

# State of the State

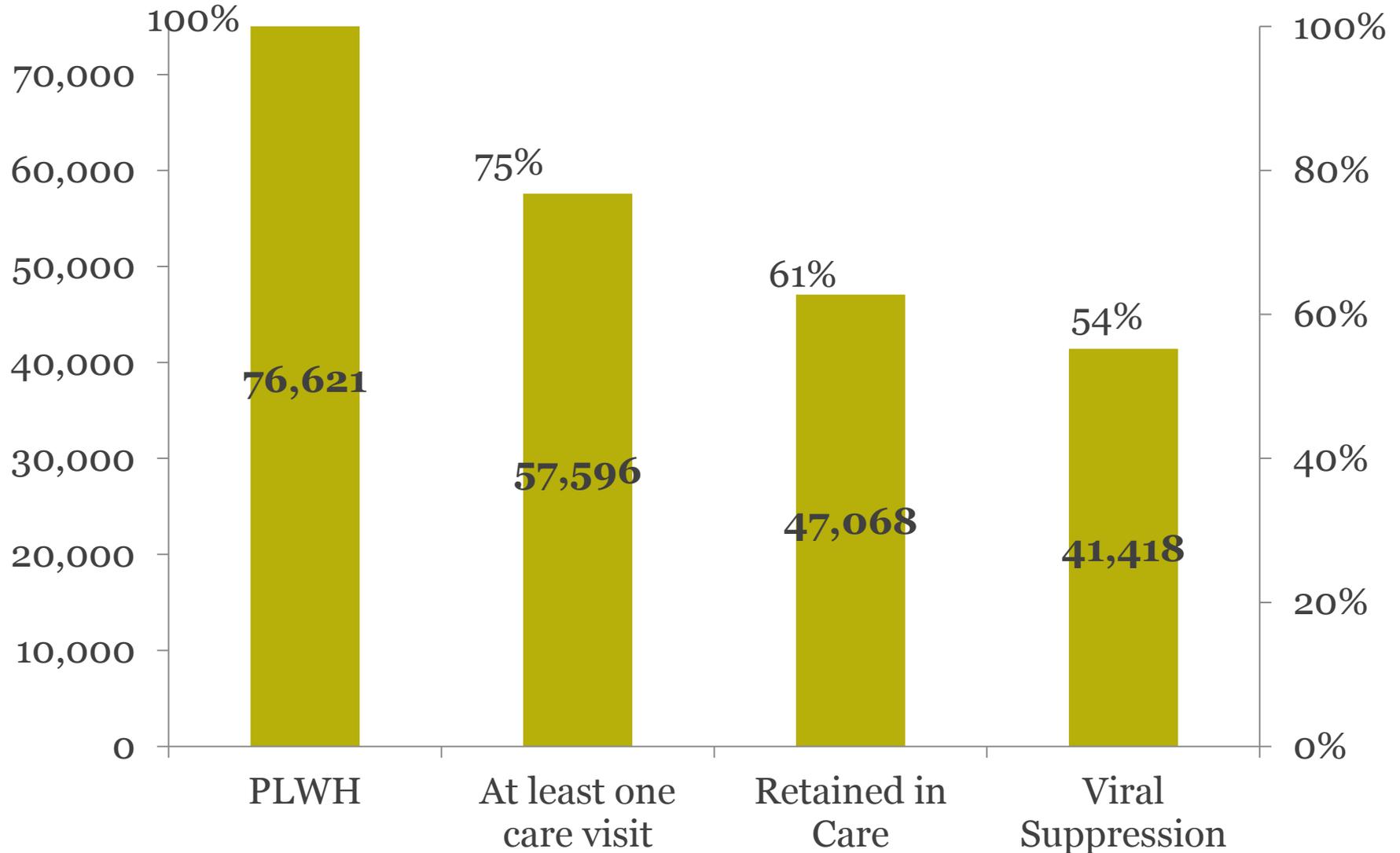
Shelley Lucas  
HIV/STD Prevention & Care Branch  
Dept of State Health Services  
November 20, 2014

Our vision for Texas is a place where new HIV infections are *rare* and when they do occur, every person will have *unfettered access* to high quality, life-extending *care*.

