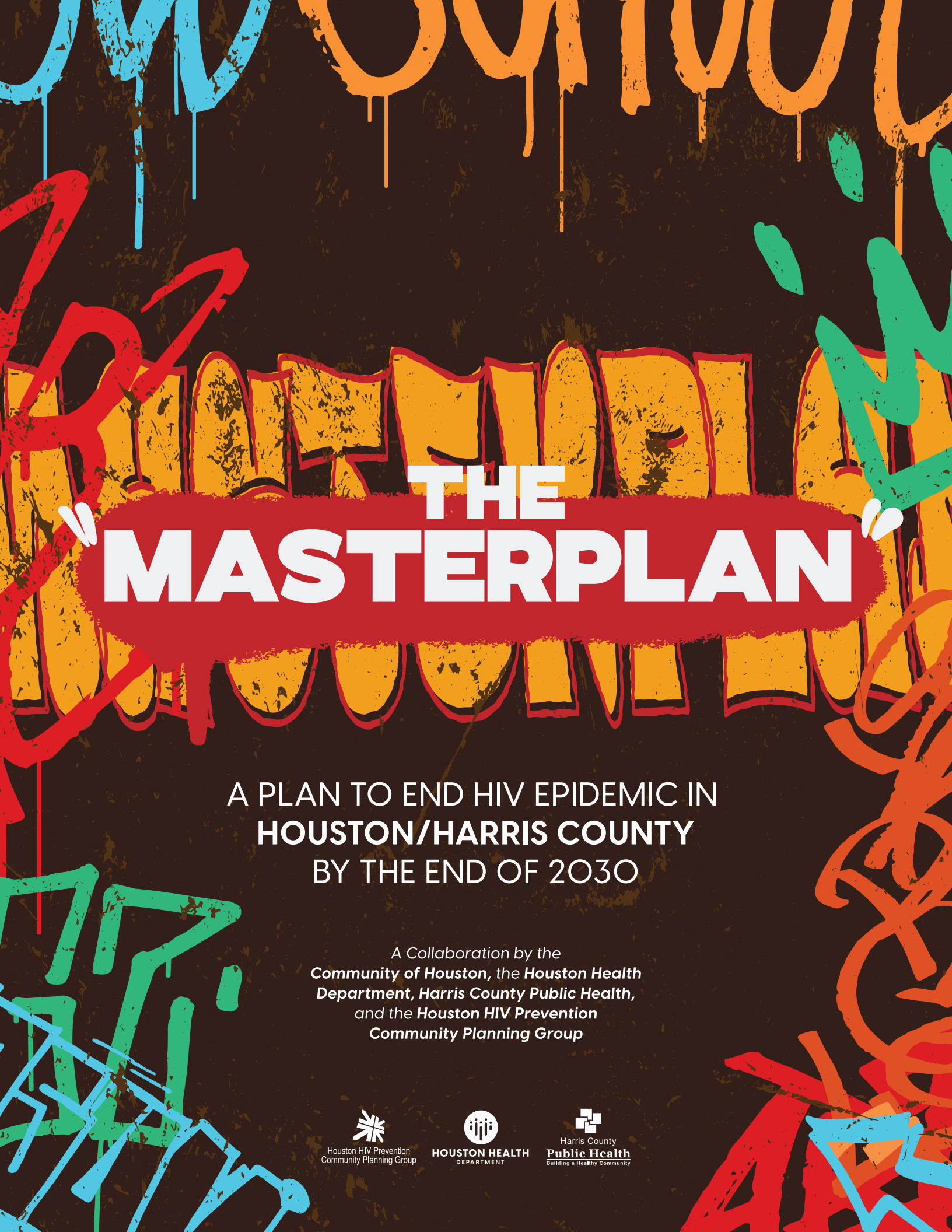

THE "MASTERPLAN"

A PLAN TO END HIV EPIDEMIC IN **HOUSTON/HARRIS COUNTY** BY THE END OF 2030

A Collaboration by the ***Community of Houston,*** *the* ***Houston Health Department, Harris County Public Health,*** *and the* ***Houston HIV Prevention Community Planning Group***

Houston HIV Prevention Community Planning Group

HOUSTON HEALTH DEPARTMENT

Harris County Public Health
Building a Healthy Community

Houston Is Inspired
by Mario Figueroa Jr.

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EXECUTIVE SUMMARY:

"Not everything that is faced can be changed.
But nothing can be changed until it is faced."

-James Baldwin

In 2016, the Roadmap to Ending the HIV Epidemic in Houston was an innovative community-led plan developed to reach the "90/90/90/50" goals. The eye-opening report contained thirty-three (33) recommendations to achieve 90% of people living with human immunodeficiency virus (HIV) knowing their status; 90% staying in care; 90% of persons being virally suppressed; and the rate of new cases cut in half over five years.[1] Core areas outlined in the city-wide plan included: (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.[1] Committed contributors 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."[2]

This subsequent MasterPlan builds upon the established foundation of the Roadmap's dedication to disruptive innovation. Guided by a combination of the Minnesota Intervention Wheel, a three-level population-based practice model designed to improve health outcomes, community engagement, needs assessments, as well as a crosswalk between two previous jurisdictional plans. The following goals outline our response:

1 Roadmap to Ending the HIV Epidemic in Houston. 2016. END-Roadmap.pdf (endhivhouston.org). 5.

2 Roadmap to Ending the HIV Epidemic in Houston. 2016. END-Roadmap.pdf (endhivhouston.org). 7.

DIAGNOSE:
Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.

TREAT:
Ensure 90% of clients are retained in care and virally suppressed.

PREVENT:
Achieve 50% reduction in new HIV cases.

RESPOND:
Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks.

Hold Fast to Dreams
by Caroline Truong

We, meaning the collective community of people living with HIV and those vulnerable to acquiring HIV, the Houston Health Department, Harris County Public Health Ryan White Grants Administration, Houston Area Ryan White Planning Council, Houston HIV Prevention Community Planning Group, and the Houston Regional HIV/AIDS Resource Group, envision a Houston/Harris County that institutes a person-centered approach to HIV prevention and care. A place where people are seen as more than just numbers, statuses, or funding deliverables, but instead lead the charge on transformative activities such as identifying most relevant issues, making innovative decisions on how to address them, and improving accountability methods to know that these plans are working. This living collective is a welcoming space for all stakeholders including but not limited to community, churches, universities, congregate settings, and healthcare systems to undertake meaningful dialogue and collective action to end the HIV epidemic. We anticipate that many more activities, strategies, indicators, and accountability metrics will be forthcoming during this process and as a result, this ever-evolving plan is considered a "living" document and an evolving strategy toward ending HIV disparities.

INTRODUCTION:

"Don't be told something is impossible.
There's always a way."

-Robert Rodriguez

In 2020, the rates (per capita) of new HIV diagnoses and HIV prevalence (or people living with HIV) in Houston/Harris County were higher than both Texas and the U.S. This revelation supports our inclusion with other priority jurisdictions in the Ending the HIV Epidemic (EHE) in the United States initiative launched in 2019. Consistent with the Population-based Public Health Interventions framework, we recognize the problem needs to be addressed on the individual, community, and system-wide levels. Unfortunately, outdated legislation; housing and transportation limitations among many other social determinants of health; unwelcoming service delivery environments; phobias and isms; lack of widespread pre-exposure prophylaxis (PrEP) use, treatment as prevention (TasP), and mental health resources all pose unique challenges to HIV prevention and care services in the fourth-largest city in America and most populated county in Texas.

On-going collaboration between the collective community of people living with HIV and those vulnerable to acquiring HIV, the Houston Health Department, Harris County Public Health Ryan White Grants Administration, Houston Area Ryan White Planning Council, Houston HIV Prevention Community Planning Group, and the Houston Regional HIV/AIDS Resource Group, ensures a scaling up of the science-based approaches; reimagines resources, expertise, and technology capabilities to foster comprehensive solutions; and provides a tool to advance policies, standards modifications, and non-legislative initiatives. The recommendations to-date are organized around the four original pillars (Diagnose, Treat, Prevent, and Respond) and a fifth pillar, Quality of Life specific to Houston/Harris County. All pillars will work in concert to strategically shift from a disease-centric system to a culturally responsive, status neutral and person-centered model of prevention and care.

This *MasterPlan* builds upon the innovative momentum from the 2016 community-driven *Roadmap to Ending the HIV Epidemic in Houston* to achieve 90% of people living with HIV knowing their status; 90% of them staying in care; 90% being virally suppressed; and cut the rate of new cases in half over five years.[1] Navigating the many challenges previously identified due to lack of coordinated system-wide efforts, we seek to not only end the HIV epidemic, but to increase access and improve quality of person-centered prevention and care for all residents no matter their status, especially those among us who are most vulnerable. Your voices, concerns, and ideas to interrupt the spread of HIV have been heard and together, we can regain momentum following setbacks experienced during the novel coronavirus (COVID-19) response to address the root cause of social and racial inequities and end the epidemic. Continued community engagement with longstanding and new partners and collaborations will help steer the *MasterPlan*.

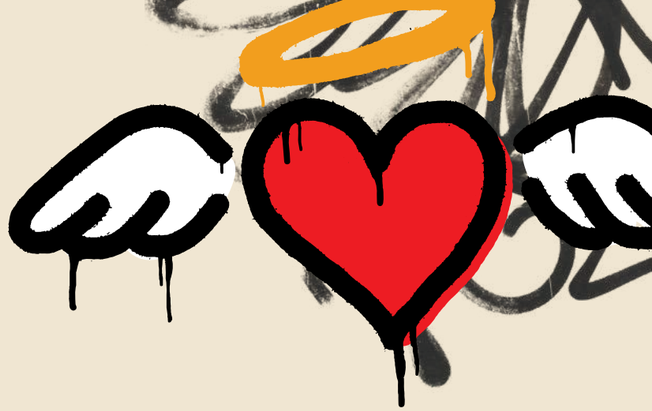
It is important to be transparent that COVID-19 altered our original intent to develop one jurisdictional plan; however, this goal remains a major priority for Houston/Harris County. This current Ending the HIV Epidemic *MasterPlan* aligns with the 2022-2027 Integrated HIV Care Plan.

