowledge the commitment of many medical providers to provide competent care, ending the epidemic will require a more coordinated and focused response.

Some specific actions include:

- Develop a more coordinated and standard level of HIV prevention services and referrals for treatment, so that patients receive the same type and quality of services no matter where care is accessed.
- Integrate a women-centered care model approach to increase access to sexual and reproductive health services. Women-centered care meets the unique needs of women living with HIV and provides care that is non-stigmatizing, holistic, integrated, and gender-sensitive.
- Train more medical providers on the Ryan White care system.
- Explore feasibility of implementing a pilot rapid test and treat model, in which treatment would start immediately upon receipt of a positive HIV test.
- Better equip medical providers and case managers with training on best practices, latest developments in care and treatment, and opportunities for continuing education credits.
- Increase use of METRO Q® Fare Cards, telemedicine, mobile units, and other solutions to transportation barriers.
- Develop performance measures to improve community viral load as a means to improve health outcomes and decrease HIV transmission.
- Integrate access to support services such as Women, Infants and Children (WIC), food stamps, Children's Health Insurance Program (CHIP), and health literacy resources in medical settings.



**Ending the epidemic
will require a more
coordinated and
focused response.**

Develop cultural trainings in partnership with members of the community that address the specific cultural and social norms of the community.

Recommendation 2: Improve cultural competency for better access to care

Lack of understanding of the social and cultural norms of the community is one of the most cited barriers to care. These issues include race, culture, ethnicity, religion, language, poverty, sexual orientation and gender identity. Issues related to the lack of cultural competency are more often experienced by members of the very communities most impacted by HIV. Medical providers must improve their cultural understanding of the communities they serve in order to put the “care” back in health care. Individuals will not seek services in facilities they do not feel are designed for them or where they receive insensitive treatment from staff.

Some specific actions include:

- Develop cultural trainings in partnership with members of the community that address the specific cultural and social norms of the community.
- Include training on interventions for trauma-informed care and gender-based violence. This type of care is a treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma that contribute to mental health issues including substance abuse, domestic violence, and child abuse.
- Establish measures to evaluate effectiveness of training.
- Revise employment applications to include questions regarding an applicant’s familiarity with the community being served. New hires with lack of experience working with certain communities should receive training prior to interacting with the community.

Recommendation 3: Increase access to mental health services and substance abuse treatment

Access to behavioral health and substance abuse treatment are two of the most critical unmet needs in the community. Individuals have difficulty staying in care and adhering to medication without access to mental health and substance abuse treatment. Comprehensive HIV/AIDS care must address the prevalence of these conditions.

Some specific actions include:

- Perform mental health assessments on newly diagnosed persons to determine readiness for treatment, the existence of an untreated mental health disorders, and need for substance abuse treatment.
- Increase the availability of mental health services and substance abuse treatment, including support groups and peer advocacy programs.
- Implement trauma-informed care in health care settings to respond to depression and post-traumatic stress disorders.

Increase the availability of mental health services and substance abuse treatment.

Recommendation 4: Improve health outcomes for people living with HIV/AIDS with co-morbidities

Because of recent scientific advances, people living with HIV/AIDS, who have access to antiretroviral therapy, are living long and healthy lives. HIV/AIDS is now treated as a manageable chronic illness and is no longer considered a death sentence. However, these individuals are developing other serious health conditions that may cause more complications than the virus. Some of these other conditions include Hepatitis C, hypertension, diabetes, and certain types of cancer. When coupled with an HIV diagnosis, these additional conditions are known as co-morbidities. HIV treatment must address the impact of co-morbidities on treatment of HIV/AIDS.

Some specific actions include:

- Utilize a multi-disciplinary approach to ensure that treatment for HIV/AIDS is integrated with treatment for other health conditions.
- Develop treatment literacy programs and medication adherence support programs for people living with HIV/AIDS to address co-morbidities.

Recommendation 5: Develop and publicize complete and accurate data for transgender people and those recently released from incarceration

There is insufficient data to accurately measure the prevalence and incidence of HIV among transgender individuals. In addition, there appears to be a lack of data on those recently released from incarceration. We need to develop data collection protocols to improve our ability to define the impact of the epidemic on these communities.

