Evaluation of Opt-out HIV Screening in Houston/Harris County

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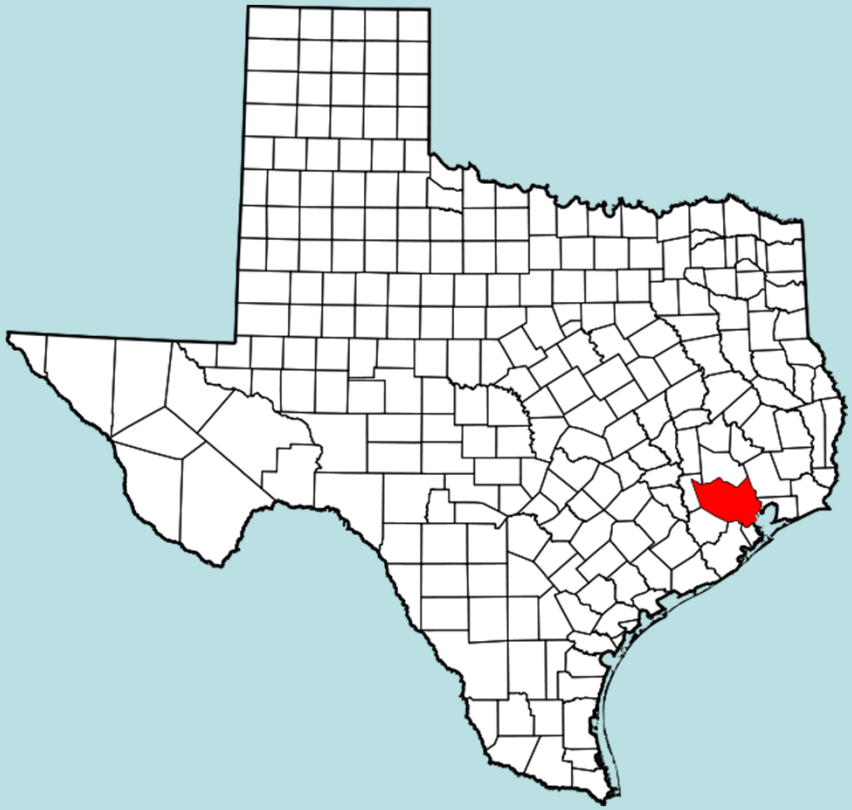
About Houston/Harris County



- Houston is located in Harris Co.
- Harris Co. is the third most populous county in the US with 4 million residents
- Houston is the fourth most populous city in the US with 2 million residents

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Late to Care

1 in 3 Houstonians with HIV received a late diagnosis of their infection.

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2006 CDC Recommendations Routine Testing for HIV-1

- Routine voluntary testing for patients ages 13-64 in healthcare settings- not based on patient risk & where positivity >= 0.1%
- Opt-out testing
- No separate written consent for HIV
- Pretest counseling not required
- Repeat HIV testing left to discretion of provider, based on patient risk

Houston′s Project- Locations

- Routine, opt-out HIV screening in Emergency Departments
  - Ben Taub General Hospital (Level I)
  - LBJ General Hospital (Level III)
  - Memorial-Hermann Hospital (Level I)

- Routine, opt-out HIV/STD screening in community health clinics
  - Two Legacy Community Health Services locations (one of which is FQHC)
  - 12 HCHD community health centers

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Houston's Project-Methods

- Populations:
  - HCHD – all patients 18-64 in the ER who are having blood drawn
  - MH -- all patients 18-64 in the ER
  - Legacy – all patients in 2 health centers
- Testing methods:
  - HCHD and MH –standard blood testing performed on rapid basis
  - Legacy –blood draw sent to city lab

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Study Objective

- This study evaluates the effectiveness of "Opt-out HIV Screening" for identifying undiagnosed HIV infections (or new HIV diagnoses)

- New vs. Known HIV diagnoses

Study Design and Methods

- Evaluation period:June 08-April10 (23 months)
- Population-based cross-sectional study
- Cross-referenced a line-list of ER clients with HIV to the Texas HIV/AIDS Reporting System using names and dates of birth
- Two categories:
  - 1) clients with new HIV diagnoses and
  - 2) clients with known HIV diagnoses

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Study Design and Methods

- Positive vs. New Positive Prevalence
- Ad-hoc comparison of New vs. Known Positives allows researchers to identify points of similarity and variance
- Analysis proceeded in a multivariable logistic regression model

