



Ryan White  
Planning Council

**END HIV**  
**HOUSTON**

# ENDING THE HIV EPIDEMIC TOWN HALL MEETING

TUESDAY, MAY 25, 2021

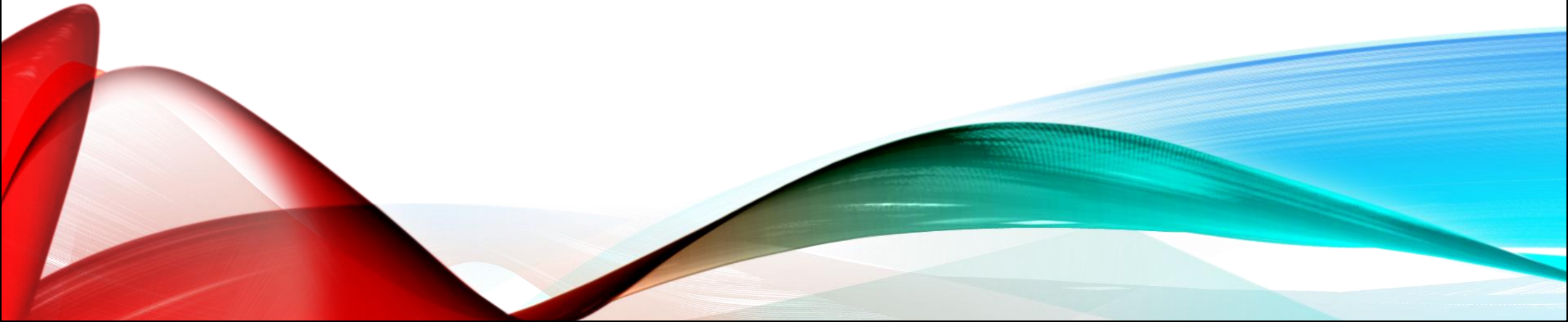
A virtual dialogue on  
goals, strategies and activities to  
End the HIV Epidemic

# Marlene McNeese

Assistant Director, Division of Disease Prevention and Control

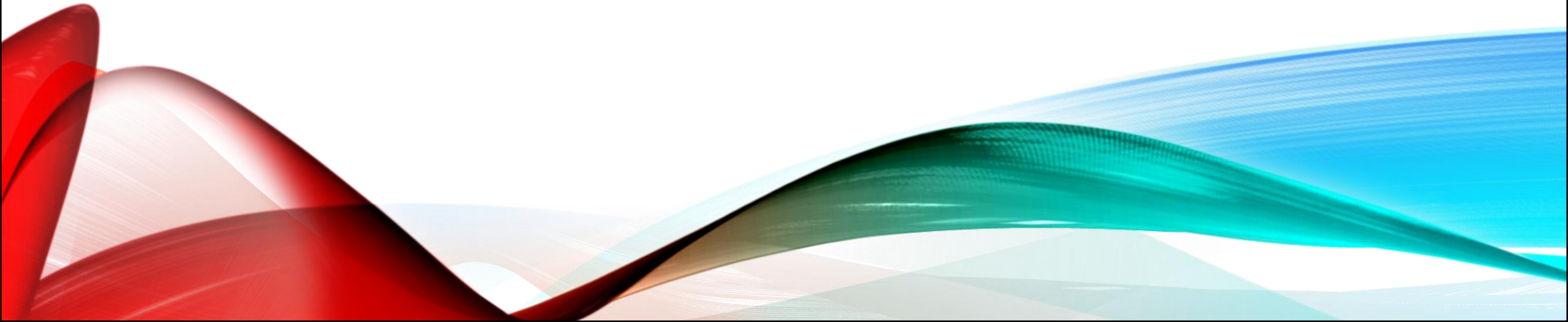
Center for Community Health Services

Houston Health Department



# Amy Leonard, MPH EHE Coordinator

Houston Health Department  
Bureau of HIV/STD and Viral Hepatitis Prevention



# 40 Years Ago....

# MNWR

MORBIDITY AND MORTALITY WEEKLY REPORT

- 729 *Pneumocystis*  
Los Angeles
- 733 HIV Testing Among  
Aged 18-44 Years  
1991 and 1993
- 737 Outbreaks of  
Enteritidis Infection  
with Consumed  
Eggs — United States
- 742 Notice to Readers

As part of its commemoration of CDC's 50th anniversary, MMWR selected MMWR articles of historical interest to public health, according to an editorial note.

On June 4, 1981, MMWR published a report about Pneumonia in homosexual men in Los Angeles. This was the first publication later, became known as acquired immunodeficiency syndrome. The report and current editorial note appear below.

***Pneumocystis* Pneumonia — Los An**

In the period October 1980–May 1981, 5 young men, all treated for biopsy-confirmed *Pneumocystis carinii* pneumonia in Los Angeles, California. Two of the patients died. All confirmed previous or current cytomegalovirus (CMV) infection. Case report.

## Police Arrest NAMBLA Members

NEW YORK  
**NATIVE**  
July 27-August 9, 1981

July 27-August 9, 1938

Issue 12

Next advertising deadline: July 28

## Med-Tech: Gay Style for the '80s



\$1 (Outside New York, \$1.25)

# Cancer in the Gay Community

*by Lawrence Mass, M.D.*



## There's No Such Thing as a Homosexual Baby:

*Four Days at the Trial of Ronald Crumpley* by Andrew Hollander

**T**here is a police officer seated outside the room in which the trial in which those who turned a machine gone on the Rumsfeld had tried to turn those electronic messages. I remember my wife, my son, my daughter on change, and he moves the "hot" box up and down my nose. He says, "I'm not carrying nothing else." "But he's doing this at every trial?" I ask. "No," he says, "but they're worried about retaliation, retaliation." There is no revenge, no retaliation, no retaliation. I ask, "No," he says, "large, air-conditioned, cool and quiet. Outside it is a small room on page 12.

[illegible]

Hereditary patterns cannot, however, be ruled out entirely, especially in view of the fact that the ongoing prevalence of KS is much greater among certain ethnic groups—African Blacks, Eastern European Jews, and Italians, but if the new KS epidemic is not characteristically genetic, it must be significantly environmental, male homosexual, or drug-related.

The current consensus of informed opinion is that (Continued on Page 229)

*Larry Bush on Sandra O'Connor*  
*Mass & Hamilton on*  
*Chemical Castration*  
*Dorothy Allison on Divine Fascism*  
*Felice Picano on*  
*San Francisco's Mystique*



# EHE Origins: From local to global

**In 2014, New York becomes the “first jurisdiction in the world to announce an EtE plan built around TasP, PrEP, and increased testing.”<sup>1</sup>**

**November 30, 2016, END HIV Houston launches its citywide plan, “The Roadmap to Ending HIV in Houston,” on the steps of city hall with an endorsement from Mayor Sylvester Turner.<sup>3</sup>**

**February 5, 2019, President Trump announces “one of the most important public health initiatives in history: ending the HIV epidemic in America.”<sup>4</sup>**

**2013**

**2014**

**2016**

**2019**

**In 2013, New York community leaders, in partnership with city and state public health officials, introduces idea to end convene town hall discussions to build momentum for an initiative to end HIV/AIDS as an epidemic in the state.<sup>1</sup>**

**On World AIDS Day 2014, The Fast-Track Cities initiative – a global partnership between cities and municipalities around the world and four core partners – launch a plan “to attain the UNAIDS 90-90-90 targets by 2020.”<sup>2</sup>**

## References

1. <http://www.treatmentactiongroup.org/ete/1>

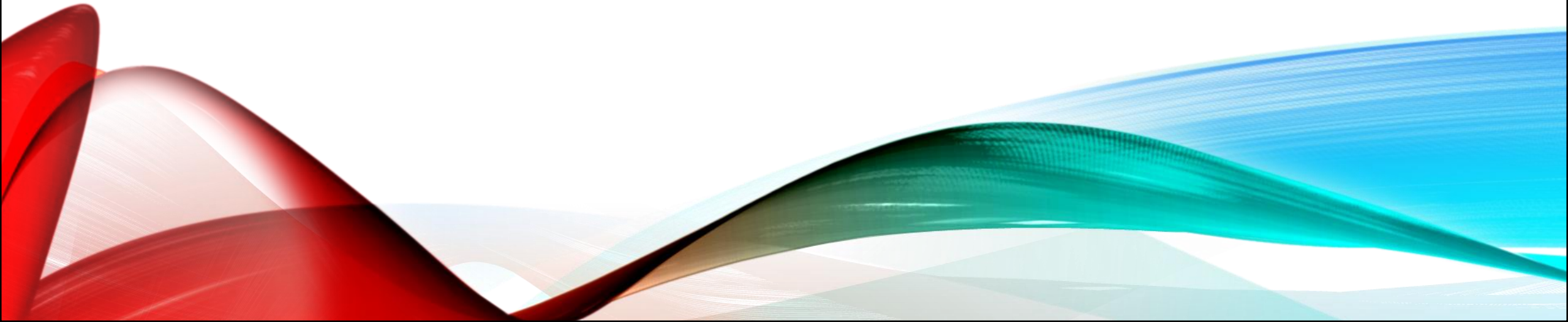
2. <https://www.iapac.org/fast-track-cities/about-fast-track/>

3. [www.endhivhouston.org](http://www.endhivhouston.org)

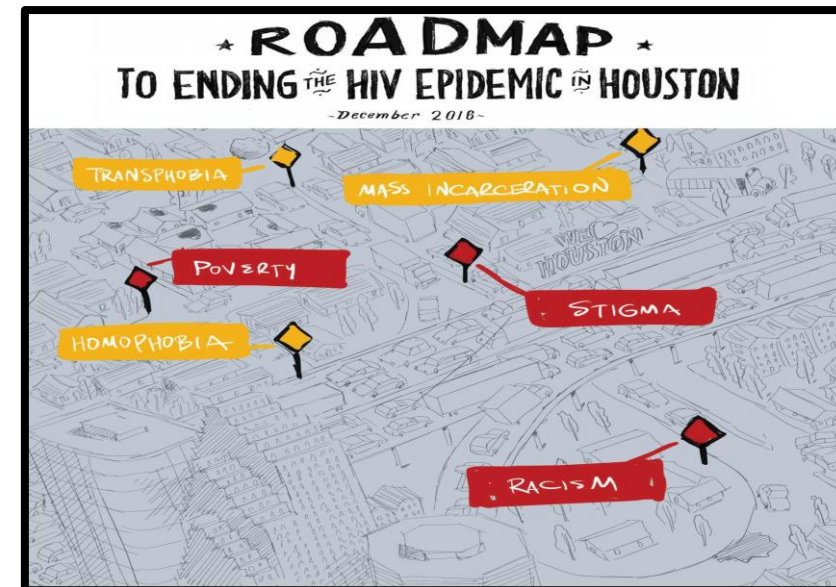
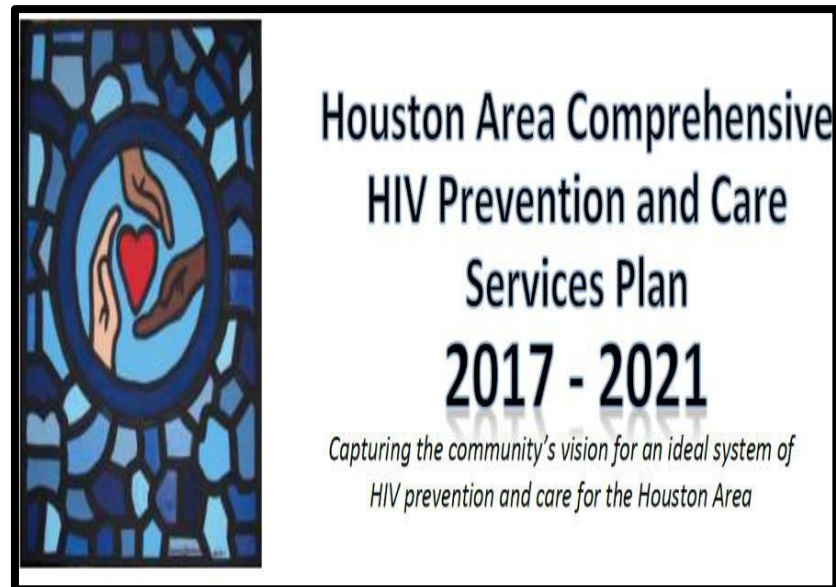
4. <https://www.hhs.gov/blog/2019/02/05/ending-the-hiv-epidemic-a-plan-for-america.html>

# Federal EHE Activity

- **February 2019** | President announced EHE goal in State of the Union
- **June 2019** | CDC announced funding for Accelerating State and Local HIV Planning to End the HIV Epidemic
- **August 2019** | HRSA HAB announced funding for Ryan White Parts A and B
- **September 2019** | NIH announced supplemental funding to Centers for AIDS Research (CFAR)
- **October 2019** | HRSA BPHC announce funding for Federal Qualified Health Centers (FQHC) already engaged with the Ryan White program
- **January 2020** | CDC announced funding for Integrated HIV Programs to End the HIV Epidemic



# Development of one local plan



**Ending the HIV Epidemic Local Plan Launch 2022**

# Building on Successes

## Jurisdictional experience with integrated planning

- Joint planning began in 2011 with first plan released in 2012
  - Six years prior to requirement by HRSA and CDC
  - Second joint plan released in 2017
- Community Planning Group (CPG) plans together with Ryan White Planning Council (RWPC), suspending several regularly-scheduled committees to facilitate full participation
- Administrative agencies staff plan processes and contribute to writing:
  - Ryan White Planning Council Office of Support
  - Harris County Public Health
  - Houston Health Department
  - Houston Regional HIV/AIDS Resource Group, Inc. (“The Resource Group”)





The Ending the HIV Epidemic initiative focuses on four key strategies:  
Diagnose, Treat, Prevent, and Respond