Recommendation 6: Streamline the Ryan White eligibility process for special circumstances

The Ryan White program is an important mechanism for delivering services to individuals living with HIV/AIDS. In order to increase access to this program, we must remove barriers to enrollment for qualified individuals experiencing special situations. We recommend creating a fast track process for Ryan White eligibility determinations for special circumstances, such as when an individual has recently relocated to Houston and/or has fallen out of care.

Recommendation 7: Increase access to care for diverse populations

According to the 2016 Kinder Houston Area Survey, the Houston metropolitan area has become “the single most ethnically and culturally diverse urban region in the entire country.” Between 1990 and 2010, the Hispanic population grew from 23% to 41%, and Asians and others from 4% to 8%. It is imperative that we meet the needs of an increasingly diverse populace.¹⁰

Some specific actions include:

- Train staff and providers on culturally competent care.
- Hire staff who represent the communities they serve.
- Increase access to interpreter services.
- Develop culturally and linguistically appropriate education materials.
- Market available services directly to immigrant communities.

¹⁰ https://kinder.rice.edu/uploadedFiles/Center_for_the_Study_of_Houston/53067_Rice_HoustonAreaSurvey2016_Lowres.pdf

SOCIAL DETERMINANTS OF HEALTH

The vision of the social determinants of health work group is for community stakeholders to work together to ensure that the physical, emotional, and spiritual needs of the community are met. This will be accomplished by securing equal and equitable access to a full range of quality, affordable, non-discriminatory, and culturally sensitive health care options—including HIV/AIDS education, prevention and treatment.

Recommendation 1: Implement the Health is Wealth initiative

Social determinants of health include social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. A culture's level of poverty, discrimination, education play a role in creating a wide range of health and quality of life outcomes. Each of our environments—from cradle to grave impact our health.

Houston faces a number of unique challenges in ending the epidemic due to the conservative nature of politics in the south and influences of the various religious beliefs. A community's lack of civic/political will to tackle large-scale problems, or to prevent them from happening altogether, Houston has well-documented challenges on these fronts.

We recommend undertaking a major initiative called Health is Wealth that would target Houston communities highly impacted by the HIV epidemic. Health is Wealth would recognize the direct relationship between social drivers of health and vulnerability to HIV. We believe that—in addition to improving the quality of life for residents of our most heavily impacted—we must also improve health, wellness, and literacy among members of those communities. This initiative would address the root causes, or social drivers, of the epidemic—poverty, racism, housing instability, mass incarceration, and unemployment—that make these communities vulnerable to HIV. The goal would be to establish a level of health literacy that all communities could achieve regardless of income, location, and other social factors.

The goal would be to establish a level of health literacy that all communities could achieve regardless of income, location, and other social factors.

Health is Wealth would focus on the following four “wealths” that we believe would lead to healthier communities.

1. Physical wealth would focus on the physical and built environments that impact the health of a community—housing, cleanliness, graffiti, and crime—and accessible community facilities like schools, health clinics, or other blighted conditions that do not support healthy communities. Physical health also refers to individual health and wellness, and would include access to activities that promote health and wellness learning, recreation, elimination of food deserts, health fairs, and community-based sex education for all ages.

2. Mental/emotional wealth would focus on activities that increase the mental and emotional well-being of the community. Activities would include cultural/community pride events, self-esteem classes, parenting classes, rites of passage, mental health and substance abuse services, and mentoring programs.

3. Spiritual wealth would include faith-based practices, religious and non-religious activities, and self-help programs for managing grief, trauma, self-healing such as yoga and meditation. These activities would be faith-based, community-based and/or community-led.

4. Civic/community wealth would include increasing levels of civic engagement and reducing the number of disenfranchised communities. This would be achieved by supporting greater involvement in local government and civic organizations, career/college fairs and any other means to promote civic pride and involvement.

We are aware a number of entities could create health is wealth programs. Although a number of these activities may already be taking place, we would unify them under a single umbrella—a centralized hub—that builds on the existing strengths or “wealths” of Houston. Venues for these types of program would be daycares, schools, churches and other places of worship, senior citizen facilities, parks, and other community gathering places.