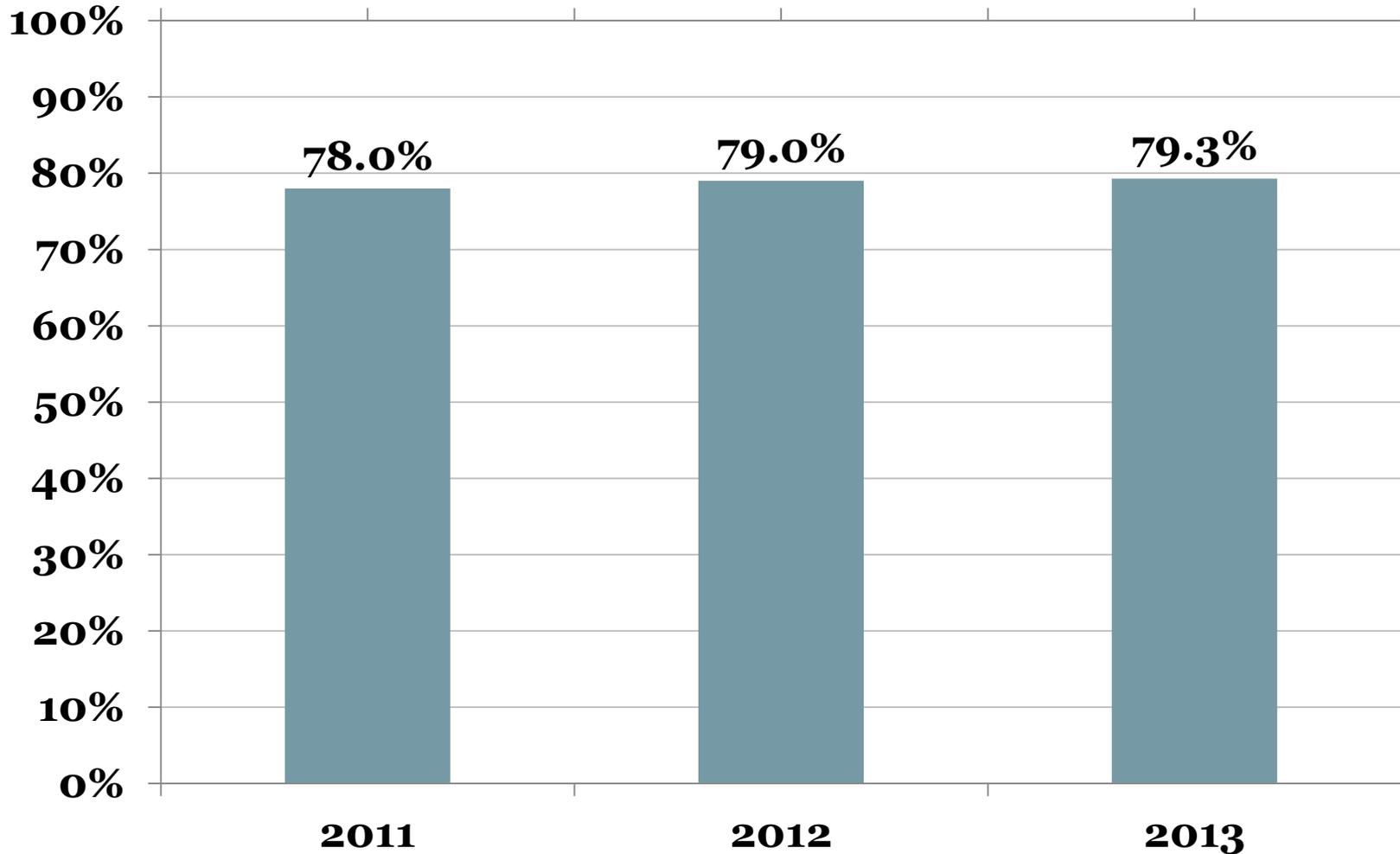
**76,621**

**Texans were living with a diagnosed  
HIV infection at the end of 2013**

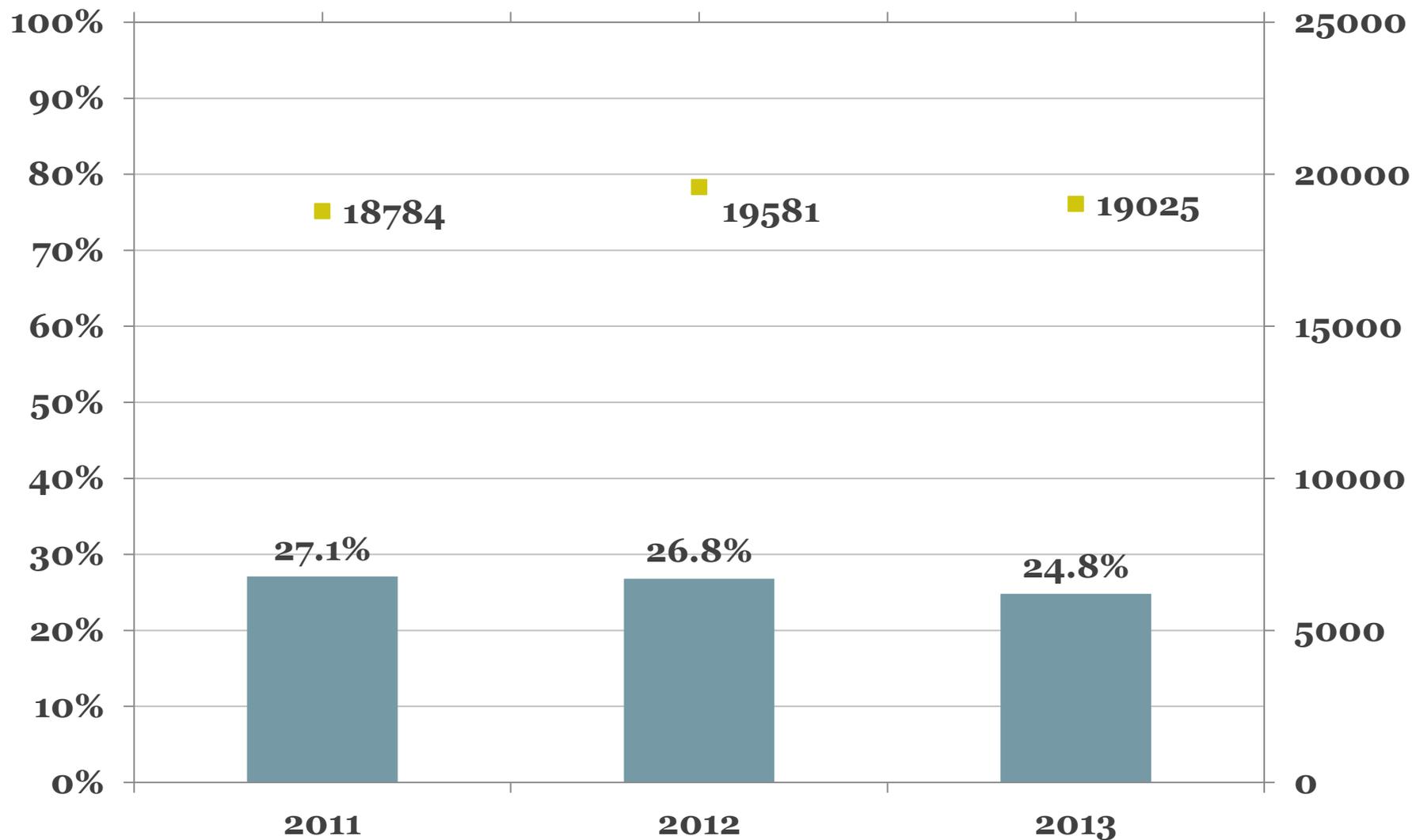
# 2013 Texas HIV Treatment Cascade



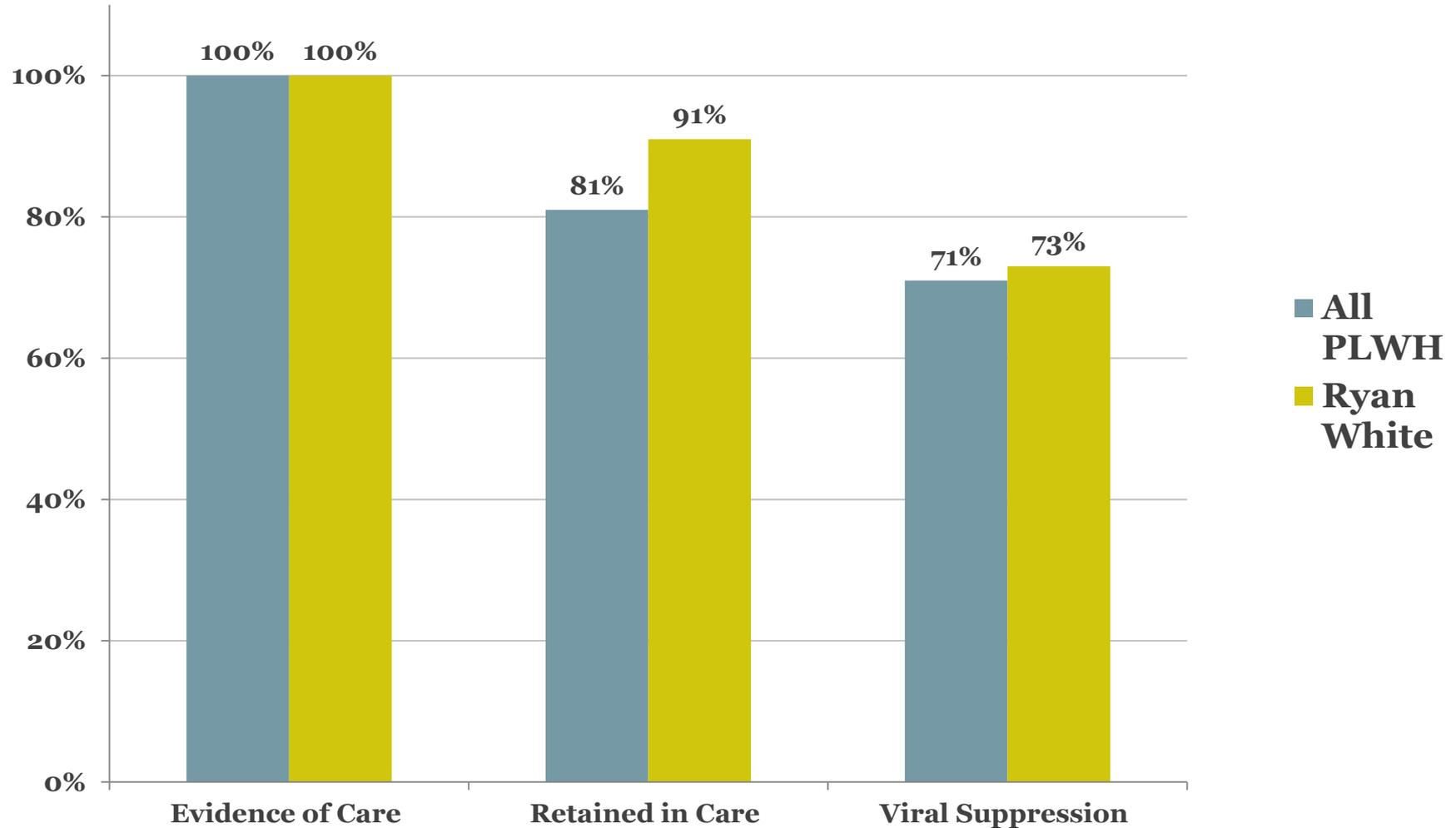
# Linkage to Care 2011-2013



# Not in Care 2011-2013



# 2013 In Care Cascade: all PLWH vs. Ryan White



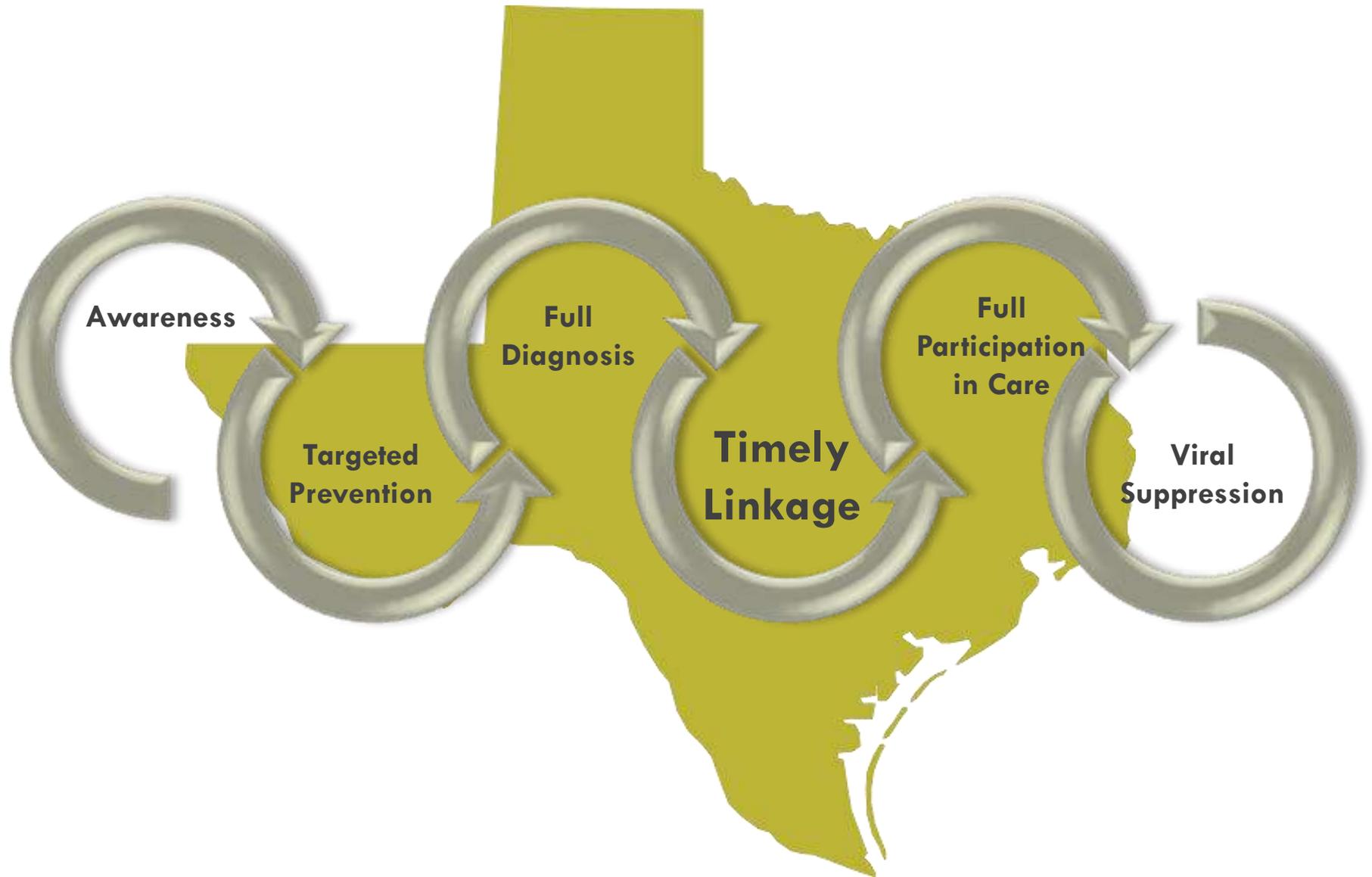
# The Cascade and the HIV Care Continuum