Planning Jurisdiction

The jurisdiction for this *EHE MasterPlan* is the City of Houston and Harris County, Texas. For awareness purposes only, the Houston Area provides HIV prevention and care services through three distinctly defined service areas.[3]

- The *Houston Metropolitan Statistical Area (MSA)* includes Harris County and the cities of Houston, Baytown, and Sugar Land. The HHD administers the Centers for Disease Control and Prevention's (CDC) HIV prevention funding and activities in the MSA, while prevention activities outside the MSA but within the Houston Area are funded and administered by the Texas Department of State Health Services (TDSHS) Region 6/5 South. HHD is responsible for HIV surveillance across the City of Houston and Harris County.
- The *Houston Eligible Metropolitan Area (EMA)* is the geographic service area defined by the Health Resources and Services Administration (HRSA) for the Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI). It includes Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller Counties. Harris County Public Health Ryan White Grant Administration (RWGA) administers HRSA/HAB Ryan White HIV/AIDS Program Part A and MAI HIV care services funding and activities in the EMA. Epidemiologic data for the EMA are provided by TDSHS.
- The *Houston Health Services Delivery Area (HSDA)* includes the six counties of the Houston EMA plus four additional counties: Austin, Colorado, Walker, and Wharton. The Houston Regional HIV/AIDS Resource Group (TRG) administers TDSHS Ryan White HIV/AIDS Program Part B and State of Texas HIV care services funding and activities in the HSDA. Epidemiologic data for the HSDA are provided by TDSHS. [3]

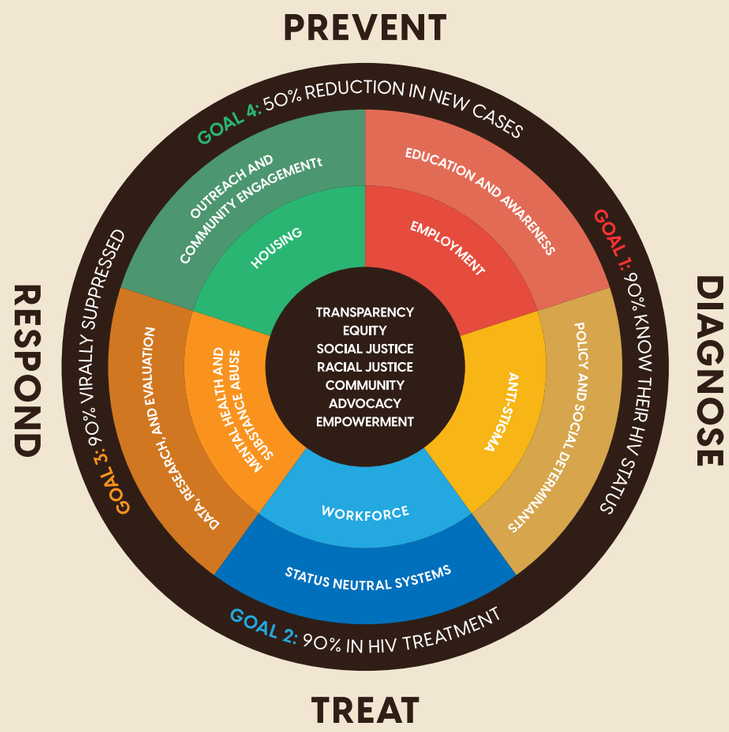
3 Houston Area Comprehensive HIV Prevention and Care Services Plan 2017-2021.2016.2017_CP_FINAL.pdf (rwpchouston.org). 1.



Planning Structure

In early 2020, the EHE planning structure was determined by the local planning bodies and formally adopted into the HIV Prevention Community Planning Group in 2022. The CPG Sub-committees were structured using the five founding themes: Status Neutral Systems; Data, Research, and Evaluation; Outreach and Community Engagement; Education and Awareness; and Policy and Social Determinants (e.g., poverty, housing, employment, and mental health). See figure 1 for the Ending the Epidemic Framework.

Ending the Epidemic Framework (Figure 1)



Transparency, racial justice, equity, community, social justice, empowerment, and advocacy are the core values deemed vital to plan achievement. The building blocks consisting of workforce, mental health and substance use, housing, employment, and anti-stigma were established to address the integration of social determinants of health to overcome pervasive HIV-related inequities.

SECTION 1:

"COMMUNITY ENGAGEMENT"

"We must be impatient for change. Let us remember that our voice is a precious gift and we must use it."

-Claudia Flores

1,000 McGowen
by Jesse de Leon

The residents of Houston/Harris County know best how their needs should be met. Community engagement for the EHE initiative brought participants from all sectors together to construct the *EHE MasterPlan* beginning in 2020 through 2022. Community stakeholders answered the call to lead the charge with their valuable expertise, guidance, and voices to define the most effective and innovative ways to achieve health equity and address troubling disparities. The recommendations coming from the engagement process have been integrated into several key elements and local activities within this plan.

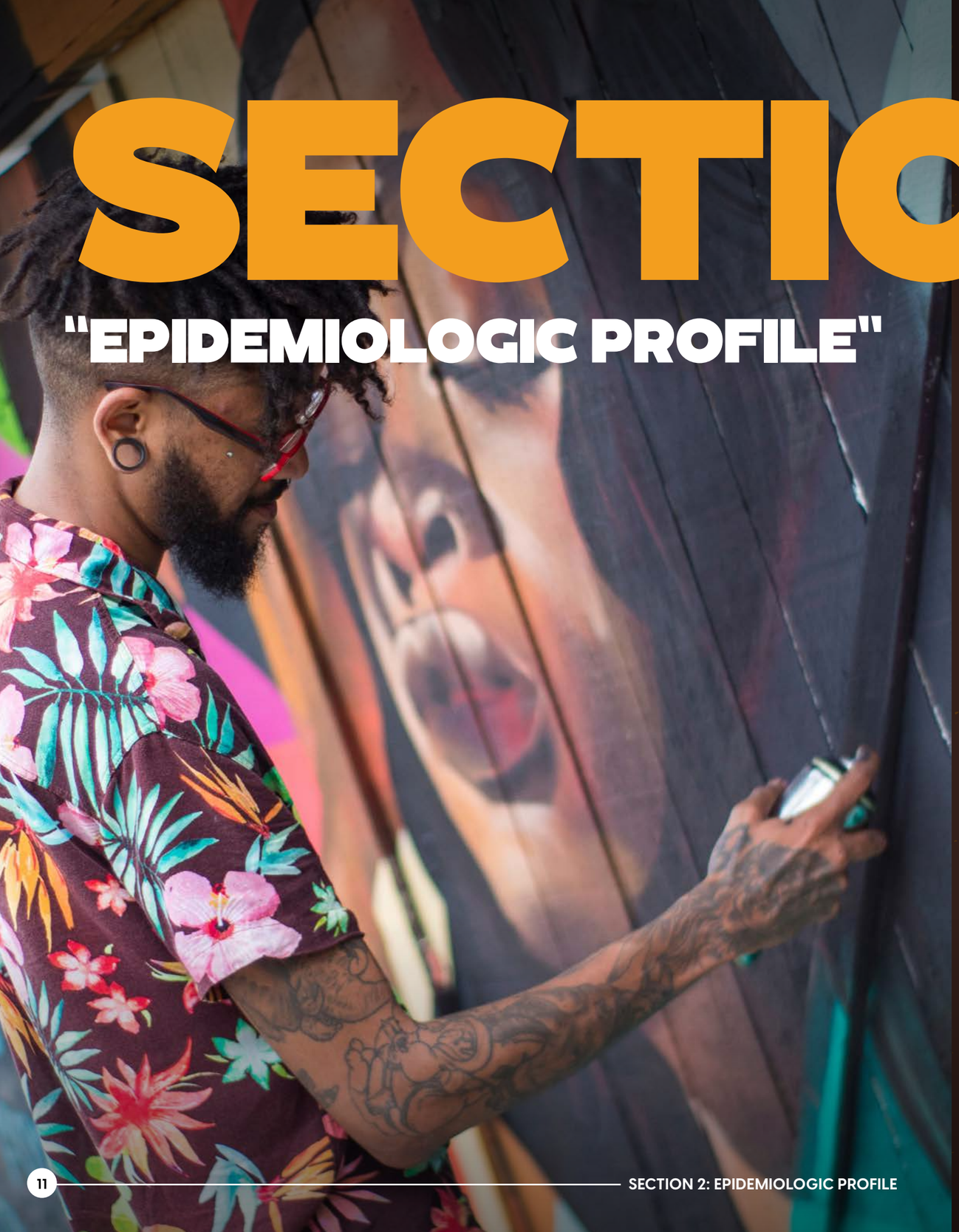
Original community engagement for this plan was obtained through surveys created to gain community feedback before finalizing the initial EHE plan and dashboard introduction in 2020. The surveys offered a way for allies, planning bodies, and the general community to provide feedback on the existing *2017 Comprehensive Plan* and the 2016 *Roadmap to Ending the HIV Epidemic in Houston*. The engagement surveys covered a wide range of topics related to the EHE planning process such as meeting logistics, population representation, planning objectives, activities, roles, challenges, outreach, staff support, workgroup expertise, leadership structure, stakeholder engagement, future planning recommendations and participation for ending the HIV epidemic. The surveys were distributed via existing electronic resources (e.g., Survey Monkey and Qualtrics) that captured feedback needed to reach one jurisdictional plan.

Twenty-three (23) meetings with existing local prevention and care administrative agencies and key planning stakeholders were convened to improve initial community engagement in the Houston/Harris County area. Key information from these engagement sessions included: the meeting frequency, locations, attendee representation, agendas, and a brief synopsis. In early 2020, community forums and town hall discussions were held in-person before halting due to the COVID-19 pandemic. The ehehouston.org dashboard was launched in 2020 to expand engagement efforts by gathering input from the broader community. Existing jurisdictional plans, committee co-chairs and notes, the ending, the epidemic framework, ways to engage, and EHE planning partners are available on the digital platform along with other resources.

In 2021, engagement activities were conducted virtually to maintain COVID-19 health and safety measures. One virtual town hall and two committee co-chair meetings were held that discussed where we were in the EHE process and next steps. The five focus area committees (i.e., Education and Awareness, Outreach and Community Engagement, Policy and Social Determinants, Research and Data Evaluation, and Status Neutral Systems) meet May-September 2021 to review the pillars in the context of their respective committee, identify challenges, and offer recommendations. Thirteen (13) community conversations, or individual interviews, were received through meeting attendance, outreach events, and/or technology resources to gain more understanding on why the epidemic continues to persist. Seven (7) virtual joint trainings occurred between April 2021-March 2022 with the two local health departments, Ryan White Planning Council Office of Support, and the CPG to engage new voices, expand networks, and gain or enhance partnerships necessary to end the epidemic. Four additional in-person community engagement sessions were completed in July 2022. Whether in-person or virtual, meetings yielded a multitude of suggestions on structural racism, transparency, quality assurances, innovative strategies, language adjustments to eliminate stigma, and identified gaps.