Recommendation 2: Address gender-based violence and sexual and reproductive health

Achieving the best health outcomes for women living with HIV requires unique medical care and support services. Both must be non-stigmatizing, gender-sensitive, and affirming of the rights and dignities of women living with HIV. We must ensure that HIV care is integrated into sexual and reproductive health care for women of all ages. We must remove all barriers for women seeking and/or remaining in care in order to effectively meet their health care needs.

Some specific actions include:

- Develop women-centered and trauma-informed care models. A trauma-informed model recognizes that a large majority of individuals have experienced trauma (domestic violence, sexual assault, crime, and HIV diagnoses) and staff members need to be trained to look for symptoms and be equipped to respond appropriately and prevent further trauma. This is particularly true for those living in communities disproportionately impacted by social determinants that make them vulnerable to acquiring HIV.
- Integrate sexual reproductive health services into standard HIV/AIDS treatment for both women with HIV and HIV prevention for at-risk negative women.
- Lead counseling/trainings at clinical and community-based institutions on sexual health and reproductive rights. Trainings should be grounded in sex positivity and include current information about treatment and prevention options.
- Develop cross-training partnerships between organizations focusing on gender-based violence, human sex trafficking, and HIV/AIDS to highlight the intersection of sexual, physical and emotional abuse and HIV/AIDS.
- Explore feasibility of forming a partnership with AIDS Education and Training Center (AETC) to create and deliver such trainings.

Recommendation 3: Increase faith-based involvement

There is a grave need to spark the HIV/AIDS conversation in churches across Houston, with a focus on those headed by African American and Latino clergy. Because members of the clergy are trusted messengers in their respective communities, we would explore the option of partnering with organizations (like the NAACP) to identify pastors willing to speak to their congregations about HIV prevention and treatment.

We would encourage faith-based entities to get involved with the HIV and LGBTQ movements as they have historically done with social justice issues

Historically, churches have not been supportive of people living with HIV. Rather, they have perpetuated the stigma attached to living with HIV, and fostered the negative feelings that have given rise to homophobia and transphobia. Because HIV is a social justice issue as well as a medical issue, we would encourage faith-based entities to get involved with the HIV and LGBTQ movements as they have historically done with social justice issues. We would encourage advocates and people living with HIV/AIDS to partner with entities like the Urban AIDS Ministry to foster dialogue with clergy. Ultimately this new line of communication could lead to permanent changes in faith-based communities.

Recommendation 4: Reduce stigma and discrimination

Although Houston is the nation's most demographically diverse city, there is still progress to be made in becoming more inclusive and free of judgment. In addition to the stigma surrounding HIV, discrimination—based on race, sexual orientation, and gender identity—is an important reality in Houston. MSM of all ethnicities, heterosexual African-American women and men, and transgender persons are all disproportionately affected. Subtle and overt discrimination against these groups represents a significant barrier to seeking treatment or accessing care, worsens provider-patient relationships, and inevitably contributes to poor health outcomes. Racism, stigma, homophobia, and transphobia are barriers to care and prevention. Ending the epidemic in Houston will only happen once negative attitudes—and misinformation held by too many providers, policymakers, and community members—are addressed. Changing hearts and minds is critical to eradicating Houston's HIV epidemic.

Specific actions include:

- Develop public health approaches and solutions that consider the prevalence of HIV stigma, homophobia, transphobia, and health disparities.
- Implement stigma reduction curricula for all personnel in health care settings providing care to persons with HIV.
- Develop city/county wide social marketing campaigns to combat stigma directly and change attitudes towards people living with HIV/AIDS.



CRIMINAL JUSTICE

The vision of the criminal justice work group is to create a place that promotes healthy living and understanding for incarcerated individuals, and provides a stable and supportive environment once those individuals return to their communities.

The prevalence of HIV/AIDS among individuals in jails or prisons in the U.S. is four times that of the general population. Because African American men are incarcerated at the highest rates and are most impacted by HIV, they are more likely to spread HIV after being released. This is a key driver of the epidemic among women, who contract HIV from previously incarcerated men.¹¹

One of the problems is that treatment for men is often interrupted during incarceration (lack of available treatment) or after release (limited or no access to health care). Thus, many believe that efforts to halt the spread of HIV among African Americans, the most impacted group in the United States, will not be successful without addressing the criminal justice system and reducing the rate of mass incarceration.¹²

We acknowledge that many of the recommendations in this area will require funding at a time when government budgets are tight. To fund the recommendations below, we propose working with the Harris County Commissioner's Court and state legislators and pursuing corporate, government, pharmaceutical, and foundation dollars.

