

PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

Component B:

Accelerating State and Local HIV Planning to End the HIV Epidemic

The Prince George's County Elimination Plan Summary

1/27/2023



| Ending | the | HIV | Epidemic



Introduction:

While steps toward the elimination of HIV/AIDS have made great strides through the National HIV/AIDS Strategy and Implementation Plan, there is still much underexplored explanations for disparities in populations and regions. The HIV/AIDS service gap in Prince George's County follows national trends among racial/ethnic lines, which also follows gaps in housing, education, employment and health care as well as racially mass incarceration. In many ways, race intersects with poverty, gender and sexuality among other factors and becomes the primary denominator of a multifaceted social condition and the rationalization for massive health inequities.

Prince George's County is home to over 950,000 individuals, 22.1% under 18 and 14.5% over 65 and little over 6.2% under 5 as of the 2020 census. Majority of the county is made up of over 51.7% female with a racial breakdown of 64.1% Black or African American, whites 27.2% followed by Hispanics 20.4%.

Prince George's County is no stranger to HIV/AIDS especially when it borders the District of Columbia, with the highest rates in the tri-state area and Baltimore City with the second-highest rates in the state of Maryland. Prince George's County unfortunately has the highest rates of HIV/AIDS in the state of Maryland and the second-highest rates of Sexually Transmitted Diseases.

This Plan includes:

1. Expanding HIV testing so individuals are aware of HIV status; and identifying persons with HIV who remain undiagnosed and link to health care.
2. Helping individuals with HIV receive treatment to stay healthy and prevent transmission to others; linking and retaining persons diagnosed with HIV in health care to increase virus suppression to remain healthy.
3. Expanding access to Pre-Exposure Prophylaxis (PrEP) to prevent new infections particularly for high-risk persons to remain HIV negative as well as other prevention interventions such as condoms and harm reduction.
4. Expanding the number of providers and training those who provide services to those who treat, care, and prevent HIV and substance abuse.
5. Identifying Clusters and responding immediately to reduce further HIV transmissions.

EtHE 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 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.

EtHE 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 George’s 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

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

Goal 3: Reduce disparities and inequities

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

Section I: Engagement Process

Existing local prevention and care integrated planning bodies

The Engagement Process includes collaboration with key stakeholders including Maryland Department of Health (MDH), Maryland HIV Planning Group (HPG) and the Washington, DC Regional Planning Commission on Health and HIV (COHAH).

The Maryland Department of Health leads the Maryland HIV Planning Group. This group is open to stakeholders in all Maryland Counties and Baltimore City affected by HIV/AIDS, including those living with HIV/AIDS. Prince George’s County has several consumers, partner organizations and Health Department staff that are active appointed members to this group. Several strategies have been incorporated into the operation of the HPG to promote coordination between MDH, local health departments, community-based organizations and Baltimore City HIV planning bodies. These strategies include standing agenda items and cross-membership. For example, members of the Washington, DC Regional Planning Commission on Health and HIV and Greater Baltimore HIV Services Planning Council, including the Chair of the Baltimore Council, have been appointed as members of the HIV Planning Group. The HPG meetings are

used to provide additional comments and recommendations on topics considered by other jurisdictions across the state. The HPG framework will help to structure activities of the planning process throughout the year. The incorporation of epidemiologic data, information about health services, needs assessment results, and evaluation activities and input from various perspectives, including PLWAs and providers is vital to the planning process.

The HIV Elimination Planning process will be collaboratively developed by HIV prevention programs, HIV care and treatment programs, epidemiologist, consumers (those infected and affected by HIV), providers, social services, and criminal justice institutions. These collaborations will help to identify agencies in our jurisdictions and gain a comprehensive understanding of funded projects under both HIV prevention and HIV care and treatment programs to reduce the duplication of services and maximize the use of our resources.

Local Community Partners

Local Community Partners will engage prevention and care agencies and individuals who represent the target population. The engagement of community partners will foster agreement and collaboration as we create a viable plan. Our community partners include Us Helping Us, SLK Health Services, Inc, La Clinica del Pueblo Health Center, Family and Medical Counseling Service, Inc, Heart to Hand, Inc, and specific populations.

