The Enhanced Comprehensive HIV Prevention Plan for the Baltimore-Towson Metropolitan Statistical Area

EXECUTIVE SUMMARY

In September 2010, the Maryland Department of Health and Mental Hygiene (DHMH) Infectious Disease and Environmental Health Administration (IDEHA) received funding from the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention to develop an Enhanced Comprehensive HIV Prevention Plan (ECHPP) for the Baltimore-Towson Metropolitan Statistical Area (MSA). The primary goals of the ECHPP process are to identify the optimal combination of coordinated HIV prevention, care, and treatment services that can maximize the impact on reducing new HIV infections in the Baltimore-Towson MSA. The ECHPP addresses gaps in current HIV prevention strategies and coordination of HIV prevention, care and treatment services, and recommends activities to strengthen and refocus current efforts. The Baltimore-Towson ECHPP is comprised of two components: 1) a situational analysis to assess the current implementation of the 24 required and recommended interventions specified by CDC in the funding announcement; and 2) specific goals, strategies and objectives for each intervention to achieve the optimal combination of prevention, care and treatment activities in the MSA.

The Baltimore-Towson MSA consists of Baltimore City and six surrounding counties in Maryland; Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's. The development of the Baltimore-Towson ECHPP included collaboration with public health and community stakeholders throughout the Baltimore-Towson MSA, including the seven local health departments and five HIV/AIDS community planning bodies. In addition to engaging external stakeholders, IDEHA convened an internal workgroup composed of HIV and STI prevention, care/treatment, and surveillance staff to conduct collaborative planning for the MSA. IDEHA partnered with stakeholders to assess and describe the current level of implementation for each of the 24 required and recommended interventions, including data on program funding, activities, reach and outcomes. IDEHA also collaborated with Dr. David Holtgrave, Chair of the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health, to estimate key HIV transmission rates for the Baltimore-Towson MSA, analyze the cost effectiveness of various HIV testing approaches, develop a resource optimization model to inform the allocation of current resources, and quantify the additional resources that would be needed to reach the prevention goals of the National HIV/AIDS Strategy (NHAS).

The findings of the mathematical modeling indicate that there are currently insufficient resources to meet the NHAS HIV prevention goals in the Baltimore-Towson MSA. However, strategic redirections of current resources could significantly increase the number of infections averted and lower transmission rates. National estimates of HIV transmissions rates for persons aware and unaware of their HIV status indicate that knowledge of serostatus and engagement in HIV treatment can decrease the HIV transmission rate by more than two-thirds (Marks et al., 2006). Using the formulas developed by Dr. Marks, Dr. Holtgrave estimated the HIV transmissions rate for persons living with HIV (PLWH) who are unaware of their serostatus in the Baltimore-Towson MSA to be 9.5, which is more than three times the rate of PLWH who are aware of their serostatus (3.0). Among PLWH who are aware of their serostatus, the small percentage of individuals who engage in high-risk sexual and/or needle sharing behaviors have the highest transmission rate (18.7). These estimates, along with the resource optimization model developed by Dr. Holtgrave, indicate that interventions that increase knowledge of serostatus, increase linkage and adherence to HIV medical care, and decrease risk behaviors among PLWH would have the greatest impact on reducing new HIV infections in the Baltimore-Towson MSA. Based on these findings and the assessment of current programming, Maryland will increase implementation of the following interventions/public health strategies: routine HIV screening in clinical settings; targeted HIV testing in non-clinical settings; initial and ongoing HIV/STI partner services; activities to support linkage to care,

retention in care, and adherence to antiretroviral treatment; and risk reduction interventions for PLWH. In order to increase these interventions, resources through the CDC "flagship" HIV prevention cooperative agreement for behavioral interventions for HIV-negative persons will be decreased and redirected.

Increasing knowledge of serostatus and engagement in care will require partnership between public and private providers. Since different testing strategies and locations reach unique populations, it is important to offer both routine and targeted HIV testing in a variety of clinical and non-clinical settings. Routine HIV screening in the Baltimore-Towson MSA will be increased through capacity building to promote the integration of HIV testing into routine medical care and substance abuse treatment services, technical assistance to establish protocols for reimbursement for routine HIV testing by third party payers, and increased collaboration with federal, state and local partners to develop system-wide changes in HIV testing practices. HIV testing in non-clinical settings will be enhanced by increasing utilization of epidemiological data and program monitoring to ensure that HIV testing programs are located within the geographic areas with the greatest burden of disease and targeted to the populations at highest risk for HIV transmission or infection. Non-clinical testing programs will be expanded by funding additional community-based organizations for testing among the populations at greatest risk for HIV infection in the Baltimore-Towson MSA. Partner services ensures that the persons at highest risk for HIV infection (i.e. the sexual and needle-sharing partners of persons living with HIV) are notified of their potential exposure, provided access to HIV/STD testing, and linked to prevention, care and support services. HIV/STI partner services in the Baltimore-Towson MSA will be expanded by increasing funding for field and supervision staff, implementation of Maryland's Internet-Based Partner Services Program and continued efforts to more fully interface with private testing providers. Activities to support linkage to care, retention in care, and adherence to antiretroviral treatment will be increased through expanded availability of Ryan White linkage-to-care and case management services, enhanced coordination between HIV testing, HIV/STI partner services, linkage –to-care-programs and HIV care providers, and revised linkage-to-care protocols for IDEHA-supported HIV testing programs.