Recommendation 1: Create drop-in center(s) for persons recently released from incarceration

A drop-in center is needed for services and information for previously incarcerated individuals with a fast-track program designed to maintain HIV care for those recently released. Communities would partner with the correctional system to offer centralized eligibility, referrals, and the ability to provide medication until medical appointments are available. Drop-in centers would provide centralized intake, assessments, and linkage to appropriate services such as primary care, mental health, substance abuse, and housing.

Recommendation 2: Make transition back into community less onerous

The transition back into the general community is often difficult for incarcerated individuals. There are many barriers to HIV treatment and prevention that can arise during this transitional period. For example, these individuals may have difficulty obtaining proper identification, which can hinder their ability to access care. Because this is a critical intervention point, more must be done to support these individuals during this period in order to facilitate their rehabilitation and improve community health.

Some specific actions include:

- Implement a process to ensure that persons are released with either identification or an ability to obtain identification. This could be accomplished by (1) creating a Harris County Jail (HCJ) issued identification card similar to that of Texas Department of Criminal Justice (TDCJ), (2) partnering with service providers to allow Automated Fingerprint

¹¹ <https://www.blackaids.org/news-2016/2805-mass>

¹² <https://www.blackaids.org/news-2016/2805-mass>

Information System (AFIS) documentation to be used as identification for certain service providers, or (3) working with the Texas Department of Public Safety (DPS) to negotiate use of AFIS documentation to obtain a DPS identification.

- Ensure success for individuals returning to the community by eliminating structural barriers to employment, such as hiring practices that discriminate against people with criminal records. We suggest partnering with the Ban the Box campaign to encourage Houston employers to remove questions regarding criminal records from employment applications.
- Create housing programs for the recently released to integrate them back into the community. It is well established that housing is a crucial factor in HIV treatment; people experiencing housing insecurity are less likely to stay in care. Housing programs should include holistic support systems, access to health care (including mental and behavioral treatment), and employment training services.¹³
- Create a partnership between HCJ and AIDS Drug Assistance Program (ADAP) to ensure that all released individuals have a 30 day supply of necessary medications upon release. To ensure that people living with HIV are diagnosed, HCJ could screen for HIV and STDs at the time of release.
- Partner with TDCJ to improve HIV care for those incarcerated in HCJ.
- Explore feasibility of increased collaboration between the HCJ or TDCJ, The Harris Center for Mental Health and IDD (Harris Center), and other community based mental and behavioral health providers.
- Appoint a member of the Harris Center to serve on the advisory board for the Harris County Sheriff.
- Work closely with Serving the Incarcerated and Recently Released (SIRR) as a resource to filling the gap for care.

Recommendation 3: Implement the “Healthy Person” initiative to improve HIV/AIDS literacy in the correctional system

The health literacy of our correctional system must be improved, including that of incarcerated persons and of certain criminal justice and correctional staff. In order to provide adequate care for incarcerated individuals living with HIV/AIDS, the correctional system leadership and staff must be educated on HIV/AIDS issues. We recommend starting the Healthy Person Initiative using the Harris County Sheriff’s existing mental and behavioral health program as a model. This would recognize that incarceration is the “ultimate intervention opportunity” to improve health literacy among key stakeholders and include some of the specific actions shown below.

- Educate appropriate staff and all incarcerated persons on health issues including, but not limited to, HIV/AIDS, diabetes, hypertension, and mental and behavioral health conditions so that inmates can improve their health both during incarceration and after release.
- Incentivize correctional staff to complete online trainings relating to health literacy by offering increased benefits and/or compensation.
- Develop a fact sheet to highlight the differences in HIV/AIDS protocols between the TDCJ and HCJ to educate key policymakers and legislators on HIV/AIDS and other related issues in the Harris County correctional system.