Us Helping Us, People Into Living, Inc., a community-based HIV/AIDS service organization committed to reducing HIV infection in the African American community. Us Helping Us was incorporated in 1988 as a support group for HIV-positive black gay men. The organization will identify venues and recruit individuals (both persons who are diagnosed HIV positive and HIV negatives who are considered at higher risk, who will participate in engagement sessions. They will also provide information and engage participants in discussions about their concerns about care and prevention of HIV/STI and other health and social services that create barriers for seeking help. The organization will provide specific data and information to individuals about HIV, other health issues and current resources. Their focus will be on young Black Gay men between the ages of 13-30. Engagements may occur in formal and informal settings. Formal settings are the environments that are in open settings. Informal settings may occur in venues such as homes, tea parties etc., and allowing safe space for everyone and is likely to get broader participation.

SLK Health Services, Inc., an organization that provides outreach efforts for persons living with HIV/AIDS, those at high risk with complex issues such as addiction, psychosocial issues, and homelessness. They will use peers/community workers to work directly with homeless persons, substance users, and victims of domestic violence who may not come to a formal setting, but their voices will need to be heard. The engagement process will listen for service needs and identify the gaps in services. The organization will use the opportunity to educate/inform individuals of resources that exist and how they can continue to contribute to provide information to the plan. The agency will work with us to provide at least two engagement sessions in neighborhood community centers, homeless shelters, and informal street encounters in various communities.

La Clinica del Pueblo Health Center has been involved in working with the Latino community for over 35 years. They also have a long positive relationship with individuals who are afraid to

seek health care, and other social services, for a host of reasons, not withstanding immigration and linguistic challenges. The organization will assist in creating safe spaces as well as provide linguistic support so that we will be able to hear from those who need care, prevention services, and where gaps exist in Prince George's County. They will speak with other providers who can address ways in which to remove those barriers that prevent access to care. Individuals will also be presented with information (demographics, HIV profile, etc.) specific to their target population, receive HIV/Prevention, education and be informed on how they can participate in ongoing feedback during the planning and implementation phase.

Family and Medical Counseling Service, Inc. founded in 1976, as a non-profit health equity and advocacy organization dedicated to improving the health of vulnerable residents by ensuring access to high quality primary health care, regardless of ability to pay. The organization has provided harm reduction services to the residents in Prince George's County for the past 2 years. They will facilitate our engagement opportunities with those who are actively involved with substance use.

Heart to Hand, Inc. (H2H), grassroots, 501 (c) (3) nonprofit organization serving the Prince George's County community, as well as parts of Montgomery County. Conceived at the kitchen table of two African American women, H2H opened its doors in 1999 to combat the rapid rise of HIV among African-American women. Now in its 18th year, H2H provides health support services and medical care to all low-income residents living with a chronic illness, with a focus on HIV/AIDS. H2H provides testing, health education, and resources to 1,500 individuals annually. They will engage residents in our most HIV prevalent areas and hard-to-reach.

Youth and Young Adults will be engaged utilizing several techniques, movie theaters, social media (Facebook, Instagram, Snapchat, etc.), at five recreational centers (Xtreme Teens events) during evening activities. These will be short sessions utilizing a questionnaire process and may include refreshments for participation. Bowie State and University of Maryland students will also participate throughout the year providing valuable information about concerns, health assessments, and service needs.

LGBTQ youth (National HIV Organizations) will be asked to send at least 2-3 individuals from their youth services to participate in an engagement session. We will also have a young person from the LGBTQ community to facilitate this process for education and information.

Representatives from the State and local health departments will attend the engagement sessions to present data with a focus on the LGBTQ community.

Local Service Provider Partners

Stakeholders across Prince George’s County will partner in planning provide some of the needed services and interventions through funding from Prince George’s County Health Department (PGCHD). Using the HIV surveillance data, we will be able to better identify individuals who are most vulnerable including the areas in the county where viral loads are highest. Planning will include an assessment of needs and HIV services across the continuum of prevention, care and treatment. County specific data will allow Prince George’s County Health Department, consumers and other stakeholders an opportunity to better understand successes and challenges to ending the HIV epidemic and plan accordingly. Guidance given by the Prince George’s County Health Department, consumers and providers on how to devote the resources for interventions most supportive of the continuum of care demonstrated by the Cascade, i.e., to the recruitment, testing, linkage of persons living with HIV, treatment, retention and to being virally suppressed. This will include the following County Institutions and the newly established advisory group:

- **Prince George’s County Health Department** will facilitate two Provider engagement meetings. One meeting will include all current HIV/AIDS providers in the county and those serving similar populations but for other prevention, care and treatment services. The second meeting will include medical facilities, Hospitals, FQHC’s and FQHCs look alike, pharmacies, and Behavioral Health agencies.
- **Prince George’s County Department of Social Services**, engagement will include all county agencies. Data on the epidemic, current services, and gaps will be presented. The Deputy Chief Administrative Officer for Health, Human Services and Education will facilitate discussions on what is needed and how HIV/STI education and prevention strategies can be incorporated across all agencies.
- **Educational institutions** in the County, including universities, colleges and the public-school system engagement sessions will include data presentations, detailing information about the epidemic, workforce/health development and integration of prevention services in the institutions. These engagements will include students and staff.

People Living with HIV (Age 13+), Prince George’s County, 2021

	N	%
Sex (Age 13+)		
Male	5,505	67.9
Female	2,602	32.1
Race/Ethnicity (Age 13+)		
Black, NH	6,701	82.7
Hispanic	672	8.3
White, NH	322	4.0
Asian, NH	44	0.5
Other	362	4.5
Country of Birth (Age 13+)		
United States	6,515	81.6
Foreign-born	1,281	15.8
Unknown	211	2.6

	N	%
Age at Diagnosis (Age 13+)		
13-19 Years	47	0.6
20-29 Years	676	8.3
30-39 Years	1,820	22.4
40-49 Years	1,831	22.6
50-59 Years	2,172	26.8
60+ Years	1,561	19.2
Exposure (Age 13+)		
Male-to-male Sexual Contact (MMSC)	3,898	48.1
Injection Drug Use	543	6.7
Male-to-male Sexual Contact and IV drug use	195	2.4
Heterosexual	3,344	41.2
Perinatal	96	1.2
Other/Unknown	31	0.4

Source: PGCHD Epidemiology

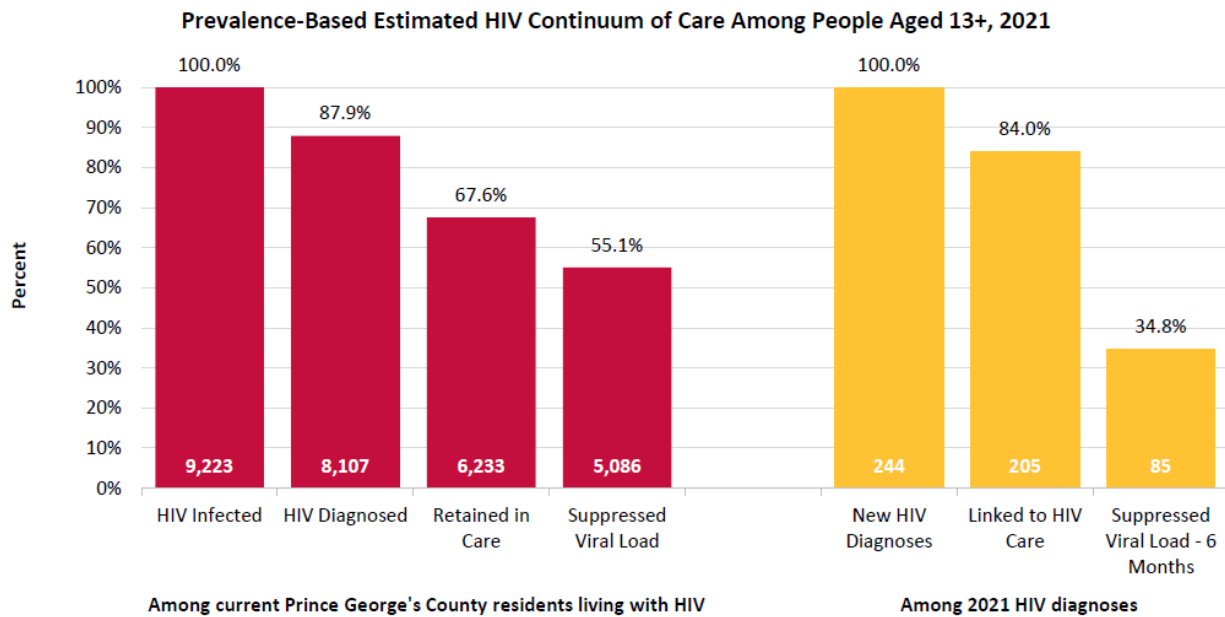
People Living with HIV (Age 13+) by Ratio, Prince George’s County, 2021