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



# Ending the HIV Epidemic -- Update

ehehouston.org

## Core Values:

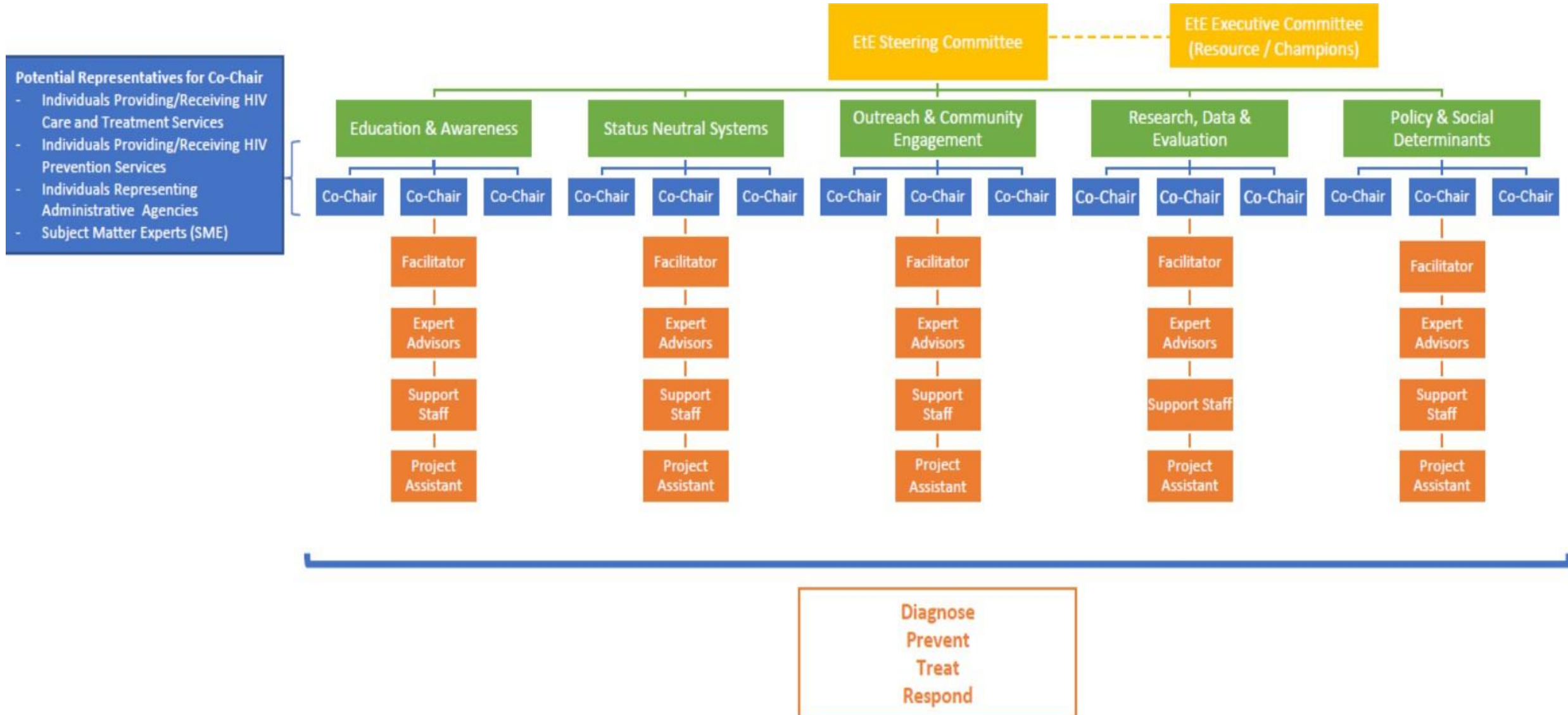
- Transparency
- Equity
- Racial Justice
- Social Justice
- Community
- Advocacy
- Empowerment

## Focus Areas

1. Education and Awareness
2. Status Neutral Systems
3. Outreach and Community Engagement
4. Research, Data & Evaluation
5. Policy & Social Determinants



# Ending the HIV Epidemic - Structure



# Areas of Focus Committees

## Education & Awareness

Committee is focused on the provision of HIV education and awareness that can occur in various forms, such as presentations, community conversations or social media, marketing and texting campaigns.

Co-Chairs:

Dr. Dominique Guinn, Ian Haddock, Steven Vargas

## Outreach & Community Engagement

Committee is focused on conducting outreach and engagement in Ending the HIV Epidemic activities, such as HIV testing, linkage to care and prevention interventions. Outreach and engagement strategies include street outreach, community-based based testing, mobile testing, home testing, peer navigation and individual and community-level interventions.

Co-Chairs:

Cecilia Ligons, Ivan Prater, Miguel Jacquez

## Status Neutral Systems

Committee is focused on a status-neutral approach to HIV care, which means the same approach of initial engagement happens with all people, regardless of HIV status. It all starts with an HIV test. Any result, positive or negative, kicks off further engagement with the healthcare system, leading to a common final goal, where an HIV infection doesn't occur.

Co-Chairs:

Kevin Anderson, Amy Leonard, Oscar Perez

## Research, Data & Evaluation

Committee is focused on identifying existing data, supplemental data, metrics, sources, data collection, measurement and reporting methods in order to determine if EHE activities are contributing effectively toward Ending the HIV Epidemic.

Co-Chairs:

Kevin Aloysius, Chelsea Frand, Kendrick Clack

## Policy & Social Determinants

Committee is focused on exploring and identifying policy and social determinants that impede Ending the HIV Epidemic. The committee will provide recommendations on policy changes or creation, as well as interventions that effectively address complex and intersecting health and social conditions.

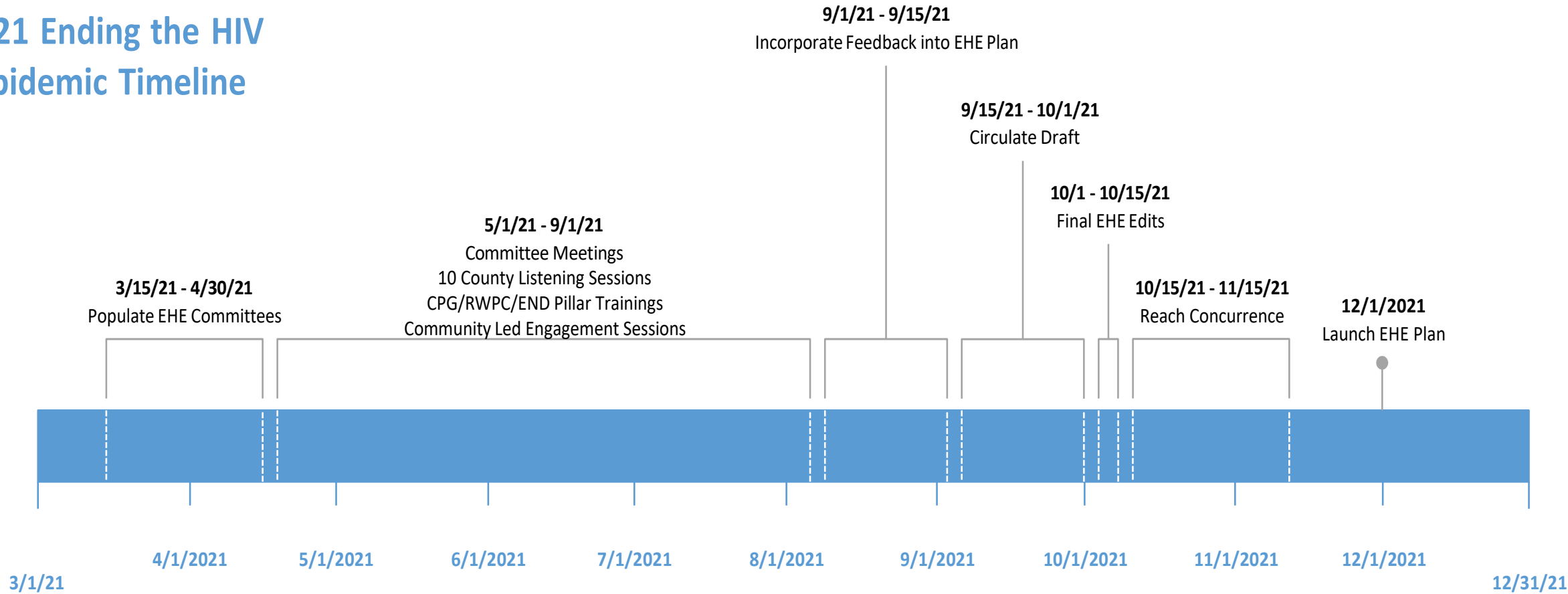
Co-Chairs:

Januari Fox, Crystal Townsend, Michael Webb



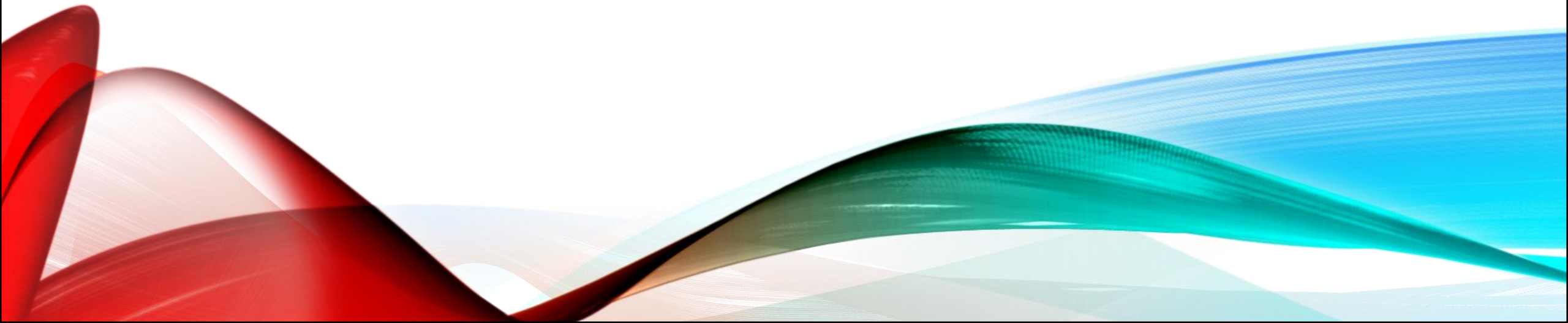
# Ending the HIV Epidemic -- Update

## 2021 Ending the HIV Epidemic Timeline



# Jon-Michael Gillispie, MBA HIV Program Manager

Houston Health Department  
Bureau of HIV/STD and Viral Hepatitis Prevention



# HIV Diagnoses Overview



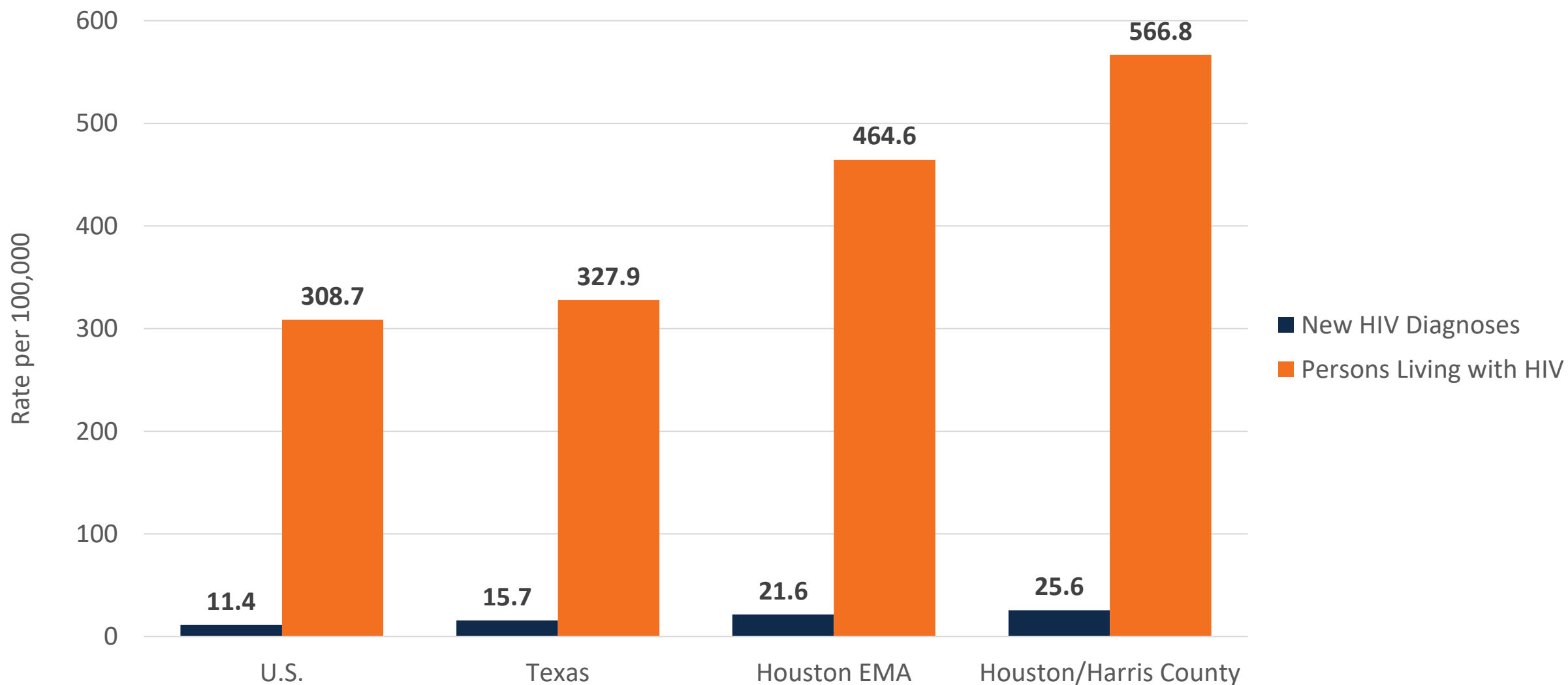
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- In 2018, 1,350 new diagnoses of HIV were reported in the Houston EMA, a 9% increase from 2017 (2017 cases = 1,234). At the time of diagnosis, 90% resided in Houston/Harris County.
- Proportionally, Black/African Americans made up most of new HIV diagnoses in 2018 at 45%, followed by Hispanic/Latinos at 38%.
  - There is a larger proportion of people ages 25 to 34 among new HIV diagnoses.
- Male-to-male sexual contact or MSM accounted for the most transmission risk at 68%, followed by sex with male/sex with female at 25%.
- An estimated 6,825 individuals in the Houston EMA were living with HIV in 2018 but were not diagnosed.

