achieving TOGETHER
A COMMUNITY PLAN TO END THE HIV EPIDEMIC IN TEXAS
This plan reflects the ideas, recommendations, and guidance of the Texas HIV Syndicate, and Achieving Together partners, as well as statewide community engagement efforts with people impacted by HIV, people living with HIV, clinicians, and researchers. This is a living document that will evolve over time. The Texas HIV Syndicate is the Texas integrated HIV prevention and care planning group. The Texas HIV Syndicate includes representation from people living with HIV, community stakeholders, and HIV prevention and care organizational leaders.
Texas will become a state where HIV is rare, and every person will have access to high-quality prevention, care, and treatment regardless of age, race, ethnicity, sexual orientation, gender identity, and socio-economic status.
There are many ways to reach our vision, just like there are many pathways for individuals to meet their health and wellness goals. The purpose of this plan is to inspire and guide people, organizations, and communities to take action in ways that will move Texas in the direction of ending the HIV epidemic.

Start where you are.

Use what you have.

Do what you can.

- Arthur Ashe
Connect Clients, Providers & Community, Cultivate a Stigma-Free Climate

Reduce HIV Transmission & Acquisition
Increase Viral Suppression
Eliminate Health Disparities

Address Mental Health, Substance Use, Housing & Criminal Justice

Provide Culturally-Affirming Prevention, Care & Treatment

Promote the Continuum of Prevention, Care & Treatment

Collaborate, Coordinate Across Systems

Create a Stigma-Free Climate of Appreciation & Inclusion
Texas Has a Clear Vision

Texas will become a state where HIV is rare, and every person will have access to high-quality prevention, care, and treatment regardless of age, race, ethnicity, sexual orientation, gender identity, and socio-economic status.

The Time Is Now

We are living at a turning point in history. More than three decades of dedicated work and research have given us the experience, tools, technology, people, and passion to end the HIV epidemic. We know that reducing HIV viral load is a powerful tool both for enhancing the health of individuals and preventing transmission of the disease. We have a better understanding of how the environment creates health inequities and continues to allow inequities to persist. This increased understanding provides us with an opportunity to engage in conversations that can influence action. It also reinforces our commitment to create systems for all people to thrive. Our knowledge and understanding continues to grow and the possibility of ending the HIV epidemic is a reality on the horizon.

Now is the time to create the will and the environment to end the HIV epidemic.

We must combine strategies.

We must go beyond the focus on individual behavior to actions that will influence systems, communities, and social norms.

We must adapt systems and structures to make it easier for all people to access the HIV prevention, care, and treatment they need in order to thrive.

We will create a Texas that supports people and makes it easy for them to be their healthiest selves, to have healthy sex lives, and to achieve personal wellbeing.

All I have ever wanted was identity, significance, and security, for myself, family, peers, community...everyone.

- Helen E. Turner
We have the experience:

Combination prevention is a framework for HIV prevention. It includes behavioral, biomedical, and structural interventions that are appropriate for an individual or community. Years of research and dedicated work have resulted in HIV prevention tools that work, including:

- HIV testing and linkage to care
- HIV medications
- Access to condoms
- Behavioral interventions for people living with HIV and their partners
- Behavioral interventions for people vulnerable to HIV
- Treatment of substance use disorders and access to sterile syringes
- Sexually Transmitted Infection (STI) screening and treatment


We have the technology:

Technology and other innovations are changing the way people connect, learn, make decisions, and take action. They expand networks and the roles that everyone plays in the healthcare process. Technology doesn’t replace face-to-face human interaction; it increases the ways that people can navigate wellness and create community. We must use technology effectively for prevention, care, and treatment. We must start by understanding the ways technology is changing the social and healthcare landscapes. Then we can leverage it to help people thrive.
We have the biomedical tools:

- **Testing:** Testing is often the first step for people to access HIV prevention, care, or treatment services. With support in place:
  - People who test negative for HIV can be counseled on their risk and be offered resources to prevent it.
  - People who test positive can stay healthy by accessing care and treatment. They can prevent HIV transmission by taking medication and maintaining viral suppression.

- **Pre-exposure prophylaxis (PrEP)** is a medication protocol that prevents HIV acquisition when used correctly.

