

**Houston Area HIV Services Ryan White Planning Council**

**2012 Houston Area Comprehensive HIV Prevention & Care Services Plan  
SPECIAL POPULATIONS WORKGROUP**

10:00 a.m., Wednesday, December 14, 2011

Meeting Location: 2223 W. Loop South, Room #240

**AGENDA**

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- I. Call to Order John La Fleur and David  
Watson, Co-Chairs
  - A. Welcome and Introductions
  - B. Moment of Reflection
  - C. Adoption of the Agenda
  - D. Approval of the Minutes
  
- II. Update on the Planning Process Jennifer Hadayia, Health  
Planner, Office of Support
  - A. Participation Update
  - B. Leadership Team Activities
    - 1. Adoption of Priority Populations
  - C. Milestones Timeline
  - D. Putting it all Together
  
- III. Completion of DRAFT Workgroup Strategy Part II: *Plan, Activities, and Timelines*
  - A. Review of Updates to Inventories of Local, Regional, State, National, and Global HIV/AIDS Priorities, including Specific Plans for Reference and Priority Populations
  - B. Review and Discussion of Definitions: *MSM and IDU*
  - C. Completion of Logic Model 3: “Action Planning Matrix”
    - 1. Review of Additional Data Collection, If Applicable
  
- IV. Next Steps John La Fleur and David  
Watson, Co-Chairs
  - A. Review Meeting Schedule  
*January 18, 2011*
  - B. Items for Next Meeting  
*Review of First Draft of Workgroup Strategy and Action Plan  
Ideas for Public Comment Process*
  
- V. Announcements
  
- VI. Adjourn

## Houston Area HIV Services Ryan White Planning Council

### 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan SPECIAL POPULATIONS WORKGROUP

10:00 a.m., Wednesday, November 16, 2011

Meeting Location: 2223 West Loop South, Suite 240; Houston, TX 77027

#### Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
John LaFleur, co-chair	Ray Andrews	Diane Beck, Office of Support
Kristina Arscott	Michael Bass	Jen Hadayia, Office of Support
Jeff Benavides	Antoinette Boone	Anna Langford, Resource Group
Giovanna Castro	Francis Bueno, excused	Erik Soliz, HDHHS
Morenike Giwa (phone)	Kaie Falk	
Sam Lopez	Carie Fletcher	
Scot More	Kirby Gray	
Smita Pamar	Rose Haggerty	
Jonathan Post	Kevin Jackson	
Cristan Williams	Florida Kweekkeh, excused	
	Jesse Ramirez	
	Maggie White, excused	
	David Watson, excused	
	Maxine Young	

**Call to Order:** On behalf of the co-chairs, Lopez called the meeting to order at 10:12 a.m.; he welcomed everyone and asked for a moment of reflection. He then asked everyone to introduce themselves.

**Adoption of the Agenda:** *Motion: It was moved and seconded (Arscott, Benavides) to adopt the agenda. Motion Carried.*

**Approval of the Minutes:** *Motion: It was moved and seconded (Williams, Post) to approve the October 19, 2011 meeting minutes. Motion Carried.* Abstentions: Benavides, Castro.

**Update on the Planning Process:** Hadayia reviewed the October update, noting that the Leadership Team adopted a Vision Statement for the 2012 Comprehensive Plan. See attached.

**Request to Add Young MSM to Special Populations:** The workgroup discussed the Leadership Team's request to consider the addition of Young MSM to their list of special populations. Members reviewed the following data sources: *2010 Houston EMA/HSDA Epi Profile: Special Populations-Men of Color who have Sex with Men and White Men who have Sex with Men; Houston EMA HIV Prevalence, AIDS Prevalence and Three-Year AIDS Incidence, 2010; Percentage of 2010 Newly Diagnosed Individuals Linked into Care within Three Months of Diagnosis; and Undiagnosed HIV Infections by Sex, Race, Age and Exposure Category, All*

*Texas v. Houston EMA 2009.* After discussion and a review of data, the workgroup decided to add MSM (regardless of age) as a special population.

*Motion: It was moved and seconded (Williams, Post) to add MSM (regardless of age) to the Special Populations Workgroup focus. Motion carried unanimously.*

Hadayia will prepare a written summary of the workgroup's rationale to be distributed at the Leadership Team meeting in November. Hadayia will also gather sample MSM definitions for the workgroup to review at the next meeting.

**Workgroup Strategy Part I: Goals and Solutions:** Hadayia reviewed the Draft Special Populations Strategy dated November 3, 2011. See attached. She then presented feedback from the Evaluation Workgroup regarding the draft: 1) List specific populations in goals; 2) Move previous Goal 4 regarding co-occurring conditions to Coordination of Effort as a partnership goal; and 3) Identify data sources and baselines for HIV incidence, linkage to care, and unmet need estimates for adolescents, homeless, incarcerated and recently released, and transgender. More stated he would look into HIV prevalence estimates for the homeless population. Hadayia also asked members to review the provided definition for IDU for discussion in November.

**Review of Additional Data:** Hadayia reviewed additional data collected since the last meeting: *Recommendation and Research on Health Education for all Texas Students, K-12; HIV Infection among Transgender People; Injustice at Every Turn: A Report of the National Transgender Discrimination Survey; and US Department of Health and Human Services Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual and Transgender Communities.* See attached.

**Workgroup Strategy Part II: Plan, Activities and Timelines:** Hadayia noted that the Inventory of Local, Regional, and State HIV/AIDS Priorities and the Inventory of Population Priorities were updated to reflect the new *Texas HIV/STD Prevention Plan.* See attached. The workgroup brainstormed activities for each solution:

Solution 1: Policies, Procedures and Structural Solutions – the workgroup discussed the need for cultural and linguistic competency; keeping funding for linguistic services maintained/increased; training for service linkage workers/case managers on the special populations; adjusting agency intake forms in order to collect better data; creating a statement regarding undocumented clients; and the need for more advocacy, education and outreach regarding stigma.

Solution 2: Fill Gaps in Targeted Interventions and Services – the workgroup discussed continued testing for those entering and exiting jail and prison; focusing on housing as an HIV prevention strategy; increasing staff training on linking the recently released to care; engaging new shelters regarding policy; maintaining funding for transportation and housing; the need to broaden ID options to include other documents; and various prevention gaps in services.

Solution 3: Improve Data Management Systems – the workgroup discussed adjusting current databases (CPCDMS, ARIES, ECLIPS) to collect data on special populations; training staff on data collection including a data dictionary and what questions to ask clients; and adapting/replicating results of the CDC research on behavioral interventions.

Hadayia will summarize the results and distribute them to workgroup members for their review

prior to the next meeting.

**Next Meeting:** The next meeting is scheduled for December 14, 2011 at 10:00 a.m.; the possibility of meeting in January will be discussed at the next meeting.

