

The Enhanced Comprehensive HIV Prevention Plan for The Dallas Metropolitan Division

EXECUTIVE SUMMARY

HIV in Dallas

The Dallas Metropolitan Division (MD) consists of Collin County, Dallas County, Delta County, Denton County, Ellis County, Hunt County, Kaufman County, and Rockwall County. Dallas County is the second-largest county in Texas. In the Dallas MD, approximately 15,957 people are living with HIV, and approximately 900 new cases of HIV have been identified annually. 83% of people with HIV in the Dallas MD reside in Dallas County. Gay men and other men who have sex with men (MSM) account for 67% of those living with HIV and represent 70% of all new diagnoses. Black MSM alone account for 25% of people living with HIV in the Dallas MD. Heterosexual transmission is the second largest exposure category for people living with HIV and females comprise 77% of these cases.

ECHPP Plan Development

In September 2010, the Texas Department of State Health Services (DSHS) HIV/STD Program received funding from the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention to develop in partnership with the Dallas County Health and Human Services (DCHHS) an Enhanced Comprehensive HIV Prevention Plan (ECHPP) for the Dallas Metropolitan Division which supports the goals of the National HIV/AIDS Strategy. The primary purpose of the ECHPP process is to identify the optimal combination of coordinated HIV prevention, care, and treatment services that can maximize the impact on reducing new HIV infections in the Dallas MD. The Dallas ECHPP addresses gaps in current HIV prevention strategies and coordination of HIV prevention, care and treatment services, and recommends activities to strengthen and refocus current efforts. The plan is specifically comprised of two components: 1) a situational analysis to assess the current implementation of the 24 required and recommended interventions specified by CDC in the funding announcement; and 2) specific goals, strategies and objectives for each intervention to achieve the optimal combination of prevention, care and treatment activities in the Dallas MD.

The development of the Dallas ECHPP has included collaboration with public health and community stakeholders throughout the Dallas MD, including community based efforts to engage stakeholders through community forums and other planning meetings. Community consultations included discussing the development of the Dallas ECHPP with the Ryan White Planning Council; members of the Black Women's Summit; the Texas HIV/STD Community Planning Group; participants of the HIV/STD Prevention Contractors Summit; and attendees of the Dallas Gay Men's Summit. Several internal planning meetings were also held to identify DSHS staff with insight into the Dallas HIV treatment, care and prevention systems. This included staff from multiple DSHS groups including surveillance, public health follow-up and HIV care services. Each group served as an important source of information for Dallas ECHPP plan development. Collectively, these external and internal partnerships will be essential to sustaining a comprehensive HIV prevention portfolio that operates through expanded leadership and coordination by DCHHS and continued investments by DSHS.

Reducing New HIV Infections in Dallas

Reducing the proportion of undiagnosed and late diagnosed HIV infections is a critical component of the Dallas ECHPP. Recently published National HIV Behavioral Surveillance System (NHBS) data indicate a high level of undiagnosed infection among MSM in Dallas: one in four MSM tested HIV positive and over half (54%) of those infected were unaware of their infection. Increasing knowledge of positive status is crucial to reducing the number of new infections and reducing the transmission rate of HIV in Dallas. The Dallas ECHPP includes increasing investments in routine testing efforts to reduce the annual number of new

infections and reduce the HIV transmission rate in the Dallas MD. Routine testing will be increased by establishing additional routine testing sites within federal qualified health centers, emergency departments, and private providers, in addition to expanding the capacity of existing routine testing sites. Marketing efforts will also be used to target private medical providers, primary care settings and medical associations to increase the number of sites offering routine testing. Incidence estimates also show that targeted testing programs are critical to identifying HIV-positive persons early in the course of their infection. DSHS will also partner with DCHHS to coordinate and increase targeted testing in areas with high morbidity and focus on priority populations including black gay men and other MSM.

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Increasing access to care and improving health outcomes for HIV-positive persons in the Dallas MD will be strengthened by multiple activities of the ECHPP plan. Linkage to care and retention and re-engagement in care activities are important to reducing the number of new infections and reducing HIV transmissions in Dallas. DSHS recognizes the need to expand linkage access points and increase the number of FQHCs participating in HIV care in order to reduce the time between HIV diagnosis and entry into the care system, which can be up to 7 weeks. DSHS will work with the AIDS Education and Training Center, The Texas Association of Community Health Centers and the HRSA Bureau of Primary Care to identify opportunities and promote HIV/STD integration at primary care settings. In addition, DSHS will explore the possibility of adding a peer support component to EIS to assist in navigating the care system for newly diagnosed positives. Any attempt to increase retention and re-engagement in care requires that case management systems be strengthened and that the quality of this service be consistent. To increase the quality of these services, DSHS intends to provide tools in the form of guidance, trainings and revised standards as necessary. Because HIV-positive persons who are out of care are likely to have higher viral loads and be more infectious than those in care, DSHS is also exploring the possibility of including a lost-to-care component to the EIS program and will investigate enhancing the role of DIS and CBO staff in following up with clients on missed appointments. DSHS anticipates a reduction in new infections and a reduction in the HIV transmission rate from these efforts. DSHS also seeks to further address eligibility structures and policies that present barriers to optimal entry into HIV care and treatment by addressing strict documentation requirements resulting from reimbursement policies, and which ultimately affect a client's ability to secure medical or case management appointments. DSHS is also working to establish Electronic Lab Reporting within the Parkland healthcare system to improve efficiency, completeness and timeliness of reporting and facilitate more effective partner services.