Two assessments provided community engagement insight to better inform the plan. *The 2020 Houston HIV Care Services Prevention Needs Assessment* was a collaborative effort to access the needs of people living with HIV between the RWPC, CPG, Ryan White Grant Administration (RWGA), HHD Bureau of HIV/STD and Viral Hepatitis Prevention, TRG, Harris Health System, and Housing Opportunities for Persons with AIDS (HOPWA). *The 2022 Houston HIV Prevention Needs Assessment* was a collaborative effort between the HIV Prevention Community Planning Group, the HHD Bureau of HIV/STD and Viral Hepatitis Prevention, HHD's HIV Prevention Sub-Recipients, Houston area HIV Services RWPC, and Harris County Public Health's Ryan White Grand Administration to address the HIV prevention needs of residents in Houston/Harris County. Please see the epidemiological profile (Section II) for results.

From initial community engagement until present, participants have volunteered their time and exercised the power of their voice to guide this process. To maintain the momentum and ensure accountability to the community's vision, regular progress updates will be provided to the public during CPG meetings and published on the electronic dashboard. We recognize that community engagement is ongoing and represents more than just a collection of people, meetings, opinions, and ideas but rather a collaborative investment and response to end the epidemic.



SECTION 2:

"EPIDEMIOLOGIC PROFILE"

"Research is formalized curosity.
It is poking and prying
with a purpose."

-Zora Neale Hurston

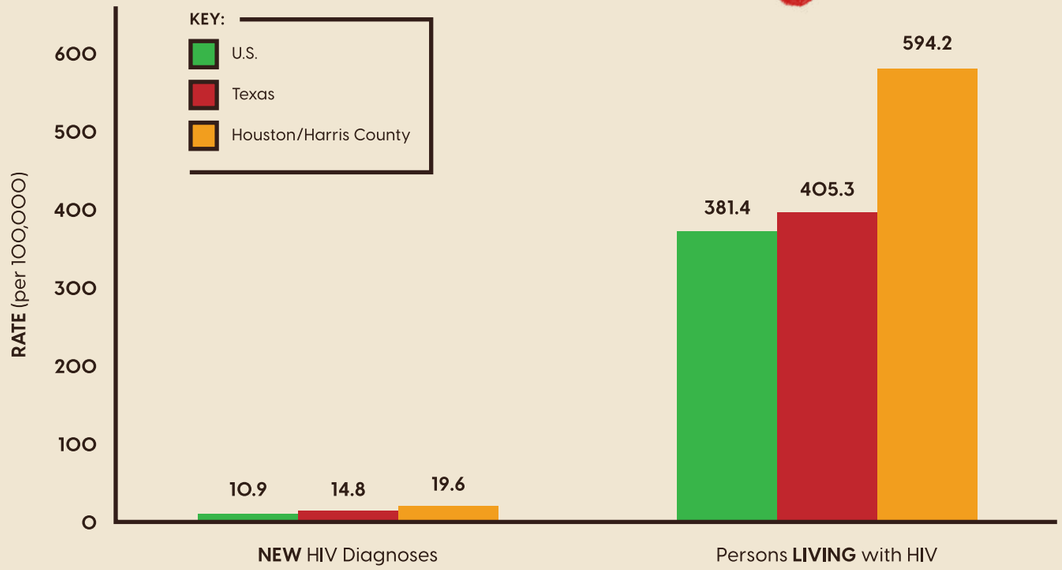
Important Note: Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in national, state, and local jurisdictions.

Comparison of HIV Rates in Houston, Texas, and The U.S.

A comparison of core HIV epidemiological indicators - such as rates of new HIV diagnoses and HIV prevalence (or people living with HIV) - between Houston/Harris County, the State of Texas, and the U.S. provides context for the local HIV burden data described in this document.

Overall, Houston/Harris County has higher rates (per 100,000 population) of new HIV diagnoses and HIV prevalence (or people living with HIV) than both Texas and the U.S. in 2020. This indicates that the HIV burden in Houston/Harris County is greater than both the state and the nation, even when adjusted for population. In 2020, the Houston Metropolitan Statistical Area **(MSA)**, which includes Houston, The Woodlands, and Sugar Land ranked 11th in rates of new HIV diagnoses of all metropolitan areas in the nation.[4]

Rate of New HIV Diagnoses and of People Living with HIV for the U.S., Texas, and Houston



**Rate is per 100,000 population in the respective jurisdiction.*

Sources:
U.S.: Centers for Disease Control and Prevention. HIV Surveillance Report, 2020; vol. 33. Published May 2022. | Texas: Texas Department of State Health Services (TDSHS), Texas eHARS, 2020. | Houston/Harris County: Houston/Harris County eHARS. Diagnoses, 2020; Prevalence, 2020.

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4 Centers for Disease Control and Prevention. HIV Surveillance Report, 2020; vol. 33. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2022. Accessed August 17, 2022.

New HIV Diagnoses in Houston/Harris County, 2020

Important Note: Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in national, state, and local jurisdictions.

In 2020, 934 new diagnoses of HIV disease (including stage 3 HIV) were reported in Houston/Harris County. The rate of new HIV diagnoses in Houston/Harris County was 19.6 for every 100,000 residents. Proportionally, Black/African Americans made up most new HIV diagnoses in 2020 at 46.8%, followed by Hispanic/Latinx individuals at 38.8%. Persons assigned male at birth made up majority of new HIV diagnoses in 2020, with 84.5% of new diagnoses being among men and 15.5% being among females. The new HIV diagnoses in 2020 also were predominantly among younger individuals, with 34.6% of new HIV diagnoses in 2020 being among individuals ages 25-34, and 25.7% being among individuals ages 0-24. Men who have sex with men **(MSM)** accounted for the most transmission risk at 75.3%, followed by sex with male/sex with female at 18.6%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2020[A]

	NEW HIV [B]		
	Cases	%	Rate [C]
Total	**934**	**100.0%**	**19.60**
Sex assigned at birth			
Male	789	84.5%	33.45
Female	145	15.5%	6.05
Race/Ethnicity			
White	106	11.4%	7.86
Black/African American	437	46.8%	48.74
Hispanic/Latinx	362	38.8%	17.46
Other/Multiracial	29	3.1%	6.67
Age at Diagnosis			
0-24 [D]	240	25.7%	14.15
25-34	351	37.6%	46.22
35-44	166	17.8%	24.39
45-54	94	10.1%	15.96
55+	83	8.9%	8.07
Transmission Risk [E]			
Male-to-male sexual contact (MSM)	701	75.3%	*
Person who injects drugs (PWID)	42	4.5%	*
MSM/PWID	16	1.7%	*
Sex with male/Sex with female	173	18.6%	*
Perinatal transmission	**	**	*

[A] Source: Texas eHARS, analyzed by the Houston Health Department

[B] HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence in Houston/Harris County

[C] Rate per 100,000 population Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates

[D] Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported

[E] People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC)

*** Cases less than 5 are suppressed*

** Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk*

Persons Living with HIV in Houston/Harris County, 2020

Important Note: Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in national, state, and local jurisdictions.

Data on the total number of people living with HIV **(PLWH)** in Houston/Harris County are available as of the end of calendar year 2020. At the time, there were 28,246 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 594.2 people living with HIV for every 100,000 people in the jurisdiction. Of those living with HIV in Houston/Harris County, 76.2% were assigned male at birth and 23.8% were assigned female at birth. Among racial/ethnic groups 47.9% were Black/African American, 31.3% were Hispanic/Latinx. The proportion of PLWH in Houston/Harris County were primarily older, with 26.1% ages 55 and older, 24.0% 45 to 54 years old, and 23.2% ages 35-44. Men who have sex with men **(MSM)** made up the majority of PLWH at 60.4%, followed by sex with males/sex with females at 27.5%.

People Living with HIV in Houston/Harris County by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2020 [A]

	Cases [B]	%	Rate [C]
Total	**28,246**	**100.0%**	**594.2**
Sex assigned at birth			
Male	21,527	76.2%	912.75
Female	6,719	23.8%	280.54
Race/Ethnicity			
White	4,409	15.6%	326.85
Black/African American	13,526	47.9	1508.44
Hispanic/Latinx	8,844	31.3%	426.59
Other/Multiracial	1,467	5.2%	337.53
Age at Diagnosis			
0-24	1,466	5.2%	86.46
25-34	6,092	21.6%	802.13
35-44	6,550	23.2%	962.42
45-54	6,771	24.0%	1149.59
55+	7,367	26.1%	716.05
Transmission Risk [D]			
Male-to-male sexual contact (MSM)	16,870	60.4%	*
Person who injects drugs (PWID)	2,184	7.8%	*
MSM/PWID	1,186	4.3%	*
Sex with male/Sex with female	7,686	27.5%	*

[A] Source: Texas eHARS, analyzed by the Houston Health Department

[B] PLWH at the end of 2019 = People living with HIV, regardless of stage 3 HIV status

[C] Rate per 100,000 population. Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates

[D] People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC)

[E] Perinatal transmission does not include perinatal exposure with HIV age 13+ years

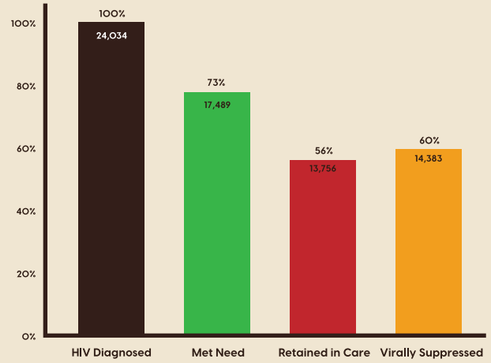
** Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk*

Houston/Harris County HIV Care Continuum, 2020

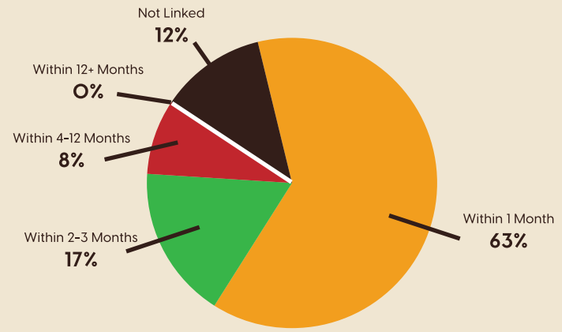
The Houston/Harris County HIV Care Continuum **(HCC)** depicts the number and percentage of people living with HIV at each stage of HIV care, from being diagnosed with HIV to viral suppression. Stakeholders use this analysis to measure the extent to which people living with HIV have community-wide access to care and identify potential service gaps.

Of the 24,034 HIV diagnosed individuals in Houston/Harris County in 2020, 73% had met need (at least one: medical visit, Antiretroviral therapy **(ART)** prescription, or CD4/Viral Load **(VL)** test in the calendar year); 56% were retained in HIV care (at least 2 medical visits, ART prescriptions, or CD4/VL tests in the calendar year); and 60% maintained or reached viral load suppression (VL that was ≤200 copies/mL). Among those individuals newly diagnosed with HIV and still living in Houston/Harris County within the 2020 calendar year, 63% were linked to HIV medical care within 1 month of their diagnosis, 17% were linked to care within 2-3 months of their diagnosis, 8% were linked to care within 4-12 months of their diagnosis, and 12% were never linked to HIV medical care.