**Adjourn:** *Motion: It was moved and seconded (Williams, More) to adjourn the meeting at 11:58 a.m.* **Motion Carried.**

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
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**2012 Houston Area Comprehensive HIV Prevention & Care Services Plan**  
**NOVEMBER UPDATE**

**OVERALL**

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- 76 individuals have now been involved in the process as well as six staff from the Office of Support, The Resource Group, and the Houston Department of Health and Human Services (HDHHS).
- At least 18 PLWHA have been participating, which represents 24% of total participants.
- 59 agencies, offices, organizations, and coalitions are now represented including the community planning bodies and affiliated task forces.
- The timeline for the planning process has been updated. Notable milestones include:
  1. Completion of all Workgroup strategies by the end of January 2012;
  2. Gathering public comment on the direction of the plan in February 2012;
  3. Completion of a full draft of the plan by the end of February 2012; and
  4. Review by the planning bodies beginning in March 2012.
- All planning materials, including meeting packets and data collection, are available on the RWPC website at [www.rwpc-houston.org](http://www.rwpc-houston.org). Click Calendar; and then click the meeting day.

**LEADERSHIP TEAM**

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- The Leadership Team met on November 28, 2011. The focus of the meeting was to adopt a mission statement and guiding principles for the plan. To begin, the Team discussed and adopted a new title for the plan: **The 2012 Houston Area Comprehensive HIV Prevention and Care Services Plan**.
- Next, the Leadership Team adopted a **Mission Statement** for the plan as follows:

*To work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations infected with, affected by, or at risk for HIV.*
- The Leadership Team then discussed and adopted a set of 10 **Guiding Principles** for the plan that describe the values that were used throughout the planning process as well as the expectations for the final document. See attached.
- The Leadership Team also discussed adopting **Priority Populations** for the plan as a whole.
- The next Leadership Team meeting is December 19, 2011 at 2:00 PM. Attendees will discuss Priority Populations as well as determine overarching Goals for the plan.

**EVALUATION**

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- The Evaluation Workgroup met on November 1, 2011 with 14 members and staff.
- The final report on the evaluation of the 2009 Comprehensive HIV Services Plan was adopted with minor text changes, and copies are available on the RWPC website.
- The main focus of the meeting was on benchmarking for the 2012 plan. Members utilized a “Benchmarking and Alignment Tool” to identify data sources, baselines, and targets for measuring Workgroup goals. Benchmarks were also reviewed for alignment with other local and national initiatives, including the National HIV/AIDS Strategy, *Healthy People 2020*, and ECHPP.
- Also through the process, the Workgroup has started to identify data collection goals for the plan.
- The next Workgroup meeting is December 6, 2011 at 1:00 PM.

## WORKGROUPS

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The focus of Workgroup meetings for November was to: (1) review revised drafts of proposed goals, solutions, and benchmarks; and (2) begin to identify specific activities to accomplish goals. At the December monthly meetings, Workgroups will fine-tune activities into specific three-year plans.

### Coordination of Effort (COE)

- The COE Workgroup met on November 28, 2011 with 12 members and staff.
- The focus of the meeting was to identify long-term solutions to improve coordination of effort *within* AIDS-service organizations (ASO) and *between* ASOs and other priority sectors and groups.
- The following solutions were identified:
  1. Launch a coordinated program of training and technical assistance to various health care providers (i.e., train non-ASOs about HIV, train ASOs about health care reform, etc.)
  2. Proactively seek new/non-traditional partners to engage in responding to HIV
  3. Use media to mobilize the public and link PLWHA to resources (i.e., a social marketing campaign and/or social media pages)
  4. Use technology to link providers to HIV prevention and care services (i.e., dedicated HIV search engine/website, Blue Book smart phone app, etc.)
  5. Intensify efforts to coordinate data systems between HIV prevention and care
- The next Workgroup meeting is December 19, 2011 at 12:30 PM.

### Gaps in Care and Out-of-Care (G&O)

- The G&O Workgroup met on November 18, 2011 with 12 members and staff.
- Initial activities identified to achieve G&O goals included the following:
  1. Establish an *early* linkage to care service definition, protocol, or model that embeds linkage to care earlier in the identification of the newly-diagnosed (i.e., at the outreach, post-test counseling, or disease investigation stage (DIS)).
  2. Programs for the newly-diagnosed to better navigate the HIV system, such as “Next Step” or client navigators/peer mentors
  3. Client reminder systems (i.e., ticklers for re-eligibility, being out-of-care, appointment schedules, etc.)
  4. Health literacy training for PLWHA and those at risk for HIV
  5. Financial support for mental health services, clinical case management, and support groups
  6. Programs for re-linkage to care
  7. Behavioral interventions (EBI) that emphasize engagement in care and/or integration of prevention with positives, retention, and re-engagement messages into current EBIs
- The next workgroup meeting is December 16, 2011 12:00 PM.

### Prevention and Early Identification (P&EI)

- The P&EI Workgroup met on November 9, 2011 with 14 members and staff.
- Initial activities identified to achieve P&EI goals include the following:
  1. Activities to raise awareness about HIV among elected officials and local charities
  2. Continued support for condom distribution
  3. Development of community-wide guidelines or protocols for the use of PrEP and nPEP
  4. Publication of the outcomes of the Expanded Testing Initiatives (ETI) to other hospital systems and private providers (i.e., a white paper)
  5. A real-time resource list of all available services/programs and clinical trials
  6. Non-traditional methods to link individuals to care (i.e., text messages, smart phone app)
  7. Activities that embed linkage to care earlier in the HIV system (i.e., at the outreach, post-test counseling, or DIS stage), including greater emphasis on assessment of non-HIV-

related health and mental health needs

8. Use of social networks to increase HIV testing and early linkage to care
  9. Behavioral interventions (EBI) for PLWHA and their partners
  10. Creation of a clearinghouse for prevention research and clinical trials protocols
- The next workgroup meeting is December 14, 2011 2:00 PM.

#### Special Populations (SP)

- The SP Workgroup met on November 16, 2011 with 13 members present.
- Initial activities identified to achieve SP goals include the following:
  1. Training on each special population for Service Linkage Workers, case managers, etc.
  2. Universal statements about non-discrimination; and about serving the homeless, the recently released, and the un-documented
  3. Altering agency forms to be more inclusive of gender identity, country of origin, etc.
  4. Community-wide educational efforts to reduce social stigma
  5. Financial support for transportation, housing assistance, and linguistic services
  6. Adjusting current databases to collect data on special populations, in particular, transgender, in anticipation of national HIV surveillance system changes
  7. Adaptation and/or replication of behavioral interventions (EBI) to special populations
- The group also discussed the Leadership Team's request to consider the addition of young MSM to the Workgroup focus. After discussion and a review of data, the Workgroup adopted a motion to add MSM (regardless of age). The focus of the SP Workgroup is now: adolescents (aged 13 – 17), homeless, IDU, incarcerated or recently released, all MSM, and transgender.
- The next workgroup meeting is December 14, 2011 at 10:00 AM.

