

A background image showing several hands of different skin tones holding red ribbons, symbolizing HIV awareness. The ribbons are held in various ways, some as loops and some as straight strips.

HIV STRATEGIC PLAN

2017-2020

Prince George's County Health Department
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**HEALTH
DEPARTMENT**
Prince George's County

Prince George’s County Health Department: HIV Strategic Plan 2017

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Overview:

In 2015 there were an estimated 7,165 individuals living with HIV in Prince George's County. This includes 3,624 individuals living with AIDS. In 2015, there were 422 newly diagnosed cases of HIV in the County, with a rate of 55.6 cases per 100,000 residents age 13 and older. Most of these new cases were men (68%), Black (86%), and were under the age of 40 (65%).

Medical care for HIV is important to help those with HIV stay healthy and to prevent HIV transmission by suppressing the HIV virus through medication. The overall viral suppression rate for Prince George's County is 42%. However, for those residents in care programs supported by the Ryan White HIV/AIDS Program the viral suppression rate stands at 79.4%. This highlights the critical need for having a consistent source of high quality HIV care.¹

In 2015, there were 31 HIV-related deaths in the county. Although the HIV mortality rate has improved over time, the county lags behind the state.¹

In developing a plan to address the needs of the community, the HIV Planning Group sought ways to use the following considerations to search for reasonable and realistic objectives and goals:

- Leveraging existing resources to have maximum impact
- Implementing sustainable policies and programs
- Identifying strengths on which to build initiatives
- Developing a comprehensive system of care for HIV
- Increasing the number of residents in Prince George's County who are virally suppressed

Mission:

The mission for the Prince George's County Health Department is to protect the public's health; assure availability of and access to quality health care services; and promote individual and community responsibility for the prevention of disease, injury and disability.

The mission for the Prince George's County HIV Planning Workgroup is to make optimum HIV care accessible to all Prince Georges County residents.

Vision:

Prince George's County, Maryland 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 of stigma and discrimination or cost.

Plan Values:

- Harm reduction: This plan acknowledges that not all persons are immediately prepared to eliminate all risk behaviors and adopt all risk reduction measures. Harm reduction

¹ Prince George's County HIV Annual Epidemiological Profile, 2015. (2016).

strategies are effective in reducing HIV transmission/acquisition risks by encouraging achievable steps and maintaining connection with persons so that they are readily linked to services when they are ready to access them.

- Health Equity: HIV prevention and care efforts exist in the social context of inequity, stigma, and discrimination. While programs must focus on services for those disproportionately impacted by HIV, it is critical to recognize the impact of the social determinants of health and root causes of inequity.
- Self-Determination: Activities should honor a person's autonomy in decision-making and voluntary participation. Programs must fully disclose information and educations; offer recommendations for medical management and support services; and leave decision-making to clients, patients and their families.
- Sexual health promotion: While awareness of the risk of sexual behaviors must be disseminated through culturally appropriate sex education, sex as a component of a healthy life and aspects of healthy sexual relationships must also be incorporated into the curriculum. Sex education should emphasize the importance of respect toward self and others in all sexual relationships and the right of all persons to have relationships characterized foremost by autonomous decision-making and mutual respect.

Plan Goals:

The essential goals of this strategic plan include the four goals from the National HIV/AIDS Strategy (NHAS). The goals provide a pathway for improved health of individuals living in Prince Georges County who are infected or affected by HIV by developing a comprehensive integrated system of care that provides optimum accessible HIV care to Prince George's County residents by:

Goal 1: Reduce new HIV infections

Objective: 1.1. Reduce the number of new HIV diagnoses by 20% by 2020.

Goal 2: Increase access to care and improve health outcomes for people with HIV

Objective 2.1. Increase the percentage of newly diagnosed persons linked to HIV medical care within three months

Objective 2.2. Increase the percentage of persons diagnosed with HIV infection who receive care through PGCHD who are retained in HIV medical care to at least 90%

Objective 2.3. Increase the percentage of persons with diagnosed HIV infection who receive HIV care through PGCHD who are virally suppressed to at least 85%

Objective 2.4. Reduce the HIV death rate from 4.5 per 100,000 to 3.5.