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HIV Prevalence

	Unique Patients Tested	Positives N (Prevalence)	New Positives N (Prevalence)
HCHD	56230	1036 (1.84%)	269 (0.48%)
MH	30670	466 (1.52%)	71 (0.23%)
LCHS	4154	57 (1.37%)	35 (0.84%)
	91054	1559 (1.71%)	375 (0.41%)

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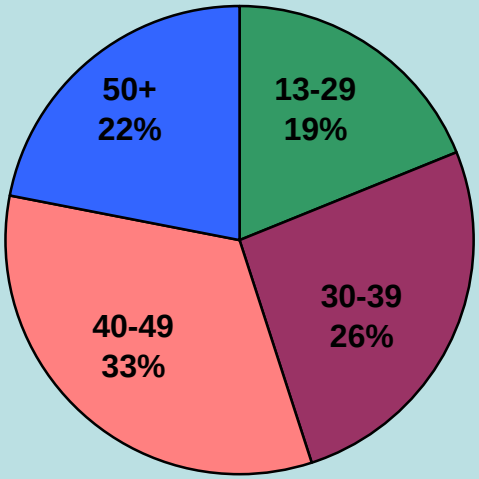
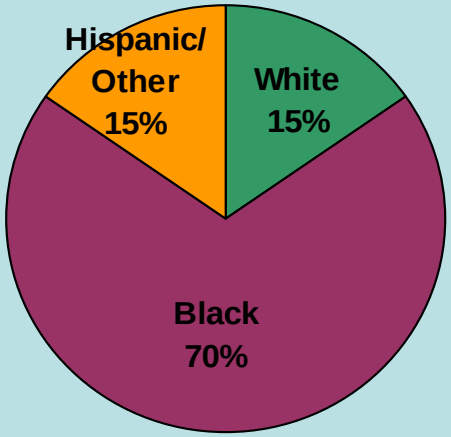
Study Population (N=1,559)

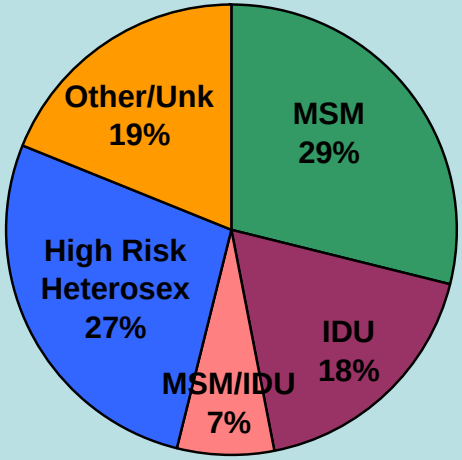
Age Groups



Race/Ethnicity



Risk Factors



- Data comparison led to the identification of 375 individuals with new HIV diagnoses (new positive prevalence =0.41%)

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Characteristics of new HIV diagnosis among adults and adolescents (≥13 years old) in an opt-out HIV screening project

Variables	Unadjusted OR (95% CI)	Adjusted OR (95% CI)*
Sex (Ref.=Female)		
Male	1.30 (1.01-1.67)	1.46 (1.03-2.06)
Race (Ref.=White)		
African American	1.14 (0.78-1.66)	0.99 (0.64-1.53)
Hispanic	3.52 (2.33-5.32)	3.08 (1.92-4.96)
Other/Unknown	1.14 (0.36-3.60)	0.73 (0.20-2.70)
Mode of Transmission (Ref.=IDU)		
MSM	7.49 (4.21-13.31)	4.01 (2.14-7.48)
MSM/IDU	0.73 (0.24-2.26)	0.59 (0.18-1.89)
Heterosexual contact	4.44 (2.46-8.01)	3.98 (2.15-7.38)
Other/Unknown	20.63 (11.51-36.98)	16.44 (8.97-30.12)

Notes. OR=odds ratio; CI=confidence interval; MSM=Men who had sex with men; IDU=Injection drug user; MSM/IDU=Men who had sex with men and used injection drugs
*HIV disease stage was adjusted

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Characteristics of new HIV diagnosis among adults and adolescents (≥13 years old) in an opt-out HIV screening project

Variables	Unadjusted OR (95% CI)	Adjusted OR (95% CI)*
Age Group (Ref.=50+)		
13-29	2.70 (1.88-3.86)	1.52 (0.99-2.33)
30-39	1.50 (1.06-2.13)	0.92 (0.61-1.38)
40-49	0.95 (0.67-1.35)	0.72 (0.48-1.07)
Facility Name (Ref.=Hermann-Private)		
HCHD (Public)	1.95 (1.46-2.60)	1.87 (1.35-2.60)
LCHS (Private)	8.85 (4.91-15.97)	5.24 (2.69-10.21)