## 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan Strategy for Meeting the Needs of Special Populations Part 1: Goals & Solutions

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Summarized per the following:

1. Special Populations Workgroup Meeting on 10-19-11
2. Feedback from Workgroup and Leadership Team members on the DRAFT Strategy dated 10-19-11
3. Assessment of proposed goals and benchmarks by the Evaluation Workgroup on 11-1-11
4. Special Populations Workgroup Meeting on 11-16-11

### Definitions

HRSA has identified four specific population groups to receive special consideration during 2012 comprehensive HIV planning. Additional populations have and may continue to be added as the planning process proceeds. The current population groups, their Workgroup-adopted definitions, and some basic HIV impact data are as follows:

- **Adolescents**, defined as individuals aged 13 to 17. Nationally, teens account for 5% of new HIV infections.<sup>1</sup> In Houston, individuals aged 13 to 24 are 5% of PLWHA and 16% of new cases.<sup>2</sup>
- **Homeless**, defined as individuals who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability.<sup>3</sup> It is estimated that 9% of PLWHA in the Houston Area are homeless; 28% feel their housing situation is “unstable.”<sup>4</sup>
- **Incarcerated and Recently Released**, defined as individuals who are currently incarcerated in the jail or prison system and those who have been released from jail or prison within the prior 12 months.<sup>4</sup> It is estimated that 19% of PLWHA in the Houston Area fit the definition of recently released.<sup>4</sup>
- **Injection Drug Users (IDU)**, defined as individuals who inject medications or drugs, including illegal drugs, hormones, and cosmetics such as silicone or botox. IDU represent 10% of PLWHA in the Houston Area and 6% of new HIV cases.<sup>2</sup>
- **MSM.** Definition to be developed.
- **Transgender**, defined as individuals who cross or transcend culturally-defined categories of gender.<sup>5</sup> It is estimated that 2% of PLWHA in the Houston Area are transgender.<sup>4</sup>

### Overarching Themes

- **The Need to Address HIV Vulnerability.** Not all communities and populations have been affected by HIV equally. Certain population groups account for percentages of HIV cases that exceed their proportion of the general population (a.k.a., an HIV disparity). Other groups face behavioral, socio-economic, and structural conditions that place them at high-risk for HIV infection and that can also impede their access to HIV prevention and care services. Tailoring solutions to populations at increased vulnerability to HIV can help prevent new infections *and* increase access to prevention and care. Solutions that address multiple, co-occurring, and even syndemic public health problems, such as substance abuse and poor mental health, can impact HIV *across* high-risk groups.
- **The Need to End Bias and Discrimination.** Members of all of the populations identified above share the common experience of feeling stigmatized – for their age, economic or legal circumstance, or gender non-conformity. These unique sources of stigma can be further exacerbated by bias based on other factors, such as race/ethnicity, sexual orientation, immigration status, or language. Such biases can manifest as provider insensitivity, differential treatment, outright refusal of services, and even hostile environments or harassment. Most members of these groups have postponed health care due

to discrimination. In order to facilitate high-risk populations into the HIV system, the HIV system must re-commit to attaining true competency in serving these groups.

- **The Need for a Seamless System.** Members of these special populations often interact with the human service system for non-HIV-specific needs. Interfacing with educators, housing providers, employment assistance, law enforcement, and substance abuse or mental health services are all common. If these types of services were also coordinated with the HIV system (and vice-versa), then members of these groups could be more seamlessly linked to HIV prevention and care, while still meeting them “where they are.”
- **The Need to Fill Gaps in Data.** Though information systems are becoming increasingly coordinated in the Houston Area, data on certain population groups remain limited, and, as a result, planning to meet the needs of these groups is less effective. Lack of specificity and standardization in data categorization and analysis as well as insufficient sampling of certain groups during data collection can all lead to gaps in the local knowledge base.

### Proposed Goals

1. Prevent New HIV Infections among the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, MSM, and Transgender
2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, MSM, and Transgender
3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System

### Proposed Benchmarks

1. Annual number of new HIV infections among each special population
2. Proportion of newly-diagnosed individuals within each special population linked to clinical care within three months of their HIV diagnosis
3. Percentage of PLWHA within each special population not in care (Unmet Need Analysis)
4. Identification of baselines for the above measures for special populations lacking data

*\*Proposed measures only; targets to be attained by 2014 will be developed with assistance from the Evaluation Workgroup using local baseline data, national standards, and other local and state guidance.*

### Proposed Solutions

- Infuse the HIV system with **policies, procedures, and other structural solutions** that ensure equal treatment
- **Fill gaps in targeted interventions and services** to better meet the HIV prevention and care needs of the special populations identified in this strategy
- **Improve data management systems** to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations

### Sources Referenced for This Document

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Inventory of Local, Regional, and State HIV/AIDS Priorities (November 2011); summarizing:

- 2009 – 2011 Houston Area Comprehensive HIV Services Plan
- 2010 – 2012 Comprehensive Services Plan for the East Texas HIV Administrative Services Area
- Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update
- *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) Project Strategy for the Houston-Baytown-Sugarland, Texas MSA (March 2011)
- 2011 City of Houston Housing and Community Development Annual Action Plan (including HOPWA)
- Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan
- 2009 – 2011 Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services

- 2011 Texas Statewide HIV/STD Prevention Plan

Inventory of National HIV/AIDS Priorities (September 2011); summarizing:

- National HIV/AIDS Strategy for the United States
- Healthy People 2020 Topic Area: HIV
- Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) Strategic Plan
- 2011 – 2015 Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) Strategic Plan

Inventory of Special Populations in Local, State, and National Guidance (November 2011); summarizing all of the above

Other Sources Reviewed for Definitions:

- 2012 Houston Area EIIHA Strategy
- American Medical Association, Guidelines for Adolescent Preventive Services (2007)
- Centers for Disease Control and Prevention, Department of Adolescent and School Health
- Centers for Disease Control and Prevention, HIV Surveillance Technical Notes
- Health Resources and Services Administration (HRSA) Clinical HIV Guidelines; and Ryan White HIV/AIDS Program “Populations We Serve”
- Healthy People 2020 Topic Area: Adolescent Health
- Psychosocial Development Theory

Other Materials Reviewed for this Document:

- Centers for Disease Control and Prevention, HIV Infection among Transgender People (August 2011)
- Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.
- Harris County Jail Recently Released Fact Sheet, The Houston Regional HIV/AIDS Resource Group
- Health Resources and Service Administration, Guide for HIV/AIDS Clinical Care: HIV Care in Correctional Settings (January 2011)
- Houston Independent School District, Youth Risk Behavior Survey: District 2007
- “Mental Illness & HIV” Stanley T. Lewis, MD, University of Texas Medical School- Houston
- School Health Profile 2010, Characteristics of Health Programs Among Secondary Schools, Houston
- Texas Department of Criminal Justice: Report on AIDS and HIV Education Activities (January 2007)
- Texas Department of State Health Services, Texas School Health Advisory Council, Recommendation and Research on Health Education for all Texas Students, Kindergarten through 12<sup>th</sup> Grade (September 13, 2010)
- U.S. Department of Health and Human Services, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services in Health Care (March 2001)
- U.S. Department of Health and Human Services, Office of Minority Health, Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities

Sources Cited in Definitions:

<sup>1</sup>Centers for Disease Control and Prevention, Diagnoses of HIV Infection by Age (2009)

<http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidsage>

<sup>2</sup>2011 Houston Area Integrated Epidemiological Profile for HIV Prevention and Care Planning

<sup>3</sup>Federal Register / Vol. 75, No. 75 / Tuesday, April 20, 2010 / Department of Housing and Urban Development, Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homeless”

<sup>4</sup>2011 Houston Area HIV/AIDS Needs Assessment

<sup>5</sup>World Professional Association for Transgender Health’s Standards of Care, Version 7

## 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

### INVENTORY OF NATIONAL AND GLOBAL HIV/AIDS PRIORITIES

National HIV/AIDS Strategy (NHAS)
<p><b>Vision</b></p> <p><i>“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”</i></p>
<p><b>Goals</b></p> <ul style="list-style-type: none"> <li>• Reduce new HIV infections</li> <li>• Increase access to care and improve health outcomes for People Living with HIV</li> <li>• Reduce HIV-related health disparities and health inequities</li> <li>• Achieve a more coordinated national response to the HIV epidemic in the United States</li> </ul>
<p><b>Action Steps</b></p> <ul style="list-style-type: none"> <li>• Intensify HIV prevention efforts in communities where HIV is most heavily concentrated</li> <li>• Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches</li> <li>• Educate all Americans about the threat of HIV and how to prevent it</li> <li>• Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV</li> <li>• Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV</li> <li>• Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing</li> <li>• Reduce HIV-related mortality in communities at high risk for HIV infection</li> <li>• Adopt community-level approaches to reduce HIV infection in high-risk communities</li> <li>• Reduce stigma and discrimination against people living with HIV</li> </ul>
<p><b>Targets (2015)</b></p> <ul style="list-style-type: none"> <li>• Lower the annual number of new infections by 25%</li> <li>• Reduce the HIV transmission rate (# people infected/# of people living with HIV) by 30%</li> <li>• Increase from 79% to 90% the percentage of people living with HIV who know their serostatus</li> <li>• Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%</li> <li>• Increase the proportion of Ryan White HIV/AIDS Program clients who are in [continuous] care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%</li> <li>• Increase the number of Ryan White clients with permanent housing from 82% to 86%</li> <li>• Increase the proportion of HIV diagnosed gay and bisexual men, Black Americans, and Latinos with undetectable viral load by 20%</li> </ul>

Healthy People 2020
<p><b>Vision</b></p> <p><i>“A society in which all people live long, healthy lives.”</i></p>
<p><b>Mission</b></p> <ul style="list-style-type: none"> <li>• Identify nationwide health improvement priorities</li> <li>• Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress</li> <li>• Provide measurable objectives and goals that are applicable at the national, state, and local levels</li> <li>• Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge</li> <li>• Identify critical research, evaluation, and data collection needs</li> </ul>
<p><b>Overarching Goals</b></p> <ul style="list-style-type: none"> <li>• Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death</li> <li>• Achieve health equity, eliminate disparities, and improve the health of all groups</li> <li>• Create social and physical environments that promote good health for all</li> <li>• Promote quality of life, healthy development, and healthy behaviors across all life stages</li> </ul>

## HIV – Summary of Objectives

- Diagnosis of HIV Infection and AIDS
- Death, survival and medical healthcare after diagnosis of HIV infection and AIDS
- HIV testing
- HIV prevention

## HIV – Objectives (2020)

1. *(Developmental)* Reduce the number of new HIV diagnoses among adolescents and adults
2. *(Developmental)* Reduce new (incident) HIV infections among adolescents and adults
3. Reduce the rate of HIV transmission among adolescents and adults
4. Reduce the number of new AIDS cases among adolescents and adults
5. Reduce the number of new AIDS cases among adolescent and adult heterosexuals
6. Reduce the number of new AIDS cases among adolescent and adult men who have sex with men
7. Reduce the number of new AIDS cases among adolescents and adults who inject drugs
8. Reduce the number of perinatally acquired HIV and AIDS cases
9. *(Developmental)* Increase the proportion of new HIV infections diagnosed before progression to AIDS
10. *(Developmental)* Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards
11. Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS
12. Reduce deaths from HIV infection
13. Increase the proportion of people living with HIV who know their serostatus
14. Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months
15. Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV
16. Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support
17. Increase the proportion of sexually active persons who use condoms
18. *(Developmental)* Decrease the proportion of men who have sex with men who reported unprotected anal sex in the past 12 months

## HRSA and HIV/AIDS Bureau (HAB)

### HRSA Goals

- Improve access to quality health care and services
- Strengthen the health workforce
- Build healthy communities
- Improve health equity

### HRSA Principles

- Value and strengthen the HRSA workforce and acknowledge our HRSA colleagues as the critical resource in accomplishing our mission
- Strengthen the organizational infrastructure, and excel as a high performing organization
- Maintain strong fiscal and management systems
- Encourage innovation
- Conduct and support high quality scientific research focusing on access to services, workforce and innovative programs
- Focus on results across the population, by using the best available evidence, monitoring impact and adapting programs to improve outcomes
- Partner with stakeholders at all levels- from individuals, families and communities to organizations, States and tribal organizations
- Use place-based strategies to promote and improve health across communities
- Build integrated approaches to best meet the complex needs of the populations served
- Harness technology to improve health
- Operate on the fundamental principles of mutual respect, dedication to our mission, and the well-being of the American people as our top priority

### HAB Vision

*“Optimal HIV/AIDS care and treatment for all”*

### HAB Mission

*Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families*

## CDC Division of HIV/AIDS Prevention (DHAP)

### Vision

*“A future free of HIV”*

### Mission

*To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States*

### Guiding Principles

*We believe...*

- *Effective leadership requires clear vision, insight, and effective communication.*
- *The need for innovative solutions requires us to encourage creativity, intellectual curiosity and openness to change.*
- *That because the quality of our work is determined by the character of our staff, we must uphold high standards of conduct including integrity, respect, and dedication.*
- *That a positive, productive, and enjoyable workplace requires staff have positive attitudes.*

### Goals

- A. HIV Incidence—Prevent new infections
- B. Prevention and Care—Increase linkage to and impact of prevention and care services with people living with HIV/AIDS
- C. Health Disparities—Reduce HIV-related disparities
- D. Organizational Excellence—Promote a skilled and engaged workforce and effective, efficient operations to ensure the successful delivery of CDC’s HIV prevention science, programs, and policies