HIV Care Continuum Houston/Harris County, 2020



Linkage to Medical Care Among Persons Newly Diagnosed with HIV



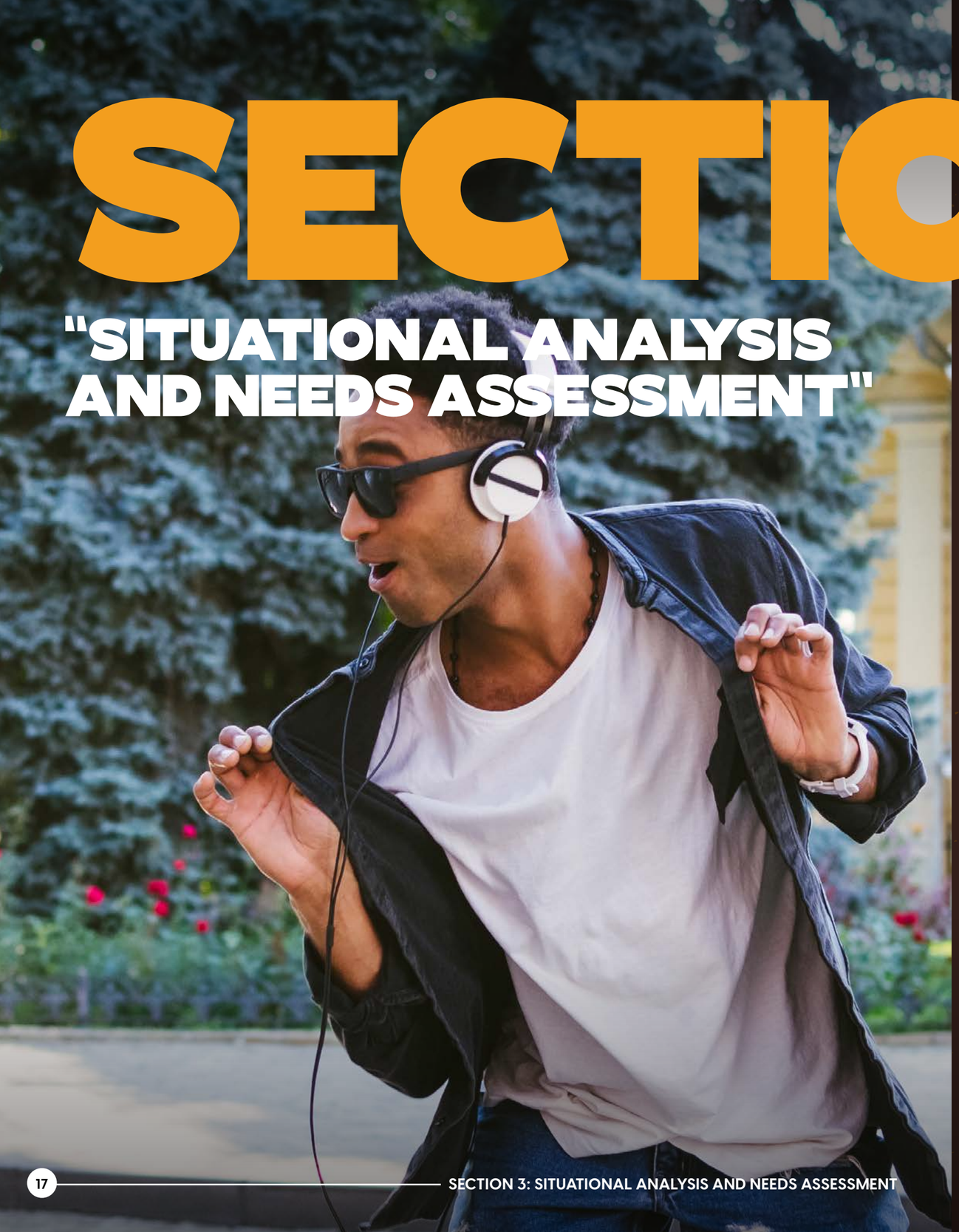
** Data represented for PLWH in Houston/Harris County between 1/1/200 and 12/31/2020.*

Source: HIV Diagnosed: Texas eHARs
Met Need, Retained in care: Texas DSHS HIV Unmet Need Project (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)
Suppressed viral load: Texas ELRs, ARIES labs, ADAP labs

Measure	Description
HIV diagnosed	No. of persons living with HIV (PLWH) residing in Houston/Harris County through end of year
Met need	No. (%) of PLWH in Houston/Harris County with met need (at least one: medical visit, ART prescription, or CD4/VL test) in the calendar year
Linked to care (pie chart)	No. (%) of newly diagnosed PLWH in Houston/Harris County who were linked to medical care ("Met need") within N months of their HIV diagnosis
Retained in care	No. (%) of PLWH in Houston/Harris County with at least 2 medical visits, ART prescriptions, or CD4/VL tests in the calendar year, at least 3 months apart
Virally suppressed	No. (%) of PLWH in Houston/Harris County whose last viral load test of the calendar year was ≤200 copies/mL

SECTION 3:

"SITUATIONAL ANALYSIS AND NEEDS ASSESSMENT"



"If you are neutral in situations of injustice, you have chosen the side of the oppressor."

-Desmond Tutu

The *2020 Houston HIV Care Services Needs Assessment* was a collaborative effort between the RWPC, CPG, RWGA, HHD Bureau of HIV/STD and Viral Hepatitis Prevention, TRG, Harris Health System, and HOPWA to assess the needs of people living with HIV in the Houston EMA.

The 2020 Houston HIV Care Services Needs Assessment presented data on HIV service needs, barriers, and other factors influencing access to care for PLWH in the Houston EMA as determined through a consumer survey. According to the Houston Area HIV Care Services Needs Assessment, all currently funded HIV services in the Houston Area were needed by consumers. The top five most needed services were identified as: Primary medical care, local medication assistance, case management, oral health care, and vision care. The *2020 HIV Care Services Needs Assessment*, for the first time, also asked about needed unfunded services which revealed substantial need for housing services for PLWH in the Houston Area.

In addition to identifying needs to HIV services in the Houston Area, the 2020 HIV Care Services Needs Assessment provided information about access to those services, which helps communities to better understand where barriers to services may exist. In 2020, at least 78% of the PLWH who said they needed each HIV funded service also indicated that the service was easily accessible to them with ADAP enrollment workers and local medication assistance being the most accessible services. There were some funded services, however, that were less accessible than others, such as, early intervention services, oral health care, and health insurance assistance.

To improve understanding of barriers to HIV services, the 2020 Houston Area Care Services Needs Assessment also gathers information about the types of difficulties consumers experience when services are not easily accessible. The most common types of barriers encountered were education and awareness issues, interactions with staff, wait-related issues, administrative issues, and health insurance/coverage gaps.

In addition to the above results, the 2020 Houston Area Care Services Needs Assessment includes detailed information about a variety of issues that affect access to care which include service needs and barriers at each stage of the HCC, the social, economic, health (both physical and mental), and behavioral characteristics of PLWH that may help or hinder access to HIV services, a brief profile on the service needs and barriers of people who are out of care, and service specific fact sheets detailing the needs and barriers for each HIV core medical, support and housing service. A link for more information about the 2020 Houston Area HIV Care Services Needs Assessment can be found in Appendix B.

The 2022 Houston HIV Prevention Needs Assessment was a collaborative effort between the CPG, the HHD Bureau of HIV/STD and Viral Hepatitis Prevention, HHD's HIV Prevention Sub-Recipients, Houston area HIV Services RWPC, and Harris County Public Health's RWGA to address the HIV prevention needs of residents in Houston/Harris County.

The 2022 Houston HIV Prevention Needs Assessment presented data on HIV, sexually transmitted infections (STI) and Hepatitis service needs, barriers, and other factors influencing access to care for people in the Houston/Harris County as determined through a survey. According to the 2022 Houston HIV Prevention Needs Assessment, all HIV/STI and Hepatitis prevention services were identified as needed by respondents. The top five most needed services that were identified were the following: STI testing, access to condoms, health education & risk reduction services, HIV testing through a laboratory, and STI treatment.

In addition to identifying needs to HIV/STI and Hepatitis prevention services, the 2022 HIV Prevention Needs Assessment provided information about access to those services to better understand barriers and gaps in service delivery. Overall, participants indicated that HIV/STI and hepatitis prevention services in the Houston/Harris County area were easily accessible with only 12% of respondents reporting a barrier to services. HIV/STI and Hepatitis prevention services that had the most reported barriers were rapid HIV testing, and PrEP education services.

The 2022 Houston HIV Prevention Needs Assessment also asked respondents about what types of barriers they experienced when they were trying to access HIV/STI and Hepatitis prevention services in the past 12 months if they had trouble in accessing services. The most common barriers identified by respondents were education and awareness issues, financial issues, interaction with staff, accessibility issues, and resource availability issues.

The 2022 Houston HIV Prevention Needs Assessment also assessed social determinants (social, economic, health and behavioral characteristics) that could assist or prevent individuals from accessing HIV/STI and hepatitis prevention services in the Houston/Harris County area. More information about the 2022 Houston HIV Prevention Needs Assessment can be found in Appendix C.

The data collected from the 2020 and 2022 Needs Assessments was used to identify needs, gaps and barriers of HIV prevention and care services throughout Houston/Harris County. This information was utilized to inform the activities and resources needed to achieve all *MasterPlan* aspirational goals.

SECTION 4:

"EHE PLAN"

"Health is more than the absence of disease. Health is about jobs and employment, education, the environment, and all of those things that go into making us healthy."

-Joycelyn Elders

Using the Ending the Epidemic Framework to guide engagement around the four pillars of Diagnose, Treat, Prevent, and Respond were used to create intentionally tailored plans of action and activities for the *MasterPlan*. We added a fifth pillar, Quality of Life, specific to the expressed needs of the communities of people living with HIV in Houston/Harris County. This call for a fifth pillar to specifically address the needs among this community is now incorporated in national efforts toward Ending the HIV Epidemic due to persistent and unwavering advocacy from leaders right here at home. It is our hope that non-stigmatizing sexual health justice becomes available for all, and outdated legislative and service delivery barriers are dismantled. To reduce health disparities and achieve health equity, we envision a scaled-up trauma-informed, whole-health, person-centered model of prevention and care Houston/Harris County.