# Rate of New HIV Diagnoses and of Persons Living with HIV (2018)

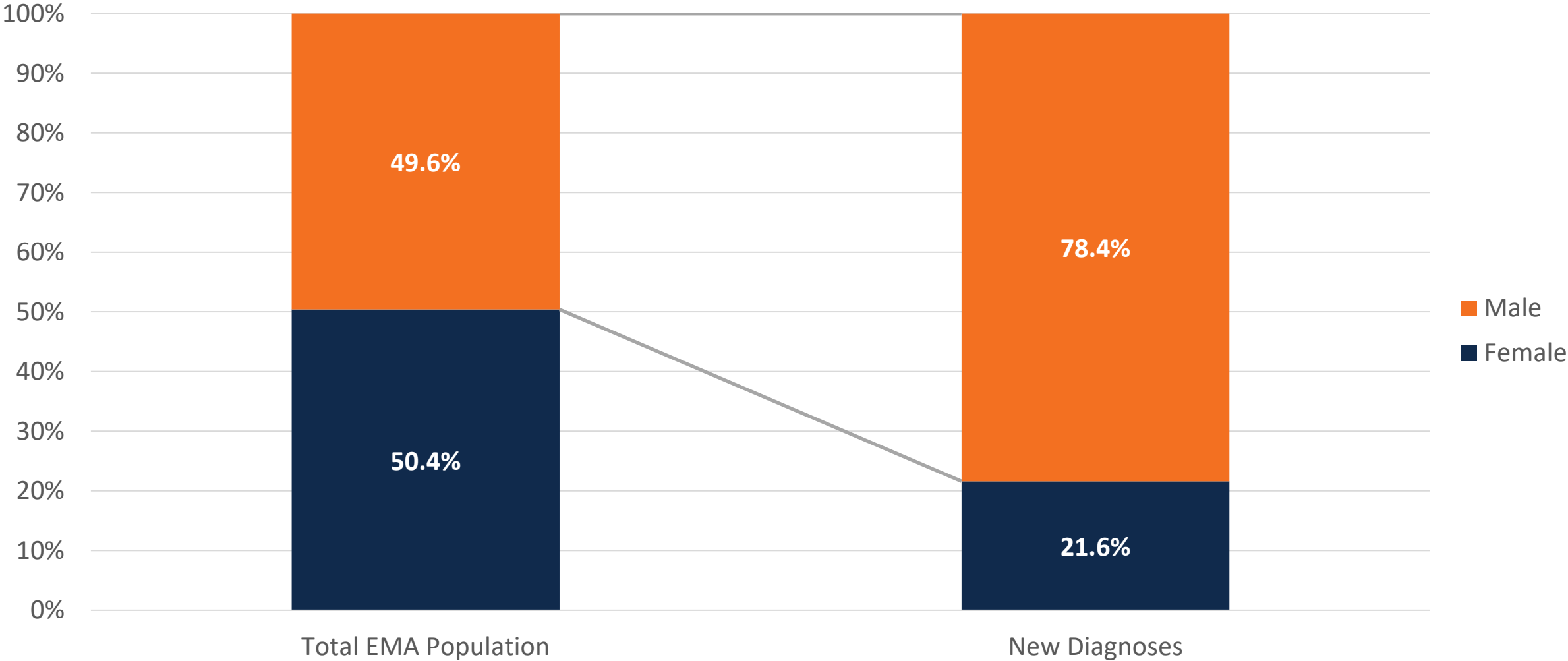


HOUSTON HEALTH  
DEPARTMENT





# Comparison of Total Population in the Houston EMA to New HIV Diagnoses by Sex assigned at Birth (2018)

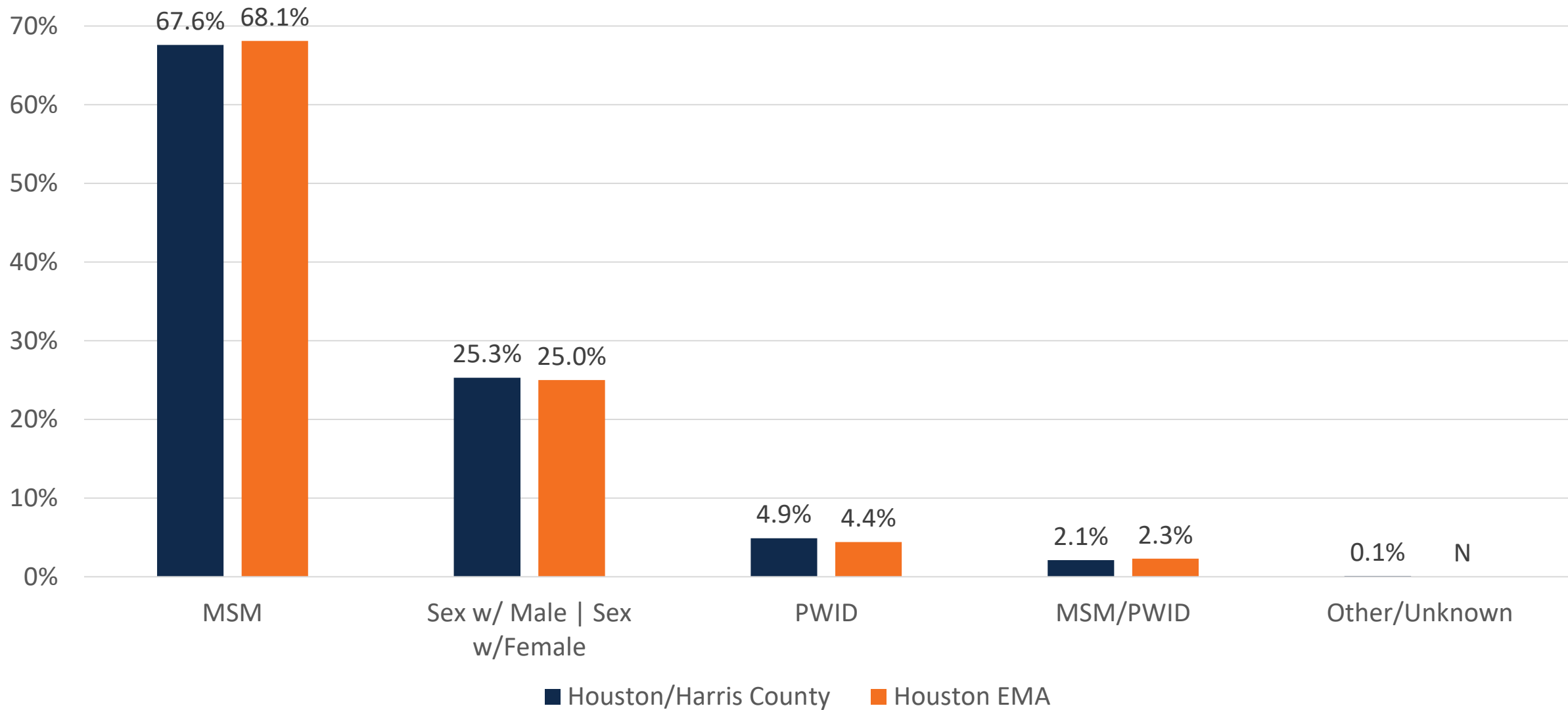


# Transmission Risk of New HIV Diagnoses

Houston/Harris County and the Houston Eligible Metropolitan Area (EMA) 2018



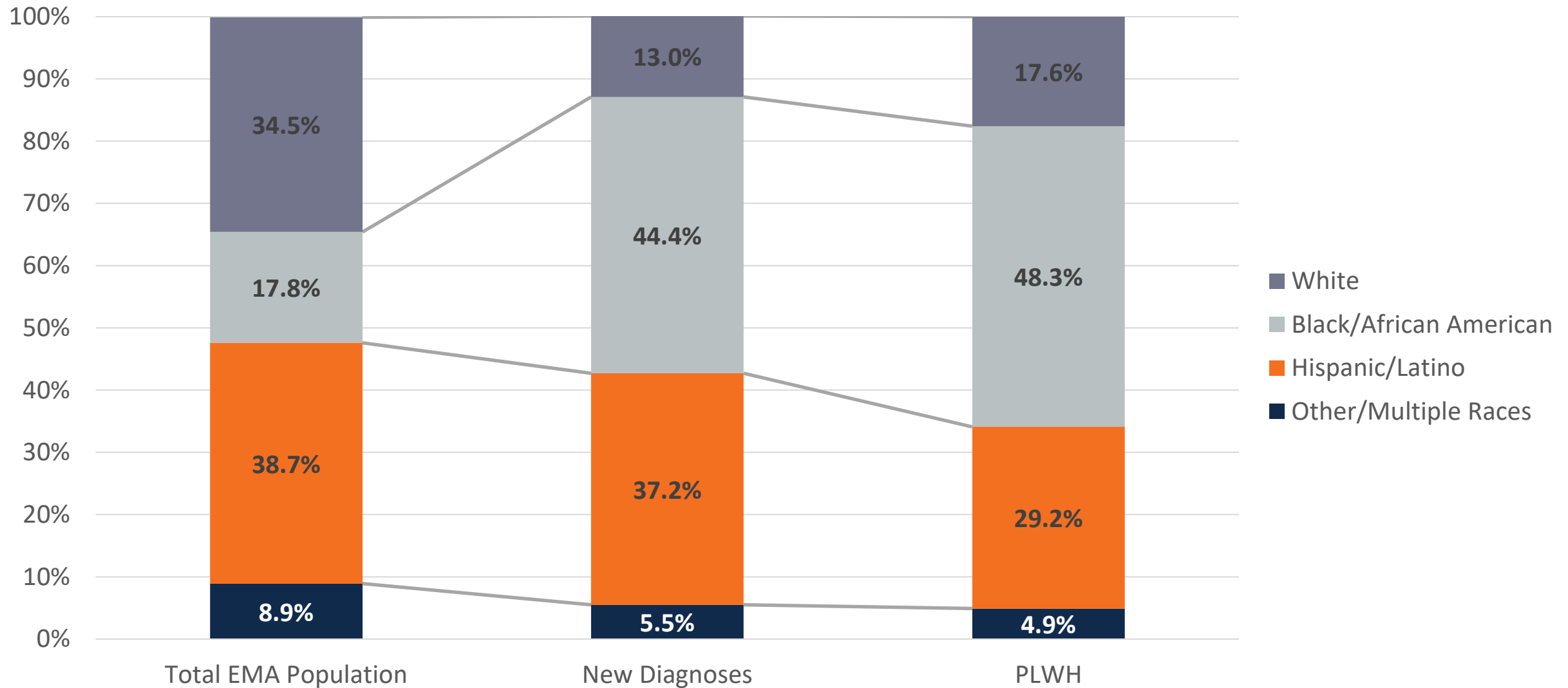
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# Comparison of Total Population in the Houston EMA to People Living with HIV by Race/Ethnicity (2018)



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DEPARTMENT







# What is the HIV Care Continuum?



The ultimate goal of HIV treatment is to achieve viral suppression, which means the amount of HIV in the body is very low or undetectable. This is important for people with HIV to stay healthy, have improved quality of life, and live longer. People living with HIV who maintain viral suppression have effectively no risk of passing HIV to others.

The HIV care continuum consists of several steps required to achieve viral suppression.

Diagnosed	Met Need	Retained in Care	Viral Suppression
Received a Diagnosis of HIV 	At least one medical visit, ART prescription, or CD4/VL test 	At least 2 medical visits, ART prescriptions, or CD4/VL tests in year, at least 3 months apart 	their HIV “viral load” – the amount of HIV in the blood – was at a very low level. 



# Two Ways to Monitor the Continuum

Prevalence-Based vs, Diagnosis-Based



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## Diagnosis-Based

Shows each step as a percentage of the number of people living with diagnosed HIV.

- Monitoring data at a local level to understand local progress and identify additional action steps to meet national level goals
- Monitoring progress in comparison to the UNAIDS 90-90-90 goals
- Monitoring disparities by examining data among sub-groups of the population

## Prevalence-Based

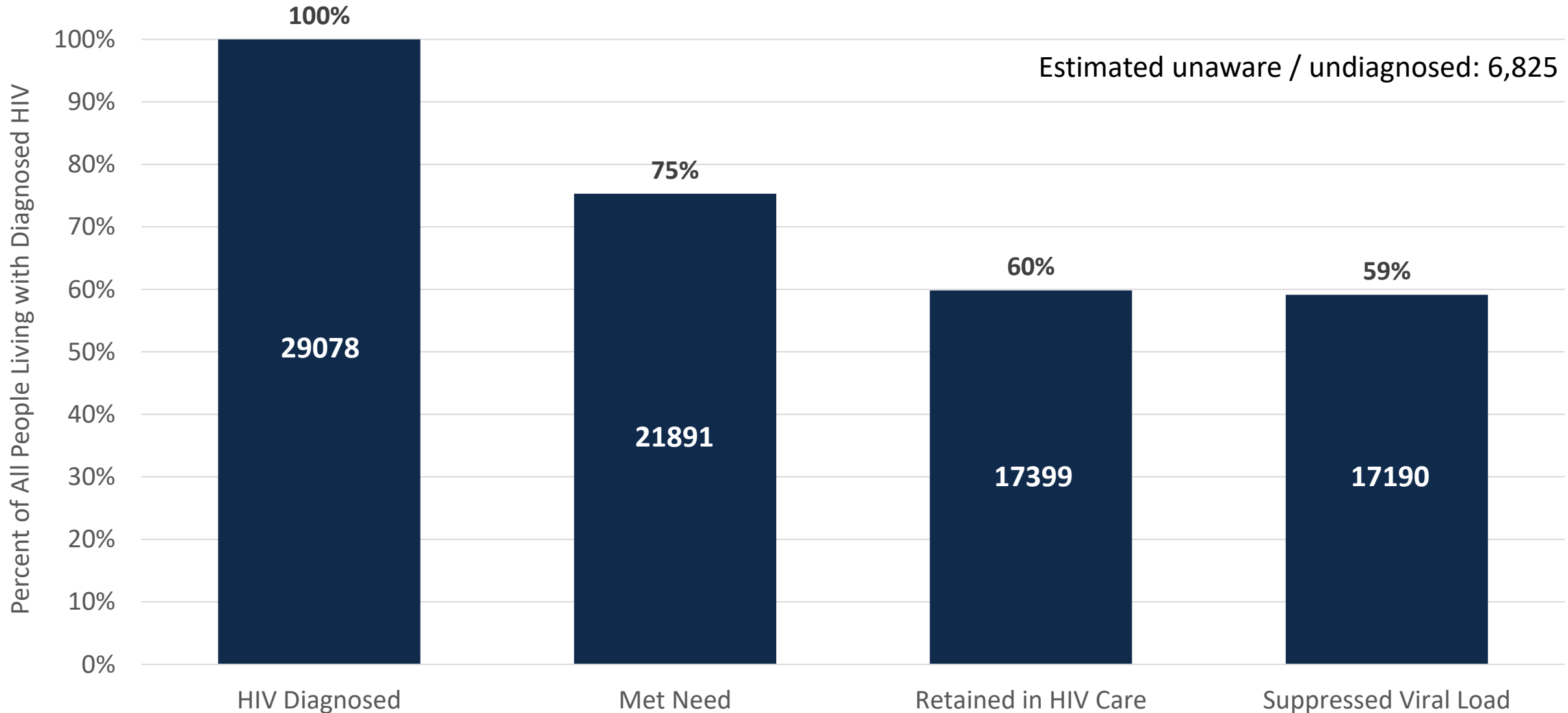
Describes the number of people who are at each step of the continuum as a percentage of the total number of people living with HIV (known as HIV prevalence). Prevalence includes both people whose infection has been diagnosed and those who are infected but don't know it.