Targeted condom distribution, social marketing efforts, structural changes to the Dallas HIV prevention, care and treatment landscape, strengthening case management services, and increasing access to care and prevention services for people living with HIV and high risk individuals will work in combination to further achieving critical ECHPP objectives. DSHS will realign resources to increase condom distribution in Dallas and will partner with local organizations to identify additional venues to distribute condoms for HIV-positive persons. The "Greater than AIDS" events will also be funded to increase awareness and urgency of HIV in Dallas to include printing collateral and additional billboards, transit ads and mall kiosk placements specifically in the top three zip codes for new diagnoses (75243, 75216 and 75219). DSHS will strengthen a number of case management activities to reduce new infections and reduce the HIV transmission rate. MMP interview data show that 70% of respondents reported missing a dose of ARVs. 28% missed a dose within the last month. Enhanced adherence education will be provided to clients with a recent history of missing ARV doses. Behavioral risk screenings and referrals to prevention services for PLWHA will also be strengthened. Risk screenings during routine case management play an important role in identifying clients who have ongoing or new behavioral risks. DSHS intends to increase case manager's abilities to identifying risk behaviors through routine screenings and to increase the

number of providers who have protocols for referring clients to needed services including behavioral interventions and STD testing. Provider-delivered interventions are another important prevention opportunity for HIV positive persons. DSHS plans to explore piloting programs in identified clinics in highly impacted areas, and increase behavioral risk screenings and referrals for appropriate risk reduction interventions for HIV-infected persons including CRCS, Healthy Relationships and Willow. In addition, DSHS will explore expansion of partner services priorities to include previous positives based on viral load reporting. High viral load indicates a greater risk of transmission. Partners to previously-diagnosed positives with high viral loads are likely at increased risk of infection. An indication of high viral load in a previously-diagnosed person may indicate inadequate treatment. DIS can help link the patient to appropriate services to ensure optimal viral load suppression. Additional activities DSHS intends to implement to reduce the number of new infections and reduce the HIV transmission rate include: community interventions focused on black gay men, expanding community mobilization efforts to increase awareness and urgency around HIV, integrating services at methadone clinics in Dallas, maintaining efforts on screening and referrals for needed services for HIV-negative persons, and supporting asset mapping and development to identify and increase competent and welcoming providers for MSM.

Reducing HIV-Related Disparities and Health Inequities

HIV prevention efforts for black gay men need to be enhanced by addressing the capacity and leadership of communities and organizations to provide effective, comprehensive HIV prevention with black gay men. Considering that as many as 1 in 4 black gay men in Dallas may be HIV positive and that little HIV prevention programming exists for this population, establishing sustainable programming for black gay men in Dallas is an extremely relevant structural issue. DSHS seeks to develop skills and competencies in individuals and groups within the community through leadership development and has expressed a goal for comprehensive, coordinated HIV prevention for black gay men in Dallas that operates at multiple levels and with multiple partners. Through this leadership development, black gay and bisexual men will be better able to serve in higher capacities at organizations throughout Dallas and will be better prepared to establish viable, stable organizations of their own. The overarching goal of DSHS is the establishment of a sustainable program serving this community by 2014. To support this goal, efforts in the preceding years require the creation of relationships among stakeholders leading to a commitment to sustainable programming in Dallas for black gay men. DSHS expects these structural improvements to play a key role in reducing the number of new infections and reducing the HIV transmission rate in the Dallas MD. Another important strategy to achieve prevention efforts for black gay men is to ensure the continuation of the United Black Ellument project. UBE is a community-level HIV prevention program for young Black MSM aged 18-29 in Dallas. It is an evidence-based HIV prevention program that is being disseminated across the U.S. UBE attempts to reach all young Black MSM in Dallas through one or more program components, including: a) 1-time small groups (called U-BE Connected); b) a project center, c) informal outreach (young men speaking with and encouraging their peers, within their social networks, to reduce their sexual risk and get HIV tested), d) formal outreach in which teams of young men go to venues and distribute safer sex and testing information and publicize project activities, and a series of social outreach activities that attracts men to the project so that outreach can be conducted with them, and e) publicity, which involves social networking methods as well as other online methods. DSHS plans to explore the possibility of placing this project under the administrative direction of a DSHS funded HIV prevention service provider. DSHS anticipates these activities will reduce the proportion of MSM who report unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status.