Goal 3: Reduce disparities and inequities

Objective 3.1. Reduce disparities in new diagnoses by at least 5% among young Black gay and bisexual men, by 2020.

Goal 4. Achieve a more coordinated local response to HIV/AIDS

Objective 4.1. Ensure that 100% of Prince George's County Hospitals are in compliance with current legislation regarding HIV testing, by 2020.

Objective 4.2. Ensure that all Prince George's County Health Department HIV/AIDS Programs are linked to local testing programs, by 2020.

Objective 4.3. Train 1,300 local Ob/GYN, primary care, and infectious disease providers on routinizing testing, testing resources, local support services, and reporting protocols, by 2020.

Resource Overview:

There are multiple funding streams received by the Health Department, community partners and other stakeholders. The primary grant sponsored programs are summarized below.

Ryan White

The Ryan White HIV/AIDS Program is the largest federal program focused specifically on providing HIV care and treatment services to people living with HIV. Working with cities, states, and local community-based organizations, the Program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured.

The Administrative Agent, headquartered within the Prince County Health Department, Office of the Health Officer, manages Ryan White Part A for Suburban Maryland for the District of Columbia Metro Area. The funds are allocated to the following Suburban Maryland Counties Charles, Frederick, Prince George's, Montgomery, community based organizations and FQHCs. The funding is used to cover several service categories to support the medical management and support services for patients and clients that are eligible under Ryan White.

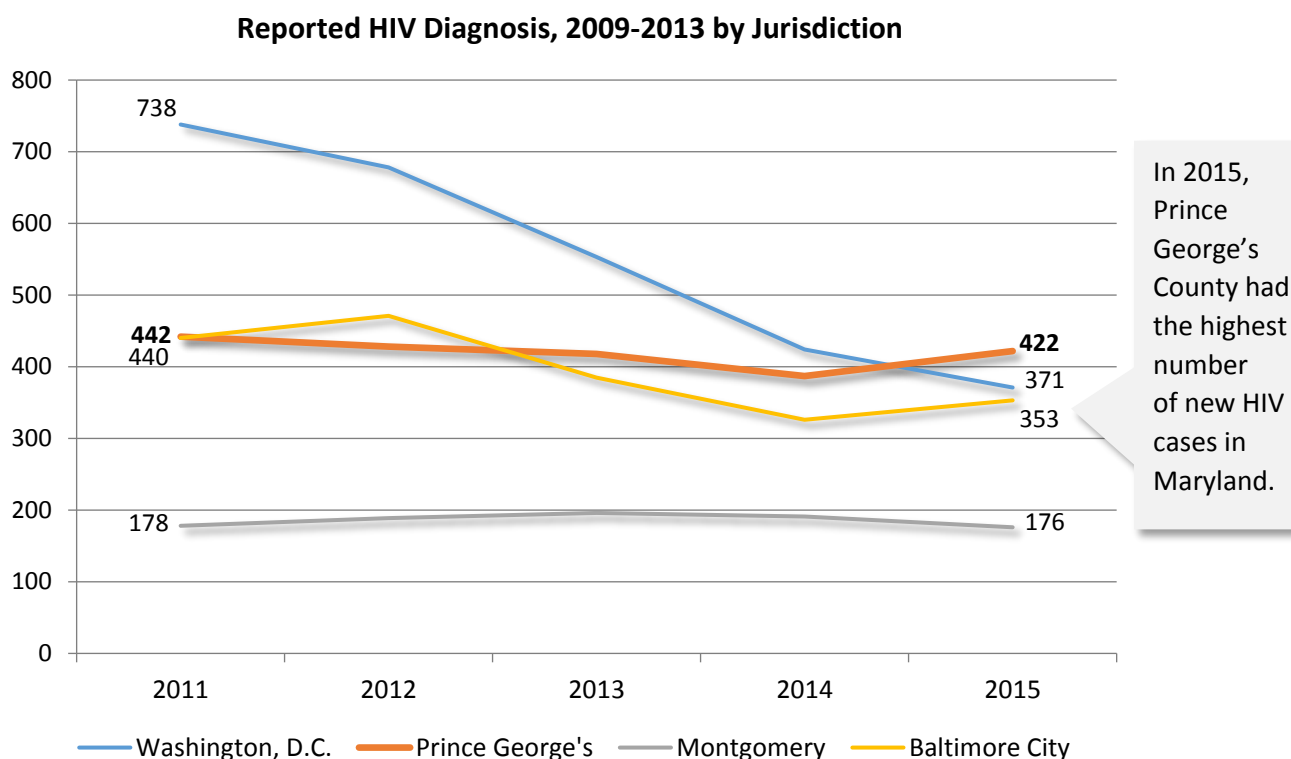
The Maryland Department of Health's Prevention and Health Promotion Administration manages Ryan White Part B for Maryland counties. The funding is allocated to local health departments to cover several service categories to support the medical management and support services for patients and clients that are eligible under Ryan White and those services that are not adequately funded through Ryan White Part A.