- Monitoring testing efforts and demonstrating the importance of diagnosing HIV infections to achieve viral suppression
- Monitoring how the jurisdiction is doing among all people living with HIV
- Comparing jurisdiction to others who monitor the continuum among all persons living with HIV

# Houston EMA Diagnosis-Based Care Continuum 2018



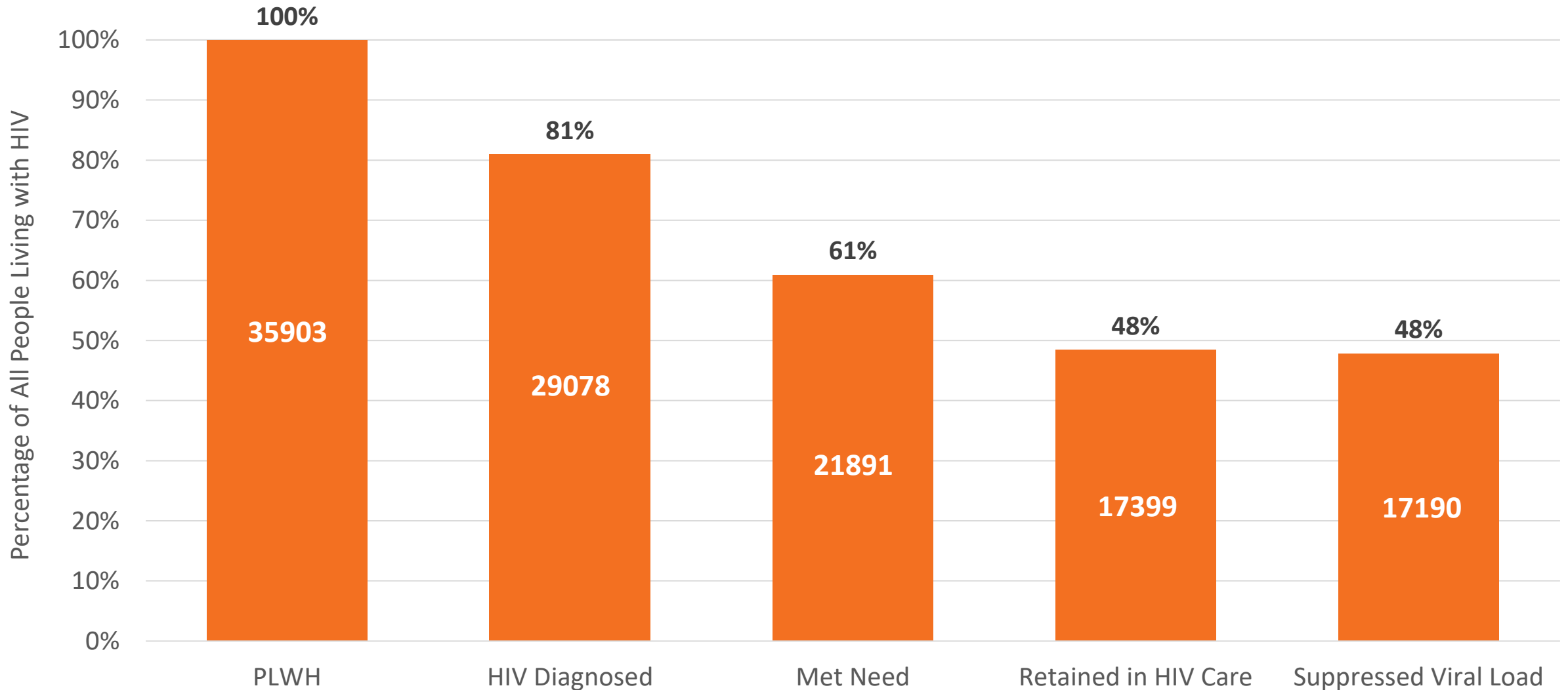
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# Houston EMA Prevalence-Based Care Continuum 2018

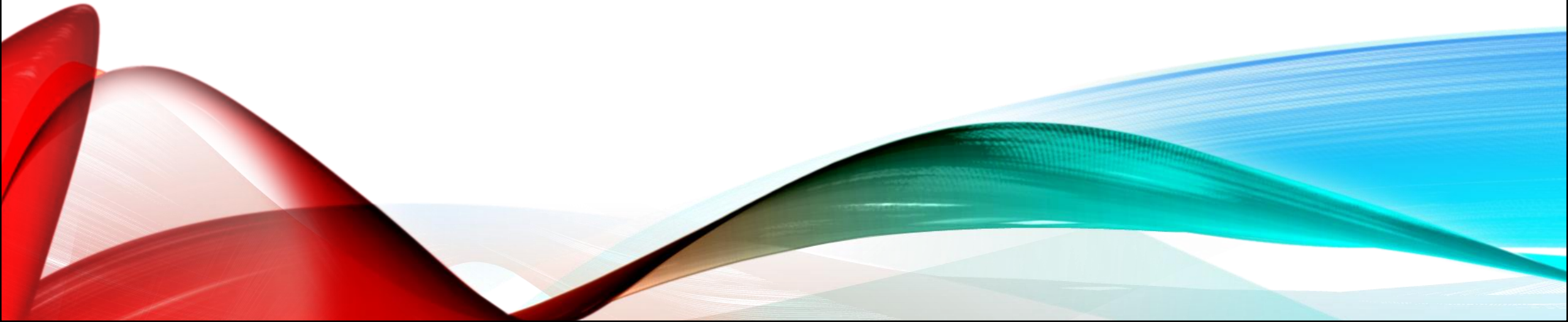


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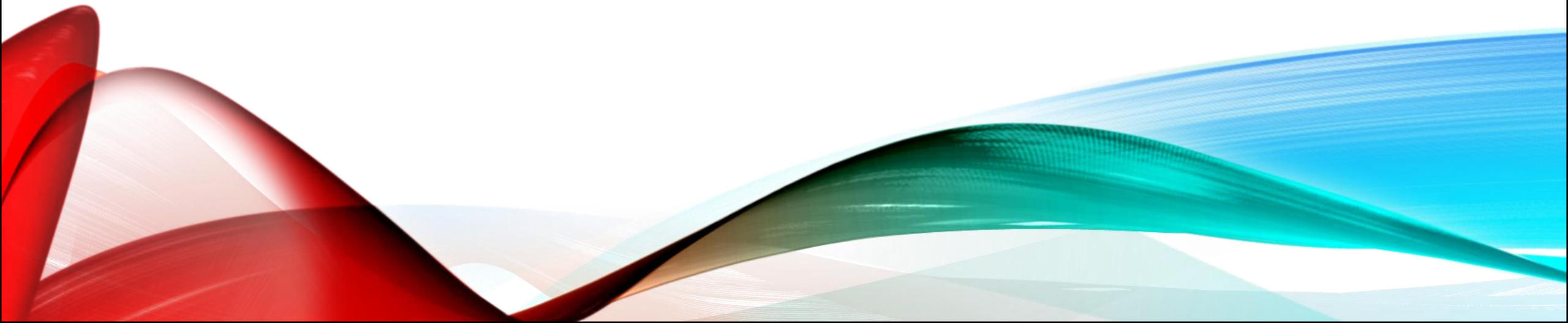
# Beau J. Mitts, MPH Bureau Chief

Houston Health Department  
Bureau of HIV/STD and Viral Hepatitis Prevention

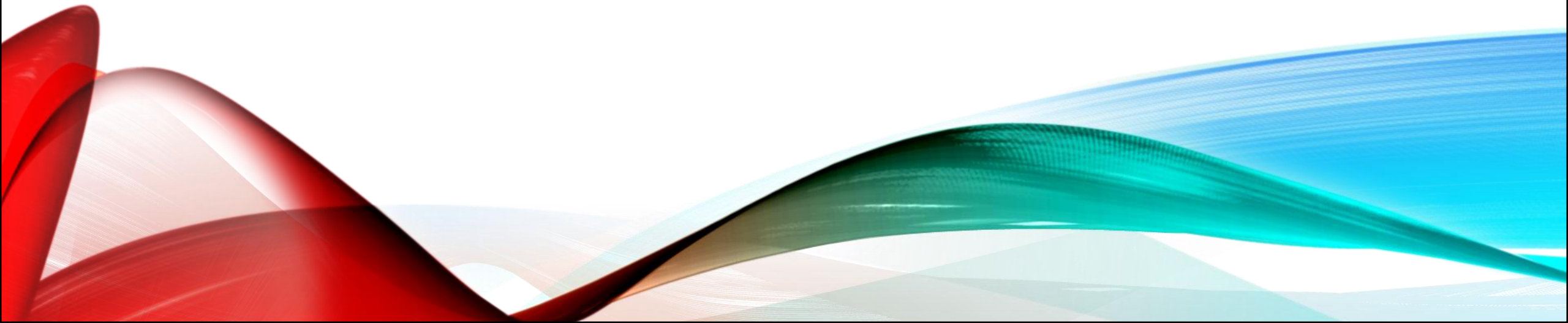




Houston Health Department  
**Ending the HIV Epidemic Planned Activities**

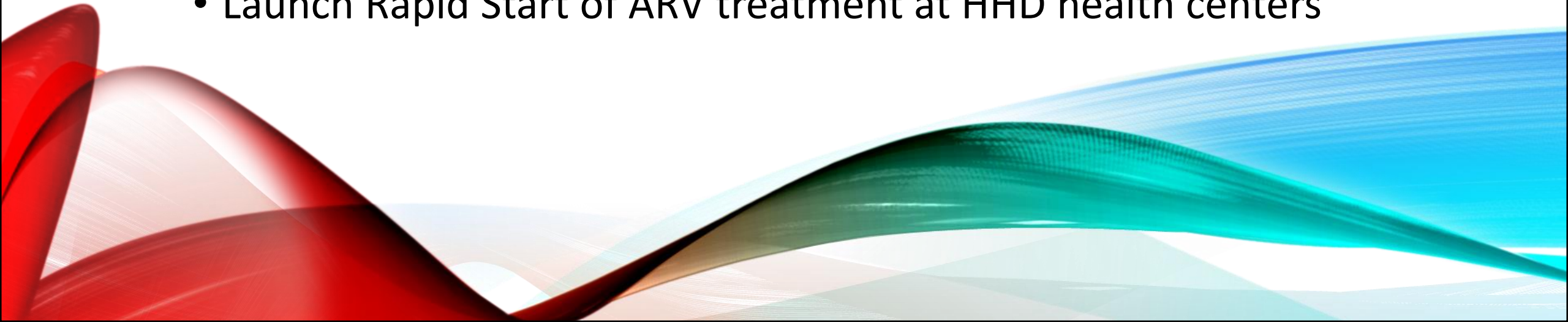


Make Sexual Health Services in HHD  
Health Centers **Efficient Gateways**  
for HIV Treatment and Prevention

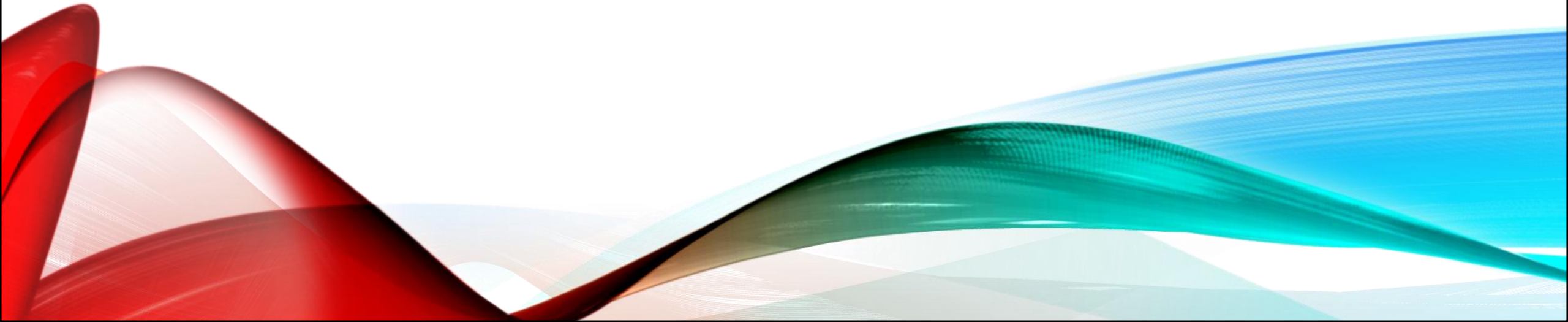


# Sexual Health Services in HHD Health Centers

- Expand Medical Capacity with Infectious Disease Specialists at HHD health centers
- Expand current STI and PrEP services from three (3) health centers to four (4) health centers
  - Add STI and PrEP services to La Nueva Casa de Amigos Health Center
- Launch nPEP services at HHD health centers
- Launch Rapid Start of ARV treatment at HHD health centers



Expand and Improve HHD  
**Community Engagement** for HIV  
Treatment and Prevention