¹³ Aidsunited.org/data/files/site_18/AW2016-Housting-final.pdf

Recommendation 4: Improve HIV/AIDS medical care in the correctional health System

Incarcerated individuals living with HIV/AIDS have a limited ability to obtain their own care. As the Supreme Court noted in *Estelle v. Gamble*¹⁴, denial of medical care violates the protection against cruel and unusual punishment under the Eighth Amendment precisely because inmates cannot attend to their own medical needs. This must change.

Some specific actions include:

- Integrate treatment for HIV/AIDS with the entire correctional health system and no longer treat HIV separately from other medical conditions.
- Require mandatory HIV testing during initial processing for all persons upon arrival.
- Allocate additional resources to address the mental / behavioral health issues in the incarcerated population, especially among persons living with HIV/AIDS.
- Expand opportunities for substance abuse treatment and services during incarceration.
- Because HIV/AIDS in women and intimate partner violence can be linked, the correctional health system should provide anger management and other appropriate interventions for persons convicted of related offenses.
- Require that all persons receive mandatory rapid-HIV test upon release from incarceration.



**Require mandatory
HIV testing during
initial processing for
all persons upon
arrival.**

Recommendation 5: Allow access to condoms in the correctional system

HCI currently does not allow condoms for its incarcerated population because there is no acknowledgment that sex occurs in its facilities. Denial exacerbates the problem. Sex does occur while incarcerated and the lack of condoms only increases the risk that the incarcerated individuals will contract HIV. In order to allow these individuals to practice safer sex, HCI must provide condoms. Advocates must be prepared to lobby their state legislators to pass legislation mandating access to condoms for incarcerated individuals.

¹⁴See *Estelle v. Gamble*, 429 U.S. 97 (1976).

POLICY AND RESEARCH

The vision of the policy and research work group in Houston is to live and work in an evidenced-based policy environment, one in which public policy helps bring an end to new diagnoses and one where all Texans have access to inclusive, quality person-centered health care.

Recommendation 1: Integrate this END plan with the Houston Area Comprehensive HIV Prevention and Care Services plan

The Houston Health Department, HIV Prevention Community Planning Group, Ryan White Planning Council & Office of Support, Harris County Public Health, and the Houston Regional HIV/AIDS Resource Group, Inc. recently developed a comprehensive HIV plan. To avoid duplication of efforts and ensure a coordinated response to the epidemic, we recommend integrating both plans into one document early next year.

Recommendation 2: Obtain funding in the public budget for HIV/AIDS services

In order to achieve many of the recommendations in this plan, dedicated funding is required from both public and private entities. This is especially concerning since Houston ranks 12th - out of hundreds of major U.S. cities - in the number of new HIV cases. We believe that local government agencies, including the City of Houston and Harris County, must make a greater financial investment in their health departments' efforts to end our epidemic in Houston. Particularly, this should include local investment from general revenue funds, so that HIV programs are not entirely supported by grant funding.

Recommendation 3: Increase access to health care for all Texans

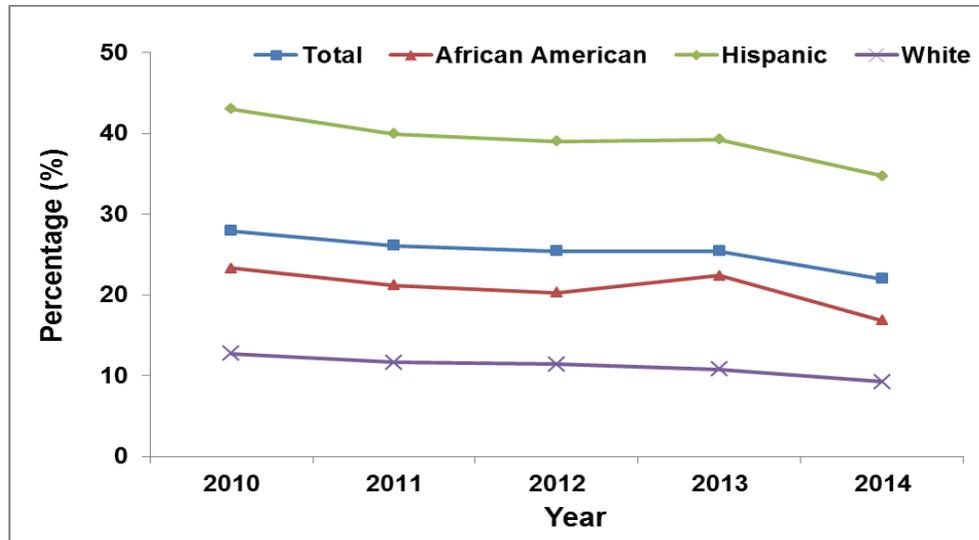
Access to health care has been repeatedly demonstrated to improve health outcomes for everyone, but especially for people living with HIV/AIDS. Increasing access means in part, making it affordable, i.e., getting more people on insurance in a state that has the highest uninsured rate in the country. Expanding the state's Medicaid program is crucial for combating the high rates of uninsured among people living with HIV/AIDS and those at risk of contracting the virus. Texas state legislators believe that Medicaid is a broken system which they oppose expanding. Any effort to include more low-income, uninsured people in the health care system is a long term goal of this plan.