Notes. OR=odds ratio; CI=confidence interval; MSM=Men who had sex with men; IDU=Injection drug user; MSM/IDU=Men who had sex with men and used injection drugs
*HIV disease stage was adjusted

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Conclusion

- Opt-out HIV Screening was effective in identifying clients with unknown HIV status

- The socio demographic characteristics of the individuals who received new HIV diagnoses are significantly different from those individuals previously diagnosed with HIV

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Implications

- The new positive prevalence of 0.41% is four times the CDC recommended threshold for opt-out screening

- Screening not only identifies new positives but aids in re-linking previously diagnosed HIV-infected individuals to care

Acknowledgements

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Scaling-up HIV Testing among African American & Hispanic MSM: The MSM Testing Initiative (MTI)

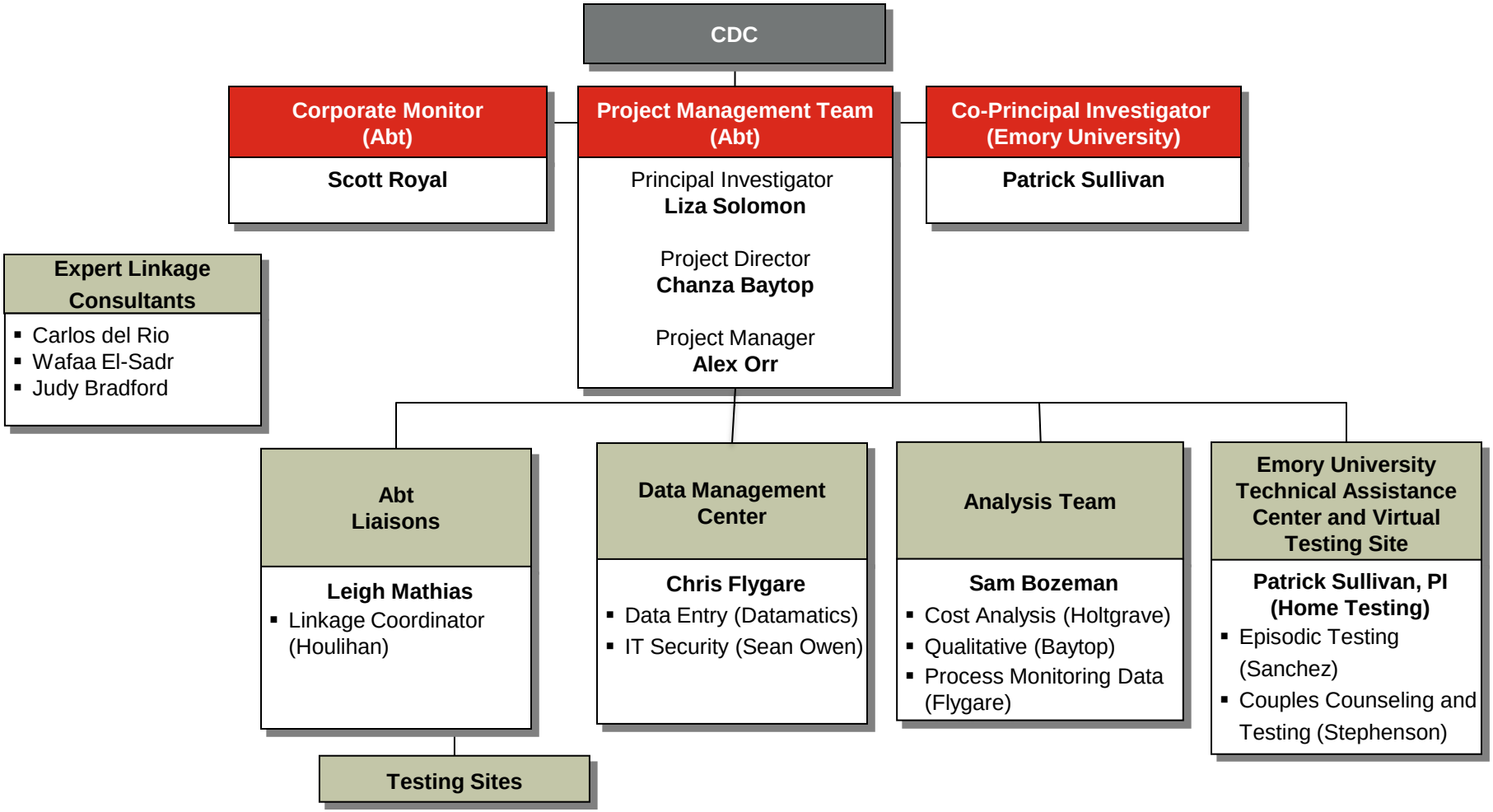
Partner Kick-off Meeting

October 26, 2011

Agenda

- Introductions
- Project Vision and Expectations
- Overview of Operational Plan
- Next Steps
- Questions & Answers