- Cascade demonstrates gaps in HIV Care Continuum
- Lack of care = transmission risk
- Barriers to medical care
- Goal is viral suppression for all PLWH
- Treatment can prevent new infections

# Highlights Health Outcomes

- Individuals
- Communities
- Healthcare System

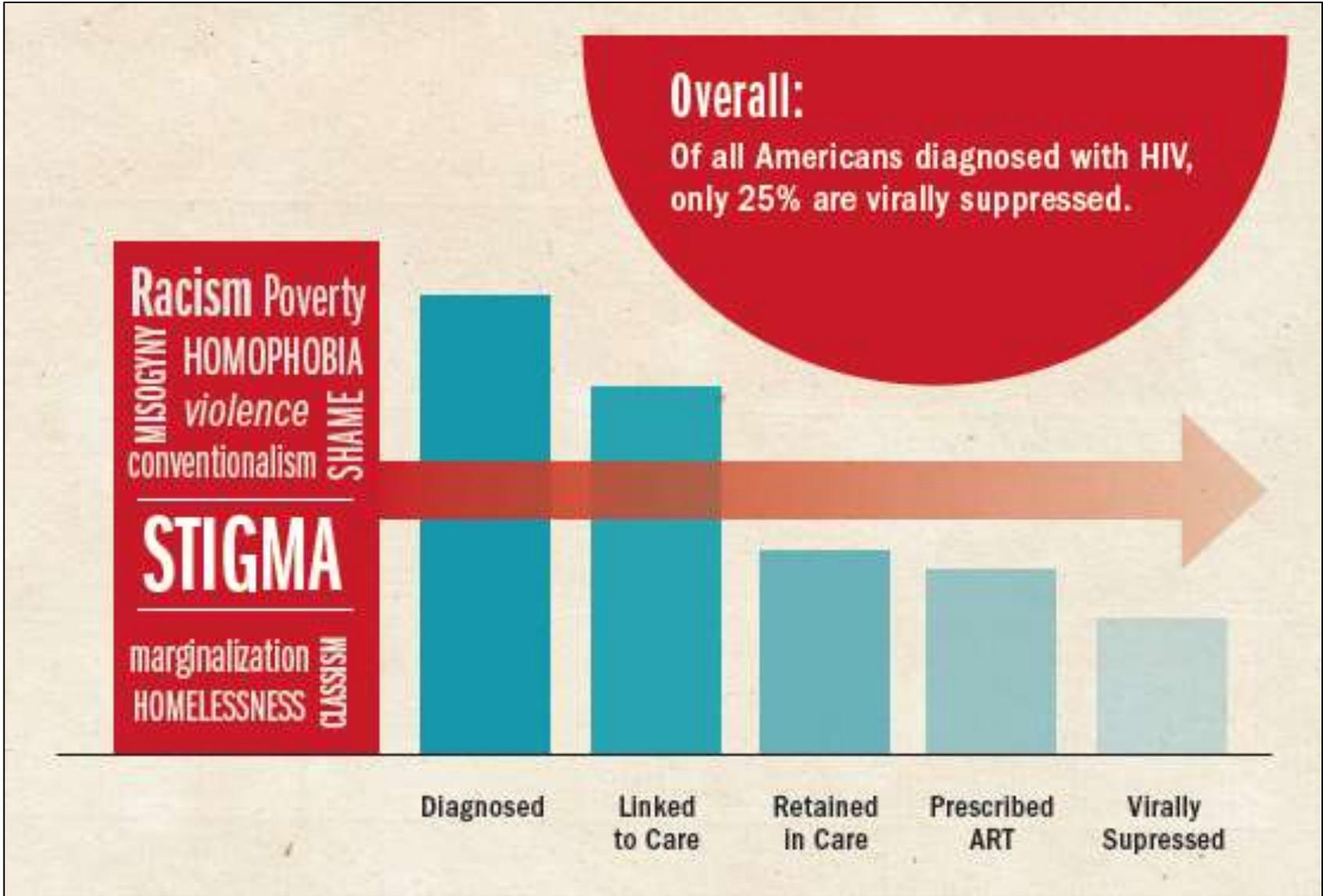
# Texas Spectrum of Engagement



# Awareness

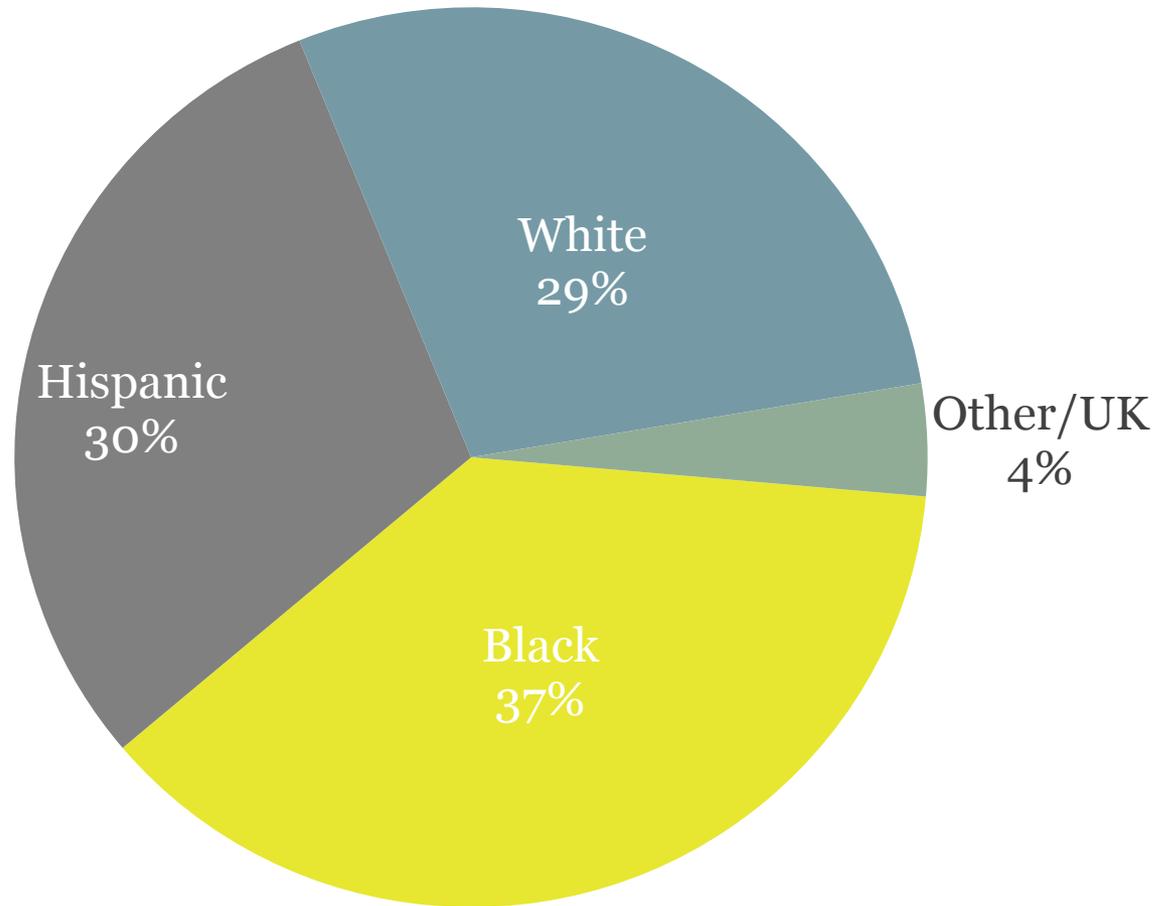
**“HIV is a social  
issue with medical  
implications.”**

