

Twelve populations top priority in HIV prevention

The 2004-2006 HIV Prevention Comprehensive Plan approaches prevention by stressing increased counseling and testing and greater emphasis on targeting prevention programs to HIV-positive people.

The Houston HIV Prevention Community Planning Group, which develops a plan with assistance from the Houston Department of Health and Human Services (HDHHS), ranked people with HIV, black men, black men who have sex with men, black women and white men who have sex with men as the top priority populations. A majority of federal funds, received by HDHHS through the Centers for Disease Control and Prevention, will be allocated during the next two years to prevention programs and services targeting these population segments.

The second tier of prioritized populations are black adolescents in the 13 to 19 age group, Hispanic men who have sex with men, blacks in the 20 to 24 age group, Hispanic women, Hispanics in the 20 to 24 age group, Hispanic adolescents in the 13 to 19 age group and Hispanic men.

The CPG assessed 27 population segments and narrowed them to the 12 prioritized populations. Factors considered by the CPG while prioritizing populations include AIDS incidence, barriers to HIV outreach programs, the size of each at-risk population segment and their incidence of sexually transmitted illnesses such as gonorrhea and syphilis, emerging issues and the extent of available prevention resources.

The CPG also considered data gathered through two community needs assessments. The first was a behavioral rapid needs assessment that surveyed 11 population segments about sex and drug-use practices, risk behaviors and met and unmet HIV

prevention needs. The second explored HIV prevention attitudes and behaviors among HIV-positive people living in Houston.

Among the findings of the rapid needs assessment are:

- Asian Pacific Islanders, Latina immigrants and women who have sex with women are likely to have fewer sexual partners,



Target Populations Recommended for Funding

1. People with HIV*
2. Black men*
3. Black men who have sex with men*
4. Black women*
5. White men who have sex with men*
6. Black adolescents in the 13 to 19 age group
7. Hispanic men who have sex with men
8. Blacks in the 20 to 24 age group
9. Hispanic women
10. Hispanic in the 20 to 24 age group
11. Hispanic adolescents in the 13 to 19 age group
12. Hispanic men

* Primary Funding Tier

- Black and Latino men who have sex with men, black women and African immigrants are likely to have more sexual partners,
- Transgendered individuals and HIV-positive people are likely to have high numbers of sexual partners (although this could not be established as a standard in the study),
- Women who have sex with women and Asian Pacific Islanders have the lowest rate of protected sex (self-reported) and members of both groups tend to have only one partner,
- Transgendered and HIV-positive men have the highest rates of alcohol and drug use, intravenous drug use and sexually transmitted infections,
- Black men have among the highest HIV rates, but low-to-moderate sexually transmitted disease rates; this may reflect decreasing rates of unprotected sex and may predict decreasing HIV infection rates, and
- Latino men who have sex with men have moderate-to-high sexually transmitted disease rates and moderate-to-high HIV infection rates; this may indicate higher rates of unprotected sex, lower rates of HIV testing and may predict increasing HIV infection rates.

The rapid needs assessment states that behavioral data represents only baseline values and any conclusions drawn are tentative. It recommends follow up and tracking the data on an annual basis.

The study on prevention attitudes and behaviors among HIV-positive people noted that the scientific literature recognized only a few years
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Prevention focus changes to people with HIV

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ago the importance of delivering prevention interventions to HIV-positive individuals. That may have been in part due to the mistaken belief that HIV-infected people would not need encouragement to practice safer sex after learning their HIV status.

In addition to focusing on the behaviors of healthy people to reduce the risk of becoming infected, attention now is also given to the behavior of those with HIV to reduce transmissions.

The study on prevention attitudes found there is considerable sexual activity among the HIV-positive population:

- Fifty-two percent reported having two or more sex partners during the previous year. Of the 38 percent describing themselves as in a marriage or committed relationship, 34 percent reported two or more sex partners in the past year.
- Although 89 percent reported using a condom at least some of the time, 11 percent reported never using one. As in other studies, a significant proportion of the study participants,



between 15 percent and 25 percent, feared a sexual partner's reaction to the suggestion of condom use and was unsure of their ability to correctly use a condom or negotiate its use. While men appear more likely than women to use a condom, their confidence in their ability to use one consistently is linked to the belief that condom use is "good."