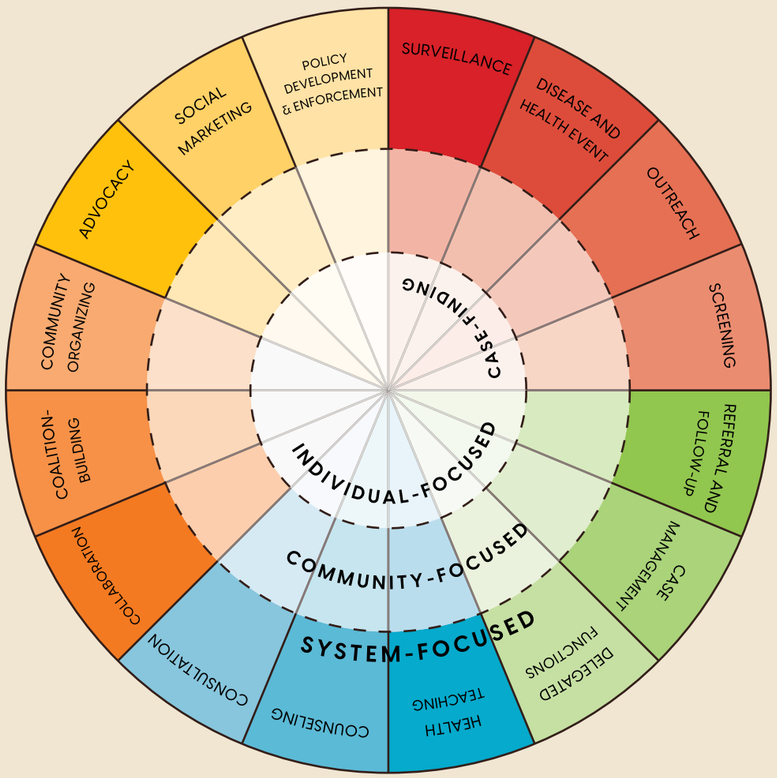
The Minnesota Intervention Wheel, variety of voices, needs assessments, and a crosswalk between two previous jurisdictional plans steered development of the *MasterPlan*.

The Minnesota Intervention Wheel

Public health interventions are population-based if they consider all levels of practice. The three inner rings of the model are systems-focused, community-focused, and individual/family-focused which represent this concept.[5]

5 *Minnesota Department of Health. (2019). Public health interventions: Applications for public health nursing practice (2nd ed.).*

Public Health Interventions (Population Based)



A population-based approach considers intervening at all possible levels, include intentional efforts toward the entire population within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk. Examples are the following:

Systems-focused population-based practice: Changes organizations, policies, laws, and power structures.

The focus is not directly on individuals and communities but on the systems that impact health. Changing systems often impacts population health in a more effective and lasting way than requiring change from every individual in a community.

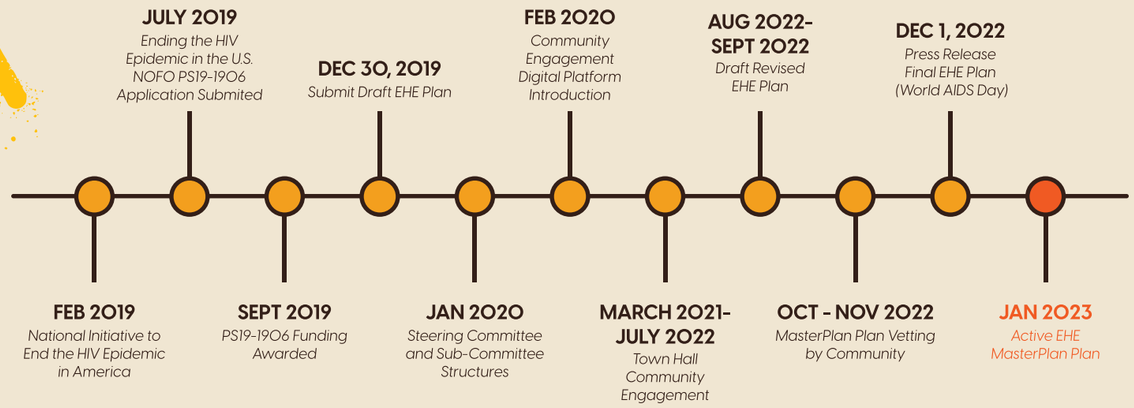
Community-focused population-based practice: Changes community norms, attitudes, awareness, practices, and behaviors.

This practice level is directed at entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population actually changes.

Individual/family-focused population-based practice: Changes knowledge, attitudes, beliefs, practices, and behaviors of individuals and families.

This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population at risk.[5]

Planning Timeline



PILLAR 1:

"DIAGNOSE"

GOAL: Increase individual knowledge of HIV status by diagnosing **at least 90%** of the estimated individuals who are unaware of their status **within five (5) years.**

*"The **lack of anonymity** when waiting in a large waiting room. We may all be there for **different** reasons, but if the clinic is known for STI testing, **some may assume** that's the reason for being there and **the reason some do not get tested."***

-Joint Training Community Conversation

During 2020 the HHD supported contracts with eight Community-Based Organizations (CBOs). These organizations were awarded a total of $2,057,522.98 to provide HIV testing services coupled with STI and hepatitis testing focused on gay and bi-sexual men of color, transgender individuals, and people of color. They completed 4,051 counseling and testing sessions and identified 105 new HIV diagnoses (2.59% new positivity rate). Linkage to medical care was confirmed for 57 (53%) of those that were newly diagnosed with HIV. Simultaneous syphilis screening was provided to 3,783 of those tested for HIV (89%).

The HHD also supported routine HIV screening at two emergency rooms, 16 community health centers, and eight homeless facilities, providing 49,739 HIV tests. This activity identified 89 new HIV diagnoses (0.18% new positivity rate). Linkage to medical care was confirmed for 42 (43%) of those that were newly diagnosed with HIV. Among previously positive patients who were out of care, 41 were confirmed to have been re-linked to care after a routine HIV screening.

Between 2017 to 2020 the Houston area has seen improvements in the number of individuals that are linked to HIV medical care after diagnosis. In 2017, 59% of newly diagnosed individuals were linked to HIV medical care within 1 month of their diagnosis and in 2020, 63% of newly diagnosed individuals were linked within 1 month, a 6.6% increase. Between 2017 and 2020, on average, 87% of newly diagnosed individuals in the Houston area are linked to HIV medical care at some point while only 13% were never linked to HIV medical care.

HIV testing numbers have remained relatively consistent in targeted HIV testing efforts. However, routine HIV screenings have seen decreases in the volume of HIV screenings conducted. The decrease in routine HIV screenings can be attributed to one of two routine HIV screening providers no longer providing routine testing.

Testing numbers dropped significantly in 2020 due to the COVID-19 pandemic. Several HIV testing sub-recipients closed during the beginning of the COVID-19 pandemic due to the statewide shutdown. Those that continued to provide HIV services saw a decreased client population. Similarly, Harris Health Systems, the routine HIV screening provider in the Houston area, saw a significant drop in patient volume. Linkage to HIV medical care was also impacted due to the burden that COVID-19 put on hospital systems around the Houston area. Despite the drop in HIV screenings in targeted and routine settings, the testing that was conducted remained effective, as the new positive rates remained consistent with previous years.

Plan of Action:

Encourage status awareness through increased screening, diverse non-stigmatizing campaigns, improved hiring practices, and updated accessibility in historically marginalized communities in Houston/Harris County.

Activities:

- Extend health center hours and/or partner with healthcare systems to demonstrate consideration for persons seeking services outside traditional hours.
- Explore a collaborative routine opt-out initiative with hospital emergency room providers outside a policy requirement.
- Add five (5) nurse operated mobile units offering extended hours and bundled services (e.g., STI, Hepatitis C, PrEP, nPEP, BMI assessment, glucose, immunizations, service linkage, partner services, etc.) to dispatch across Houston/Harris County.
- Implement at minimum a yearly multilingual health education and promotion campaign empowering ALL sexually active Houstonians/Harris County residents to insist on initial and routine rescreening for HIV.
- Prioritize hiring a diverse and representative staff whom people can trust to administer status neutral services.
- Pilot HIV and STI home testing kits and develop a protocol for timely, status neutral follow-up, and quarterly evaluation to improve the service delivery.
- Reestablish an annual testing for tickets (e.g., "Hip Hop for HIV") event.
- Conduct outreach efforts in screening locations near identified areas (e.g., college campuses, barber and beauty shops, shopping centers, and recreational) through ongoing partnerships with community leaders and gatekeepers.

Plan of Action:

Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE.

Activities:

- Educate policymakers on the need for statewide mandatory offering of routine opt-out testing.
- Revise policies that institute county-wide age-appropriate comprehensive sexual education that empowers youth to make informed decisions about their health.
- Advance county-wide policy modifications that require HIV testing and access to care for all arriving persons involved with the justice system and retest prior to facility release with enough medication and linkage to care if need determined.
- Update local policies and procedures to implement an electronic automated reminder system and/or modify existing options to send annual screening reminders.
- Conduct provider detailing (e.g., Obstetrician/Gynecologist, General Practitioner, Gerontologist) to promote internal policy changes to incorporate universal screening as a standard practice.

Key Partners:

Health departments, community-based organizations, FQHCs, correctional facilities, community task force, school-based clinics, sexual health clinics, women's health services/prenatal services providers, hospitals, local community members, local correctional institutions, local law enforcement, PWH, shelters, public health professionals, etc.

Potential Funding Resources:

CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), State and/or Local

Estimated Funding Allocation:

$1.8 Million

Outcomes:

(reported annually, locally monitored more frequently):

- Increase number of newly identified persons with HIV and awareness of HIV status.
- Increase the number of HIV tests conducted in Houston/Harris County.
- Establish HIV care protocols for persons involved with the justice system.

Monitoring Data Source:

EMR data, surveillance data, local protocols, and reports

PILLAR 2:

"TREAT"

GOAL: Ensure **90%** of clients are retained in care and **virally supressed.**

*"**All the hoops**, such as labs, paperwork and frequency of labs or medical visits, to get HIV care or PrEP **is a barrier.**"*

-People Living with HIV Community Conversation

From 2018-2020, the total number of persons diagnosed with HIV increased each year. The percentage of those with met need and those retained in HIV medical care saw a slight decrease in 2020, which can be attributed to the COVID-19 pandemic. The percentage of those with viral suppression saw a slight increase in 2020 compared to previous years. The percentage of newly diagnosed PLWH linked to care within one month of diagnosis saw an 8.6% increase between 2018 (58%) to 2020 (63%).

As a part of the 2020 Houston HIV Care Services Needs Assessment process, participants who reported difficulty accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than choosing from a list of pre-selected barriers. These barriers were then grouped together into barrier types. Overall, the barrier types reported most often related to service education and awareness issues (19% of all reported barriers), interactions with staff (16%), wait-related issues (12%), administrative issues (10%), and issues related to health insurance coverage (10%). Housing concerns linked to homelessness or intimate partner violence were reported least often (1%). Overall, fewer barriers were reported in 2020 (415 barrier reports) than in previous 2016 Needs Assessment (501 barrier reports), despite the increase in sample size in 2020.