Aids Case Management and HIV Prevention

The Maryland Department of Health's Prevention and Health Promotion Administration manages the Aids Case Management and HIV Grants for Maryland counties. The funding is allocated to local health departments to cover several service categories to support the medical management and support services for patients and clients that are eligible under Ryan White; and to expand access points to care for the community through subcontracts. For fiscal years 17 and 18, the Health Department established MOUs with several community partners, including US Helping US, Greater Baden Medical Services, Fort Washington Medical Center, Heart to Hand, La Clinica Del Pueblo, Access to Wholistic and Productive Living, Dimensions Health System and Family and Medical Services to increase access points to care and HIV testing and counseling.

Overview of HIV in Prince George's County:

While some jurisdictions have seen a decrease in new HIV cases from 2011 to 2015 (Washington, D.C. and Baltimore City), Prince George's County has remained nearly the same. In 2015, Prince George's County had 32% of all new HIV cases in Maryland, but only comprises 15% of the total population for the state indicating a disparity in the number of new cases.



The majority of new HIV cases in Prince George's County are Black, Non-Hispanic. Most of those diagnosed are between 20-49 years of age (82%), and most were born in the United States (80%). Over two-thirds of new cases are male in the county. Nearly 84% of new HIV cases in the county in 2015 were linked to care.

Demographics of New HIV Diagnoses, 2015, by Jurisdiction										
	Washington, D.C. (N=371)		Prince George's (N=422)		Montgomery (N=176)		Baltimore City (N=353)		Maryland (N=1,334)	
	N	%	N	%	N	%	N	%	N	%
Sex (Age 13+)										
Male		74.9	302	71.6	121	68.8	264	74.8%	966	72.4
Female		21.8	120	28.4	55	31.3	89	25.2	368	27.6

Race/Ethnicity (Age 13+)										
White NH	38	10.2	18	4.3	33	18.8	33	9.3	178	13.3
Black NH	271	73.0	362	85.8	98	55.7	296	83.9	1,010	75.7
Asian NH	*	*	4	0.9	7	4.0	2	0.6	19	1.4
Hispanic	52	14.0	34	8.1	32	18.2	14	4.0	95	7.1
Other	10	2.7	4	0.1	6	3.4	8	2.3	32	2.4
Country of Birth (Age 13+)										
United States	*	*	337	79.9	126	71.6	296	83.9	1,070	80.2
Foreign-born	*	*	46	10.9	27	15.3	7	2.0	110	8.2
Unknown	*	*	39	9.2	23	13.1	50	14.2	154	11.5
Age at Diagnosis										
13-19 Years	15	4.0	17	4.0	1	0.6	15	4.2	45	3.4
20-29 Years	128	34.5	152	36.0	49	27.8	128	36.3	458	34.3
30-39 Years	111	29.9	103	24.4	45	25.6	76	21.5	317	23.8
40-49 Years	52	14.0	90	21.3	39	22.2	60	17.0	253	19.0
50-59 Years	44	11.9	47	11.1	29	16.5	59	16.7	195	14.6
60+ Years	21	5.7	13	3.1	13	7.4	15	4.2	66	4.9
Exposure										
MSM ²	*	*	144	34.1	47	26.7	134	38.0	465	34.9
IDU ³	8	2.2	*	*	*	*	*	*	34	2.5
MSM ² and IDU ³	*	*	*	*	*	*	*	*	7	0.5
Heterosexual	*	*	85	20.1	48	27.3	77	21.8	297	22.3
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
None Reported	117	31.5	192	45.5	80	45.5	118	33.4	531	39.8
Rate per 100,000	53.8		55.6		20.4		67.5		26.5	
Percent Linked to Care	*		83.9%		81.8%		83.6%		83.6%	