- A significant majority of both men and women endorse the idea of disclosure of HIV status. However, approximately 20 percent do not routinely disclose their HIV status to partners and more than one-

third consistently fail to learn the status of their partner.

- Twenty-eight percent of study participants believe that having only one sex partner protects against HIV.

The study, which surveyed 217 HIV-positive people and conducted focus groups with 21 survey respondents, prompted the CPG to strongly recommend that local prevention efforts begin to focus on effectively coordinating prevention and primary care services for people with HIV. It stressed taking advantage of the influence that medical and mental health care providers have with their patients and clients. It recommends using those professionals as sources of education and motivation to reduce risky behavior.

Additionally, the CPG recommends that interventions directed at HIV-positive people emphasize building specific skills needed for effective negotiation with sexual partners and disclosure of HIV status. Finally, it emphasizes the need to increase the number of people who know their HIV status by making testing even more widespread and accessible.

Prevention plan's findings, recommendations

Below are additional findings and recommendations in the 2004-2006 HIV Prevention Comprehensive Plan.

- A substantial incidence of unsafe sexual and drug-use practices among populations at high risk for HIV could explain an increase in sexually transmitted diseases.
- There is a need for more prevention efforts at sites where HIV-positive men meet for anonymous sex.
- HIV-related needs assessments for adolescents, particularly black and Hispanic adolescents, are needed.
- The most useful intervention in most cases is a community level intervention.
- There are significant gaps in knowledge about scientifically tested interventions for Hispanic populations, including men who have sex with men, men who have sex with women and sexually active adolescents.
- Current CPG recruitment efforts focus on increasing the participation of adolescents and white men who have sex with men.

HDHHS' carries out various roles in HIV prevention

Aside from its role as facilitator for the Houston HIV Prevention Community Planning Group, the Bureau of HIV/STD Prevention at the Houston Department of Health and Human Services (HDHHS) provides assistance to other similar groups. It also serves as a facilitator for the State of Emergency Task Force, targeting the city's African-American community, the Latino HIV Task Force, targeting Hispanics, and the Syphilis Elimination Advisory Committee.

In fact, the Bureau of HIV/STD Prevention also coordinates an array of initiatives and community outreach activities. It distributes federal funds through grants to community-based organizations that develop innovative prevention activities aimed at reducing the transmission of HIV and other sexually transmitted diseases. In 2003, HDHHS distributed approximately \$2.9 million to local agencies for prevention programs.

The Bureau of HIV/STD Prevention also administers the Medical Center STD clinic, located at 1115 S. Braeswood in the Texas Medical Center. The clinic offers counseling and testing for HIV and other sexually transmitted diseases.

Staff members with the bureau's Perinatal HIV Prevention Program provide case management services to HIV-positive women of childbearing age and women at high risk of HIV infection.

The Bureau of HIV/STD Prevention also serves as a resource for community-based organizations and offers them training, technical and grant-writing assistance and printed educational materials.

The bureau uses an HIV mobile unit – a customized 40-foot truck – to take its education, counseling and testing services directly to the community, especially high-risk or hard-to-reach populations. Bureau



employees staffing the mobile unit are able to provide confidential testing for HIV, syphilis and chlamydia.