**Jonathan Mann**

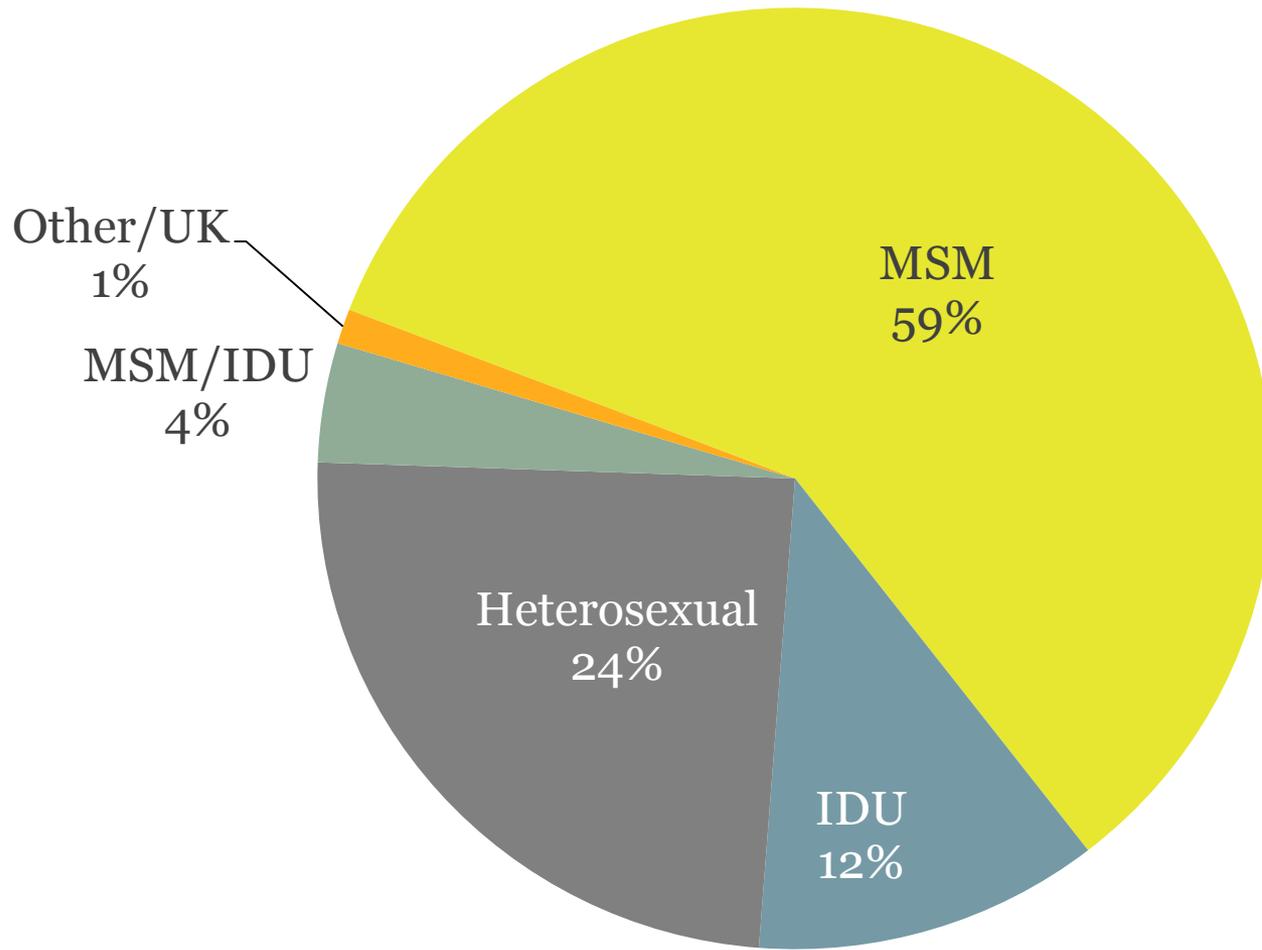


“Addressing Stigma: A Blueprint for HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men. NASTAD and NCSD, June 2014.

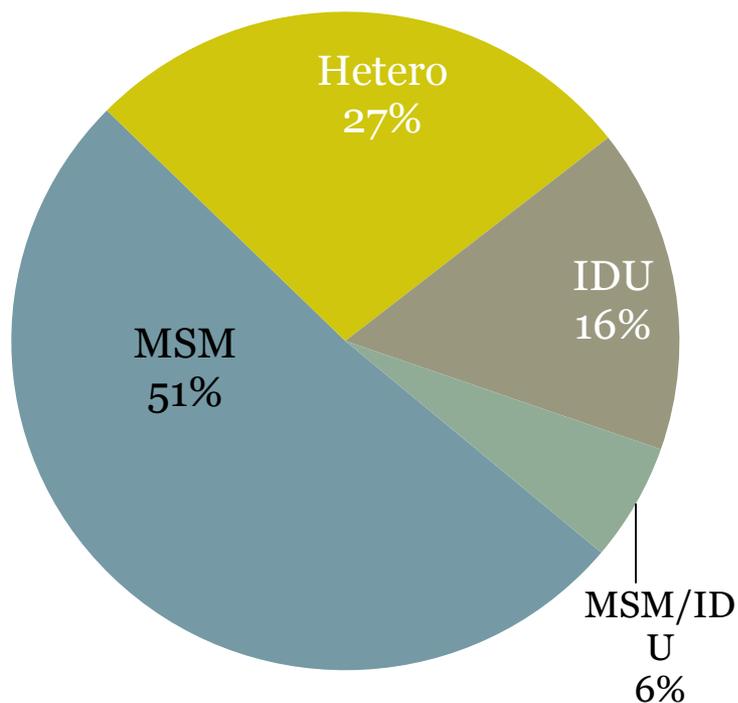
# Texans living with HIV by Race/Ethnicity, 2013



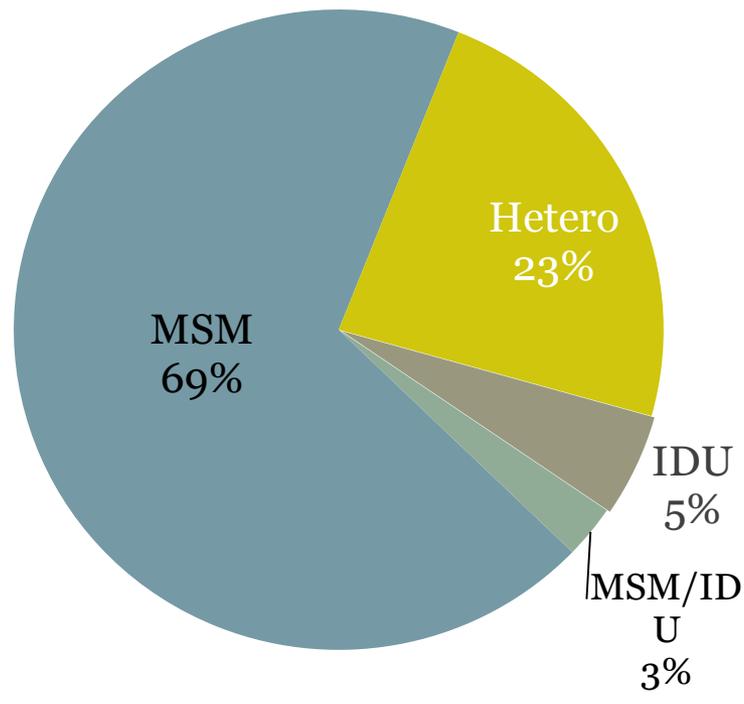
# Texans living with HIV by Mode of Transmission, 2013



