

I. EXECUTIVE SUMMARY

Houston has the highest number of new HIV/AIDS cases in the state of Texas, yet there is no collective sense of urgency to combat the disease. One out of every 200 Houston residents, according to the Houston Health Department, reports living with HIV, a reality with incalculable public health, social, and financial consequences. Although we have the medical and scientific knowledge to end the epidemic, political and health care leaders aren't paying attention to social factors that perpetuate the disease in the Houston area.

Thanks to a generous grant from the Ford Foundation and AIDS United, Houston's HIV leaders have developed this citywide roadmap—the first in Texas—that offers more than 30 recommendations to end the epidemic. The ambitious goal is to decrease new cases of HIV from roughly 1,200 per year to 600, or to cut the rate in half, over five years. Additionally, we strive for 90% of people living with HIV knowing their status; 90% of them staying in care; and 90% being virally suppressed.

“Roadmap to Ending the HIV Epidemic in Houston” outlines five core areas for the HIV and the non-HIV communities to achieve this goal. Those include (1) prevention of HIV in the first place, (2) access to care for those living with it, (3) social determinants that exacerbate it, (4) criminal justice reforms to slow it, and (5) public policies and funding to manage it. Our approach is intersectional and multidisciplinary. We draw on solutions and engagement from the medical, policy, faith-based, criminal justice, and education communities. Relegating responsibility to just health care and health providers has never and will never be effective.

Similar to other citywide plans in the U.S. aimed at combating HIV/AIDS, our plan focuses heavily on prevention and treatment and emphasizes key populations: men who have sex with men (MSM) (all ethnicities and ages), heterosexual African Americans, and transgender individuals. We recommend expanding routine HIV testing and expanding the market for pre-exposure prophylaxis (PrEP)—the daily pill that has over a 90% chance of protecting people from the virus. In addition, because Houston is incredibly diverse and home to large African American, Latino, and LGBTQ populations, health care providers must emphasize cultural sensitivity. People will not walk through the door to access care if they do not feel welcome.

Keeping people living with HIV/AIDS in care and virally suppressed is key. Holistic management can stop it from spreading. For this reason, it is important to expand access to care for those with HIV/AIDS by utilizing women-centered care models, streamlining protocols, training more health care workers on the Ryan White HIV/AIDS Program, and offering mental health and substance abuse treatment. Ryan White provides a comprehensive system of care that includes primary medical care and essential support services for the uninsured or underinsured living with HIV.

Along with prevention and treatment, interested parties must focus on the social determinants of health that preclude people from seeking treatment and acquiring an adequate level of health literacy. Particularly pronounced in Houston, these include poverty, racism, violence, stigma, homophobia, and transphobia. A Health is Wealth initiative, anti-stigma campaigns, and increased faith-based involvement would aid in combating the HIV/AIDS epidemic.



Due to high rates of HIV among incarcerated individuals, there is a need for programs targeting this population before and after they transition back into society. Community organizations should partner with the correctional system to create drop-in centers that would provide HIV care, primary care, and mental health services for those just released. We as a community must make their transition back into society less onerous to obtaining identification cards, temporary housing, and a 30-day supply of HIV medication.

Finally, public policy at the local and state level appears indifferent to eradicating HIV. The City of Houston and Harris County should emulate other major cities, including San Francisco and Atlanta, in allocating funds for programs aimed at prevention. Private entities should also contribute towards these programs. At the statewide level, strengthening Medicaid would reduce the cost of care—a well-documented problem in a state with the highest rate of uninsured in the nation.

This report provides solutions—most practical, a few aspirational. It is the job of stakeholders to decide which solutions are feasible to implement. The END Implementation Group is here to help coordinate all private and public interest in ending the epidemic. The group will develop benchmarks, metrics, and budgets for successful implementation of this plan through 2021. Join us for the beginning of the end of HIV in Houston.