All funded services were reported to have barriers, with an average of 35 reports of barriers per service. Participants reported the least barriers for Linguistic services (one barrier) and the most barriers for Oral Health Care (90 barriers). In total, 415 reports of barriers across all services were indicated in the sample.

Within education and awareness, knowledge of the availability of the service and where to go to access the service accounted for 81% of barriers reported. Being put on a waitlist accounted for a majority (56%) of wait-related barriers. Poor communication and/or follow up from staff members when contacting participants comprised a majority (53%) of barriers related to staff interactions. Almost all (84%) of eligibility barriers related to participants being told they did not meet eligibility requirements to receive the service or difficulty obtaining the required documentation to establish eligibility.

Among administrative issues, long or complex processes required to obtain services enough to create a burden to access comprised most (57%) the barriers reported. Most of the health insurance-related barriers occurred because the participant was underinsured or experiencing coverage gaps for needed services or medications (55%) or they were uninsured (25%). The largest proportion (91%) of transportation-related barriers occurred when participants had no access to transportation. Inability to afford the service accounted for all barriers relating to participant financial resources. The service being offered at a distance that was inaccessible to participants for most (76%) of accessibility-related barriers, though it is worth noting that low or no literacy and being recently released from incarceration both accounted for 12% of accessibility-related barriers. Receiving resources that were insufficient to meet participant needs accounted for most resource availability barriers. Intimate partner violence accounted for both reports of housing-related barriers. Instances in which the participant's employer did not provide sufficient sick/wellness leave to attend appointments comprised most (80%) employment-related barriers.

Plan of Action:

Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care.

Activities:

- Offer a 24-hour emotional support and resources line available with trauma informed staff considerate to the fact individuals are likely still processing a new diagnosis.
- Health literacy campaign to educate those diagnosed on benefits of rapid start and TasP.
- Support rapid antiretroviral therapy by providing ART "starter packs" for newly diagnosed clients and returning patients who have self-identified as being out of care for greater than 12 months.
- Expand community partnerships (e.g., churches and universities) to increase rapid linkage and ART availability at community-preferred gathering venues.
- Promote after-hour medical care to increase accessibility by partnering with providers currently offering expanded hours, like urgent care facilities.
- Develop a provider outreach program focused on best HIV treatment-related practices and emphasizing resources options for clients (Ryan White care system) as well as peer-to-peer support resources for providers (e.g., Project ECHO, AETC, UCSF).

Plan of Action:

Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis.

Activities:

- Develop informative treatment navigation, viral suppression, and whole-health care support program including regularly held community forums designed to maximize accessibility.
- Partner with providers to expand hours and service location options based on community preferences (after-hours, mobile units, non-traditional settings).
- Assess feasibility of expanded telehealth check-in options to enhance accessibility and promote bundling mobile care services (including ancillary services).
- Increase the number of referrals and linkage to RW.
- Increase integration, promotion, and the number of referrals to ancillary services (e.g., mental health, substance use, RW, and payment assistance) through expanded partnerships during service linkage.
- Increase case management support capacity.
- Develop system to monitor referrals to integrated health services.
- Hire representative navigators, promote job openings in places where community members with relevant lived experience gather, and invest in programs such as the Community Health Worker Certification.
- Survey users of services to evaluate additional service-based training needs.
- Conduct provider outreach (100 initial/100 follow-up visits) to improve multidisciplinary holistic health practices including importance of trauma-informed approach, motivational interview-based techniques, preferred language, culturally sensitive staff/setting, behavior-based risk vs demographic/race, and routine risk assessment screenings (mental health, gender-based or domestic violence, need for other ancillary services related to SDOH).
- Build and implement a mental health model for HIV treatment and care that includes routinizing screenings/opt-out integration into electronic health records.
- Source resources for referral/free initial mental health counseling sessions.
- Maintain at least one crisis intervention specialist on service linkage staff.
- Partner community health workers with local community gathering places (e.g., churches) to recognize and reach individuals who may benefit from support and linkage to resources.
- Improve value of data to community by promoting inclusive, representative data collection on community selected platforms.

- Widely share analyses of collected data with emphasis on complete context and value to community, including annual science symposium; Allow opportunities for community to share their stories to illustrate the personal connection.
- Utilize a reporting system to endorse programs or environments that show training application and effort to end the epidemic. Conduct quarterly quality assurance checks after the secret shopper project established by END.
- Use the HIV system to fill gaps in healthcare by creating a grassroots initiative focused on social determinants of health.
- Increase access to quality health care through promoting FQHCs to reduce the number of uninsured to under 10% in the next 10 years.
- Revamp data-to-care to achieve full functionality.

Plan of Action:

Establish organized methods to raise widespread awareness on the importance of treatment.

Activities:

- Collaborate with CPG to gain real-time public input during meetings on preferred language and promotion of critical messages of Undetectable=Untransmittable (U=U) and Treatment as Prevention (TasP).
- Collaborate with CPG to regularly promote diversifying clinical trials.
- Increase education and awareness around the concept of U=U and TasP to reduce stigma, fear, and discrimination among PLWH.
- Implement community preferred social marketing strategies over multiple platforms to establish messaging on the benefits of rapid and sustained HIV treatment (include basic terminology, updates on treatment/progress advances, and consideration for generational understanding of information).

Plan of Action:

Advance internal and external policies related to treatment.

Activities:

- Implement and monitor immediate ART with a standard of 72 hours of HIV diagnosis for Test and Treat protocols.
- Revise policies to simplify linkage through use of an encrypted universal technology such as patient portal and/or apps to easily share information across health systems, remove administrative (e.g., paperwork and registration) barriers, incorporate geo-fencing alerts and anonymous partner elicitation.
- Refresh policies to establish a retention/rewards program that empowers community to optimize health maintenance and encourages collaboration with health department services and resources.
- Focus on necessary requirements and reduce turnaround time from diagnosis to care (e.g., Change the 90-day window for Linkage Workers).
- Update prevention standards of care to reflect a person-centered approach.
- Develop standard of treatment and advocate for implementation for those incarcerated upon intake.
- Institute policies that require recurring trainings for staff/providers based on community feedback and focused on current preferred practices (emphasis on status-neutral approach, trauma-informed care, people first-language, cultural sensitivity, privacy/confidentiality, follow-up/follow-through).
- Revise funding processes and incentivize extended hours of operation to improve CBO workflow.

Key Partners:

FQHCs, medical care providers, hospitals, community-based organizations, various professional health care associations, RWGA; TRG; HHD (Potential non-RP partners: RWPC), community task force, urgent care facilities, churches, universities

Potential Funding Resources:

Ryan White HIV/AIDS Program (RWHAP), CDC HIV Prevention and Surveillance Programs, State Local Funding

Estimated Funding Allocation:

$9,081,382

Outcomes:

(reported annually, locally monitored more frequently):

- Increase number of newly identified individuals with HIV linked to care.
- Increase number of individuals with HIV identified as not in care relinked to care.
- Increase number of newly identified individuals with HIV linked to care and started on ART within 72 hours of diagnosis.
- Increase number of individuals with HIV identified as not in care re-linked to care and started on ART within 72 hours.

Monitoring Data Source:

Surveillance, RWHAP, CPCDMS, CDC testing linkage data

PILLAR 3:

"PREVENT"

GOAL: Achieve **50% reduction** in **new HIV cases.**

*"Young people **think** PrEP is **only** for gay individuals. The commercials depict flamboyant individuals. Should make it **more about wellness** and **integrate** in images of **being healthy.**"*

-Status Neutral Committee

In 2019, the HHD launched a comprehensive strategy and unified advertising, social marketing and digital branded campaign called I am Life.™ The campaign has been used to support HHD in reducing the number of HIV cases and increasing viral suppression among African American and Hispanic MSM, and transgender people of color. To learn more about the I am Life™ campaign, visit houstoniamlife.com. The HHD also launched the "My Prenatal Promise" campaign in 2020, targeting women of childbearing age (16-44), to promote the prevention, diagnosis, and treatment of syphilis and to educate and encourage women to get tested for syphilis, HIV, and other STIs during pregnancy. For more information visit myprenatalpromise.com.

The HHD has been providing PrEP services at the local sexually transmitted diseases (STD) clinics since 2016. These services include screening, linkage to a PrEP provider and prescriptions. Through PrEP navigation, also patients receive assistance linkage to prescription payment assistance as needed. In 2021, the HHD implemented nPEP services, providing medication to patients who have been exposed to HIV. Soon after, in January 2022, the HHD implemented same-day PrEP, providing medication starter packs to HIV-negative patients who qualify. The HHD also funds local CBOs to provide HIV counseling, testing and referral services. These sub-recipients also provide PrEP education, screening, and referrals to PrEP providers. Nearly all patients who were tested by these organizations were provided PrEP education and 30% were referred to a PrEP provider. Figures on PrEP services and uptake in the Houston/Harris County area are currently only available through HHD supported programs, as there is no jurisdiction-wide system that can capture this information.

Stigma, discrimination, and violence continues to be a barrier to HIV prevention services. Approximately 46% of respondents from the 2022 HIV Prevention Needs Assessment stated they had been treated differently because of their race/ethnicity, sex, gender, sexual orientation or HIV status, 18% stated they experience verbal harassment, 13% stated they had been denied services because of their race/ethnicity, sex, gender, sexual orientation or HIV status, 8% stated they had threats of violence made towards them, 5% had experienced physical violence, and 2% had experienced sexual assault.

Culturally, there is a resistance in much of Texas (and Houston) to discuss sexual health, sexual orientation, gender identity, and HIV/STD. Comprehensive sexual education is not taught in most schools and may even be restricted by sources of funding. Abstinence-plus education infuses strong abstinence messages, but the content of this education varies from district to district and even from school to school. This context may complicate the stigma experienced by those at increased risk for HIV and discourage conversations between patients and the medical community on sexual risk and HIV/STD testing.

There are some unique factors to Houston that contribute to barriers faced by residents. According to the United States Census American Community Survey, in 2018, 19.1% of Harris County residents had less than a high school diploma, 23.2% attained a high school diploma or equivalent. Overall, people in poverty were 16.2% with approximately 13.6% of individuals 18 to 64 years below the poverty level.[6]

In 2015, Texas officials discontinued Planned Parenthood's HIV prevention funding. Operating in this capacity since 1988, this decision led to all HIV prevention services formerly offered by Planned Parenthood Gulf Coast to cease. Prior to 2015, funding to Planned Parenthood and other similar health care clinics throughout the state had been substantially reduced by legislative action, resulting in many of these clinics closing. Recently published research has shown adverse outcomes associated with these decisions.[7]

Texas law does not allow for the implementation of syringe exchange programs, which include the distribution of sterile needles, syringes, and other sterile injection supplies. Under Chapter 481.125 of the Texas Health and Safety Code, a person commits an offense if the person knowingly or intentionally uses or delivers, or possesses with intent to use or deliver, drug paraphernalia that can be used to inject a controlled substance into the human body. The punishment for one of these offenses ranges from a Class C misdemeanor to a state jail felony. The HHD created a Hepatitis C Task Force that discusses how to best meet the needs of those vulnerable to contracting HCV and HIV through unsafe injection practices considering these prohibitions.