The Bureau of HIV/STD Prevention provides prevention education to the public through printed materials and a telephone information line and distributes condoms and other

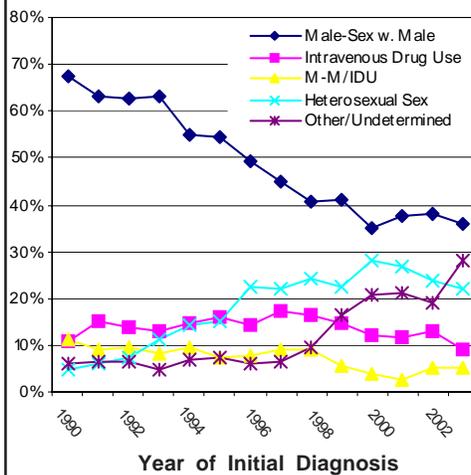
barriers that reduce the spread of sexually transmitted diseases.

Moreover, HDHHS provides HIV testing through family planning and maternity clinics at all its health centers and HIV counseling and testing at four STD clinics. It offers case management for HIV-infected men, women, children and families.

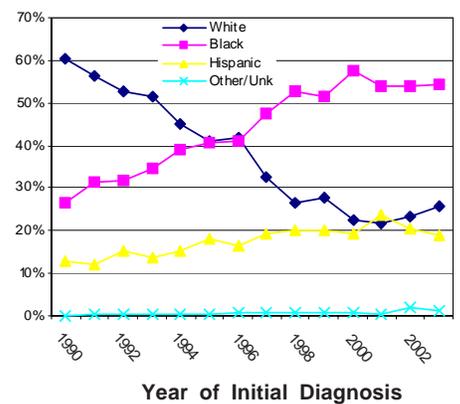
HDHHS also tracks the epidemic locally through cases of sexually transmitted diseases reported by medical providers.

Tracking HIV, AIDS in Houston & Harris County

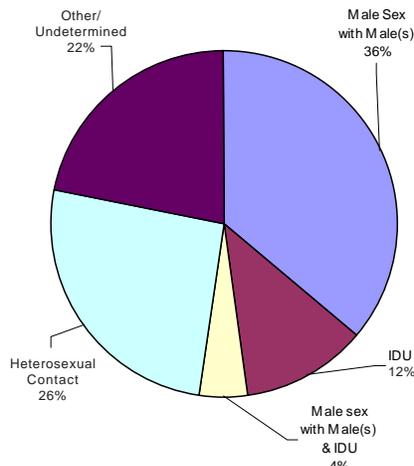
Diagnosed AIDS Cases by Risk 1990-Sept. 2003



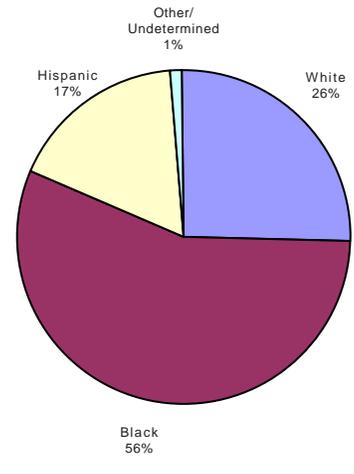
Diagnosed AIDS Cases by Race/Ethnicity 1990-Sept. 2003



Reported Adult HIV cases in Houston & Harris County By Identified Risk Jan. 1999-Sept. 2003



Reported Adult HIV cases in Houston & Harris County By Race/Ethnicity Jan. 1999-Sept. 2003



Members sought for prevention planning group

Representation of communities infected or affected by HIV is key to ensuring the Houston HIV Prevention Community Planning Group remains receptive to the prevention needs of all population segments in Houston.

The group is currently seeking people interested in serving as members.

Members will assist the group in assessing current community HIV prevention activities and identifying effective prevention interventions. The assessments will result in the development of a comprehensive HIV prevention plan aimed at decreasing the incidence of HIV in Houston.

Residents of Houston may nominate themselves to the group, which includes representatives of governmental and non-governmental agencies and community-based organizations that provide HIV/AIDS services. Group members will represent affected populations to



create a prevention plan responsive to the local epidemic.

Volunteers can also choose to participate in the group as non-voting, external committee members. Volunteer work as an external committee member provides the group additional representation from affected communities and generates a pool of potential voting members familiar with the community planning process.

Members may serve for up to two three-year terms.