The Abt Team Organizational Chart



Overview of Operational Plan

1. Identification of 3,000 unrecognized HIV infections among MSM, of which at least 50% should be African American or Hispanic
2. Linkage of 85% newly diagnosed MSM into HIV medical care
3. Documentation and reporting

Obj 1: Identification of Newly Positive MSM

(1) Expanded and Enhanced Venue-Based Testing

At all proposed sites

(Estimated Yield: 2,662 New Positives)

(2) At-Home Internet Testing

Through all proposed sites

(Estimated Yield: 400 New Positives)

(3) Couples HIV Counseling & Testing

At select proposed sites w/training

(Estimated Yield: 200 New Positives)

(4) Episodic Testing

At sites to be determined

(Estimated Yield: 300 New Positives)

Component 1: Expanded & Enhanced Venue-Based HIV Testing

- Implementation
  - Community partners with significant reach into MSM communities
  - Sites with substantial experience – NHBS, HVTN and HPTN experience
- Recruitment
  - 12 testing and care organizations across nine U.S. cities with highest HIV prevalence

Niche: Increases convenience and expediency of testing; routine, available with expedited option

Component 1: Expanded & Enhanced Venue-Based HIV Testing – Recruitment Sites

City or County, State	Proposed Partner Organization
Atlanta, GA	AID Atlanta
Chicago, IL	AIDS Foundation of Chicago
Houston, TX	Houston Area Community Services
Los Angeles, CA	AIDS Healthcare Foundation
Miami, FL	AIDS Healthcare Foundation
New York, NY	-Harlem United -New York Blood Center
Philadelphia, PA	University of Pennsylvania
Prince Georges County, MD	University of Maryland
Washington, DC	-Community Education Group -George Washington University -Us Helping Us

Component 2: At-Home Internet Testing

- Technology
  - Home collection of dried blood spot (Home Access)
- Recruitment
  - Online “seeds” – gay-qualified (website content, identified as gay in Facebook profile)
  - Peer referral – each man who tests receives a set number of invitations for friends
  - Referral from “real world” events with other partners (scratch cards)

Niche: Accessible to men outside large urban areas; accessible to non-bar-going MSM

Component 3: Couples Voluntary HIV Counseling and Testing

- Implementation
  - Provide training to staff at partner organizations
  - Build network of city leads and training capacity
  - Provide materials for community forums in participating cities
- Recruitment
  - www.testingtogether.org : existing website can be updated to show locations in all cities based on zip code search
  - Ongoing national press – e.g., Sept POZ magazine
  - Referral from "real world" events with other partners (Testing Together referral cards)

Niche: Attracts men in main partnerships who might otherwise perceive themselves to be at low risk

Component 4: Episodic Testing

- Technology
  - Ultra-rapid testing (Insti kit)
  - Streamlined data collection (iPad-based)
  - Option for phone return of results
- Recruitment
  - Builds on successes of BART
  - Emphasize “Express” service to event goers
  - Small, non-coercive incentives

Niche: Event-attending; promotes routine testing; change perceptions of testing

Obj 2: Linkage Strategies per Component

- At least 85% of newly diagnosed MSM will be linked to HIV medical care
- Component 1 (Venue-based Testing) linkage strategies:
  - Case Managers / Health Service or Peer Navigator
  - Escorted Linkage Services
  - Integrated Testing & Clinical Care
  - Provider Partnerships

Obj 2: Linkage Strategies per Component (continued)

- Component 2 (At-Home Testing)
  - Return of results from Home Access
  - Follow-up from Emory staff to facilitate and document linkage
- Component 3 (Couples Counseling & Testing)
  - Per procedure of testing center
  - Document linkage through linkage CRF
- Component 4 (Episodic Testing)
  - On-site or phone return of results
  - Follow from local partner staff to facilitate linkage
  - Emory staff to document linkage

Obj 3: Documenting and Reporting

- Process Monitoring System will be developed to ensure high quality data collection and efficient reporting of testing and linkage strategies
  - All sites must complete CDC HIV Test Form for each person tested
  - All sites to document implementation process using modified NHBS HIV Test Logs and Intercept Form