### Objectives (2015)

1. Reduce the annual number of new HIV infections by 25%
2. Increase the percentage of people living with HIV who know their serostatus to 90%
3. Increase the percentage of people diagnosed with HIV infection at earlier stages of disease by 25%
4. Decrease the rate of perinatally acquired pediatric HIV cases by 25%
5. Reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%
6. Reduce the proportion of IDU who reported risky sexual or drug using behavior by 25%
7. Reduce the HIV transmission rate by 30%
8. Increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%
9. Increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable
10. Reduce the percentage of HIV-diagnosed persons in care who report unprotected anal or vaginal intercourse during the last 12 months with partners of discordant or unknown HIV status by 33%
11. Increase the proportion of HIV diagnosed MSM, Blacks, and Hispanics with undetectable viral load by 20%
12. Reduce the annual number of new HIV infections among MSM, Blacks, Hispanics and IDU by at least 25%
13. Ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups
14. All branches and operating units will complete at least 80% of their work plan activities and adhere to 80% of their administrative and extramural processing deadlines
15. DHAP will have improved its rating on the HHS Annual Employee Viewpoint Survey

### Strategies

- A1: Systematically collect, analyze, integrate, and disseminate data to monitor the HIV epidemic, assess the impact of HIV prevention activities, and guide the national response
- A2: Identify drivers of HIV incidence in priority populations (as identified in NHAS) to design and target effective interventions and strategies for maximum impact
- A3: Identify, develop and evaluate effective behavioral, biomedical and structural technologies, interventions and strategies; prioritize this process to maximize reduction of HIV acquisition among high-incidence populations
- A4: Implement and evaluate effective behavioral, structural, and biomedical technologies, interventions and strategies at scale; prioritize and target implementation to maximally reduce HIV acquisition in high-incidence populations
- B1: Identify, develop, and evaluate interventions, strategies, and technologies to increase linkage to care and

<p>use of antiretroviral therapy (ART); maximize adherence to ART and retention in care; reduce transmission risk behaviors; and provide partner services</p> <p>B2: Ensure the implementation and evaluation of interventions, strategies, and technologies to increase linkage to care and use of ART; maximize adherence to ART and retention in care; reduce transmission risk behaviors; and provide partner services</p> <p>C1: Target resources and activities to reduce HIV-related disparities (through Goals A and B)</p> <p>C2: Monitor national trends and DHAP activities and outcomes to ensure that HIV-related disparities and their underlying factors are reduced (through Goals A and B)</p> <p>C3: Communicate DHAP activities and progress to stakeholders and enlist partners to advance activities that reduce disparities (to be coordinated with Strategy D2 partnership engagement framework)</p> <p>C4: Ensure the cultural and linguistic appropriateness of DHAP activities and materials to increase their impact</p> <p>D1: Develop, implement and monitor an internal communication plan with two-way communication channels to improve transparency, accountability, participation and coordination both within DHAP and with other CDC stakeholders</p> <p>D2: Develop, implement and monitor an external communication and partner engagement plan to improve transparency, accountability, participation and collaboration through bi-directional flow of information</p> <p>D3: Maximize the effectiveness of DHAP human and financial resources to achieve DHAP's strategic goals and objectives</p> <p>D4: Allocate extramural resources and use results-oriented management to improve accountability and maximize the impact of all DHAP-supported activities on the HIV epidemic</p>
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UNAIDS World AIDS Day Report 2011	
<b>Vision</b>	
<i>“Zero new infections. Zero discrimination. Zero AIDS-related deaths.”</i>	
<b>Investment Framework Aims</b>	
<ul style="list-style-type: none"> <li>• Maximizing the benefits of the HIV response</li> <li>• Using country-specific epidemiology to ensure rational resource allocation</li> <li>• Encouraging countries to implement the most effective programs based on local context</li> <li>• Increasing efficiency in HIV prevention, treatment, care and support.</li> <li>• Increase access to care and improve health outcomes for People Living with HIV</li> <li>• Reduce HIV-related health disparities and health inequities</li> <li>• Achieve a more coordinated national response to the HIV epidemic in the United States</li> </ul>	
<b>Basic Program Activities</b>	
<ol style="list-style-type: none"> <li>1. Focused interventions for key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)</li> <li>2. Elimination of new HIV infections among children</li> <li>3. Behavior change programs</li> <li>4. Condom promotion and distribution</li> <li>5. Treatment, care and support for people living with HIV</li> <li>6. Voluntary medical male circumcision in countries with high HIV prevalence and low rates of circumcision</li> </ol>	
<b>Social Enablers</b>	<b>Program Enablers</b>
<ul style="list-style-type: none"> <li>• Political commitment and advocacy</li> <li>• Laws, legal policies and practices</li> <li>• Community mobilization</li> <li>• Stigma reduction</li> <li>• Mass media</li> <li>• Local responses to change risk environment</li> </ul>	<ul style="list-style-type: none"> <li>• Community centered design and delivery</li> <li>• Program communication</li> <li>• Management and incentives</li> <li>• Procurement and distribution</li> <li>• Research and innovation</li> </ul>

## 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan INVENTORY OF LOCAL, REGIONAL, AND STATE HIV/AIDS PRIORITIES

2009 Comprehensive HIV Services Plan for the Houston Area	
<b>Vision</b> <i>“The community will continue to work together to improve and expand a coordinated system of HIV/AIDS prevention and care in order to improve the quality of life for communities affected by HIV and AIDS.”</i>	
<b>Mission</b> <i>We will provide a plan that will be inclusive of the entire continuum of care to improve the quality of life for those infected with and/or affected by HIV/AIDS in the Houston EMA/HSDA by taking a leadership role in the planning and assessment of HIV resources, resulting in the delivery of prevention and care services that are accessible, efficient and culturally affirming until the end of the epidemic is realized.</i>	
<b>Guiding Principles</b> <ul style="list-style-type: none"> <li>• Better serve the underserved in response to the HIV epidemic's growing impact among minority and hard-to-reach populations</li> <li>• Ensure access to existing and emerging HIV/AIDS prevention strategies and treatments to make a difference in the lives of people at risk for or living with HIV disease</li> <li>• Adapt to changes in the health care delivery system and the role of Ryan White Program services in filling gaps</li> <li>• Be able to document outcomes</li> <li>• Be driven by and advocate for consumer needs</li> <li>• Acknowledge the value of service provider expertise</li> <li>• Be culturally affirming to the intended audience</li> </ul>	
<b>Goals</b> <ol style="list-style-type: none"> <li>1. Identify individuals who know their HIV status but are not in care and develop strategies for informing these individuals of services and enabling their use of HIV related services</li> <li>2. Reduce the impact of stigma on access to and retention in care and break down barriers</li> <li>3. Provide education and advocacy to encourage HIV+ individuals to get education, stay in treatment, access treatments and be aware of best practices</li> <li>4. Improve coordination and collaboration among non-medical service providers</li> <li>5. Eliminate disparities in access to and services for historically underserved populations</li> <li>6. Coordinate services with HIV prevention programs including outreach and early intervention services.</li> <li>7. Coordinate services with substance abuse prevention and treatment programs</li> <li>8. Prevent youth from becoming HIV+</li> <li>9. Continue to develop new programming tactics whereby training, educational materials and clinical measurements continue to support improved HIV epidemiological data outcomes</li> <li>10. Provide goals, objectives, timelines and appropriate allocation of pay/funds to services as determined by clients and community</li> </ol>	
<b>Targets</b> <ul style="list-style-type: none"> <li>• Reduce by 10% annually the number not in care</li> <li>• Reduce the impact of stigma and increase retention in care by 10%</li> <li>• Increase the provision of education and advocacy events by 25%</li> </ul>	