Specific actions include:

- Continue educating elected officials about the need for Medicaid reform through personal patient stories and an economic/business framework.
- Revise existing Medicaid program to allow an individual's enrollment status during incarceration be suspended rather than terminated so that once released, health care will be within reach.

Notable differences continue to exist among African Americans and other race and ethnic groups with respect to access to health insurance.

Lack of Health Insurance by Race in Harris County, 2014



Source: U.S. Census Bureau, 2014 ACS 1-Year Estimates

Recommendation 4: Strengthen the data-to-care strategy in Houston

Data to Care is a new public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals who are not in care, link them to care, and support the HIV Care Continuum. While this strategy is underway in Houston as per CDC guidelines, providers should be encouraged to develop partnerships with the Houston Health Department and other social service organizations for help with linkage and re-engagement.

Recommendation 5: Advocate for syringe exchange programs

Injection drug users are still at risk of HIV transmission due to needle sharing. Syringe exchange programs are lauded as a “fundamental component of any comprehensive and effective HIV-prevention” program by the World Health Organization and other public entities.¹⁵ Such programs have been around since the 1980s and have been adopted on a bipartisan basis in a number of states. Texas, however, continues to lag behind the rest of the country in syringe exchange adoption, despite the unanimous view that providing needles does not increase drug use or crime. We would hope the state legislature would support the establishment of local syringe exchange programs for cities and counties with high incidence of transmission through injection drug use.

¹⁵ http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf

Recommendation 6: Enact opt-out testing legislation

Routine and widespread HIV testing is crucial for getting individuals living with HIV/AIDS diagnosed and into care, avoiding further transmissions, and decreasing stigma. Mandatory opt-out HIV legislation should be passed so that an HIV test would become a standard component of a person's yearly check-up, with the opportunity to decline the test. As mentioned earlier, one in eight Americans who are living with HIV/AIDS do not know they have it.¹⁶ The goal is to increase the number of people being tested for HIV by creating a culture of routine and widespread HIV testing.

Some specific actions are:

- To ensure proper linkage to care for those who test positive for HIV, all relevant medical providers should receive post-testing counseling training. Additionally, we recommend identifying clinicians and administrative health professionals to act as champions of routine HIV testing within the Houston health systems, beginning with FQHCs, and in lawmakers' offices in Austin. Training should also be included in medical school curriculums.
- The Houston Health Department and Harris County Public Health should partner with FQHCs, hospitals, and other health care systems to evaluate barriers to care and develop appropriate solutions to support universal testing regardless of a legislative solution.

Recommendation 7: Expand comprehensive-based sex education throughout the Houston Independent School District

Adolescents are one of the fastest growing groups contracting HIV, and the age group 15-24 has one of the highest rates of new diagnoses.¹⁷ Comprehensive sex education programs have been shown to effectively delay sexual activity, increase condom use, and decrease the number of sexual partners. These programs are a critical tool in preventing HIV, other sexually transmitted infections, and unintended pregnancies. People of all ages, and particularly our nation's young people, need medically accurate and age appropriate sexual health information to help them make healthy decisions. We recommend state and local policies that advance comprehensive sex education and that promote a public health perspective on sexual health.