# Mode of transmission for Texans with new HIV Diagnosis

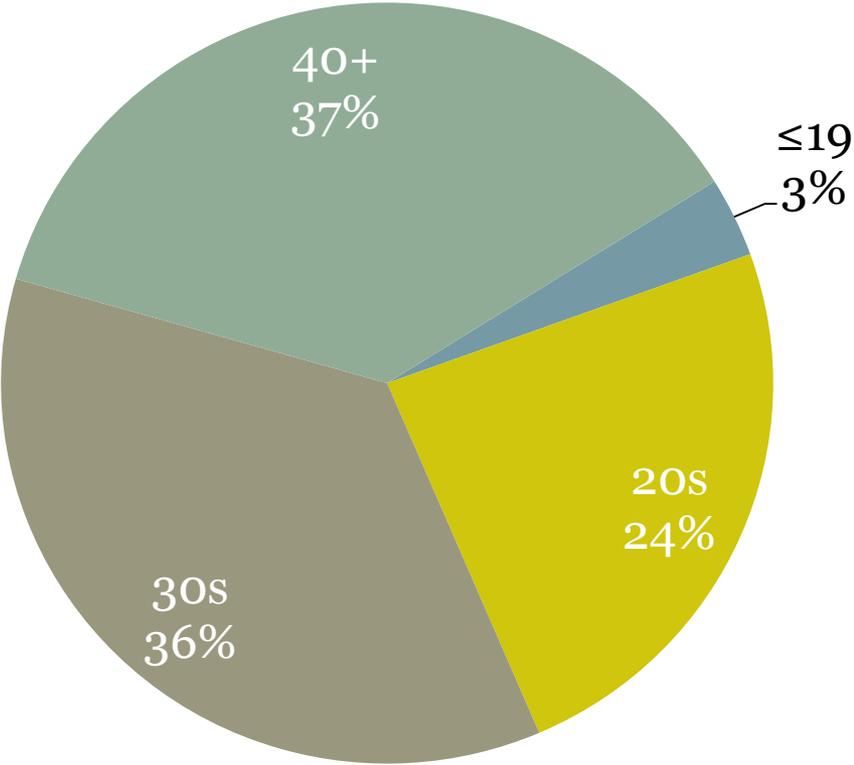


2003

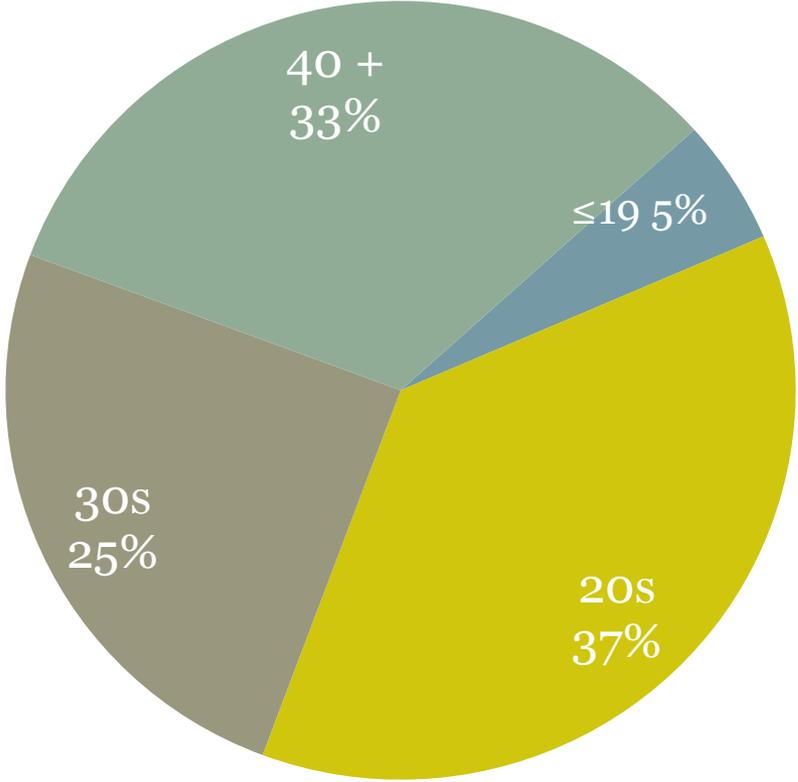


2013

# Age of Texans with New HIV diagnosis

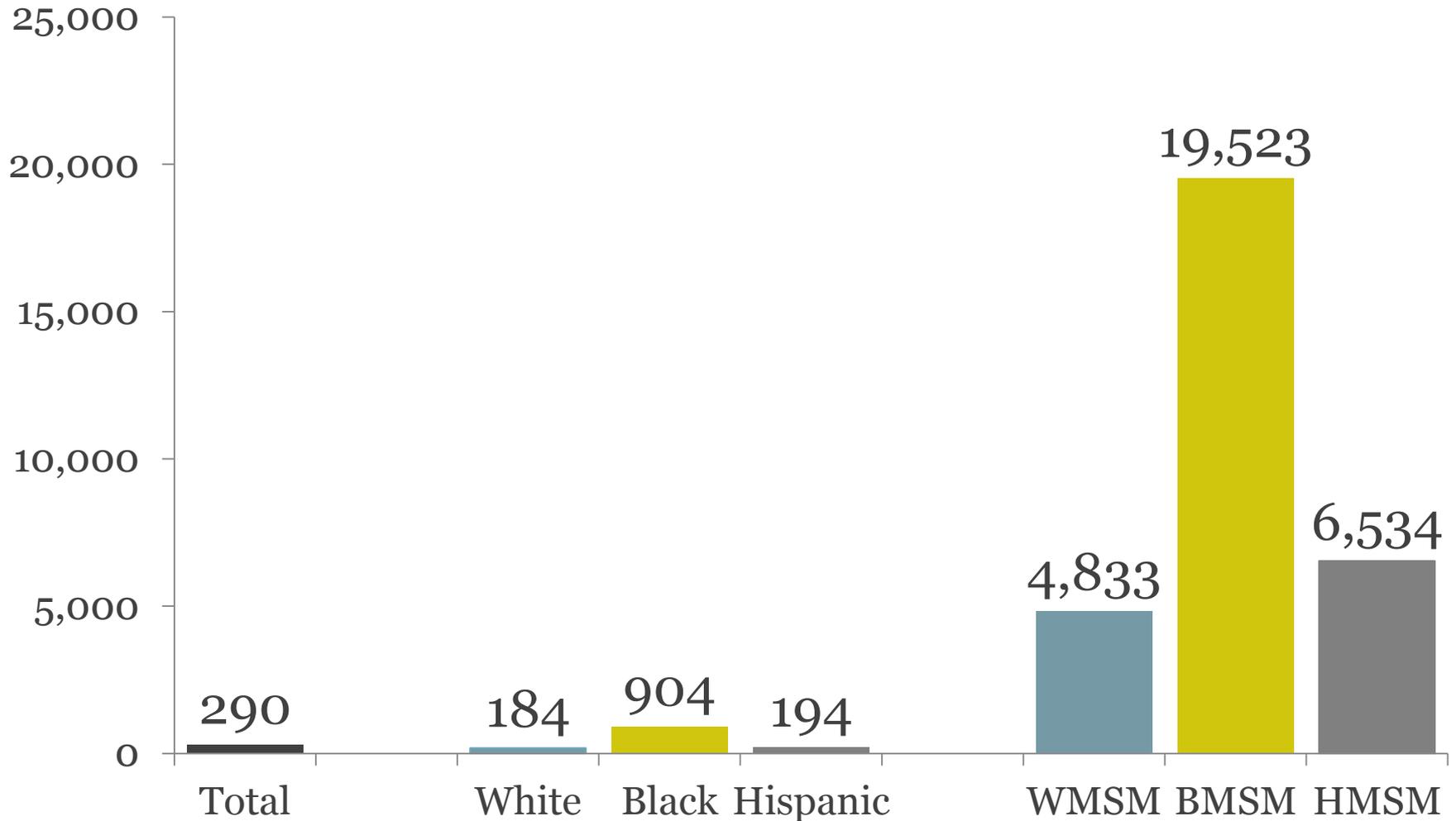


2003



2013

# HIV Prevalence Rates in Texas, 2012 for MSM & 2013 for Non-MSM



- Draw attention to the role of social determinants in the spread of HIV
- Understand an individual's decisions and behaviors result from interactions with his/her social and physical surroundings (socio-ecological framework) and develop interventions that target multiple levels to support behavior change
- Form broad community alliances of traditional and non-traditional stakeholders to support the HIV mission
- Bring HIV to community "tables" to strengthen movement on social and community issues that contribute to vulnerability

## **PRIORITIES AND OPPORTUNITIES: PUBLIC AWARENESS**

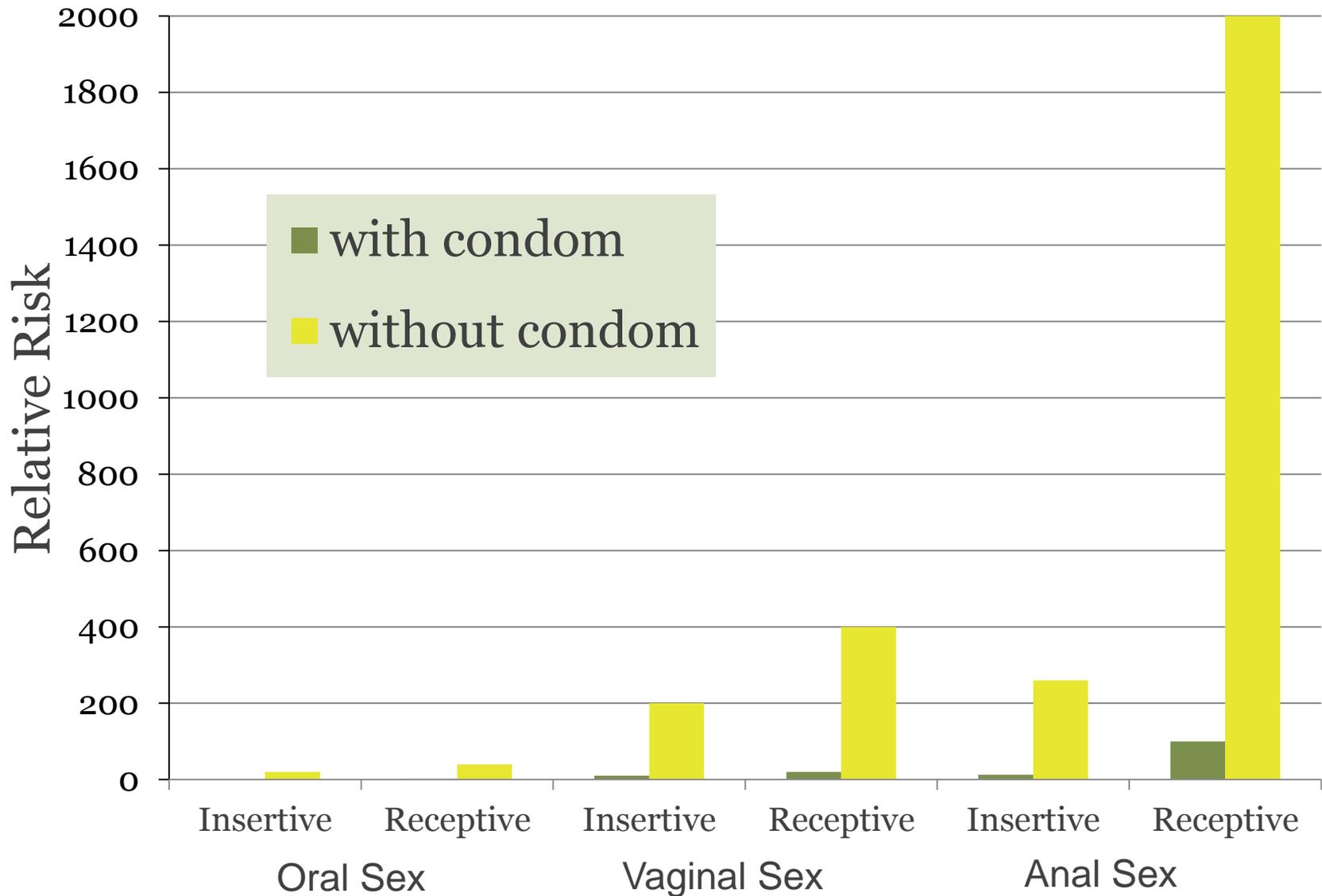
# Targeted Prevention

# NATIONAL HIV/AIDS STRATEGY

To successfully reduce the number of new HIV infections, there must be a concerted effort to:

- Intensify HIV prevention in the communities where HIV is most heavily concentrated
- Expand targeted use of effective combinations of evidence-based HIV prevention approaches
- Educate all Americans about the threat of HIV and how to prevent it

# Relative Risk and Harm Reduction

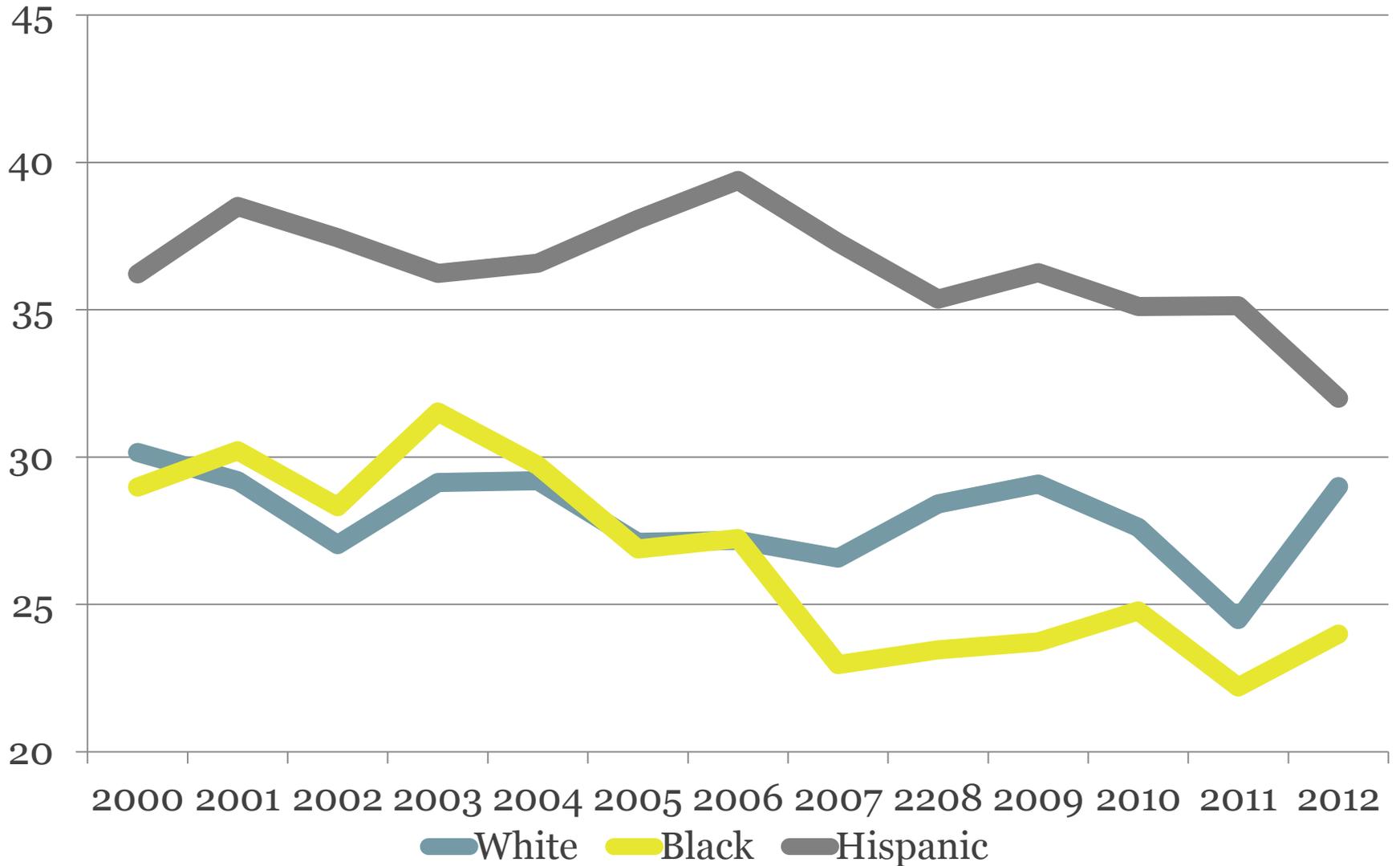


- Focus prevention programs on those most at risk as determined by epidemiology
- Address the environment and system issues that intensify HIV in vulnerable populations
- Increase knowledge and sense of urgency to act in high risk populations
- Appropriate STI screening in MSM
- Sexual harm reduction
- Biomedical intervention – PrEP and PEP

**PRIORITIES AND OPPORTUNITIES:  
TARGETED PREVENTION**

# Full Diagnosis

# Proportion of Concurrent HIV & AIDS by Race/Ethnicity, 2000-2012

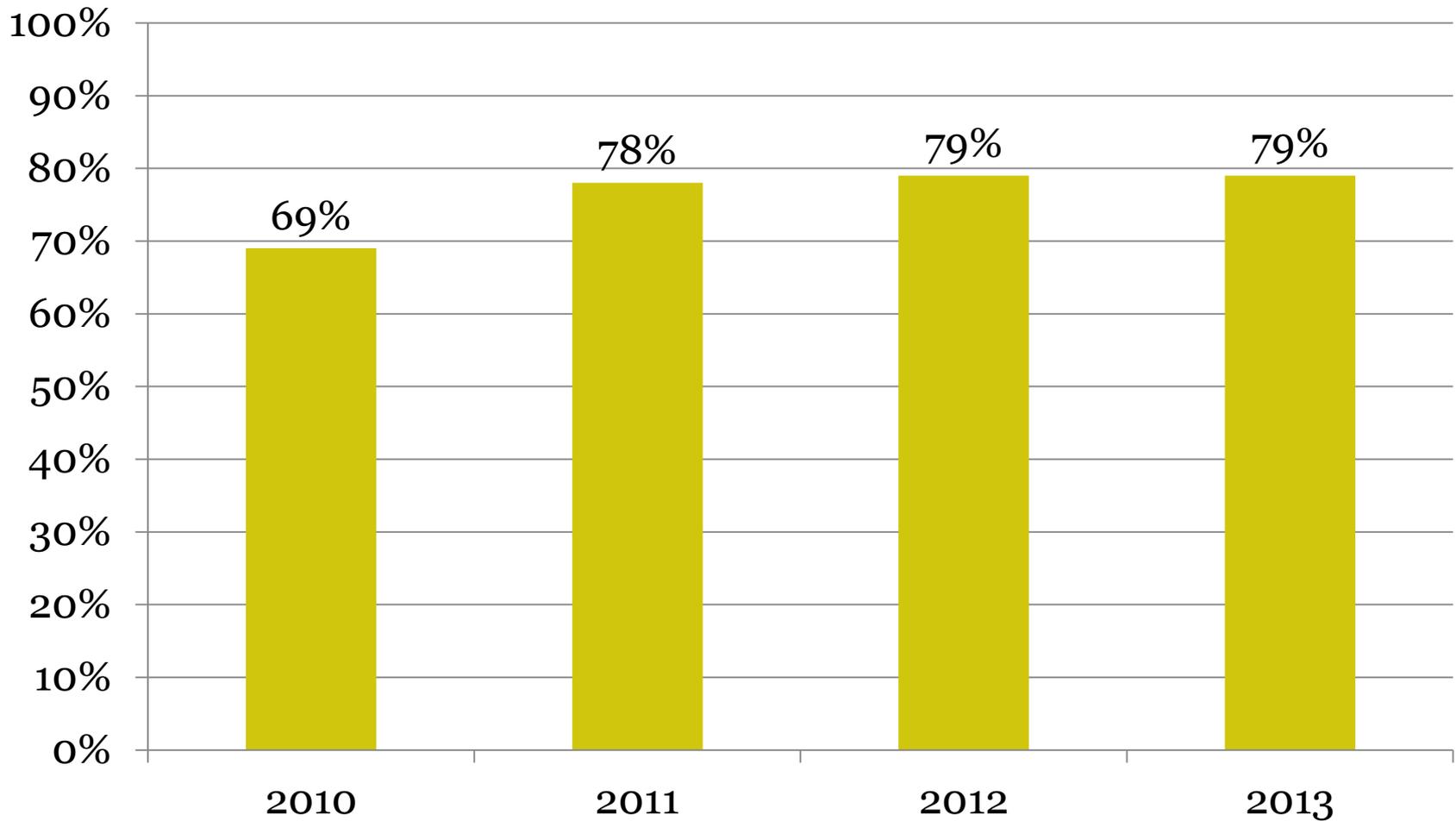


- Identify and test individuals in high risk populations
- Ensure that social and sexual networks of HIV infected persons are offered testing and counseling
- Expand adoption of routine HIV testing
- Address barriers that prevents providers from offering testing and people from seeking or accepting testing
- Build social norms in high risk populations to seek health care
- Develop partnerships to promote HIV screening as standard of care