Comprehensive Services Plan for the East Texas HIV Administrative Services Area (2011 Update)	
<b>Goal</b> <ul style="list-style-type: none"> <li>• Improve Health Outcomes</li> </ul>	<b>Primary Objectives</b> <ul style="list-style-type: none"> <li>• Reduce Community Barriers to Improve Testing Rates</li> <li>• Reduce Barriers to Care to Increase Linkages to Care</li> <li>• Improve Service Delivery to Improve Medical Management of HIV</li> </ul>
<b>Secondary Objectives</b> <ul style="list-style-type: none"> <li>• Provide public education to promote HIV awareness of transmission, personal risk, knowledge of serostatus, and importance of knowing personal serostatus</li> <li>• Provide HIV prevention services, including the distribution of condoms/lube, to individuals at risk for HIV infection or transmission</li> <li>• Provide targeted outreach to individuals at high risk who may be living with HIV who are not aware of their</li> </ul>	

serostatus

- Provide targeted education on the importance of knowing personal serostatus to individuals at high risk who may be living with HIV who are not aware of their serostatus
- Provide services to individuals living with HIV who are not in care to increase access to medical care
- Provide services to individuals who are incarcerated and recently released to increase access to medical care
- Provide high-quality medical services to impede disease progression
- Improve service coordination to increase access to care and retention in care
- Provide essential support services to increase access to care and retention in care

## Houston HIV Prevention Community Planning Group Comprehensive Plan (2007 Update)

### Considerations for Resource Allocation

1. Prevention for HIV-Positive Individuals
2. Evidence of High-Risk Behavior
3. Female Partners of Men Who Have Sex with Men (MSM)

### Recommendations for Strategies

- Health Education Risk Reduction (HE/RR), including Individual-level interventions (ILI), group-level interventions (GLI), community-level interventions (CLI) and health communication/public information (HC/PI) targeted to high-risk HIV-negative persons and HIV-positive persons.
- HIV Counseling, Testing and Referral Services (CTR) including Syphilis Elimination
- Comprehensive Risk Counseling Services (CRCS)
- Social Marketing, designed to alter HIV testing and risk-reduction behaviors, correct misperceptions and misinformation, and create a supportive environment for communication about what it means to be HIV-positive or HIV-negative
- School-Based Prevention Programs
- HIV Prevention Evaluation, Technical Assistance, and Capacity Building
- Expanded Syringe Access, which allows persons to purchase syringes at participating pharmacies without a prescription.
- Syringe Exchange

Note: The 2009 – 2013 Houston HIV Prevention Comprehensive Plan does not contain comparable information

## Enhanced Comprehensive HIV Prevention Planning (ECHPP) for Houston-Baytown-Sugarland (March 2011)

### Required Interventions

- |  |  |
|--|--|
| 1. Routine, Opt-Out HIV Screening                        | 8. Antiretroviral Treatment for HIV Positive Persons                   |
| 2. HIV Testing in Non-Clinical Settings                  | 9. Adherence to ART for HIV Positive Persons                           |
| 3. Condom Distribution for HIV Positive Persons          | 10. STD Screening for HIV Positive Persons                             |
| 4. Post-Exposure Prophylaxis (PEP)                       | 11. Perinatal Prevention for HIV Positive Persons                      |
| 5. Structures, Policies, Barriers to Optimal HIV Efforts | 12. Partner Services   |
| 6. Linkage for HIV Positives Not In Care                 | 13. Behavioral Risk Screening, Risk Reduction for HIV Positive Persons |
| 7. Retention and Re-engagement for HIV Positive Persons  | 14. Partner Services   |

### Recommended Interventions

- |   |   |
|---|---|
| 1. Condom Distribution for General Population                         | 6. Integrated Hepatitis, TB, STD Services                         |
| 2. Social Marketing Campaigns   | 7. Targeted Use of Surveillance Data                              |
| 3. Clinic-wide or Provider-delivered Prevention Interventions         | 8. Linkages to Social Services for High Risk HIV Negative Persons |
| 4. Community Interventions  | 9. Brief Alcohol Screening and Interventions                      |
| 5. Behavioral Risk Screening, Risk Reduction for HIV Negative Persons | 10. Community Mobilization  |

### Strategic Goals

- Reduce the annual number of new HIV infections by 25% and reduce the HIV transmission rate by 30%
- Increase the percentage of people living with HIV who know their serostatus to 90%
- Increase the percentage of people newly diagnosed with HIV infection who have a CD4 count of 200 cells/ $\mu$ l or higher by 25%

- Reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%
- Reduce the proportion of IDU at risk for transmission/acquisition of HIV by an indicator to be determined pending completion of the DHAP strategic plan
- Decrease the number of perinatally acquired pediatric HIV cases by 25%
- Reduce AIDS diagnoses by 25%
- Increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%
- Increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable
- Reduce the percentage of HIV-diagnosed persons in care who report unprotected anal or vaginal intercourse during the last 12 months with partners of discordant or unknown HIV status by 33%
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least two visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86%
- Increase the percentage of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%
- Increase the percentage of HIV-diagnosed Blacks with undetectable viral load by 20%
- Increase the percentage of HIV-diagnosed Latinos with undetectable viral load by 20%
- Reduce the disparity in HIV incidence for Blacks versus Whites (Black: White ratio of new infections) by 25%
- Reduce the disparity in HIV incidence for Hispanics versus Whites (Hispanic: White ratio of new infections) by 25%
- Reduce the disparity in HIV incidence for MSM versus other adults in the United States by 25%
- Ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups

**City of Houston Housing & Community Development Department  
2010 – 2014 Consolidated Plan & Action Plan**

- Annual Objectives – HOPWA Specific**
- Increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence

- Specific Objectives – HOPWA Source of Funding**
- Increase the quality of life for individuals living with or affected by HIV/AIDS (rental assistance)
  - Make child care more affordable for working low to moderate income families
  - Increase the quality of life for individuals living with or affected by HIV/AIDS (referral and education)
  - Increase the efficiency and effectiveness of organizations serving HIV/AIDS and homeless individuals (project support)