- **Non-occupational post-exposure prophylaxis (nPEP)** is a protocol for taking anti-retroviral medicines (ART) after being potentially exposed to HIV to prevent acquiring the virus.

- **Anti-retroviral therapy (ART)** is the combination of medications used to control HIV. The goal is to reduce the viral load and lead to viral suppression. When the virus is suppressed, people have better health outcomes, live longer, and have effectively no risk of transmitting HIV.

- **Treatment as prevention (TasP):** People living with HIV who are on ART and achieve and maintain viral suppression have effectively no risk of transmitting HIV.

- **Viral load** is the number of HIV particles in a milliliter sample of blood. Community Viral Load is a way of measuring viral load across a population and is a useful way to measure disparities. As community viral load goes down, the virus is less likely to spread, and we will be closer to ending the HIV epidemic.

We have the people:

The Texas HIV Syndicate and the people working in the field are passionate, motivated, and bring years of experience to this movement. Every person who reads this plan and takes action based on our guiding principles creates momentum toward our goals.
Is HIV an epidemic in Texas?

HIV is considered an epidemic in Texas because of the large number of cases involved. Even as tools for preventing and treating HIV have grown, the rates of new HIV cases have stayed the same between 2008-2017 and disparities have increased in communities that have been historically marginalized.

What does ending the HIV epidemic mean?

Ending HIV as an epidemic is about supporting people who are living with HIV and preventing others from acquiring it. It involves using a combination of the behavioral and biomedical tools available, creating a stigma-free climate, and reducing barriers in systems that keep people from accessing services and achieving their health and wellness goals. It continues the work and honors the accomplishments of those who came before us and of the long-term HIV survivors still among us.

We need a plan that works for everyone, no matter their race, ethnicity, sexual orientation, gender identity, age, geographic location, socio-economic status, or life circumstances.

Populations most impacted by HIV

Data show that the five populations in Texas most impacted by HIV are Latino, Black, and White gay, bisexual and other men who have sex with men; Black women; and transgender individuals. Many of these communities face barriers affecting their access and ability to focus on HIV prevention and care. We will not achieve our goals without working with and addressing the needs of these communities.

There is often an intersection of factors that increases risk for acquiring HIV and different populations are affected in each part of the state. To learn more about who is affected in your community:

- AIDSvu.org
- http://healthdata.dshs.texas.gov/InfectiousDisease/HIV_PLWH
- http://healthdata.dshs.texas.gov/InfectiousDisease/HIV_NewDiagnoses

What this plan means is an end to the stigma, shame, fear, and silences that rule our lives. To remove the fear and mystery and worry, and replace them with determination, courage and hope.

- Elias Gonzalez
Four goals will make our vision a reality

1. Reduce HIV transmission and acquisition

Reducing HIV exposure (i.e., through behavioral interventions, condoms, and syringe exchange) + Reducing HIV transmission (TasP through ART and Viral Suppression) + Reducing HIV acquisition (through PrEP & nPEP)

will end the HIV epidemic

2. Increase viral suppression

Achieving and maintaining a suppressed viral load (less than 200 copies per ml of blood) allows people living with HIV to have better health outcomes, live longer, and have effectively no risk of transmitting HIV. This is treatment as prevention (TasP). For people living with HIV (PLWH), this changes what it means to live with HIV and can remove the fear that many PLWH have about transmitting HIV to others.

3. Eliminate health disparities

Some people are more likely to be affected by HIV because they are part of a group that does not have access to the same resources as others. No one should be denied the possibility of being healthy because of their identity. Ending the HIV epidemic involves creating new pathways for people who historically have been disenfranchised because of systemic racism, sexism, homophobia, and transphobia.

4. Cultivate a stigma-free climate

Stigma is a social norm that is reinforced by societal messages, the language we use, and the way we interact. We can cultivate a stigma-free climate through awareness and understanding of specific issues, empowering communities, promoting inclusive language and messages, and creating equitable systems.

I have no doubt we will find the will to use all the tools for which we have worked and sacrificed so much to finally end this HIV epidemic as we have known it.

- Steven Vargas, HIV Long Term Survivor
Complex Questions

The work to end the HIV epidemic in Texas requires us to explore questions that do not have an immediate or simple answer. We will continue to listen and learn from different perspectives. Some of the questions to consider include:

• **Where are we ending the epidemic and where are we maintaining the status quo?**
  Small changes can have a big impact when they are strategically chosen. At every stage of planning, we must ask whether an action will move us toward ending the epidemic or hold things in place.