Next Steps

- Subcontract with proposed sites by **November 2011**
- Host all-site meeting in **January 2012** at Abt offices in Bethesda, MD (Abt will pay for 2 persons per site)
  - To review strategies of 4 component and available TA
  - Finalize venue and recruitment listing with input from sites
  - Data collection & reporting procedures/protocols
- Trainings may be available as needed as early as February 2012
- Submit to CDC venue/recruitment line listing no later than **March 15, 2012** (contracted deliverable)
- Partners sites are able to begin testing and linkage initiative <u>only after</u> venue listing approved by CDC

Subcontracts

- Confirm Key Staff
  - Please send contact information to alex_orr@abtassoc.com
- Statement of Work
  - Testing strategies
  - Linkage strategies
  - Required reporting as payment deliverables
- Budget & Billing Schedule

Questions & Answers

S.A.F.E.R. INITIATIVE — SUNNYSIDE/SOUTH PARK

Strategic AIDS/HIV Focused Emergency Response Initiative

A Local Response to the National HIV/AIDS Strategy

Three Primary Goals of the National HIV/AIDS Strategy

- Reduce the number of people who become infected with HIV
- Increase access to care and optimize health outcomes for people living with HIV
- Reduce HIV-related health disparities

The S.A.F.E.R. Initiative is a community-led initiative for residents of Sunnyside and South Park in response to the National HIV/AIDS Strategy introduced by President Barrack Obama, on July 13, 2010. S.A.F.E.R. will . . .

- Reduce new HIV infections and minimize HIV-related disparities
- Ensure that All Sunnyside/South Park residents at risk for HIV have access to HIV/STD testing
- Ensure that All Sunnyside/South Park residents have an opportunity to receive sexual health education
- Increase awareness of HIV prevention through involvement of local businesses in Sunnyside/South Park
- Involve many and diverse community residents, businesses, and institutions
- Empower Sunnyside/South Park communities to take ownership of preventing HIV/STD in their communities and promote the need for ongoing medical care and services for people living with HIV/AIDS

HIV in Houston/Harris Co., 2008

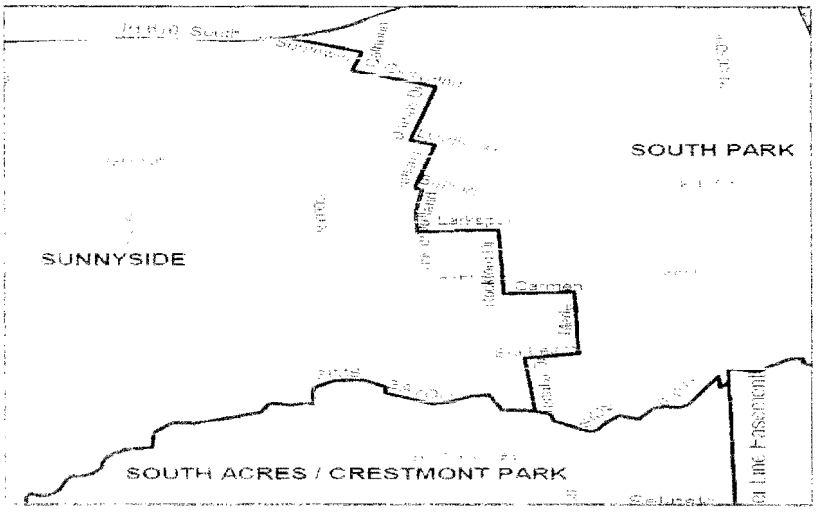
- 1 in 93 Houstonians are living with HIV
- 74% of Houston women diagnosed with HIV/AIDS are African-American
- Those infected with STDs are 2-5 times more likely to acquire HIV if exposed
- People who do not know they are infected account for about 54% of new infections of HIV each year
- The highest rate of HIV, Syphilis, Chlamydia and Gonorrhea is among the African-American population

Source: HIV/STD Surveillance Program, HDHHS

The SAFER initiative is a new program designed by the Houston Department of Health and Human Services (HDHHS) and the Business Responds to AIDS/Labor Responds to AIDS (BRTA/LRTA) to provide HIV prevention services to residents in highly impacted communities in order to reduce new HIV infections and minimize HIV-related disparities.