The Affordable Care Act (ACA; Pub L No. 111–148), passed in 2010, was designed to help Americans gain health insurance coverage through a combination of premium subsidies and mandates. Texas is the second largest state by population in the country and the largest state that chose not to expand Medicaid under the ACA.[8] The lack of Medicaid expansion continues to place access to affordable health care services out of the reach for Texans, particularly Houston/Harris County residents. Roughly 20.4% of persons under 65 years of age lack insurance in Texas.[9] Health care providers in the state have faced severe financial consequences since the 2017 legislative session opted not to expand Medicaid under the ACA.

Dedicated HIV funding in the Houston area has not kept pace with need. Federal funding for HIV has increased significantly over the course of the epidemic; however, many local jurisdictions have seen funding decline or remain level over time. As business costs rise, level funding can translate into fewer dollars for direct services. Although numerous cities throughout the nation benefit from local investment in HIV/STD, the HHD receives zero dollars in general city revenue. The results of the financial inventory confirm just how dependent the Houston area is on federal funding to maintain even the most basic HIV prevention services.

6 *United States Census Bureau. (n.d.). American Community Survey. [2014–2018 ACS 5-Year Narrative Profile] Houston-The Woodlands-Sugar Land, TX Metro Area. Retrieved from https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2018/report.php?geotype=msa&msa=26420*

7 *Stevenson A, Flores-Vazquez I, Allgeyer R, Schenkkan P, Potter J. Effect of Removal of Planned Parenthood from the Texas Women's Health Program. N Engl J Med 2016; 374:853-860.*

8 *Pickett, Mark and Ho. Gain in Insurance Coverage and Residual Uninsurance Under the Affordable Care Act: Texas, 2013–2016, American Journal of Public Health 2017, 107:1, 120-126, doi: 10.2105/AJPH.2016.303510*

9 *United States Census Bureau. (2021). American Community Survey (ACS), Quick Facts Texas. Retrieved from U.S. Census Bureau QuickFacts: Texas*

Plan of Action:

Integrate a status neutral approach in HIV prevention services by utilizing proven interventions to reduce new cases.

Activities:

- Develop a continuum of care for those utilizing prevention care services.
- Establish prevention navigators with lived experience of the priority populations to assist engagement and re-engagement in prevention services.
- Offer and advocate for ongoing ancillary support options routinely offered during initial engagement.
- Tailor proven behavioral, biomedical, and structural interventions, public health strategies, and social marketing campaigns from the Compendium of Evidence-based Interventions and Best Practices for HIV Prevention to the needs of Houston/Harris County.

Plan of Action:

Improve accessibility, information sharing, and monitoring of PrEP.

Activities:

- Increase access to PrEP clinical services by integrating PrEP/nPEP into routine services at HHD Health Centers.
- Collaborate with medical providers in other specialties to integrate PrEP into routine preventative healthcare.
- Expand PrEP services and hours to increase access including mobile, telehealth (e.g., Mistr, Sistr and Q Care Plus), and non-traditional settings.
- Expand access to same-day PrEP for persons HIV negative by providing a 30-day starter pack; utilize non-traditional settings (e.g., faith-based organizations)
- Develop purposeful non-stigmatizing awareness messaging that normalizes PrEP and nPEP conversations with care teams.
- Create a PrEP Network information hub to help understand community practices and address challenges.
- Collaborate with local CBOs to develop a 24-hour nPEP hotline and Center of Excellence.
- Develop method of monitoring and reporting PrEP and a Continuum of Care.

Plan of Action:

Address social determinants through a multi-level approach that reduces new cases and sustains health equity.

Activities:

- Increase service provider knowledge and capability to assess those in need of ancillary services.
- Provide funded organizations with payment points for linking people to PrEP, keeping appointments, and then linking people on PrEP to housing, transportation, food assistance, and other supportive services.
- Develop mental health and substance use campaigns to support self-efficacy/resiliency.

- Health departments partner more with colleges and school districts, Bureau of Adolescent Health to create a tailored strategic plan that better engages adolescent Houstonians/ Harris County residents.
- Revitalize the Youth Task Force and seek funding for adolescent focused initiatives.
- Engage healthcare programs regarding inclusion of all HIV prevention strategies in their curriculums to educate future practitioners (e.g., medical, nurse practitioner, nursing, and other healthcare programs).
- Reduce stigma and increase knowledge and awareness of PrEP and TasP through a biannual inclusive public health campaign focused on all populations.
- Train the workforce on a patient-centered (i.e., status neutral and trauma informed) prevention approaches to build a quality care system.

Plan of Action:

Advance policy gaps through increased education and outreach at all levels.

Activities:

- Expand Medicaid in the State of Texas to assist prevention efforts for all Texans, particularly among marginalized communities.
- Update policies to address service gaps by eliminating privacy barriers and expanding prevention clinical services to adolescents under the age of 18.
- Create county-wide policies to implement medically accurate comprehensive sexual education in high schools and colleges/universities that encourages informed decisions.
- Advance policy changes that promote harm reduction strategies for persons who inject drugs (PWID) such as sharps disposal kiosks to address discarded syringes in public locations.
- Advocate for PrEP and nPEP availability over the counter.
- Overhaul all prevention standards to reflect person-first strategies.
- Reassess policies around the HIV positivity rate.

Key Partners:

Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (Potential non-RP partners: TDSHS; AETC; HHS), faith-based organizations

Potential Funding Resources:

CDC HIV Prevention and Surveillance Programs, Bureau of Primary Health Care, State and/or Local Funding, Minority AIDS Initiative (MAI), SAMHSA, HUD/ HOPWA, Federal Office of Rural Health Policy, Indian Health Service; Office on Women's Health, Office of Minority Health, Office of Population Affairs, and other public and private funding sources, etc.

Estimated Funding Allocation:

$500,000

Outcomes:

(reported annually, locally monitored more frequently):

- Increase number of providers trained.
- Increase number of prescriptions for PrEP.
- Increase the percentage of eligible people successfully referred to PrEP provider to 50% in 5 years.

Monitoring Data Source:

Local databases, medical records data, pharmacy records

PILLAR 4:

"RESPOND"

GOAL: Increase capacity to **identify, investigate** active HIV transmission clusters and respond to HIV outbreaks in **1 year.**

*"People living with HIV **did not** consent to have **their data used** in this manner. Molecular HIV Surveillance is being done **without our consent.**"*

-Joint Training Community Conversation

The HHD has a strong history of identifying and responding to local HIV outbreaks. These outbreaks have traditionally been identified through new reports of diagnoses from medical providers, disease intervention specialists (DIS) interviews and conversations with people with new or recurring disease diagnosis through public health follow-up, as well as HIV surveillance data to identify patterns that might indicate recent and rapid HIV transmission. In 2010, HIV genotype sequences became reportable in Texas (Texas Administrative Code §97.133). In 2017, the Texas DSHS began cluster detection and response activities in collaboration with local and regional health departments. During this time the HHD began responding to HIV molecular clusters identified by the Texas DSHS.

The HHD was awarded funding from the CDC to begin cluster detection and response activities to identify and respond to local active HIV transmission networks specifically within Hispanic/Latino gay and bisexual men in September 2017. Through the PS17-1711 demonstration project (Project PODER), the HHD was able to develop a dedicated team that utilized modern techniques to detect HIV molecular clusters and respond to recent and rapidly growing HIV molecular clusters that were identified.

Engagement with community was taken with each step of developing the cluster detection and response (CDR) at the HHD to ensure activities conducted were community informed and driven. While the engagement with the Houston area community has been successful, there are still significant concerns about the potential use and misuse of HIV genetic data for HIV criminalization and/or to further justify deportation from community and stakeholders. The political climate around immigration issues around the nation but especially within Houston and Texas, is not ideal for an intervention encouraging populations to utilize public services.

The HHD has experienced over 10,000 clients drop out of our WIC program in the last few years with staff and leadership within this area noting that many clients are asking to be removed from data systems and record-keeping that would indicate they used a public service. The proposed changes to public charge in 2019 are implicated as a major driver of these requests. Additionally, the Houston ICE office is prolific in arrests (e.g., fourth highest number of arrests in 2019 in the U.S.), which drives community to not seek government services even in dire situations, such as Hurricane Harvey and the COVID-19 pandemic. To overcome concerns about information related to CDR activities being used for HIV criminalization and/or to justify deportation, the HHD continues to educate stakeholders, community, and the HIV workforce about molecular cluster analysis and its lack of capabilities (e.g., inability to determine directionality, incompleteness of data, etc.). We share results of our internal reviews of HHD practices to safeguard surveillance data and defend against subpoenas related to Texas not having specific HIV criminalization laws.

Plan of Action:

Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities.

Activities:

- Invest in technological solutions that further our partnerships, processes, and mass communication dissemination.
- Host regularly scheduled community forums, presentations, and webinars with a variety of audiences such as residents, business owners, churches, bars, schools, and politicians. Increase transparency and buy-in by providing accurate information on important topics (e.g., privacy, protection, anonymity, gaps, recommended changes, and best practices).
- Expand the response Community Advisory Board (CAB) by incorporating interested participants from various taskforces, internal (e.g., Tuberculosis and HCV) and external stakeholders.
- Conduct a feasibility study on outsourcing response activities to community partners.
- Provide engaging non-stigmatizing safe spaces that promote information sharing on what is going on in neighborhoods and tailor recommendations. Normalize inclusive discussions and team building activities among residents and community leaders by broadly advertising meetings in multiple locations (e.g., Southwest, Montrose, Third Ward, Fifth Ward) to reduce stigma. Utilize these platforms to spotlight the great work communities are accomplishing to constantly reenergize buy-in.
- Conduct public health detailing to inform and educate providers about required disease reporting and how to effectively inform their patients.

Plan of Action:

Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.

Activities:

- Build contingency/surge capacity such as venue-based screenings cluster response efforts with existing contracted CBOs (when needed).
- Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play.
- Integrate both CDR and time-space analysis to identify clusters.
- Conduct rapid response, ART linkage, and same-day PrEP in cluster investigations through close collaboration with contractors, care providers and other stakeholders.

Plan of Action:

Empower effective advocacy and policy changes at the local, state, and federal levels.