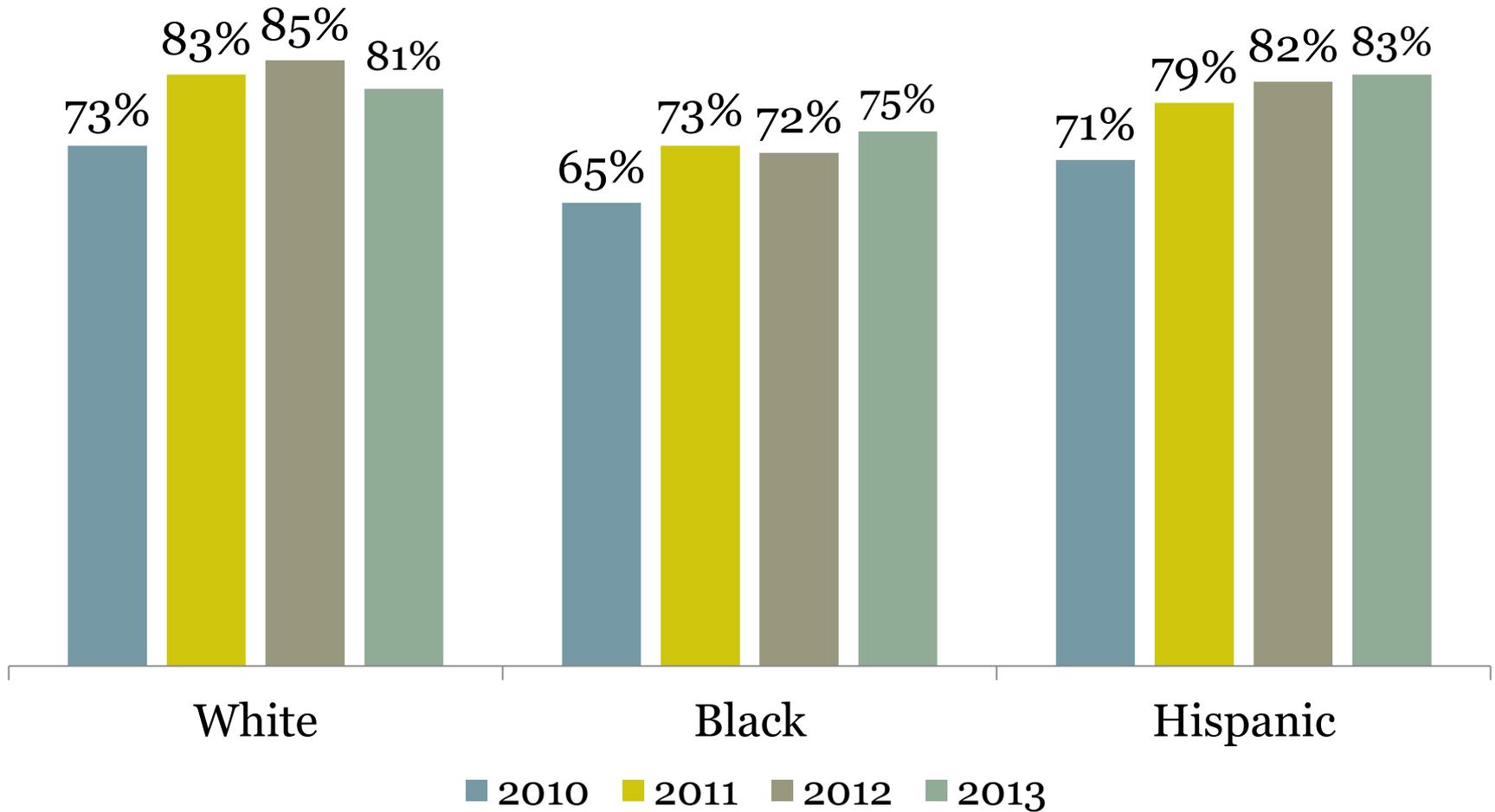
## **PRIORITIES AND OPPORTUNITIES: FULL DIAGNOSIS**

# Timely Linkage

# LINKAGE TO CARE WITHIN 3 MONTHS OF DIAGNOSIS, TEXAS 2010-2013



# Linkage to HIV Care within 3 Months



# Definition of Linkage

Newly diagnosed patients must be linked to clinical care within 3 months of their HIV diagnosis. Patients found to be previously identified as HIV positive but lost to care must be linked within 3 months of initial reconnection. Evidence of clinical care must be verified using one (or more) of the following:

- Verbal or written communication from the HIV care provider;
- Medical appointment in a care reporting system;
- CD4 or viral load test with confirmation of medical appointment
- Confirmation from an intermediate provider, such as Diseases Intervention Specialist (DIS), or case manager

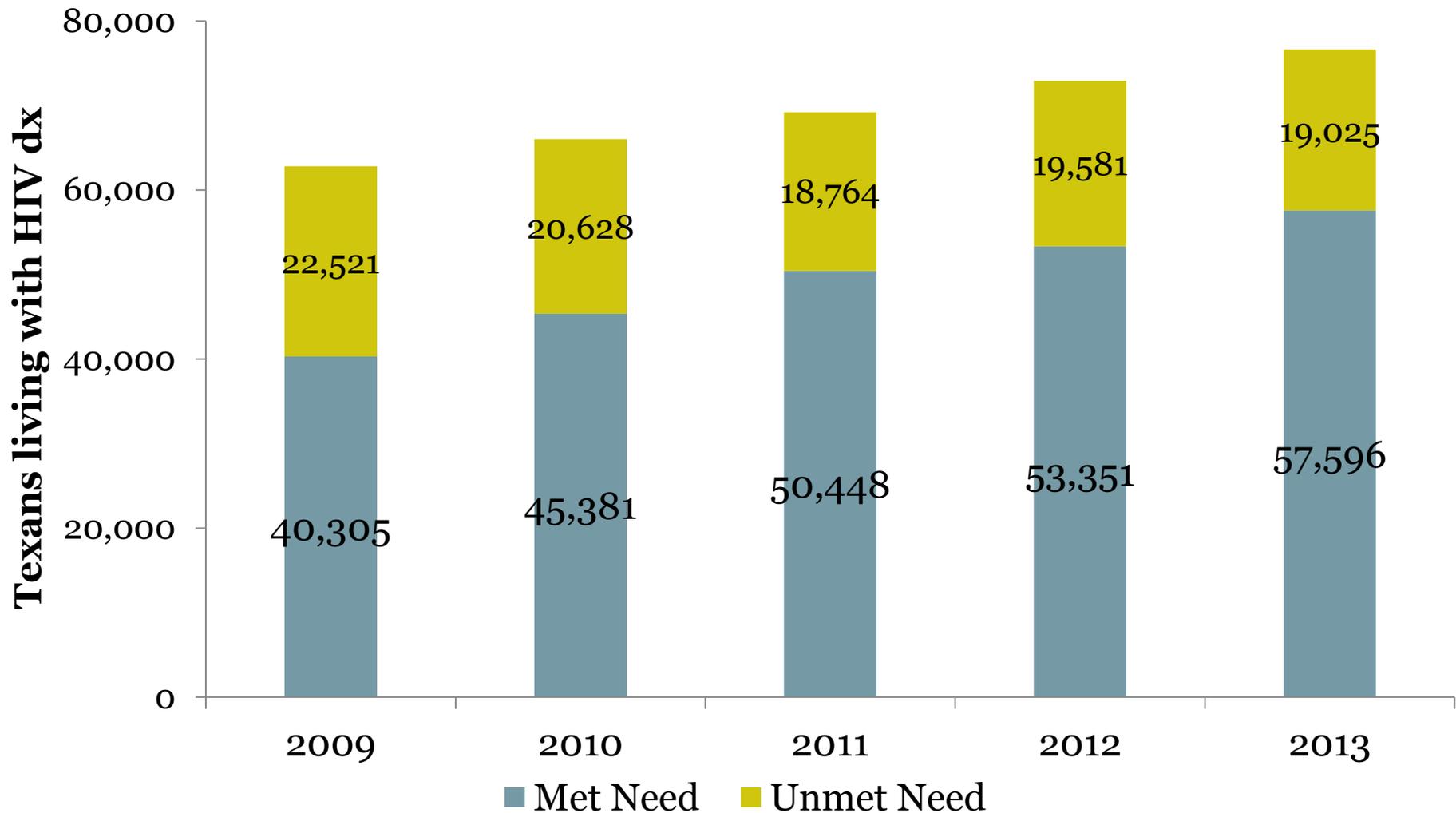
DSHS requires that **85% of those identified as positive will be linked to an HIV medical provider within 3 months** of new diagnosis or reconnection with persons lost to care.