1 in 99 Overall Residents	1 in 70 Male Residents	1 in 161 Female Residents	1 in 75 Black, NH Residents	1 in 215 Hispanic Residents	1 in 3150 White, NH Residents
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Continuum of Care

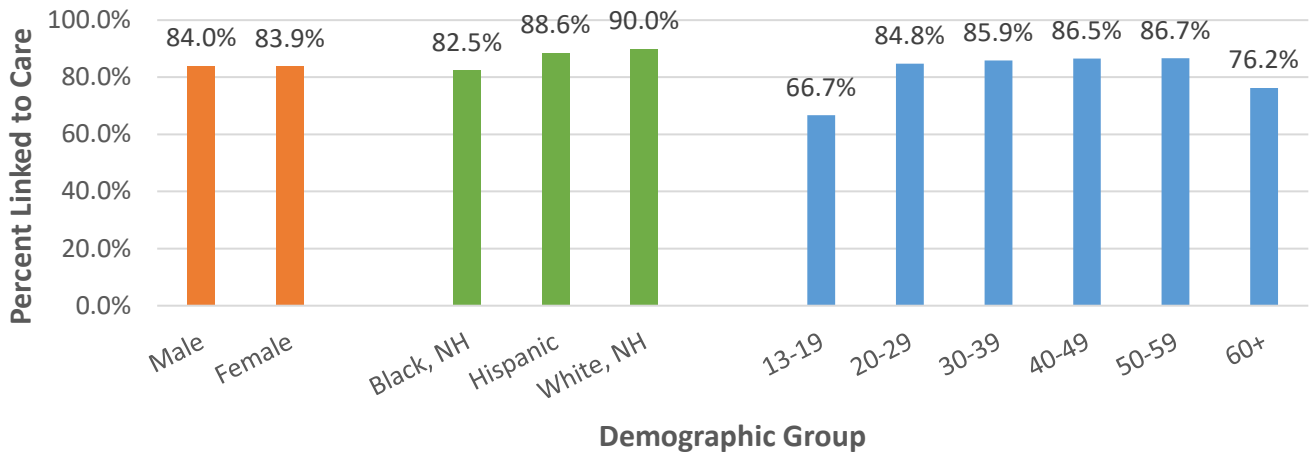
Prevalence-Based Estimated HIV Continuum of Care, Prince George’s County, 2021

Nearly seven in ten residents with HIV in the county are retained in HIV care, and 55.1% have a suppressed viral load, similar to Maryland overall (70.7% and 58.8%, respectively). Of the 244 new HIV diagnoses in 2021, 205 cases (84.0%) were linked to care within one month, similar to Maryland overall (85.8%). 34.8% of new cases had a suppressed viral load within 6 months of diagnosis, which is the same percentage for Maryland. In 2021, linkage to care within one month was similar for males and females. It was lowest among those aged 13-19.