The group presently needs to increase participation from adolescents and white men who have sex with men. Other membership categories include people associated with substance abuse prevention and treatment; gay, lesbian and transgender communities; HIV prevention programs; communities of color; spiritual and faith-based communities; mental health and social services agencies and individuals with expertise in homelessness, the incarcerated or recently released and tuberculosis treatment.

New members receive orientation and training to help them become familiar with the community planning process.

Nomination forms, nominating guidelines and additional information are available by calling the Houston Department of Health and Human Services at 713-794-9092.

The group accepts nominations throughout the year.

Calendar

FEBRUARY

American Heart Month

American Heart Association
www.americanheart.org

National Children's Dental Health Month

American Dental Association
www.ada.org

Wise Health Consumer Month

American Institute for Preventive Medicine
www.aipm.healthy.net

14

National Condom Day

American Social Health Association
www.ashastd.org

1 - 7

National Burn Awareness Week

Shriners Burns Hospital
www.shrinershq.org

8 - 14

National Child Passenger Safety Awareness Week

Office of Occupant Protection, National Highway Traffic Safety Administration
www.nhtsa.dot.gov

22 - 29

National Eating Disorders Awareness Week

National Eating Disorders Association
www.nationaleatingdisorders.org

MARCH

Save Your Vision Month

American Optometric Association
www.aoa.org

Workplace Eye Health and Safety Month

Prevent Blindness America
www.preventblindness.org

National Nutrition Month

American Dietetic Association
www.eatright.org

21 - 27

National Inhalants and Poisons Awareness Week

National Inhalant Prevention Coalition
www.inhalants.org

21 - 27

National Poison Prevention Week

Poison Prevention Week Council
www.poisonprevention.org

24

World Tuberculosis Day

American Association for World Health
www.aawhworldhealth.org

31

Kick Butts Day

Campaign for Tobacco-Free Kids
www.kickbutts.org

Frequently asked questions about HIV, AIDS

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. A diagnosis of AIDS is made by a physician using certain clinical or laboratory criteria.

What causes AIDS?

AIDS is caused by infection with a virus called human immunodeficiency virus (HIV). This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding.

What body fluids transmit HIV?

Blood, semen, vaginal fluid and breast milk.

How does HIV cause AIDS?

HIV destroys a certain kind of blood cell—CD4+ T cells (helper cells)—crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies have revealed that most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, recently developed sensitive tests have shown a strong connection between the amount of HIV in the blood, the decline in CD4+ T cell numbers and the development of AIDS. Reducing the



amount of virus in the body with anti-HIV drugs can slow this immune destruction.

How is HIV transmitted?

HIV is spread by sexual contact with an infected person, by sharing needles or syringes—primarily for drug injection—with someone who is infected and, less commonly, through transfusions of infected blood or blood clotting factors (now very rare in countries where blood is screened for HIV antibodies). In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane, for example, the eyes or inside of the nose. There is no known risk of HIV transmission to co-workers, clients or consumers from contact in industries

such as food-service establishments. Food-service workers infected with HIV do not need to be restricted from work unless they have other infections or illnesses such as diarrhea or hepatitis A for which any food-service worker, regardless of HIV infection status, should be restricted. All food-service workers should follow recommended standards and practices of good personal hygiene and food sanitation.

Do condoms reduce risk of HIV?

The proper and consistent use of latex or polyurethane condoms when engaging in sexual intercourse can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV infection. There are many different types and brands of condoms available; however, only latex or polyurethane condoms provide a highly effective barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). Women may wish to consider using the female condom when a male condom cannot be used.

How can I know if I have HIV? People can have HIV and still feel perfectly healthy. Taking an HIV test is the only way to determine HIV status. Although HIV is a very serious infection, many people with HIV and AIDS are living longer, healthier lives today thanks to new and effective treatments.

Source: Centers for Disease Control & Prevention

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www.houstonhealth.org

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Houston Department of Health
and Human Services'

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