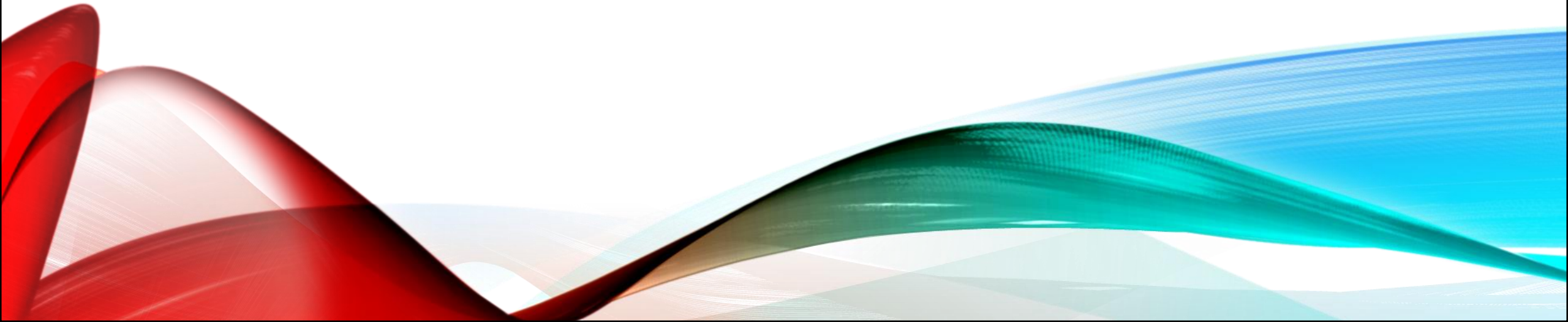
# HIV Community Engagement by HHD

- Launch a Community Ambassador program
  - Representative of priority populations
  - Paid to recruit and facilitate community led EHE engagement sessions
- Hire dedicated staff to expand community engagement activities
  - Community Outreach Coordinator
  - Ending the HIV Epidemic (EHE) Coordinator
  - Policy Analyst
- Working with partners to launch town hall meetings, listening sessions, and community conversations throughout the 10-county HSDA





Expand and Improve  
**HHD Provider Engagement**  
for HIV Treatment and Prevention

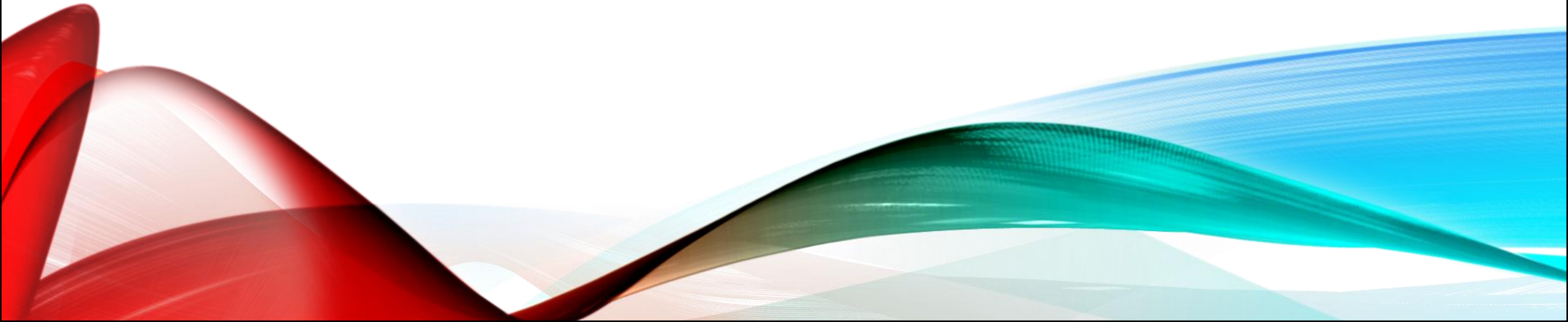


# HIV Provider Engagement by HHD

- Launch a Countywide Public Health Detailing program
  - Develop provider toolkits
  - Secure a vendor to conduct public health detailing visits to designated providers/medical practices
    - PrEP/nPEP Campaign Cycle
    - Routine HIV Screening/Rapid ARV Treatment Campaign Cycle
    - Addressing LGBTQ healthcare
  - Using a pharmaceutical representative model
- Hire dedicated staff to expand provider engagement activities, e.g. the PrEP Provider Advisory Council
  - Biomedical Coordinator



# Expand and Improve **HHD Response** for HIV Treatment and Prevention



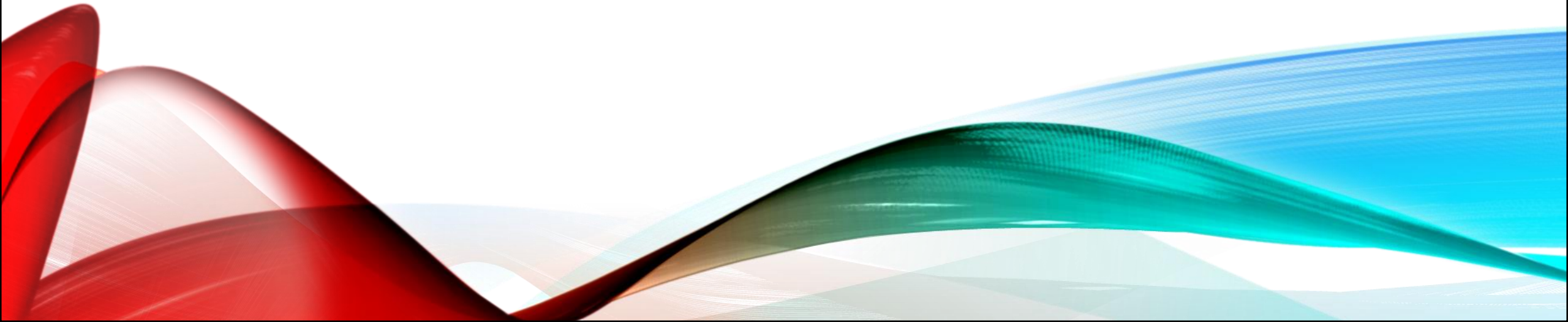
# HIV Response by HHD

- Develop an HIV-specific Field Services Team
  - HIV Disease Investigation Specialists (DIS)
  - Improve timeliness of interviews with individuals newly diagnosed with HIV
  - Work closely with HIV Service Linkage team to improve timeliness for linkage to HIV medical care
  - Explore new technologies to detect clusters for timely intervention
- Improve HIV Surveillance Reporting
  - Launch a new, annual HIV surveillance report to guide EHE activities
- Improve Data to Care Activities
  - Enhance technology for Not-In-Care (NIC) list in EPIC in HHD health centers





# Support Houston-Area Community Providers of HIV Prevention



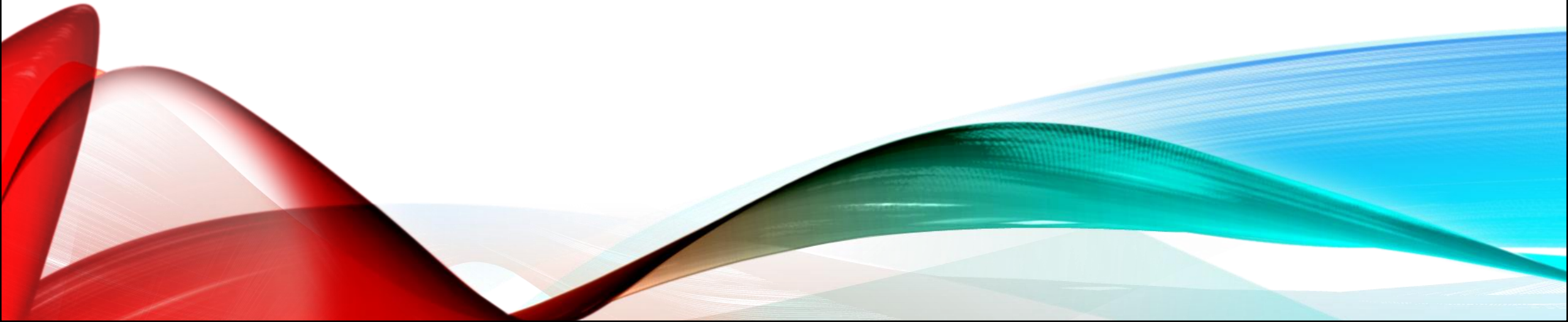


# Support Community Providers

- Expand support for Community Health Workers
- Develop a PEP Center of Excellence
  - Urgent Care Model
  - Immediate Starts Regardless of Insurance Status
  - PrEP Linkage
  - 24 Hour PEP Hotline staffed by a Clinician
  - Starter packs prescribed without a visit at 24 Hour pharmacy
- Implement a Routine, Opt-Out HIV Testing Program in an FQHC



# Support Priority Populations Using Novel Strategies



# Population Health of Priority Populations

- Houston Drug User Health
  - Pilot a safe sharps disposal project with the Houston Parks and Recreation Department
    - Model after a program in Denver, CO
    - Four (4) parks identified
    - Placement of a sharps disposal kiosk in each park
- Support for LGBTQ Population
  - Plan to launch CME efforts to improve medical care of LGBTQ people in Houston
- Launch an HIV Home-Testing Program



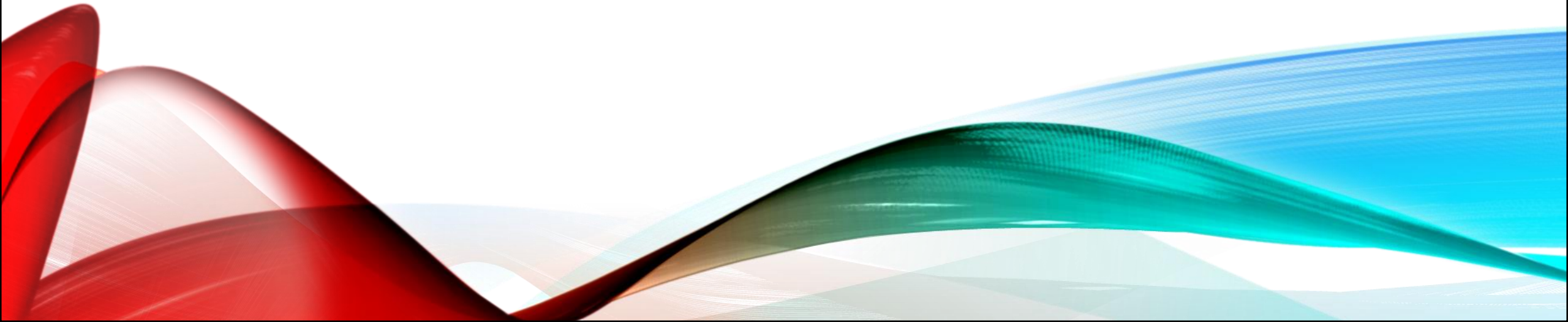
# Population Led and Focused Organizations

- Upcoming Funding Opportunity
  - Training Needs Assessment
  - Organizational Development and Training Implementation Plan
  - Capacity Building Assistance
  - Expand Service Delivery for Priority Populations
- Upcoming Microgrants to Support Special Events, Projects, or Organization Capacity Building
  - Building Resilience
  - Promoting Sexual Health as the Essential Ingredient in HIV Prevention
  - Developing Future Leaders within the Community





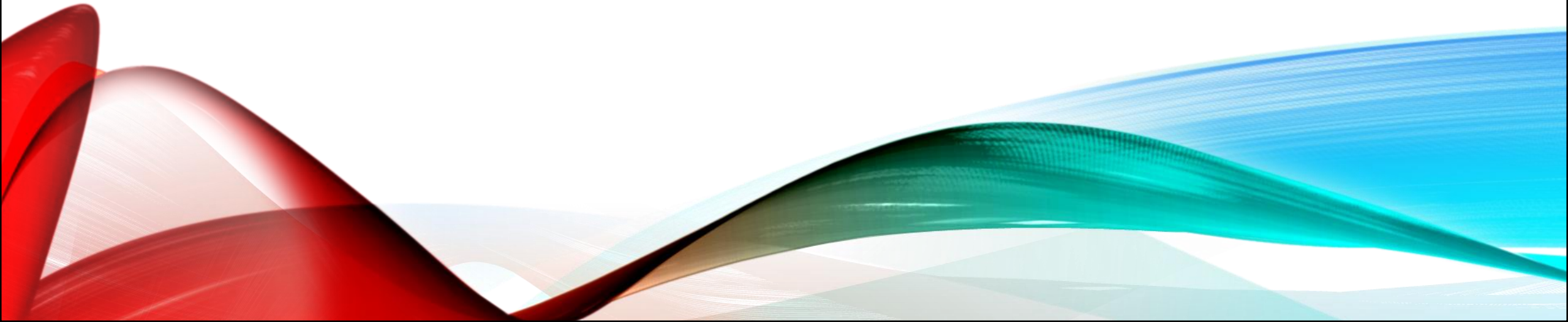
# Move Houston Viral Suppression from Good to Excellent



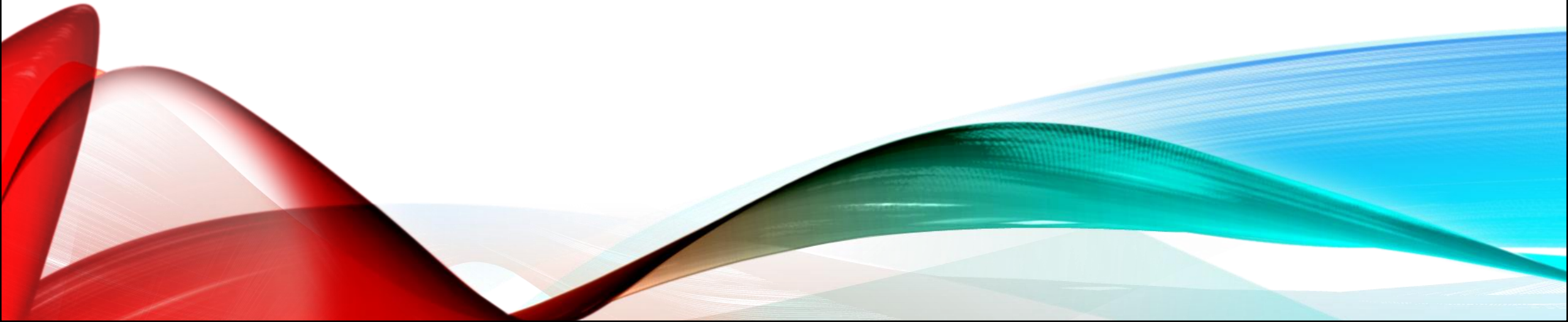


# Improve Viral Suppression

- Improve Data to Care Activities
  - Enhance technology for Not-In-Care (NIC) list in EPIC in HHD health centers
- Pilot an Incentive Program
  - HHD Service Linkage Program
  - Use of financial incentives for viral suppression