**One Year Goals – HOPWA Specific**  
*Between July 2011 and June 2012, it is anticipated that approximately 4,224 residents will be assisted through HOPWA-funded services, while 2,980 will receive tenant-based rental assistance. For FY 2012, the number of recipients is projected to decrease, as a result in funding cuts though the demand is likely to remain the same. In the case of supportive services, the number served for the last two years has stayed relatively the same, at 1,800 clients. We do not anticipate a significant change in this number for the 2011 Annual Action Plan. HCDD projects that there will be a decrease in the number of clients who will receive homeless prevention assistance during the next fiscal year, due to the decrease in HOPWA funding.*

**Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan**

- Goals**
- Increase the percentage of schools that address [all identified HIV-related topics] in a required course taught during grades 6, 7, or 8
  - Increase the percentage of schools that address [all identified HIV-related topics] in a required course taught during grades 9, 10, 11, or 12
  - Increase the percentage of schools in which the lead health education teacher received professional development during the past 2 years on at least six [identified HIV-related topics]

- Activities**
- Promote the use of the Houston Independent School District-approved HIV prevention curricula

- Provide professional development for teachers to enhance and strengthen HIV prevention education in grades 6–8 and in grades 9–12
- Sponsor activities that engage students in HIV/AIDS prevention opportunities such as an HIV/AIDS art contest and a digital public service announcement (PSA) video
- Sponsor an annual HIV/AIDS Prevention Parent/Teen Health Summit
- Offer ongoing training and leadership development for a health education cadre who provide training and professional development for middle and secondary school teachers
- Plan, conduct, and evaluate workshops for Health and Physical Education teachers on health-related issues, including HIV/AIDS, STD, and teen pregnancy prevention.
- Pilot the Parent Matters Program in at least two middle schools.

## Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services (2009 – 2011)

### Crosscutting Issues

- A substantial number of PLWHA across Texas are diagnosed late in the progression of HIV disease
- The aging population of PLWHA (>35) present for care with multiple health issues
- Oral health care is listed in the top five service needs and gaps in four of the six plan areas
- The incidence of early syphilis among HIV positive MSM is increasing, especially in major urban centers
- The effect of substance abuse on entry and maintenance in care
- The effect of mental health issues on entry and maintenance in care

### Mission

*The mission of DSHS is to improve access to quality care and treatment for HIV positive Texans. The goals listed below are designed to allow DSHS to better achieve this mission.*

### Goals

- Ensure High Quality of Care
- Enhance Access to Care and Reduce Disparities
- Increase Prevention Activities in Care Settings
- Improve Quality of Client Level Data

### Objectives

- Continue to work with Administrative Agencies to ensure uniform and consistent monitoring of providers
- Begin using HAB Tier I measures to monitor quality of care
- Strengthen the case management systems in Texas
- Increase screenings for mental health and substance abuse issues
- Increase capacity and referral to mental health and substance abuse treatment
- Increase treatment adherence counseling and activities during routine case management
- Reduce the number of PLWHA presenting late to care
- Reduce the number of PLWHA who know their status and are out of care by 2% annually
- Increase screenings for risk behaviors during routine case management
- Increase number of providers conducting or referring to STD screening
- Identify data entry barriers related to HAB Tier I and referral measures
- Increase data associated with routine case management activities entered into ARIES
- Identify data entry barriers related to HAB Tier II measures

## 2011 Texas Statewide HIV/STD Prevention Plan

### Crosscutting Prevention Strategies

- Expanded and Targeted HIV Testing
- Linkage to Care and Treatment
- Access to Condoms
- Access to Clean Needles
- Partner Services and Public Health Follow-Up
- Perinatal Care
- Community Mobilization

### Action Briefs and Recommendations

- Advocacy and Policy
- Stigma
- Healthcare
- Criminal Justice
- Mental Health
- Substance Use
- Education (Kindergarten through 12<sup>th</sup> grade)
- Faith-Based Communities

# 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

## INVENTORY OF PRIORITY POPULATIONS – LOCAL, REGIONAL, STATE, NATIONAL, AND GLOBAL GUIDANCE

<p>2012 Comprehensive Plan "Special populations"*</p> <ul style="list-style-type: none"> <li>• Adolescents</li> <li>• Homeless</li> <li>• IDU</li> <li>• Transgender</li> </ul> <p><small>* HRSA-required per 2012 guidance issued March 2011</small></p>	<p>2009 Comprehensive Plan (Goal 5 and 8)</p> <ul style="list-style-type: none"> <li>• Recently released</li> <li>• Youth (18+)</li> <li>• Women</li> <li>• Substance users</li> </ul>	<p>2011 Texas Epi Profile "High prevalence subpops"*</p> <ul style="list-style-type: none"> <li>• Black males age 25 and over</li> <li>• Black females age 25 to 54</li> <li>• White males age 45 to 54</li> <li>• Hispanic males age 45 to 54</li> </ul> <p><small>*Defined as sub-populations in the Houston EMA with more than 1% living with HIV</small></p>	<p>2011 Houston Area Epi Profile</p> <ul style="list-style-type: none"> <li>• MSMOC/WMSM</li> <li>• Women</li> <li>• Youth (13-24)</li> <li>• African Americans</li> <li>• Hispanics</li> <li>• Rural</li> </ul>	<p>2009 Texas Plan for HIV Service Delivery</p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance users</li> <li>• Hispanics</li> </ul>	<p>RW/A "Emerging Populations," RW/B-D &amp; EIHA</p> <ul style="list-style-type: none"> <li>• African Americans</li> <li>• Hispanics</li> <li>• MSM</li> <li>• Women, infants, and children</li> <li>• Youth (13-24)</li> <li>• Rural</li> <li>• African American MSM</li> <li>• AfricanAmerican IDU</li> <li>• Hispanic MSM</li> </ul>
<p>2011 Texas HIV/STD Prevention Plan</p> <ul style="list-style-type: none"> <li>• HIV-positive</li> <li>• Black gay men/MSM</li> <li>• All gay men/other MSM</li> <li>• Black high-risk heterosexual women</li> <li>• IDU</li> <li>• Black high-risk heterosexual men</li> <li>• Hispanic high-risk heterosexuals</li> <li>• Youth (13-24)</li> <li>• Plus "Emerging populations"</li> </ul>	<p>2009 Houston HIV Prevention Plan</p> <ul style="list-style-type: none"> <li>• HIV-positive</li> <li>• Men</li> <li>• Women</li> <li>• Transgender</li> <li>• Youth (13-24)</li> <li>• People who share needles or works</li> <li>• Plus "Critical target populations" within each group</li> </ul>	<p>CDC High-Impact Prevention "Persons at greatest risk"</p> <ul style="list-style-type: none"> <li>• Gay and bisexual men of all races/ethnicities</li> <li>• African Americans</li> <li>• Hispanics</li> <li>• IDU</li> <li>• Transgender</li> </ul>	<p>National HIV/AIDS Strategy "High risk populations"</p> <ul style="list-style-type: none"> <li>• Gay and bisexual men and transgender</li> <li>• African Americans</li> <li>• Hispanics</li> <li>• Substance users</li> <li>• Asian Americans, American Indians, Alaska Native</li> </ul>	<p>Healthy People 2020</p> <ul style="list-style-type: none"> <li>• Adolescents</li> <li>• Adolescent MSM</li> <li>• Heterosexuals</li> <li>• MSM</li> <li>• IDU</li> <li>• Perinatal/pregnant women</li> <li>• Substance users</li> </ul>	<p>UNAIDS World Aids Report 2011</p> <ul style="list-style-type: none"> <li>• Sex workers and their clients</li> <li>• MSM</li> <li>• IDU</li> </ul>