Recommendation 8: Eliminate the use of stigmatizing language

Stigma is a monumental barrier to ending the epidemic. Fighting it increases disclosure of the virus to partners and encourages testing. Language matters. Terms like "HIV infected" and "HIV infections" stigmatize people. Being referred to as "infected" repeatedly by medical professionals, the media, and others feeds the stigma and has negative consequences on a person's self-worth and confidence. Alternative terminology includes "incidence" as opposed to "infection" and using people-first language which means avoiding "HIV-positive" individuals and embracing "people

**Terms like
"HIV infected" and
"HIV infections"
stigmatize people.**

¹⁶ <http://www.cdc.gov/hiv/statistics/overview/ataglance.html>

¹⁷ Houston Health Department, HIV Surveillance Program. HIV infection in Houston: An Epidemiological Profile (2010-2014]

living with HIV.” We recommend the launch of a campaign to stop the use of stigmatizing language and would offer a set of preferred non-stigmatizing language. The campaign would offer ways for organizations and individuals to commit to eliminating stigma.

Recommendation 9: Create an information hub for key stakeholders to influence decision-makers

It is important to have the entire Houston community, including elected officials, community leaders, and medical providers, properly educated on the challenges still facing individuals living with HIV/AIDS. To achieve this, we must develop user friendly educational materials to help Houston’s leaders’ better respond to epidemic.

- Launch an END Houston-branded web site, endhivhouston.org, to house messaging points and presentations that include the culturally and linguistically appropriate language for key populations as defined in this plan.
- Promote creation of more leadership development programs like the Positive Organizing Project (POP) and Project LEAP (Learning, Empowerment, Advocacy, Participation) to allow people living with HIV/AIDS and those affected by HIV/AIDS to exercise leadership and control over decisions that impact their community.
- Create a formal symposium to educate public officials about the latest scientific advancements in HIV treatment, transmission, and prevention – and to underscore the epidemic is still an epidemic and requires a sense of urgency.
- Encourage medical schools to adopt a more comprehensive culturally appropriate HIV education curriculum built around prevention.

Recommendation 10: Support inclusionary research

In order to ensure that all medical breakthroughs benefit everyone living with HIV/AIDS, regardless of age, gender, medical history or other factors, research and clinical trials must include more women and transgender individuals. Collaborative research will also help us better understand the local HIV epidemic and the experience of people seeking and not seeking treatment and prevention services.

Specific actions include:

- Provide training to medical providers, case managers and service linkage workers to encourage dissemination of information to clients about clinical trials and the pros and cons of participating in research.
- Encourage providers who work with non-traditional research populations to apply for research funding.
- Establish methods to better understand the drivers of health disparities in Houston.

Recommendation 11: Advocate for an expansion of eligibility and coverage for the AIDS drug assistance program (ADAP)

Many in the Houston Area rely on the ADAP to access needed medications. While this program does an admirable job of serving the needs of our community, we recommend the following changes:

- Expand income eligibility requirements and coverage of medications. We urge ADAP to consider increasing eligibility guidelines.
- Survey providers to see which medications, in addition to HIV medications, are most often prescribed to ADAP enrollees. ADAP should consider adding these medications to its formulary.
- Include behavioral health therapies in the ADAP formulary.
- In light of the high rate of co-morbidity between HIV/AIDS and hepatitis C (HCV), ADAP should also commit to continue to support HCV therapy for co-infected individuals enrolled in ADAP.
- Use ADAP funds to pay for marketplace insurance plans including copayment and deductibles.
- Prepare a cost analysis study on the fiscal impact of using ADAP funding to purchase HIV medications for all incarcerated individuals throughout Texas county jails.

Recommendation 12: Stop efforts to criminalize people living with HIV

Laws and practices that criminalize, unfairly target, or more harshly penalize people on the basis of their HIV positive status create a hostile environment and should be eliminated. Prosecuting people living with HIV/AIDS for perceived or actual exposure to transmit HIV does not further our goal of ending the epidemic. Cases of malicious intent to transmit HIV are extremely rare. Criminal prosecutions against people living with HIV/AIDS reinforce stigma, fear and discrimination.