Make Houston Status Neutral

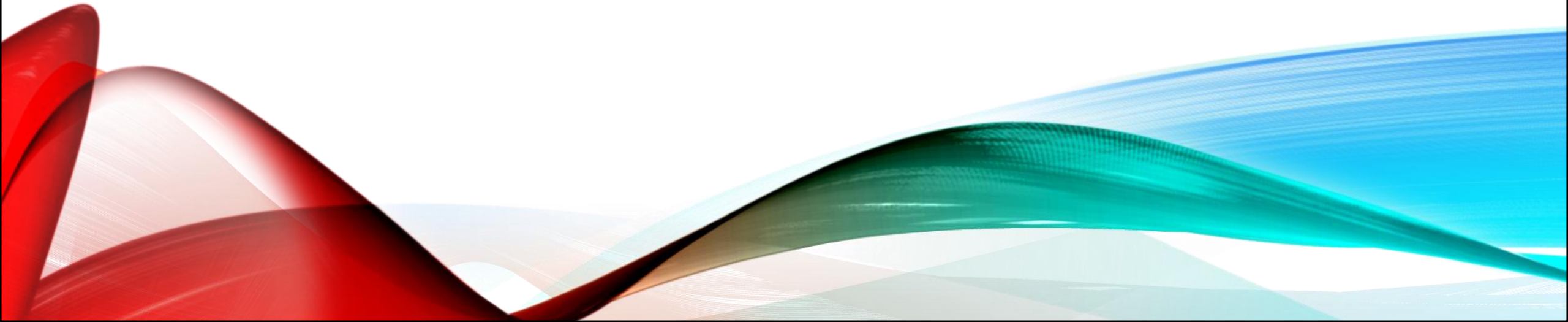


# Status Neutral Paradigm Shift

- Expand support for Status Neutral program activities
  - Extend the HIV care continuum to include those at risk of HIV exposure
  - Support PrEP/PEP, STI, and monoinfected HCV clients
  - Access and adherence to state-of-the-art HIV prevention interventions by helping all clients, regardless of HIV status, to meet their physical and psychosocial needs.
- PREVENTION = TREATMENT
- TREATMENT = PREVENTION



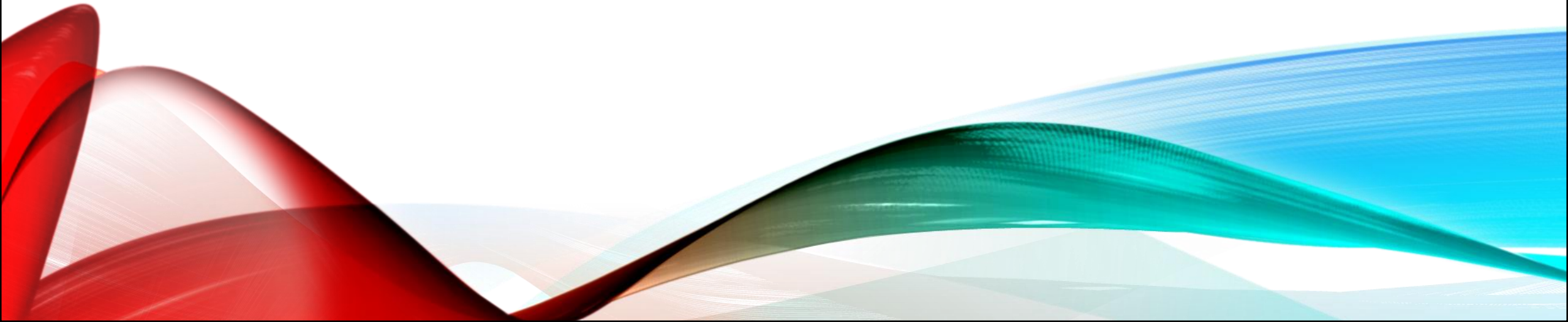
# C-FAR Announcement





# Houston C-FAR

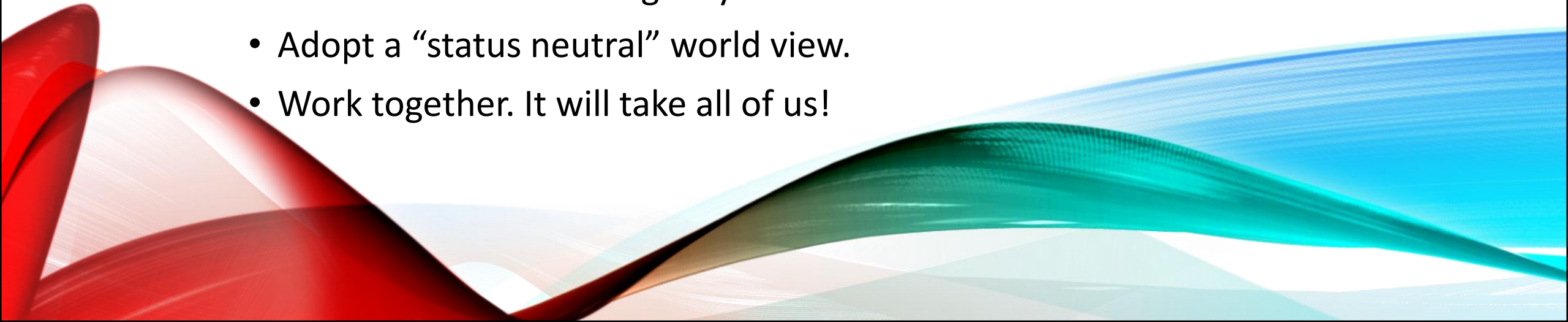
We recently learned that Baylor College of Medicine has been awarded a Developmental CFAR (Center for AIDS Research) project by the National Institutes of Health (NIH). The research partners are Baylor College of Medicine, UT Health Science Center Houston, and Texas Biomedical Research Institute in San Antonio. Dr. Thomas Giordano is leading the project and more information will be coming soon.





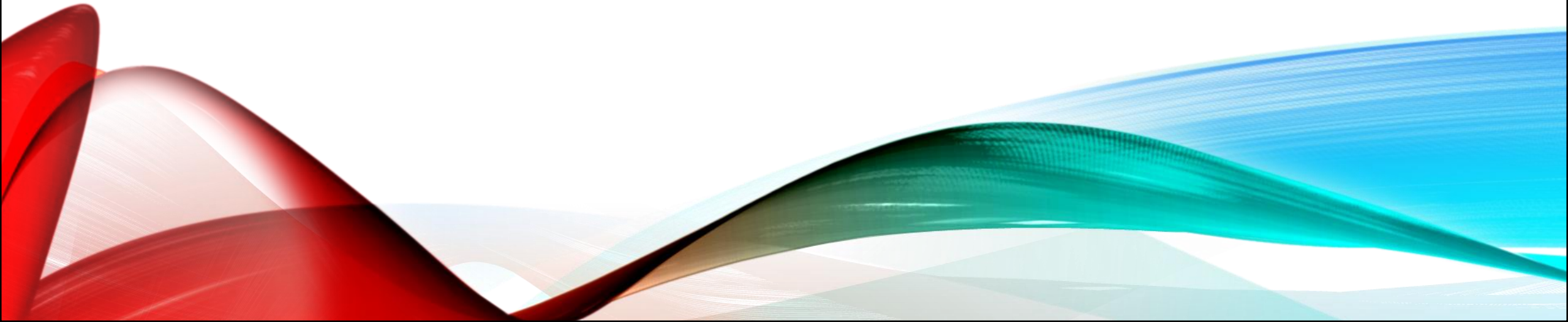
# Let's End the HIV Epidemic in Houston

- Dream big and take risks.
- Government and community advocates must work together and create a unified narrative. One voice is stronger!
- Sexual health needs to embrace and own HIV prevention and treatment.
- Build services where people are! Do not reinvent the wheel.
- HIV is the symptom, not the disease. HIV should not be the main message for priority populations. Address their priority needs.
- Treat HIV like the emergency that it is.
- Adopt a “status neutral” world view.
- Work together. It will take all of us!



# Carin Martin, MPA Program Manager

Ryan White Grant Administration  
Harris County Public Health



# EHE Rapid Start Allocations

## HIV Services

- Primary Medical Care
- Short Term Pharmacy Assistance
- Transportation

Clinical Planning, Evaluation, and Technical Assistance through the AIDS Education and Training Center (AETC) – Baylor College of Medicine



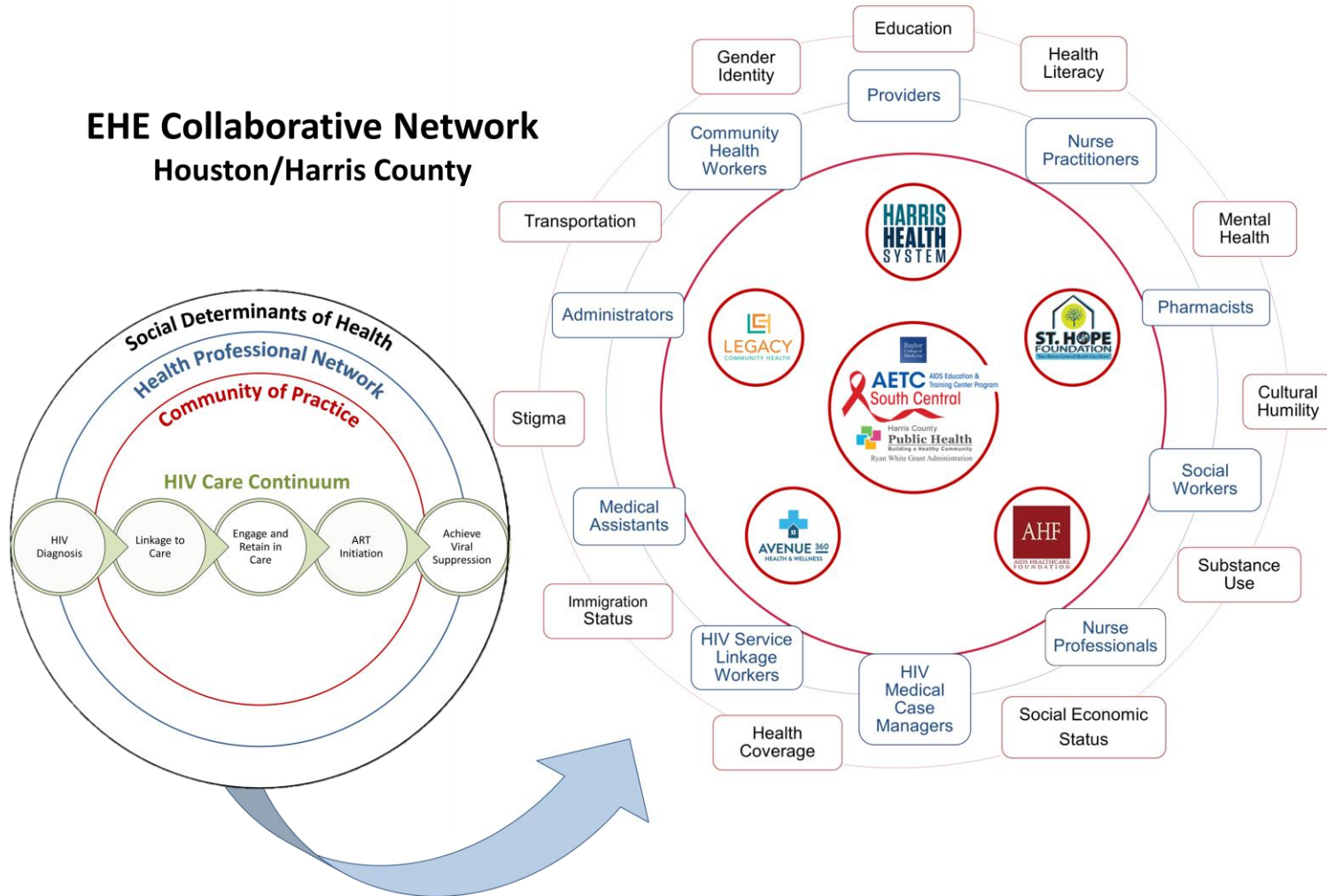
## **EHE FY20 Goals: Development of a Community of Practice**

**Year 1:** The BCM – Houston AETC Team and the Ryan White Grant Administration, Harris County Public Health:

- facilitated the development and review of HIV Rapid Antiretroviral Therapy (ART) initiation protocols
- provided technical assistance during the development and clinical implementation of these protocols
- assessed and share lessons learned in implementing Rapid ART

# Houston/Harris County EHE Community of Practice

## EHE Collaborative Network Houston/Harris County



## CoP Curriculum Developed by Houston AETC

- Assessing Patient Readiness for ART
- Rapid PrEP: Preventing New HIV Infections
- Engagement of Unhoused Populations
- Transportation Resources
- Health Literacy: Increasing Patient Knowledge of HIV/AIDS
- Impact of Mental Health
- STI Services integrated with HIV Care and Treatment
- Substance Use
- Detecting and Responding to HIV Clusters
- Motivational Interviewing
- Expanding Beyond EHE Funding: Access to HIV Medication, Treatment and Care