# 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

## Logic Model 3: Action Planning Matrix

<b>Solution</b> {Recommended approach to achieve stated goals and targets}
<p>①</p> <p>Infuse the HIV system with <b>policies, procedures, and other structural solutions</b> that ensure equal treatment</p>

General Public				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)
<b>Frontline worker training</b> <ul style="list-style-type: none"> <li>Provide training on each special population to all frontline prevention and care staff (e.g., Service Linkage Workers, Case Managers, Outreach Workers, etc.)</li> </ul>				
<b>Agency policies and procedures</b> <ul style="list-style-type: none"> <li>Adopt a universal statement about non-discrimination</li> </ul>				
<ul style="list-style-type: none"> <li>Adopt a universal statement about serving the homeless, the recently released, and the un-documented</li> </ul>				
<ul style="list-style-type: none"> <li>Adjust agency forms to reflect standard data collection elements on gender identity, country of origin, etc.</li> </ul>				
<b>Social marketing</b> <ul style="list-style-type: none"> <li>Launch a community-wide educational efforts to reduce social stigma against special populations</li> </ul>				
<b>Funding allocations</b> <ul style="list-style-type: none"> <li>Maintain or increase allocations to transportation assistance, housing assistance, and linguistic services</li> </ul>				

# 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

## Logic Model 3: Action Planning Matrix

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">②</div> <p><b>Fill gaps in targeted interventions and services</b> to better meet the HIV prevention and care needs of the special populations identified in this strategy</p>

Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)
<b>Funding allocations</b> <ul style="list-style-type: none"> <li>Maintain or increase allocations to transportation assistance, housing assistance, and linguistic services</li> </ul>				
<b>Identification</b> <ul style="list-style-type: none"> <li>Broaden options for proof of identify for CPCDMS that are responsive to the needs of special populations</li> </ul>				
<b>Adaption of EBIs</b> <ul style="list-style-type: none"> <li>Evaluate current EBIs to assess gaps in behavioral interventions for each special population</li> </ul>				
<ul style="list-style-type: none"> <li>Adapt current EBIs and/or replicate new EBIs to each special population, as needed</li> </ul>				

# 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

## Logic Model 3: Action Planning Matrix

Solution
{Recommended approach to achieve stated goals and targets}
<p>③</p> <p><b>Improve data management systems</b> to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations</p>

Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)
<p><b>Data collection</b></p> <ul style="list-style-type: none"> <li>Alter variables in current data collection systems (e.g., CPCDMS, eCLIPS) to collect standard data collection elements on special populations</li> </ul>				
<ul style="list-style-type: none"> <li>Adjust agency forms to reflect standard data collection elements on gender identity, country of origin, etc.</li> </ul>				
<ul style="list-style-type: none"> <li>Create a data dictionary of new standard data collection elements</li> </ul>				
<p><b>Staff training</b></p> <ul style="list-style-type: none"> <li>Train frontline staff in elicitation and database entry of new standard data collection elements</li> </ul>				

## 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

### Logic Model 3: Action Planning Matrix

Specific to: [Adolescents]				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)

Specific to: [Homeless]				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)
<b>Engage the shelter community</b> <ul style="list-style-type: none"> <li>Establish partnerships with new shelter developments</li> <li>Assist new shelters to develop and adopt appropriate policies for homeless individuals who are HIV+</li> </ul>				

# 2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

## Logic Model 3: Action Planning Matrix

Specific to: [Incarcerated or Recently Released (IRR)]				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)
<b>HIV testing</b> <ul style="list-style-type: none"> <li>Continue routine HIV testing at entry and release</li> </ul>				
<b>Staff training</b> <ul style="list-style-type: none"> <li>Increase the amount of required staff training on referrals for the IRR population</li> </ul>				

Specific to: [IDU]				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)

**2012 Houston Area Comprehensive HIV Prevention & Care Services Plan**

Logic Model 3: Action Planning Matrix

Specific to: [MSM]				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)

Specific to: [Transgender]				
Activity	Output (#)	Timeframe (by when)	Responsible Parties (name of entity)	Priority (rank by #)

# Comp Planning Quick Reference Guide

**Vision.** A compelling and inspiring image of the future. Answers the question, “What do we want?” or “Where do we want to be?”

Examples: Every house a home  
Optimal HIV/AIDS care and treatment for all (HAB)  
The United States will become a place where new HIV infections are rare...(NHAS)

**Mission.** A statement of purpose for a group, organization, or plan. Answers the question, “What do we do and why?”

Examples: To protect and serve  
To promote health and quality of life by preventing HIV infection (DHAP)  
To improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs (HRSA)

**Values.** Fundamental principles and beliefs; what you stand for or hold dear. Often expressed as a group of statements that begin with “we believe.” Or as a list of words or key phrases with corresponding explanation.

Examples: *We believe...* Effective leadership requires clear vision, insight, and communication (DHAP)  
*Accountability* — As diligent stewards of public trust and public funds, we act decisively and compassionately in service to the people’s health (CDC)

**Guiding Principles.** The assumptions that were used to guide a planning process.

Examples: The process for developing the 2012 Comprehensive Plan will:  
• Be comprehensive and efficient in regards to data collection and planning methods.  
The 2009 Comprehensive Plan will aim to:  
• Better serve the underserved in response to the HIV epidemic's growing and widespread impact among minority and hard-to-reach populations.

**Goal.** A broad, long-term statement of a desired result.

Examples: Improve access to quality care and services (HRSA)  
Reduce new HIV infections (NHAS)

**Objective.** A statement of a specific, quantified, and time-phased outcome. Can also take the form of a benchmark, target, or indicator.

Examples: By 2015, increase the proportion of PLWHA with undetectable viral load by 20% (NHAS)  
By 2020, increase the proportion of people with HIV who know their status to 90% (HP)

**Strategy.** A pattern of solutions that work together toward achievement of a goal.

**Solutions.** Major steps, efforts, initiatives, programs, decisions, policies, etc. that achieve a stated goal. Taken together, they form a strategy.

Examples: To increase access to care and optimize health outcomes for people living with HIV:  
1. Establish a seamless system to immediately link people to care;  
2. Take deliberate steps to increase the number and diversity of available providers; and  
3. Support people living with HIV with co-occurring health conditions. (NHAS)

**Activity.** A specific action to accomplish a solution. Includes a timeline and responsible party.