Activities:

- Re-establish the CPG mandate to ensure community engagement and voice is consistently being heard.
- Explore requirements necessary to change laws in the state by assessing current laws and implement annual assessment.
- Examine the effects of HIV criminalization cases in the state to address policy barriers.
- Re-evaluate and revise the partner index requirement within the State of Texas.
- Annually assess and provide report on data protection policies and procedures that ensure safeguards and firewalls protecting public health research and surveillance data from access by law enforcement, immigration, and protective services systems.
- Quarterly update the CDR plan in partnership with the community CAB.

Key Partners:

Local community members, PWH, health departments, public health professionals, politicians, churches, businesses

Potential Funding Resources:

CDC HIV Prevention and Surveillance Programs, STD Funding, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding

Estimated Funding Allocation:

$500,000

Outcomes:

(reported annually, locally monitored more frequently):

- Revise CDR protocols for cluster detection and response procedures based on community feedback.

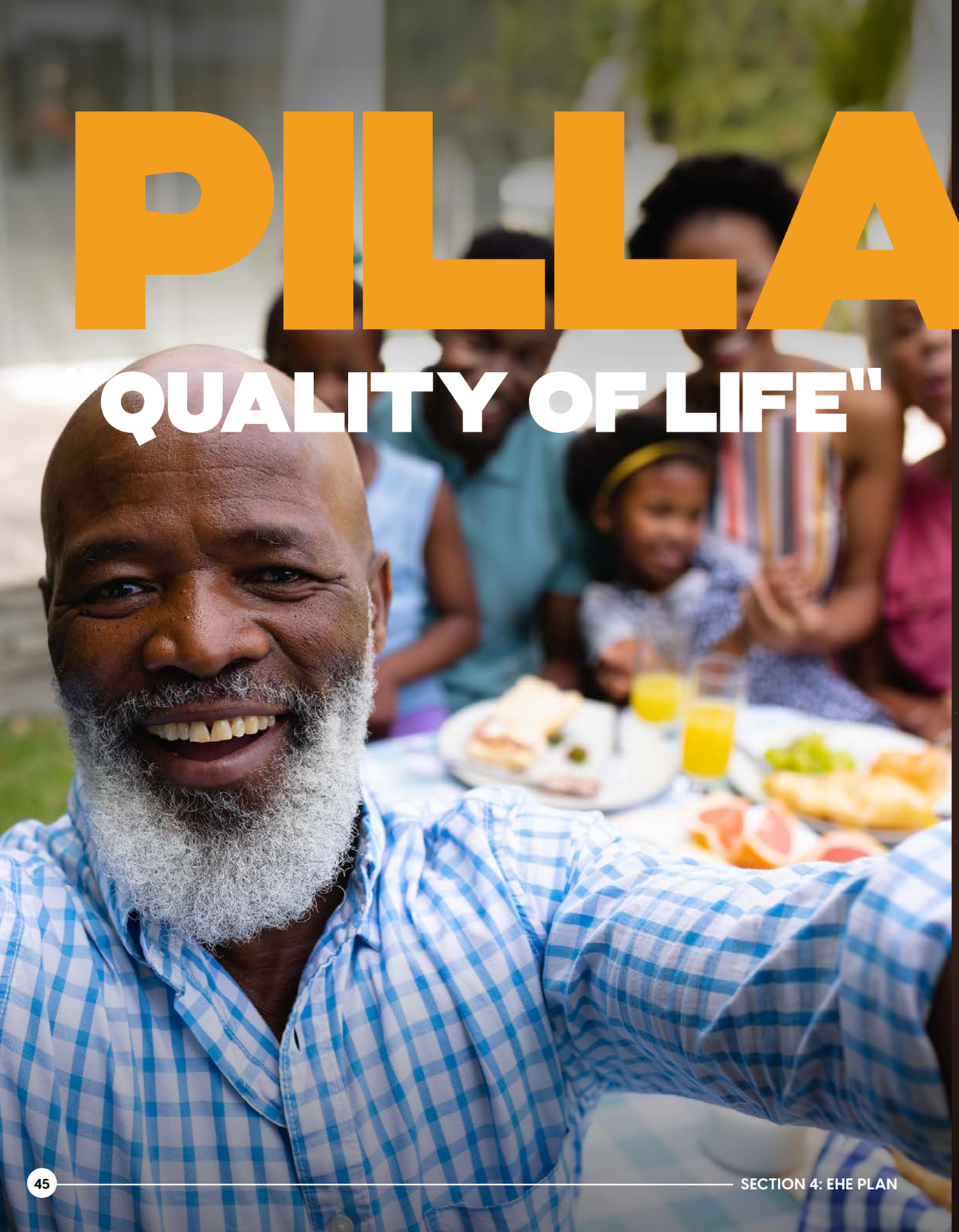
Monitoring Data Source:

Local protocols and reports

Important Note: The engaged Houston/Harris County community has expressed their privacy concerns regarding this work and the potential for criminalization. Proposed solution: "First survey our local applicable laws for any that could potentially jeopardize PWH. Second, inform PWH what they found. Advocacy networks, both HIV and others, will be mobilized to get unsupportive laws updated or removed. Once done, Cluster Detection may move forward. And then we develop an implementation plan. Or develop one simultaneously to have it ready to go, but make it clear it's a no-go until laws are updated to reflect current science in HIV." -Steven Vargas

PILLAR 5:

"QUALITY OF LIFE"



"It is about time that the federal government and others see us as more than our viral load and as public health threats. We are "people first" and we are more than our diagnosis and want our lives measured by more than viral suppression. We demand the same rights to a high quality of life that other human beings are entitled to. It was a deep honor to lead a process for Houston to develop a Quality of Life pillar."

– Venita Ray, JD

Greetings from Houston
by Ivan Stacks and DaGoe Marse

Following the 2021 release of the US PLHIV Caucus Demanding Better policy agenda and relentless advocacy with federal officials, quality of life was included in the 2021 release of NHAS and quality of life developmental indicators have now been developed.[10] Local efforts, sponsored by the CPG, RWPC and Positive Women's Network (PWN) yielded the Quality of Life for People living with HIV Workgroup. The fifth pillar has six (6) overarching themes:

- Intersectional stigma, discrimination, racial and social justice, human rights and dignity
- Overall wellbeing, mental, emotional and spiritual health
- Aging, comorbidities and life span (can include functionality, cognitive ability, geriatrics)
- Healthcare services access, care and support
- Economic justice, employment, stable and safe housing, food security
- Policy and research

Additional areas of exploration for the Quality of Life pillar include but are not limited to the following:

- Working together to ensure the human rights aspect of sexual health, sexual and reproductive health messaging (e.g., freedom to have sex, have babies, etc.), and overall needs of the community (e.g., language barriers, accessibility, and trauma-informed care) are addressed across the life cycle through ongoing engagement and action.
- Developing a Policy 101 curriculum to activate community-led policy advancement efforts, including advocating for funding allocation/expansion [AIDS Drug Assistance Program (ADAP)]; Medicaid expansion; harm reduction strategies like syringe service programs (SSPs) and safe injection sites; data accessibility/reporting; opt-out policies; comprehensive sex-education; over-the-counter PrEP; non-discriminatory criminalization laws, and general protections for marginalized communities (gender-based violence; sexual and reproductive health disparities).
- Collaboratively creating a reporting system and conduct quarterly quality assurance checks modeled after the mystery shopper project established by End HIV Houston Coalition to advance quality care.
- Improving comprehensive service offerings in environments where persons are treated with respect, sensitivity, and cultural competency regardless of their status.

10 Ray, Quality of Life pillar, para. 1

SECTION 5:

"REACHING CONCURRENCE"

"Collaboration, creativity, and respect build lifelong connections that matter and make a difference, propelling us to work together across all boundaries."

-Diane Luna

Engagement efforts were coordinated between the collective community of people living with HIV and those vulnerable to acquiring HIV, the Houston Health Department, Harris County Public Health Ryan White Grants Administration, Houston Area Ryan White Planning Council, Houston HIV Prevention Community Planning Group, and the Houston Regional HIV/AIDS Resource Group throughout the planning process. Feedback obtained from community engagement were used to inform the plans of action and develop activities found in this *MasterPlan*. In November 2022, we presented the second iteration of the Houston/Harris County plan to these community partners for review, concurrence, questions, and comments.

Appendix A: Acronyms

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program-ADAP
ART	Antiretroviral therapy
CAB	Community Advisory Board
CBO	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
COVID-19	Novel coronavirus
CPG	HIV Community Planning Group
CDR	Cluster detection and response
DIS	Disease Intervention Specialists
EHE	Ending the HIV Epidemic
EMA	Houston Eligible Metropolitan Area
FQHC	Federally Qualified Health Center
HCC	HIV Care Continuum
HCPH	Harris County Public Health
HCV	Hepatitis C
HHD	Houston Health Department
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HRSA	Health Resources and Services Administration
HSDA	Houston Health Services Delivery Area
MAI	Minority AIDS Initiative
MSA	Houston Metropolitan Statistical Area
MSM	Men who have sex with men
PLWH/ PLHIV/PWH	People living with HIV/ People with HIV
NPEP	Post Exposure prophylaxis
PWN	Positive Women's Network
PREP	Pre-Exposure prophylaxis
RW	Ryan White
RWGA	Harris County Public Health Ryan White Grant Administration
RWPC	Ryan White Planning Council
RWPC OS	Ryan White Planning Council Office of Support
SDOH	Social determinants of health
SSP	Syringe Service Programs
STD/STI	Sexually transmitted disease/ Sexually transmitted infections
TASP	Treatment as prevention
TDSHS/ DSHS	Texas Department of State Health Services
TRG	The Houston Regional HIV/AIDS Resource Group
U=U	Undetectable = Untransmittable
VL	Viral load

Appendix B: 2020 HOUSTON AREA HIV CARE SERVICES NEEDS ASSESSMENT (LINK)

2020 Houston Area HIV Care Services Needs Assessment. Approved: July 9th, 2020. Primary Author: Amber Lynn Harbolt, MA, Health Planner, Ryan White Planning Council Office of Support.
To view the full report, use this publication link: 2020 Needs Assessment - FINAL 07-09-20.pdf (rwpchouston.org)

Appendix C: 2022 HOUSTON HIV PREVENTION NEEDS ASSESSMENT

The 2022 Houston HIV Prevention Needs Assessment was a collaborative effort between the members and staff of the Houston HIV Prevention Community Planning Group, Houston Health Department, Harris County Public Health, Houston Area Ryan White Planning Council, Ryan White Planning Council Office of Support, AIDS Healthcare Foundation, Bee Busy Inc., Bee Busy Wellness Center, Legacy Community Health Services, AIDS Foundation Houston, Fundación Latinoamericana De Acción Social, and the St. Hope Foundation.
To view the full report, use the following link: houstonhealth.org/services/disease-prevention/ehe/plans

Houston HIV Prevention
Community Planning Group

HOUSTON HEALTH
DEPARTMENT

Harris County
Public Health
Building a Healthy Community

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