While knowledge of serostatus and medical treatment for HIV play a significant role in reducing HIV transmission, interventions to support high-risk persons living with HIV in reducing their unsafe sexual and/or needle-sharing behaviors can further decrease new infections and improve health outcomes for PLWH. In addition to reviewing the current HIV prevention portfolio and reallocating existing health education and risk reduction (HERR) resources for PLWH programming, IDEHA will work with the robust and collaborative HIV care system in the Baltimore-Towson MSA to expand the provision of risk assessment and risk reduction interventions for PLWH as part of ongoing HIV care and support services. IDEHA will be partnering with an academic entity to review national best practices for the integration of prevention interventions into HIV medical care and support services and to assess current provider practices in the Baltimore-Towson MSA. IDEHA and the Baltimore City Health Department (the recipient of Ryan White Part A funds for the Baltimore EMA) will also be working with the HRSA HIV/AIDS Bureau, the HRSA Bureau of Primary Health Care, and the AIDS Education and Training Centers (AETC) to increase the integration of prevention in all HIV care settings, regardless of funding source.

Maryland will decrease the level of CDC "flagship" HIV prevention cooperative agreement investment for intensive behavioral risk reduction interventions with HIV-negative persons. However we will continue some level of investment due to the high incidence and prevalence of HIV in the Baltimore-Towson MSA and the existing capacity of local health departments and community based organizations to deliver evidence-based risk reduction interventions. To maximize the impact of limited resources, these interventions will be implemented in the highest prevalence areas of the MSA with communities

with the highest rates of HIV infection (e.g. African American MSM, active substance users, heterosexual men and women at greatest risk of HIV infection). Maryland will also explore briefer evidence-based risk reduction interventions (e.g. Safe in the City) that are less resource intensive to maximize the reach/impact of our interventions with HIV-negative persons. Finally, Maryland will increase coordination across prevention services to minimize missed opportunities for prevention by developing mechanisms to ensure that high-risk individuals who are encountered through HIV testing and partner services are linked to additional risk reduction interventions.

Across all prevention interventions, effective targeting is an essential component of maximizing the impact of HIV prevention interventions, by ensuring that programs serve those at the greatest risk of transmitting or acquiring HIV. The assessment of current prevention programming conducted as part of the situational analysis, indicated that prevention services are not being sufficiently targeted to high-risk persons in the Baltimore-Towson MSA. Of particular note are the low numbers of MSM being served by current HIV testing and HERR programs. In light of the recent rapid increase in the proportion of new HIV diagnoses that are MSM (from 16% in 2001 to 38% in 2009) and data from the National Behavioral Surveillance System which showed high rates of HIV infection and substantial rates of unrecognized HIV infection among Baltimore MSM during both the 2004 and 2008 MSM testing periods (58.4% and 74.4%), there is a need to significantly increase HIV prevention efforts targeted to MSM in the MSA. In order to increase program targeting, IDEHA will be working closely with providers to ensure that they are utilizing local HIV and STI surveillance data to develop targeting strategies based on their local epidemiology and working in partnership with HIV/STI partner services programs to provide prevention services to individuals who are known to have been exposed to HIV (i.e. partners of PLWH).

In addition to the major shifts in HIV prevention programming described above, Maryland will increase funding for condom distribution targeted to PLWH and persons at highest risk for HIV infection in the Baltimore-Towson MSA, implement a social marketing campaign targeting African American MSM and transgender persons, explore the feasibility of pharmacy-based syringe exchange, and develop local guidelines for the provision of non-occupational post-exposure prophylaxis. IDEHA will also continue capacity building and policy efforts to decrease perinatal HIV transmission and increase the provision of comprehensive sexual health education in public schools.

A key component of the Baltimore-Towson ECHPP is significantly increasing partnerships across funding sources and with private providers to ensure effective coordination of services and leverage additional resources. In order to achieve the planned systems change and maximize impact, IDEHA will be working with the community health centers in the state through both the HRSA Bureau of Primary Health Care and through the state primary care associations; with the SAMSHA grantees in the state, including the DHMH Alcohol and Drug Abuse Administration; the AIDS Education and Training Centers (AETC); and private sector associations such as MedChi (the state's medical society), the Board of Pharmacists, and the Maryland Hospital Association.

Although the ECHPP process was intended specifically for the Baltimore-Towson MSA, IDEHA has chosen to apply the resource optimization modeling and strategies for increasing coordination across the HIV prevention, care and treatment continuum to the entire state. IDEHA will be working closely with the partners mentioned through the ECHPP documents to develop, implement, and monitor these comprehensive plans and believe that this focused approach will move Maryland closer to achieving the goals of the National HIV/AIDS Strategy.