- Assure linkage systems are client centered and responsive to circumstances and needs
- Create approaches to locate and link HIV infected individuals who know their status but are not in care
- Expand the role of public health follow up
- Use technology that supports linkage to care
- Address barriers that prevent HIV infected individuals from seeking medical care

**PRIORITIES AND OPPORTUNITIES:  
TIMELY LINKAGE TO CARE**

# Full Participation in Care and Treatment

# Percent of Texas PLWH with Unmet Need for HIV Care, 2008 - 2013

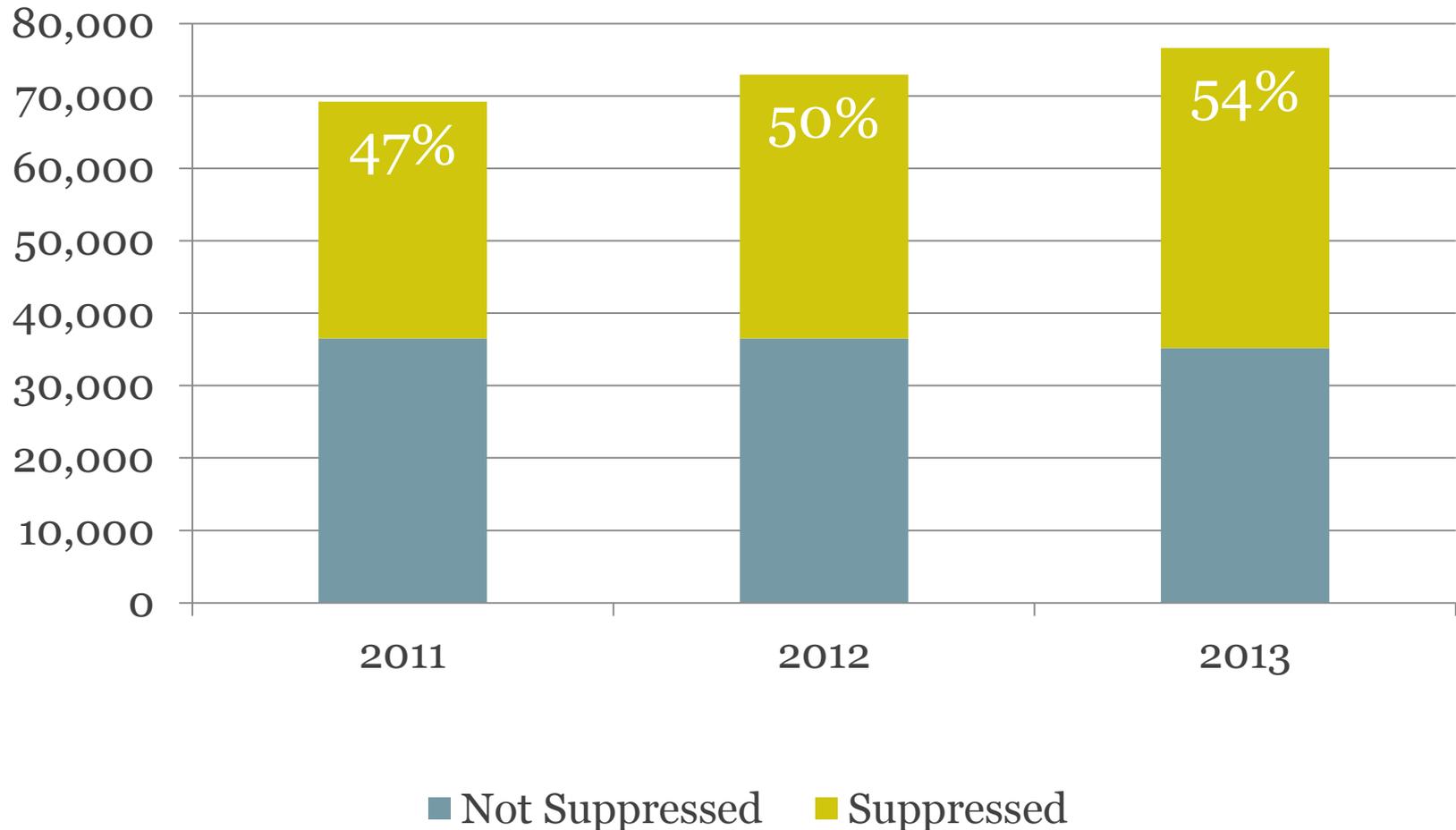


- **Affordable Care Act**
- Ensure that care systems include access to supportive services and behavioral health services
- Increase focus and training on retention in care
- Create mechanisms to identify and respond to individuals at risk of dropping out of care
- **Address stigma and social norms that prevent HIV infected individuals from maintaining their HIV care and achieving viral suppression**

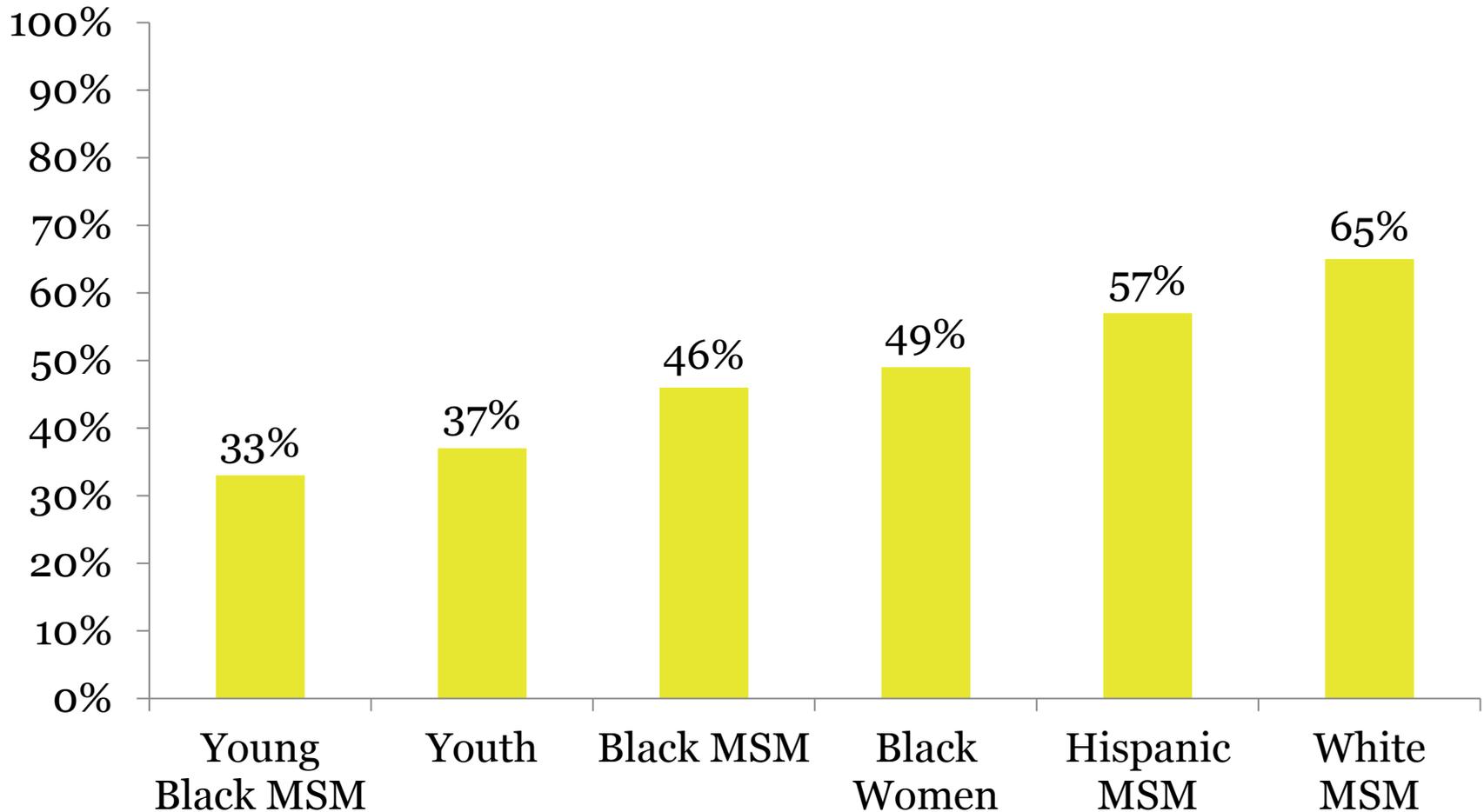
**PRIORITIES AND OPPORTUNITIES:  
FULL PARTICIPATION IN  
TREATMENT AND CARE**

# Viral Suppression

# Proportion of Texas PLWH with Suppressed Viral Load, 2011 - 2013



# Comparisons of Proportion Virally Suppressed, 2013 (all positives as denominator)



- Expand access to HIV clinical care
- Enhance access to medication and treatment for co-occurring and co-morbid conditions
- Create a focus on adherence that includes clients, clinicians and supportive services providers
- Address the barriers that prevent individuals infected with HIV from engaging in care and adhering to treatment

**PRIORITIES AND OPPORTUNITIES:  
VIRAL SUPPRESSION**

# Thank You!

Mary McIntosh

Ann Dills

Margaret Vaaler

Brandon O'Hara