Specific actions include:

- Develop evidence-based guidelines and a toolkit for district attorneys and law enforcement that provides guidance on criminal prosecutions of people living with HIV/AIDS.
- Work with organizations and advocates to develop a statewide HIV/AIDS criminalization white paper with appropriate messaging and platform distribution.
- Convene statewide strategic planning session to further vet and finalize statewide messaging and goals to eliminate and/or reduce the negative impact of HIV criminalization.

V. IMPLEMENTATION OF THIS PLAN

January 2017 is when the true work begins for ending the HIV Epidemic in Houston. We have spent the past year formulating a list of recommendations that, when implemented, will reduce new HIV transmissions in Houston by half. To be successful, we propose convening an END Implementation Group that will meet regularly over the next five years, beginning in January:

- Assess which organizations, community stakeholders or individuals would be best suited to address the recommendations
- Work closely with those organizations, community stakeholders and individuals to ensure successful implementation
- Monitor and measure the progress of the plan
- Determine overall cost of the roadmap and how to meet that cost. The committee will look not only to the City of Houston and Harris County for financial support but will also search for federal and private grants. Houston is a philanthropic city, known for its generous support of initiatives that enrich the lives of its residents.
- Regularly update stakeholders and the general public on progress made

Since ending an epidemic is a five year plan, there are several recommendations that we believe should receive top priority in 2017. These include but are not limited to the following:

- To avoid duplication of efforts and ensure a coordinated response to the HIV epidemic, we recommend integrating the Houston Area Comprehensive HIV Prevention and Care Services Plan into this END plan (Policy and Research Recommendation 1)
- Begin internal talks with the City of Houston, Harris County, and private entities regarding funding HIV prevention and treatment. (Policy and Research Recommendation 2)
- Recruit legislative experts to develop advocacy strategy. (Policy and Research Recommendation 2)
- Collaborate with the Houston HIV Prevention Community Planning Group to improve dissemination of educational information in the community. (Prevention, Recommendation 5)
- Develop cultural trainings in partnership with members of the community that address the specific cultural and social norms of the community (Access to Care, Recommendation 2)
- Implement stigma reduction curricula for all personnel in health care settings providing care to people living with HIV (Social Determinants of Health, Recommendation 4)
- Work closely with “Serving the Incarcerated and Recently Released” (SIRR) as a resource to filling the gap for care (Criminal Justice, Recommendation 2)
- Advocate for Syringe Exchange Programs (Policy and Research, Recommendation 5)

VI. ACRONYMS AND DEFINITIONS

ADAP: AIDS Drug Assistance Program

AFIS: Automated Fingerprint Information System

ART: Antiretroviral therapy

CDC: Centers for Disease Control and Prevention

CHIP: Children's Health Insurance Program

City: City of Houston

CPG: Community Planning Group

DPS: Texas Department of Public Safety

END or END Houston: Ending New Diagnosis Houston HIV/AIDS Plan

FQHC: Federally Qualified Health Center

Harris Center: The Harris Center for Mental Health and IDD

HCI: Harris County Jail

HCS: Harris County Sheriff

HCV: Hepatitis C

IDUs: Intravenous Drug Users

Key Populations: Men who have sex with men (MSM) of all ethnicities and ages, heterosexual African Americans, and transgender individuals.

LGBTQ: Lesbian, gay, bisexual, transgender, and queer

LMHA: Local Mental Health Authority

NAACP: National Association for the Advancement of Colored People

nPEP: Non-occupational post-exposure prophylaxis

PLWHA: People living with HIV/AIDS

POP+: Positive Organizing Project

PrEP: Pre-Exposure Prophylaxis

Project LEAP: Learning, Empowerment, Advocacy, Participation

SIRR: Serving the Incarcerated and Recently Released

STD: Sexually Transmitted Disease

TDCJ: Texas Department of Criminal Justice

TasP: Treatment as Prevention

WHO: World Health Organization

WIC: Women Infants Children (a federal supplemental nutrition program)



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★ **ROADMAP** ★
TO ENDING THE HIV EPIDEMIC IN HOUSTON
-December 2016-

endhivhouston.org