Contact information for the S.A.F.E.R. Initiative:

- HDHHS Bureau of HIV/STD/ Viral Hepatitis Prevention 832.393.5010
- Sunnyside Multi-Service Center 713.732.5030



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The S.A.F.E.R. Initiative

To reduce the number of new HIV infections, the HDHHS will implement a combination of activities to include intensifying HIV and STD prevention efforts in five geographic areas within the MSA with high HIV and STD morbidity, which includes: 1) Sunnyside/South Park, 2)Greater Fifth Ward, 3) Acres Homes, 4) Sharpstown/Southwest, and 5) Montrose. This targeted public health and community mobilization effort will be branded as the SAFER Initiative (Strategic AIDS HIV Focused Emergency Response Initiative). Activities will include:

The HDHHS will allocate all of its new and existing HIV/STD and related funding support to these high morbidity areas. The HDHHS will initiate consultations with administrative agencies within the MSA to determine current distribution of HIV resources

...Increase access to HIV testing

...Increase social marketing campaigns

...Increase service linkage capacity within the MSA

...Increase the provision of partner services to HIV and STD infected persons, their partners, contacts, and social networks.

2010/2011 S.A.F.E.R. Initiative Activities

- **November 30, 2010** - - A lunch-time event for State and Local elected officials, CBOs, agency leaders, community partners, and community activists was convened and a presentation was given by the HDHHS on the "State of HIV in Houston/Harris County, Texas." This day also officially launched the S.A.F.E.R. Initiative.
- **February 10, 2011** - - A community meeting was convened for Sunnyside/South Park residents, at the Sunnyside Multi-Service Center that included 40 invited participants representing businesses, civic clubs, churches, public schools, local universities, and CBOs.
- **May 21, 2011** - - Participated in the Houston Links, Inc., Community Service and Health Fair, Gateway Community Church. The S.A.F.E.R. flyer was handed-out along with HIV/STD and substance abuse prevention information.
- **June 11, 2011** - - Participated in the Push To Win Outreach Health Fair at Worthing High School. The S.A.F.E.R. flyer was handed-out along with HIV/STD and substance abuse prevention information.
- **July 19, 2011** - - HIV testing at Sunnyside Multi-Service Center in support of HIP HOP for HIV Awareness Testing – 263 HIV tests was given; positives were found.
- **August 20, 2011** - - Participated in the 6th Annual Community Health Awareness Event, at the Sunnyside Multi-Service Center, sponsored by the Houston Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. The S.A.F.E.R. flyer was handed-out along with HIV/STD and substance abuse prevention information
- **September 18, 2011** - - Participated in the St. Francis Xavier Catholic Parrish Blood Drive and National HIV/AIDS and Aging Awareness Day. The S.A.F.E.R. flyer was handed-out along with brochures
- **September 24, 2011** - - Will participate in the Houston Police Department's Annual Health & Safety Fair. Event will be at the Southeast Police Station. Representatives from the State of Emergency Task Force will assist with handing-out S.A.F.E.R. flyers along with HIV/STD and substance abuse prevention information.

TEXAS HIV/STD PREVENTION PLAN 2011

The Texas HIV/STD Prevention Community Planning Group (TxCPG)

Jamie Schield, Community-Elected Co-Chair

Greg Beets, State-Appointed Co-Chair

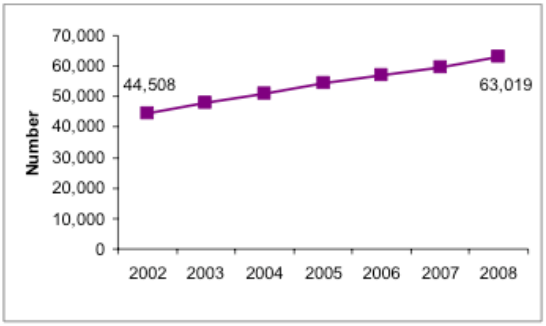
TEXAS HIV/STD PREVENTION PLAN

EXECUTIVE SUMMARY

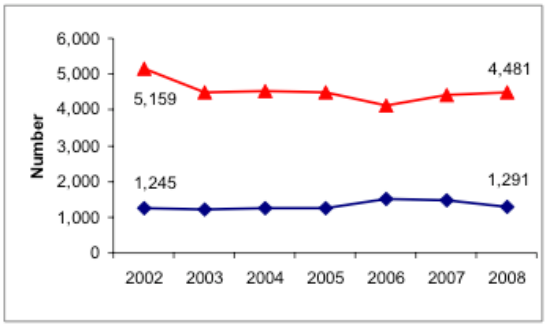
The HIV epidemic in Texas has reached a crossroads. Advances in treatment now allow persons with HIV to live longer, healthier lives, but the number of people living with HIV in Texas continues to rise. By the end of 2009, more than 65,000 Texans were living with HIV.