* Data unavailable

NH=Not Hispanic

²MSM=Men who have Sex with Men

³IDU=Injection Drug Users

Impacting Vulnerable Populations:

HIV disproportionately affects African Americans, Gay, Bisexual, Transgender people as well as those who inject drugs. These groups must have access to risk reduction and support services programs. The following action items provide a framework to improve community education and access to services to prevent and treat HIV infection.

Pre-exposure Prophylaxis (PrEP): In clinical trials and demonstration projects, high adherence to PrEP has been shown to be over 90% effective in preventing HIV infection among high-risk individuals.³ Despite its proven effectiveness, uptake by patients and providers has

been slow due to lack of patient awareness and provider unfamiliarity and concerns about PrEP. Navigation to PrEP, and to insurance that supports PrEP, and the ongoing counseling and testing are important aspects to improving PrEP adoption and success.

Action Item: Continue and expand PrEP navigation and support programs.

Action Item: Expand the number of providers offering or referring to PrEP.

Action Item: Work with payers improve coverage of PrEP.

Action Item: Continue outreach to communities and persons that can benefit from PrEP.

Behavioral Risk Reduction:

Action Item: Increase community-based programming and safe, welcoming environments that speak to the lived experience of vulnerable populations, particularly transgender persons, young Black gay, bisexual and same-gender-loving men, and black women.

Action Item: Pursue foundation, industry and corporate funding to support community-based programs.

Action Item: Develop the capacity of community-based organizations to address HIV.

HIV-informed Systems Integration:

Action item: Ensure that broader social and clinical services and advocacy organizations are welcoming to transgender persons; black women; and gay, bisexual and same-gender-loving men.

Condom Distribution and Promotion:

Action item: Ensure that health department facilities serve as a source for unrestricted access to condoms.

Action item: Ensure that condoms are available in the places where members of the prioritized groups may frequent, such as pharmacies and community-based organizations.

Action item: Ensure that outreach workers who interact with these prioritized groups regularly and consistently have condoms available to distribute.

Safe supportive and welcoming environments:

Action item: Improve access to services for transitional housing among the housing insecure for Ryan White program;

Cultural responsiveness and flexibility:

Action item: Provide services for patients to support self-advocacy, self-efficacy, empowerment, and health literacy.

Routing Testing: The CDC recommended in 2006 that all persons age 13 – 64 get tested for HIV, and in order to accomplish this, recommended that HIV testing be a part of routine medical care.

Action item: Establish routine HIV testing programs in large hospital and care systems, particularly urgent care centers and outpatient clinic systems

Action item: Extend provider education to partner organization community health and outreach workers

Partner Services:

Action item: Provide increased training and support for disease intervention specialists, partner services programs.

Prioritized Testing:

While routine testing represents the best opportunity for broad HIV testing, some of those with the highest are the least likely to engage in medical care, and thus may not be tested. In order to ensure that persons at risk and communities most vulnerable to HIV have access to testing, Prince George's County must develop more grass roots community capacity to address HIV and provide testing in field settings.

Action item: Develop targeted testing opportunities that are culturally appropriate and low-barrier, including geographic areas with high prevalence rates.

Expanded HIV Provider Network:

Action item: Engage additional FQHC/look a-likes in expansion of primary care capacity to provide HIV-related medical care.

Care Coordination:

Action item: Expand access to medical and non-medical case management

Action item: Increase medication adherence among individuals in care.