Source: Prince George’s County Epidemiological Profile 2021

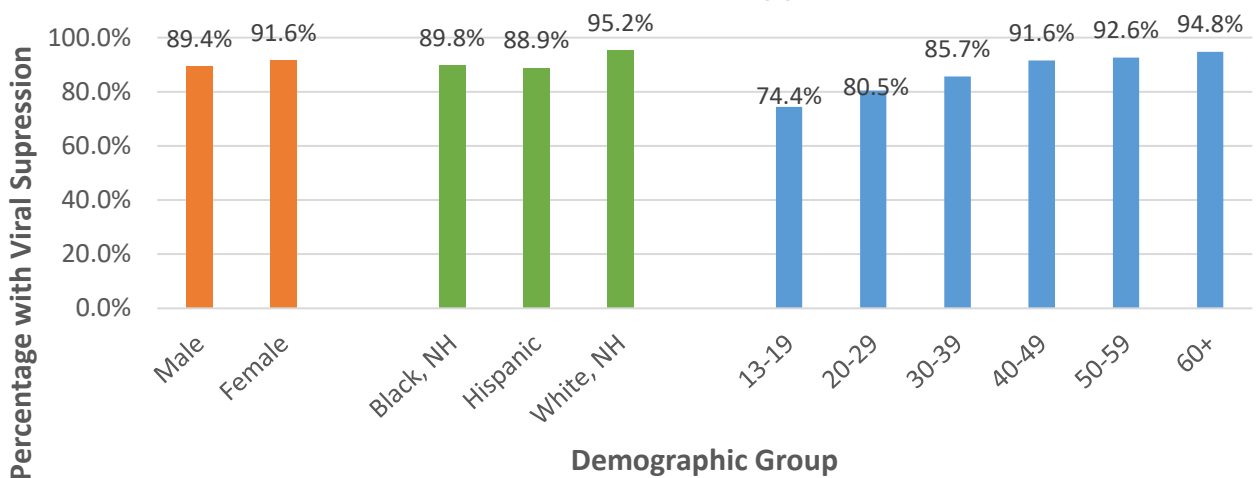
New HIV Diagnosis (Age 13+) - Linked to Care Within One Month Prince George's County, 2021



If interested in additional data.... [Prince George's County Annual HIV Epidemiological Profile 2021](#)

In 2021, 90.1% of living HIV cases (ages 13 and older) in Prince George’s County had a suppressed viral load. Viral load suppression increased with age; three-quarters of living HIV cases 13-29 years of age were suppressed, compared to nine out of ten cases ages 40 and older.

Living with HIV Diagnosis (Age 13+) Viral Load Test Results - Suppressed



Residents at Higher Risk

In Prince George’s County, populations with a higher risk of HIV have remained consistent in

recent years. Since 2010, new HIV diagnoses remained concentrated among Black, non-Hispanic residents, residents ages 20 to 39 years, and men who have sex with men (MSM).

A major component of the Ending the HIV Epidemic initiative is pre-exposure prophylaxis (PrEP) for HIV-negative individuals with an elevated risk. In 2018, according to the Centers for Disease Control and Prevention¹, PrEP coverage was 14.3% in Maryland, lower than the 18.1% nationwide. However, there is a large disparity of PrEP coverage by race and ethnicity; among white individuals, PrEP coverage was 42.1% in 2018, but among Hispanic individuals, coverage was 10.9%, and only 5.9% among black individuals. Equitable PrEP uptake is critical in the county since the populations with the lowest estimated coverage comprise most new HIV cases.

One in ten living HIV cases in Prince George’s County were exposed to HIV through intravenous drug use (IDU) alone or MSM with IDU. In 2016, the Maryland Youth Risk Behavior Survey (YRBS) reported that 4.1% of Prince George’s County high school students had injected an illegal drug with a needle at least once during their life – significantly higher among students identifying as gay, lesbian or bisexual (10.6%) compared to those identifying as heterosexual (2.5%). Gay, lesbian or bisexual high school students were also more likely than heterosexual students to report several sexual risk behaviors:

¹Harris NS, Johnson AS, Huang YA, et al. Vital Signs: Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis — United States, 2013–2018. MMWR Morb Mortal Wkly Rep 2019; 68:1117–1123. DOI: <http://dx.doi.org/10.15585/mmwr.mm6848e1>

	Heterosexual	Gay, Lesbian or Bisexual
Ever had sexual intercourse	27.8%	40.8%
Had sexual intercourse before age 13	4.1%	11.4%
Had sexual intercourse with 4+ persons	5.5%	11.7%
Drank alcohol or used drugs before last sexual intercourse	12.6%	38.2%
Did not use a condom during last sexual intercourse	34.0%	53.2%

As of September 30, 2019, the new Family and Medical Counseling Services’ Syringe Services Program has enrolled 112 program participants. During that same quarter, 9,800 sterile syringes were distributed, and 4,563 used syringes were collected, with 111 referrals made for a variety of health and behavioral care services including HIV testing.