Since 2003, approximately 4,200 Texans have been diagnosed with HIV each year. The fact that the number of new HIV infections has held steady in recent years is testament to the effectiveness of existing prevention activities. However, in order to move from maintaining the status quo to making progress in reducing the human misery and financial burden of HIV, we must do more to optimize and extend HIV prevention in Texas.

Number of People Living with HIV/AIDS, Texas 2002-2008[1]



Number of New Diagnoses of HIV Disease and Deaths, Texas 2002-2008[1]



The Texas HIV/STD Prevention Plan has been developed by the Texas HIV/STD Prevention Community Planning Group (TxCPG) to guide the development of a comprehensive, coordinated approach to HIV/STD prevention activities across the state. While the ultimate power to prevent HIV and other STDs lies in individual behavior changes, these behaviors are influenced by a wide array of factors that have not been sufficiently addressed by existing prevention activities. This plan is designed to move prevention strategy toward an expanded focus that embeds HIV/STD prevention at all levels of society.

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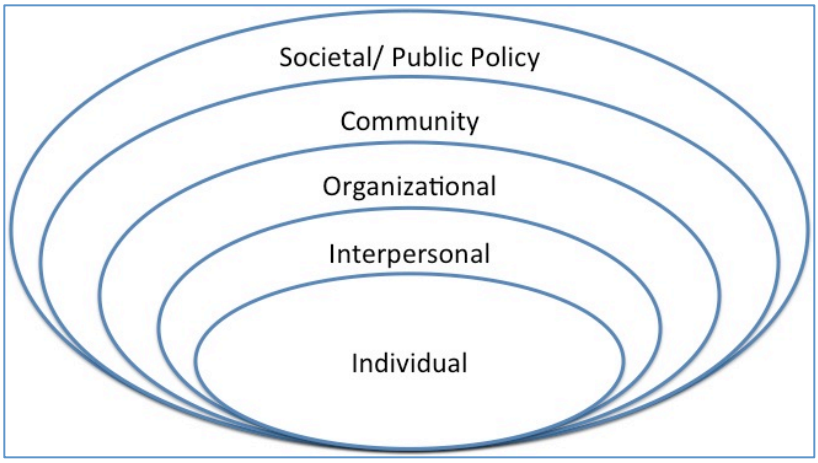
[1] Texas Department of State Health Services. (2010). Texas integrated epidemiologic profile for HIV/AIDS prevention and services planning. Austin, TX

The plan's approach to prevention is guided by the socio-ecological framework[2]. This framework acknowledges that an individual's decisions and behaviors result from interactions taking place at the interpersonal, organizational, community, societal, and/or structural/policy levels. Interactions at all of these levels have the potential to influence individual behaviors. Using the socio-ecological framework as a tool to identify and analyze factors influencing behavior can highlight new opportunities for prevention.



HIV disproportionately affects some of the most marginalized segments of society. The disease exacts a particularly heavy toll on gay/bisexual men and Black men and women. Over 60% of all new cases in Texas are a result of sex between men. Approximately 1 in 92 Black Texans is living with HIV, compared to 1 in 421 White Texans and 1 in 426 Latino Texans. Risk behaviors do not fully tell the story of HIV. Poverty, social/sexual networks, unequal access to health care, racism, homelessness, homophobia, stigma, and other factors contribute to the continued spread of HIV.

In order to effectively use limited funding, the plan outlines nine priority populations for HIV prevention. TxCPG selected and ranked populations based on Centers for Disease Control and Prevention (CDC) guidance and the disproportionate impact of HIV on these populations as demonstrated by DSHS epidemiological data. Priority populations include:

- HIV-positive individuals, particularly undiagnosed individuals
- Black gay men and other Black men who have sex with men
- All gay men and other men who have sex with men
- Black high-risk heterosexual women
- Injection drug users

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[2] Richard L, Potvin L, Kishchuk N, Prlic H, Green LW. (1996). Assessment of the integration of the ecological approach in health promotion programs. American Journal of Health Promotion 10(4): 318-328.

- Black high-risk heterosexual men
- Latino high-risk heterosexual men and women
- Youth, ages 13 to 24
- Special populations, including transgender individuals, partners of HIV-positive individuals, homeless individuals, incarcerated and recently released individuals, sex workers, individuals with an STD and/or Hepatitis C diagnosis, individuals with mental health issues, and individuals with substance abuse issues.

Chapter 6 of the plan outlines a set of universal strategies that form the bedrock of HIV/STD prevention in Texas. These include expanded testing, linkage to care, treatment access, condom access, and public health follow-up. The universal strategies are applicable across priority populations.