Measuring Progress:

The Prince George's County Health Department, community partners and the Maryland Department of Health are jointly responsible for monitoring locally funded progress related to grantor goals and on the aforementioned NHAS indicators. The following chart details the performance measures that will be used to monitor progress and includes the data source, the baseline and target, and comparable national and state indicators.

Prince George's County HIV Strategic Plan 2017

Performance Measures

Objective	What is measured	Baseline	2020 Target	Data Source	National Indicator	Maryland Indicator
Goal 1: Reduce new HIV infections						
1.1: Reduce the number of new HIV diagnoses by 20% by 2020.	Number of new HIV infections; measured annually	422 new HIV cases (2015)	338 new HIV cases	Provided in annual County HIV report by MDH; data typically lags by 2 years	Reduce the number of new diagnoses by at least 25% (by 2020)	Reduce the number of new HIV diagnoses by at least 25% (by 2020)
Goal 2: Increase access to care and improve health outcomes for people with HIV						
2.1: Increase the percentage of newly diagnosed persons linked to HIV medical care within 3 months	Percent of new HIV infections with a CD4 or Viral Load test within 3 months of diagnosis; measured annually	83.9% new HIV cases linked to care (2015)	85% new HIV cases linked to care	Provided in annual County HIV report by MDH; data typically lags by 2 years	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%	Increase the percentage of newly diagnosed persons linked to HIV medical care within three months
2.2: Increase the percentage of persons diagnosed with HIV who receive care through PGCHD who are retained in HIV medical care to at least 90%	Percent of people with HIV diagnosis with a CD4 or viral load test result measured in the specified year	60% retained in care (2015)	90.0% retained in care	PGCHD HIV program data	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%
2.3: Increase the percentage of persons with diagnosed HIV who receive HIV care through PGCHD who are virally suppressed to at least 85%	Percent of people with HIV diagnosis with a CD4 or viral load test result measured in the specified year	79% virally suppressed (2015)	85% virally suppressed	PGCHD HIV program data	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%
2.4: Reduce the HIV death rate from 4.5 per 100,000 to 3.5	PGC resident deaths in relation to the population size; adjusted by age	4.5 per 100,000 (2013-2015)	3.5 per 100,000	NCHS Division of Vital Statistics; data typically lags by 1.5 years	Reduce the HIV death rate infection by at least 33%	Reduce the death rate among persons with diagnosed HIV infection by at least 33%

Objective	What is measured	Baseline	2020 Target	Data Source	National Indicator	Maryland Indicator
Goal 3: Reduce disparities and inequities						
3.1: Reduce disparities in new diagnoses by at least 5% among young Black gay and bisexual men, by 2020	Percent of new HIV cases among black gay men ages 13-24 years compared to other populations; Disparity Ratio			Provided by MDH through special request; data will typically lag behind by 2 years.	Reduce disparities in the rate of new diagnoses by at least 15% in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern U.S.	Reduce disparities in the rate of new diagnoses by at least 15% among young Black gay and bisexual men
Goal 4: Achieve a more coordinated local response to HIV/AIDS						
4.1: Ensure that 100% of Prince George's County Hospitals are in compliance with current legislation regarding HIV testing, by 2020	Percent of PGC hospitals that have fully implemented House Bill 978	Various stages of implementation (2017)	100%	PGCHD HIV program data	Not Applicable	Not Applicable
4.2: Ensure that all Prince George's County Health Department HIV/AIDS Programs are linked to local testing programs, by 2020	Evidence of all PGCHD HIV/AIDS programs are linked to local testing programs		100%	PGCHD HIV program data	Not Applicable	Not Applicable
4.3: Train 1,300 local Ob/GYN, primary care, and infectious disease providers on routinizing testing, testing resources, local support services, and reporting protocols, by 2020	Number of trained providers	Not Applicable	1,300 Trained providers	PGCHD STI program data	Not Applicable	Not Applicable

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The Prince Georges County Health Department would like to thank the following persons who worked diligently over the past years to research, write, and compile the information presented in this document. It is hoped that the document will prove useful to those persons working in HIV disease programs. The following staff, representative of agencies and consultants reviewed various parts of this plan and have provided valuable suggestions. Their insightful and expert contributions are greatly appreciated.

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