Barriers

Many barriers to care have been recognized by providers and consumers of HIV care and services in Prince George’s County. Listed below are those barriers identified as the most prominent current obstacles for delivering and/or accessing HIV care and services:

- Provider Shortages
- Provider Collaboration
- Accessibility and Availability of Services
- Quality and Cultural Competency of Providers

- Lack of Client Knowledge of Available Services
- Stigma
- Substance Abuse
- Cost
- Transportation
- Housing

There are over 640 immigrants living with HIV/AIDS in Prince George’s County. One of the fastest growing immigrant populations are those arriving from African Countries representing 32% of the county immigrant population with AIDS. Currently there are no funded agencies who address the cultural and linguistic needs for those seeking HIV/AIDS services among these populations. Both language and stigma have kept many of them from seeking care. As this population grows, we will need to work with providers who can engage them in care and treatment. This means we will need to expand our efforts to get members of this population tested and linked to care with experienced providers who are able to retain them in care and treatment.

Partners

Through the various health department programs ((HIV services, school-based clinics, STI clinic, and Reproductive health) and our community partners we are able to make great strides to End the HIV Epidemic in the county. Our partners are diverse and include hospitals, community-based organizations, private providers, FQHC’s, criminal justice system (jails, juvenile detention centers, Behavioral Health (Sexual Health Clinics), colleges and universities, local community members, health professionals, business community, PLWHA.

EHE Planning

DIAGNOSE	
Goal:	Diagnose 75% of Prince George’s County residents living with HIV within 5years.
Objectives:	<ul style="list-style-type: none"> • Increase access to HIV testing in community venues with the highest burden of HIV infection • Increase public awareness through social media testing and treatment. • Increase routine testing in all five emergency rooms in hospitals in Prince George’s County.
Key Activities	<ul style="list-style-type: none"> • Develop targeted testing opportunities that are culturally appropriate and low barrier, including geographic areas with high prevalence rates. • Establish routine HIV testing programs in hospital and care systems, particularly urgent care centers, outpatient clinic systems and mobile units.

	<ul style="list-style-type: none"> • Recruit community members to interact with clinical providers to encourage routine testing. • Work with payers to incentivize routine HIV testing.
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TREAT	
Goal:	Engage 75% of persons with HIV in ongoing HIV care and treatment in 5 years to reach sustained viral suppression, reduce HIV-associated morbidity, prolong the duration and quality of survival and Prevent HIV transmission.
Objectives:	<ul style="list-style-type: none"> • Develop RAPID models that will include same-day treatment or within 5 days access to a medical provider after diagnosis. • Increase access points to care and treatment for HIV/AIDS, including Telehealth. • Increase our <i>workforce with community health workers</i>, who can provide Linkage to Care activities in targeted communities.
Key Activities	<ul style="list-style-type: none"> • Provide networking strategies and trainings for Prince George’s County providers to work with each other through collaboration projects and create seamless opportunities of care. • Expand access points to care through community providers (FQHCs, private doctors, etc.) • Increase linkage to care activities in communities with a high burden of HIV and among targeted populations. • Increase in viral load suppression.
Strategies	<ul style="list-style-type: none"> • Increase Outreach and EIS services to be used in specific geographical areas of the county, including Telehealth access. • Provide services for transgender persons, young Black and Latino gay, bisexual and same-gender-loving men, and Black/Latino women throughout Prince George’s County. • Implement HIV care and treatment for Prince George’s County’s underserved communities and vulnerable populations by providing funding for services to all, regardless of ability to pay, by integrating primary care into behavioral health through a Federally Qualified Health Centers, (FQHCs) and FQHCs look alike Health Centers that can provide a comprehensive set of health services. • Provide essential support services such as Medical Transportation and Nutritional services (by a Nutritionist) to clients. • Train local OB/GYN, Primary Care, and Infectious Disease providers on routinizing HIV testing, testing resources, local support services, and reporting protocols with a focus on targeted areas.