The plan also contains Action Briefs for issue areas in which effective HIV/STD prevention is especially critical. TxCPG used the socio-ecological framework to develop Action Briefs with multi-level recommendations for the following areas of concern:

- Criminal Justice
- Education (Kindergarten through 12th Grade)
- Mental Health
- Substance Use
- Stigma
- Advocacy and Policy
- Healthcare
- Faith-based Communities

This list of issue areas is not exhaustive. Extending the reach of prevention will require engagement across an ever-expanding range of areas that may vary from community to community.

In the past, HIV prevention community planning in Texas focused on matching evidence-based interventions (EBIs) to priority populations. This plan significantly expands the potential reach of prevention activities by considering all levels within the socio-ecological framework. While the plan does not abandon the matching of EBIs to priority populations, it acknowledges that the prevention toolbox must be expanded to address the vast majority of persons at risk for HIV and other STDs who will not be reached by resource-intensive, person-to-person interventions.

Accordingly, this plan identifies seven crosscutting objectives that must be addressed to advance HIV/STD prevention in Texas:

1) **Reduce undiagnosed HIV and STD infections.** One in three HIV-positive Texans is diagnosed with AIDS within one year of their first HIV diagnosis—an alarming indication that Texans are testing too late. Ensuring that all persons living with HIV and other STDs learn their status early in the course of infection is the first step to

connecting them to clinical care, prevention, and supportive services. In addition, HIV-positive persons who know their status are more likely to make behavior changes that reduce the likelihood of further disease transmission[3].

2) **Ensure availability of prompt HIV/STD treatment upon diagnosis.** A large-scale international clinical study sponsored by the National Institute of Allergy and Infectious Diseases found that treating HIV-positive persons with combination antiretroviral therapy decreased transmission to sex partners by 96%[4]. Early HIV treatment also improves long-term health outcomes for HIV-positive persons.

3) **Promote behavior change among high-risk populations.** This includes expanding community-wide access to and acceptability of basic prevention tools, such as condoms and clean needles, as well as building a sense of individual and shared responsibility for lowering community viral loads.

4) **Increase the urgency and priority of HIV prevention.** A 2011 Kaiser Family Foundation public opinion survey found that only four in ten survey respondents reported seeing, hearing, or reading about the HIV epidemic in the past year, down from seven in ten respondents in 2004. The number of survey respondents who say they have been tested for HIV in the past 12 months—one in five—has remained flat since 1997[5]. Increasing top-level awareness of and willingness to adopt proven prevention strategies is a critical step in mounting an effective community response to HIV.

5) **Build a comprehensive, coordinated approach to prevention.** Scaling up HIV/STD prevention in Texas will require increased flexibility to leverage both traditional and non-traditional public health resources. Robust partnerships across administrative boundaries are needed to address the wide range of individual and social factors that drive HIV and STD transmission.

6) **Create a shared understanding of who is at risk for HIV and other STDs.** While anyone can become infected with HIV and other STDs, not everyone has an equal chance of becoming infected. Prevention activities in Texas must focus on the

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[3] Marks G, Crepaz, N, Senterfitt JW, Janssen, R. (2005). Meta-Analysis of High-Risk Sexual Behavior in Persons Aware and Unaware They are Infected With HIV in the United States: Implications for HIV Prevention Programs. JAIDS Journal of Acquired Immune Deficiency Syndromes 39(4): 446-453.

[4]National Institute of Allergy and Infectious Diseases. (2011). Treating HIV-infected People with Antiretrovirals Protects Partners from Infection (Press release). Retrieved from http://www.niaid.nih.gov/news/newsreleases/2011/pages/hptn052.aspx.

[5] The Henry J. Kaiser Family Foundation. (2011). HIV/AIDS at 30: A Public Opinion Perspective (A Report based on the Kaiser Family Foundation's 2011 Survey of Americans on HIV/AIDS). Retrieved from http://www.kff.org/kaiserpolls/8186.cfm.

populations in which HIV and STDs are most prevalent, particularly gay and bisexual men and Black men and women.

7) **Use the socio-ecological framework to design scalable, cost-effective prevention strategies.** Like the National HIV/AIDS Strategy, this plan endorses a multi-pronged approach to HIV/STD prevention. The socio-ecological framework supports the development, implementation, and evaluation of a combination of individual, community, cultural, institutional, and environmental strategies for HIV/STD prevention.

Implementing these strategies will require those on the front lines of HIV/STD prevention in Texas to recalibrate their approaches to fighting disease. Barriers to prevention will have to be overcome and new partnerships cultivated. Most importantly, our collective investment in prevention must be leveraged in a manner that has the greatest possible impact on turning the tide of HIV and STD in Texas.