# **Rapid Start Year 1 Outcomes**

# Rapid Start Outcomes

Time Period: 3/1/20-11/30/20

## EHE Clients

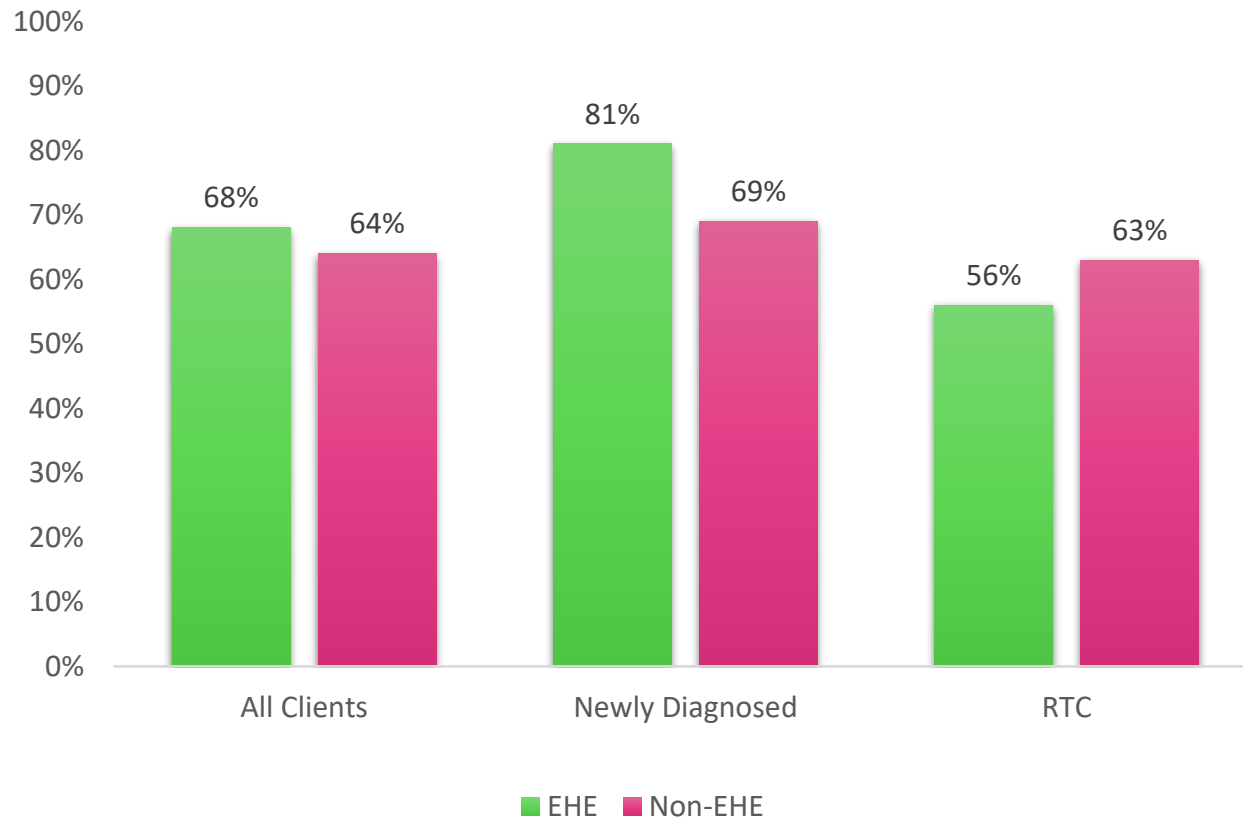
- 107 clients served
- 52 Newly Diagnosed clients
- 55 Return to Care clients

## Non-EHE Clients

- 1144 clients served
- 364 Newly Diagnosed clients
- 938 Return to Care clients

# Rapid Start Outcomes

## Viral Load Suppression Rates



### EHE Clients

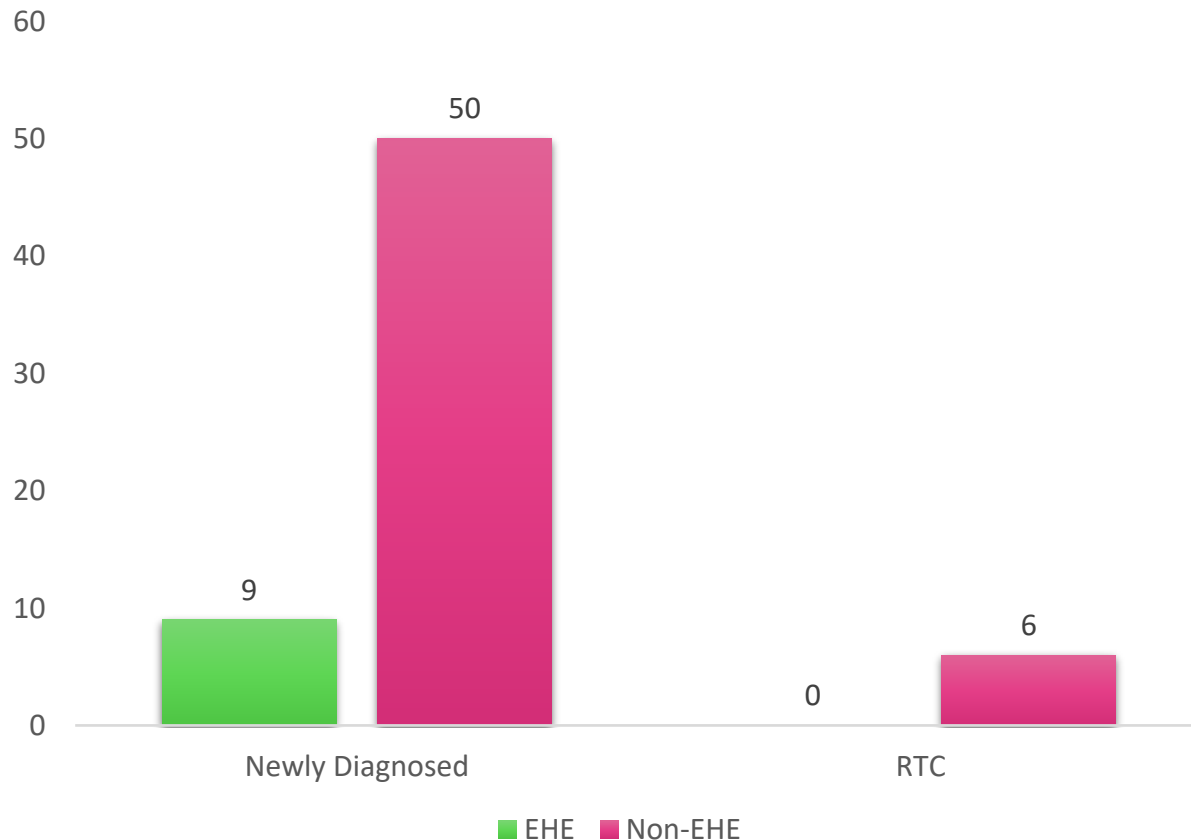
- Viral Load Suppression Rates
  - All Clients- 68%
  - Newly Diagnosed Clients 81%
  - Return to Care Clients 56%

### Non-EHE Clients

- Viral Load Suppression Rates
  - All Clients- 64%
  - Newly Diagnosed Clients 69%
  - Return to Care Clients 63%

# Rapid Start Outcomes

Median Number of Days to ART



## EHE Clients

- ART Access Rates
  - 56% of clients accessed Emergency Financial Assistance to obtain ART

## Non-EHE Clients

- ART Access Rates
  - 15% of clients accessed Emergency Financial Assistance to obtain ART

# Media Outreach



Harris County  
**Public Health**  
Building a Healthy Community

We're all in this together,  
do your part to **END HIV.**



Learn how at [www.cdc.gov/stophivtogether](http://www.cdc.gov/stophivtogether)

A Public Service Message by Clear Channel Outdoor



Harris County  
**Public Health**  
Building a Healthy Community

**Harris Cares:  
Focus Issues**



Chronic Diseases



Family Health



Emergency  
Preparedness



Environmental  
Health



Infectious  
Diseases



Injury



Mental and  
Behavioral Health



# Housing Study



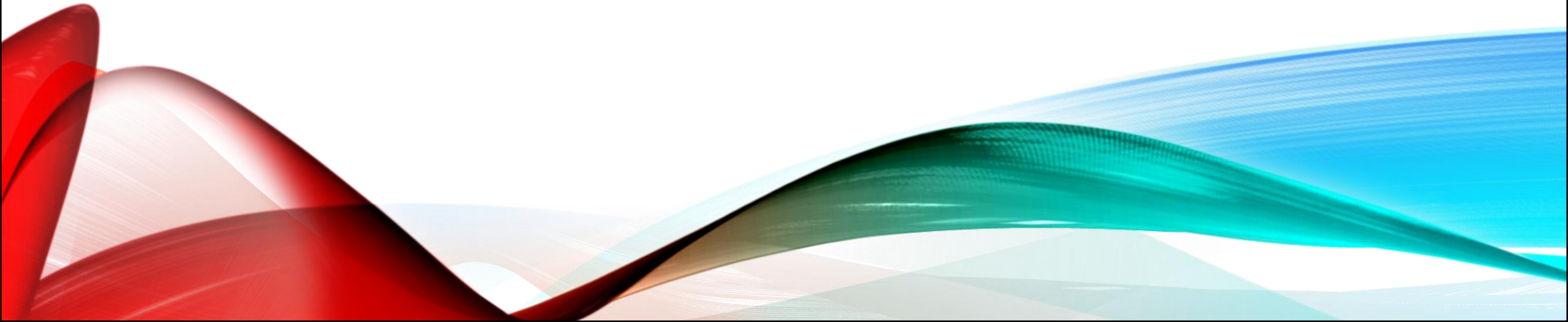
- Needs Assessment
- NASTAD TA
- County Coordination



THANK YOU

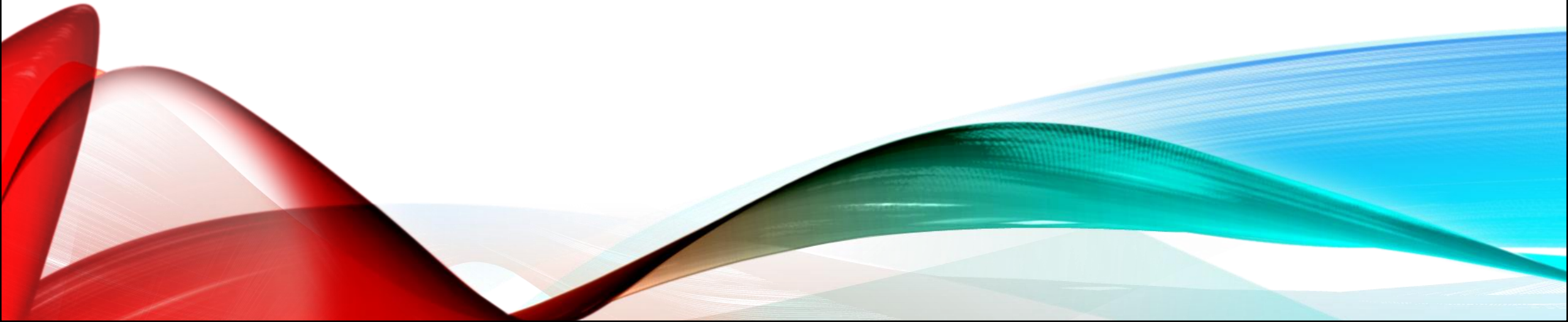
# Victoria Williams Director

Office of Ryan White Support



# Crystal Townsend

END HIV Houston Coordinator  
The Resource Group





TRANSPHOBIA

MASS INCARCERATION

POVERTY

STIGMA

HOMOPHOBIA

RACISM

WEC  
HOUSTON



# EtE Origins: From local to global

In 2014, New York becomes the “first jurisdiction in the world to announce an EtE plan built around TasP, PrEP, and increased testing.” <sup>1</sup>

November 30, 2016, END HIV Houston launches its citywide plan, “The Roadmap to Ending HIV in Houston,” on the steps of city hall with an endorsement from Mayor Sylvester Turner. <sup>3</sup>

February 5, 2019, President Trump announces “one of the most important public health initiatives in history: ending the HIV epidemic in America.” <sup>4</sup>

2013

2014

2016

2019

In 2013, New York community leaders, in partnership with city and state public health officials, introduces idea to end convene town hall discussions to build momentum for an initiative to end HIV/AIDS as an epidemic in the state.<sup>1</sup>

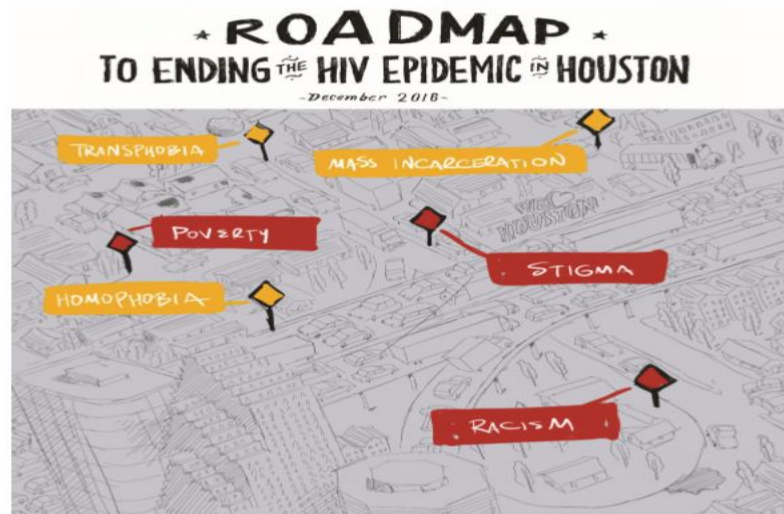
On World AIDS Day 2014, The Fast-Track Cities initiative – a global partnership between cities and municipalities around the world and four core partners – launch a plan “to attain the UNAIDS 90-90-90 targets by 2020.” <sup>2</sup>

## References

1. <http://www.treatmentactiongroup.org/ete/1>
2. <https://www.iapac.org/fast-track-cities/about-fast-track/>
3. [www.endhivhouston.org](http://www.endhivhouston.org)
4. <https://www.hhs.gov/blog/2019/02/05/ending-the-hiv-epidemic-a-plan-for-america.html>