	<ul style="list-style-type: none"> • Increase partner services to be included in FQFCs, and community-based programs. • Enhance Continuous Quality Management (CQM) program through evaluation of client, program and system level activities and implementation of quality improvement initiatives.
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PREVENT	
Goal:	Increase access to proven prevention interventions, including PrEP, a biomedical intervention that can prevent HIV infection, Syringe Services Programs (SSPs), motivational, behavioral activities and condom distribution by 75% in 5 years.
Objectives:	<ul style="list-style-type: none"> • Increase providers who will provide PrEP • Implement extensive provider training in Prince George’s County to expand access to PrEP and patient awareness. • Develop and implement condom distribution centers in high risk communities. • Develop and implement a community and provider referral tree among Prince George’s County PrEP network, including access to Telehealth.
Key Activities	<ul style="list-style-type: none"> • Work force development: Train DIS, Partner Services staff, clinicians and HIV prevention workers on how to address and include PrEP as an option for different periods of individual lives as their circumstances change. • Continue and expand PrEP navigation and support programs. • Expand the number of providers offering or referring to PrEP • Continue outreach to communities and persons that can benefit from PrEP • Develop community engagements to promote the acceptability of Harm Reduction Programs and behavioral interventions. • Ensure that condoms are available in high prevalence venues and communities.

Strategies	<ul style="list-style-type: none"> • Implement social marketing efforts to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities). • Conduct both promotion and distribution activities at the individual, organizational, and community levels. • Conduct Consumer training on Self-Management programs and provide ongoing support. • Distribute condoms in the targeted zip code areas, such as local stores, community centers, social services, pharmacies and condom dispensing machines. Outreach workers who interact with these prioritized groups regularly and consistently will have condoms available to distribute and information about PrEP. • Develop a media campaign emphasizing the importance of PrEP in HIV prevention. • Work with payers to improve coverage of PrEP. • Continue outreach to communities in specific zip codes, and venues such as hair salons, barbershops, local businesses, and entertainment where persons can benefit from PrEP and train owners on how to introduce PrEP as an option for prevention. • Develop a referral system and conduct trainings for Prince George’s County Social Services (Domestic Violence, Child Protection, etc.) and colleges and universities on introducing PrEP as an option for prevention. • Provide training and capacity building to PrEP providers who wish to participate in a demonstration program aimed at reaching specific individuals most at risk and in high prevalence areas. First year, if successful increase to full programs in year 2-5. • Identify and build the capacity of community-based organizations who will work with behavioral providers in implementing a collaboration for harm reduction and treatment of substance use and HIV/AIDS. • Enhance Continuous Quality Management (CQM) program through evaluation of client, program and system level activities and implementation of quality improvement initiatives.
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RESPOND	
Goal:	Increase the capacity to rapidly respond, detect, and prevent new HIV infections by identifying and investigating active HIV transmission Clusters
Key Activities	Ensure that Prince George’s County Health Department, community agencies and providers have the technology and personnel resources to investigate all related HIV cases to stop chains of transmission.

<p>Strategies</p>	<ul style="list-style-type: none"> • Identify clients and clusters who can be served through HIV/STI Partner Services to ensure that these clients at the greatest risk for HIV-infection are aware of their serostatus and assist with partner notification. • Develop and implement collaborations with HIV/STI partner services and disease control program staff at the local health department in Prince George’s County, area providers and organizations to ensure all clients are successfully linked to HIV care and receive appropriate treatment. • Strengthen and expand relationships with community providers to rapidly detect and respond to active HIV transmission clusters. • In conjunction with Maryland Department of Health surveillance team, develop a comprehensive training for Community Outreach Workers, DIS staff, and providers who will be known as the <i>Response Team of PGCHD</i> for clusters from identification to rapidly navigating clients to primary care and support services. • PGCHD social media unit will work with the PGCHD response team to utilize all forms of social media to educate individuals in the cluster areas for prevention and care.
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Prince George’s County HIV Advisory Council

PGCHD will establish a Prince George’s County HIV Advisory Council. The council will be known as Prince George’s Council on HIV (PGC on HIV). PGC on HIV will consist of no more than 40 representatives from Prince George’s County including community-based programs, social services, hospitals, educational institutions and consumers; intentionally selecting young MSMs, transgender women, and persons with personal knowledge of substance use, and residents who live in high HIV prevalent areas. The Prince George’s County HIV Advisory Council will increase the planning focus on the unique needs of Prince George’s County’s priority populations and the diverse health care infrastructure.

The Prince George’s County HIV Advisory Council will meet every other month to discuss and recommend to the Health Department what will strengthen Prince George's County’s EtHE final plan to Eliminate HIV by 2030.

If you’re interested in joining the PGC Advisory Council [Click here](#) to access the PGC HIV Advisory Council Application.

Visit our website at Health.mypgc.us/EndingHIV to learn more about Ending HIV in Prince George’s County.