## Local Community Ending the Epidemic (EtE) Plan

The Roadmap to Ending the HIV Epidemic in Houston  
2016



## Local HIV Plan

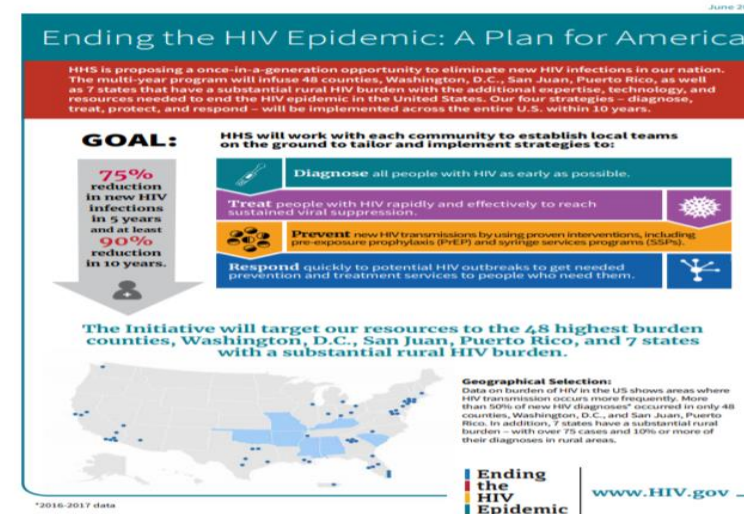


## Houston Area Comprehensive HIV Prevention and Care Services Plan 2017 - 2021

*Capturing the community's vision for an ideal system of HIV prevention and care for the Houston Area*

Houston Area Comprehensive HIV Prevention and Care Services Plan  
2016

## Federal Ending the Epidemic (EHE) Plan



Ending the HIV Epidemic: A Plan for America  
2019

## State Ending the Epidemic (EtE) Plan



Achieving Together: A Community Plan to End the HIV Epidemic in Texas  
2018

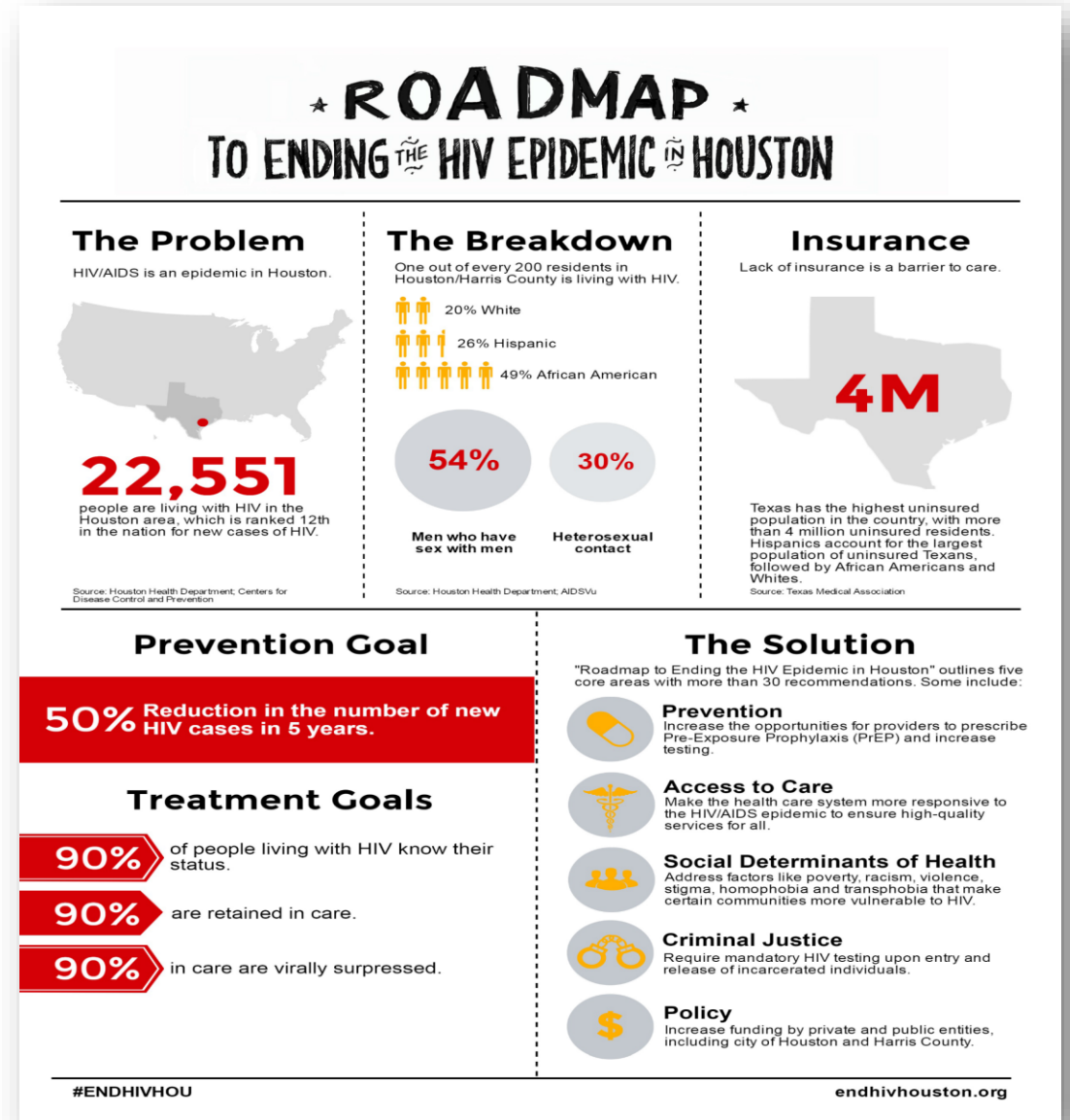
# Why an EtE plan was needed in Houston

Existing efforts to end epidemic have achieved progress but needed more.

END engages broader community involvement to end the epidemic.

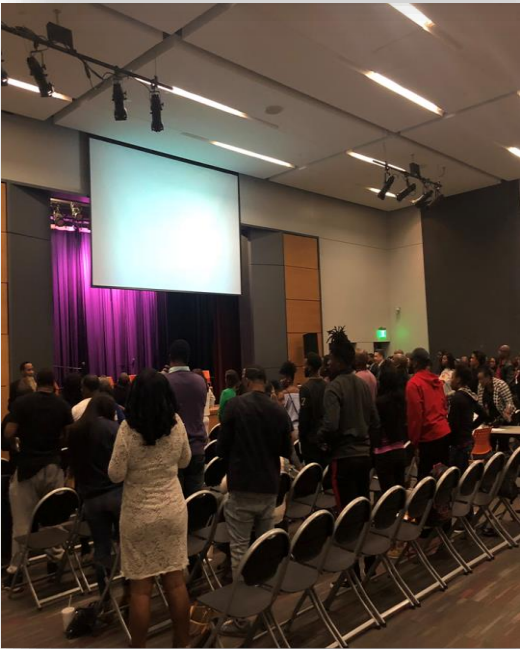
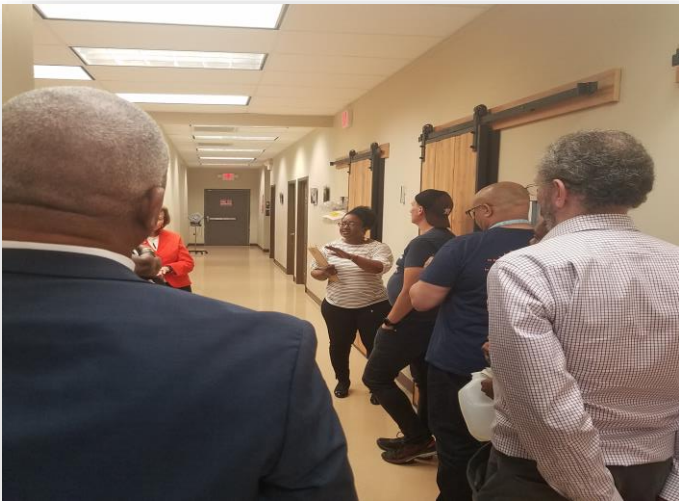
An intersectional approach is necessary - most efforts focus on PLHIV, PrEP (limited), and testing.

END highlights areas where Ryan White and the Health Dept has not been able to focus, i.e. Social Determinants of Health, Criminal Justice, Policy, Research, faith-based, cultural, racism, homophobia, transphobia, etc.





# END HIV Houston Successes



# **What we've learned since launching END HIV Houston in 2016**

Do not start process without key partners - need ownership and buy in from city and county.

Establish and include partners beyond traditional HIV organizations. Social drivers are key.

Need to ensure data align with efforts. Include baseline and milestones.

Need a change in the entire health care delivery system. Racism is a public health issue.

Need to raise the level of urgency around the epidemic – the pandemic has also highlighted weaknesses.

Bio-medical must be combined w/social and cultural norms to work.

During planning, ensure there is time to be thoughtful and comprehensive (include language access for monolingual speakers – Spanish, Sign language, etc.)

Be prepared for difficult discussions about race, racism, social justice.

Need dedicated staff, including staff/resources to build online/social media presence.

Need greater involvement of PLHIV and support/engagement of communities most impacted; must be willing to speak directly with them (Fifth Ward, Sunnyside/South Park, sex workers, etc.)



TRANSPHOBIA

MASS INCARCERATION

POVERTY

STIGMA

HOMOPHOBIA

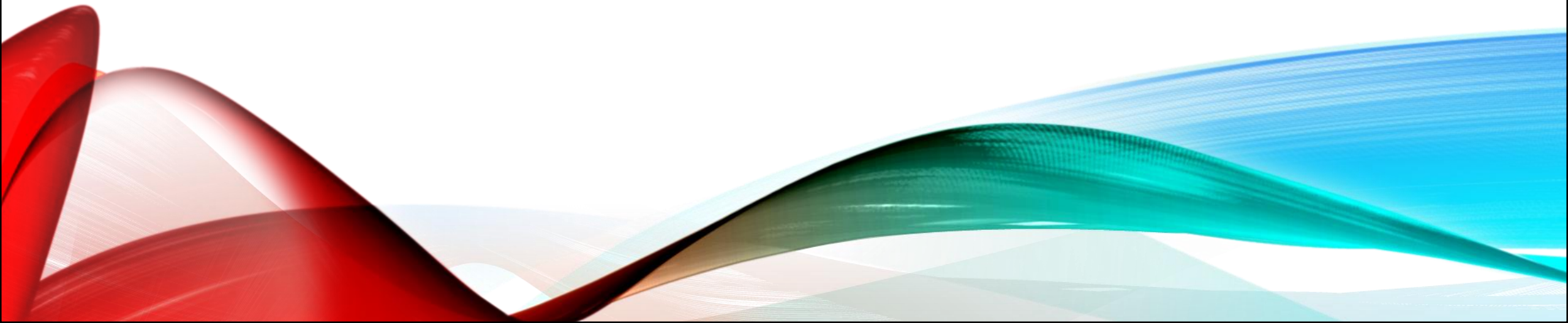
RACISM

## **\*\*Overarching Questions for End the HIV Epidemic**

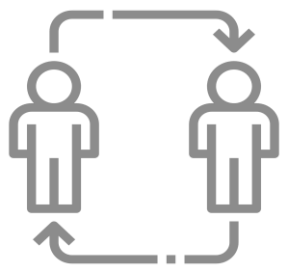
**Why** have we not Ended HIV?

**What** issues can you think of that impacts some communities harder than others, which make them more vulnerable to HIV?

**How** do we address these issues to End HIV once and for all?







# Ending the HIV Epidemic – Get Involved

## Areas of Focus Committees

- 4 Meetings (May - Sept)
- 3 Co-Chairs
  - Individual living w/HIV
  - Individual Providing/Receiving Prevention Services
  - Rep from AA entity
- ~10+ participants
- Meeting Format
  - Review current data
  - Review current resources/activities
  - Recommend changes or additional activities

## Community Conversations

- 10-15 Community Champions
- At least one meeting per Champion (May - Sept)
- Recruit within own social networks, ~10 participants
- Meeting Format
  - Facilitate community discussion on EHE current activities in community
  - Solicit feedback on how to End HIV in their community
- Health Dept. Role
  - Develop guided questions and slide deck if desired
  - Assist with virtual meeting setup if needed
  - Support facilitator during meeting
  - Brief facilitators prior to session
  - Record notes for inclusion in plan development

## Add'l Engagement

- Town Halls (May & Sept)
- End Coalition Meetings
- Joint CPG/RWPC/END Pillar Trainings
- 10 County Dialogues (in development)
- Distribute Survey (in development)

# EHE Community Dashboard

EHEhouston.org



## A Plan for America Ending The Epidemic (EHE)

An initiative to end the HIV  
epidemic by 2030

[Learn More](#)

[Get Involved](#)

## Let **Your Voice** Be The **Difference**



## EHE AT A GLANCE

Tracking progress towards Ending the HIV Epidemic in Houston/Harris County by 2030

ENGAGEMENT IN CARE

[EHEhouston.org](#)



### Age

Aging

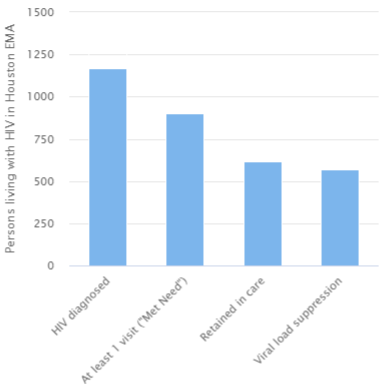
Sex at Birth

Current Gender

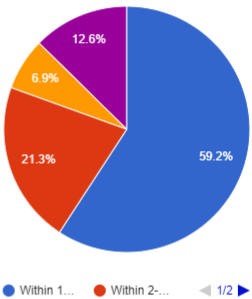
Race by Gender

Transmission Risk

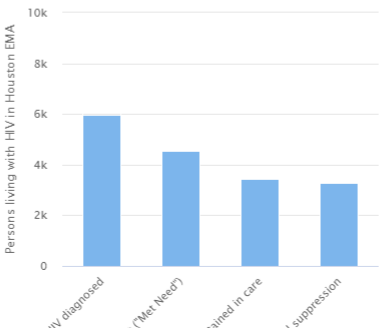
Care Continuum among Ages 13-24



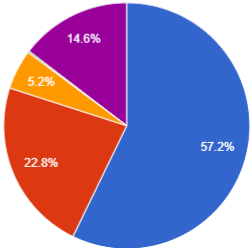
Linkage to Care among Ages 13-24



Care Continuum among Ages 25-34



Linkage to Care among Ages 25-34



Stay up to date on EHE activities by visiting <https://www.ehehouston.org/>

Volunteer to join an EHE committee at <https://www.ehehouston.org/survey>

**For More Information Contact:**

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