• **How can we honor individuals by creating systems that work for them?**
  Health equity is about creating systems that allow all people to be able to achieve the best health possible. All systems (political, social, religious, educational, transportation, justice, etc.) must work together to meet people where they are.

• **Are we cultivating acceptance or stigma?**
  Language, messages, and strategies can unintentionally stigmatize a group of people. If we are aware of our own biases and address them, then we can be more open to different perspectives. Language is evolving constantly. When we know the historical context of language, we can be more intentional in cultivating a climate where people feel accepted.

• **How can we prioritize communities without further stigmatizing them?**
  Data without context does not tell the whole story. We must share data and highlight inequities while also providing insight into the environment and conditions that created these inequities.

• **How can understanding our history help us move forward?**
  We must learn from our past to ensure we do not repeat injustices in the future. Our history contains answers to how inequities were created and can provide insight into what needs to be done in order to address injustices. Laws were created that prevented specific populations from accessing resources that were available to others. People of color and the LGBTQ community have a history of being discriminated against within systems; the stigma and discrimination associated with these systems affects how individuals operate within them. We must understand generational trauma and the impact this has had on health-seeking behaviors. We must recognize that there are cycles of learned mistrust of the medical system that contribute to why these communities seek health care less frequently, even if they have access to insurance.
Measuring Success: By 2030, we aim to achieve…

- An increase in the proportion of people at greatest vulnerability of acquiring HIV who receive combination prevention
- 90% of people living with HIV (PLWH) know their status up from 80% in 2012
- 90% of PLWH who know their status are on antiretroviral therapy (ART) up from 68% in 2012
- 90% of those on ART achieve viral suppression up from 76% in 2012
- 50% reduction in the annual number of Texans with new HIV infections from 4,400 to 2,200 by 2030

…while striving for equity among priority populations across all measures and indicators.

The 90/90/90/50 targets align with the Fast-Track Cities initiative led by the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Human Settlements Programme (UN-Habitat).

*We want to create forward momentum on the things we can measure directly, and we also recognize that those are not the only things that matter. We cannot end the HIV epidemic without increasing awareness, addressing stigma, and working to end institutionalized racism, sexism, homophobia, and transphobia.*
Guiding Principles

A plan for ending the HIV epidemic in Texas must be flexible, adaptable, and actionable in order to fit the needs of communities across the state. At the same time, the plan must also chart the course for everyone to be moving in the same direction. Guiding principles offer a tool for planning in complex and fast-changing times.

• **Social Justice**: Aim to remove barriers, eliminate oppressive systems, and provide opportunities and freedoms so that people from all communities—including Black, Latinx, and LGBTQ communities—can thrive and achieve optimal health and wellness.

• **Equity**: Focus on strategies that will create access to resources and services for all people, eliminate inequities, and increase people’s capacity to make decisions that affect themselves, their families, and their communities. Focus especially on those communities that face the biggest barriers affecting their access and ability to focus on HIV prevention, treatment, and care services.

• **Integration**: Create an integrated system of HIV prevention, treatment, care, and advocacy across the state. Allow space for ideas and innovation to emerge and for each part of the system to function individually and collectively to their greatest capacity. Build bridges to connect people, groups, organizations, and systems in order to share data, resources, knowledge, funding, and support.

• **Empowerment**: Support shared decision-making between people affected by HIV and providers and across systems. Recognize that people are experts in their own lives. Provide people with the skills, tools, and health literacy needed to navigate their health and wellbeing. Build capacity in the people and organizations working in the field so that they can be leaders and role models for the communities they serve.

• **Advocacy**: Promote and implement policies that will support the work in all areas of the plan. We need supportive policies at the federal, state, local, and organizational levels. In addition to policy work by people who work within health and legislative systems, there is a role for advocates and grassroots efforts outside of these established systems.

• **Community**: Lasting change happens at the local level among people who are working together, without a partisan frame, to create a healthy community. To create movement around this plan, start by strengthening existing relationships among people and organizations and reaching out to new ones. Listen and learn from multiple perspectives and build bridges with non-traditional partners and with people who have been left out of the conversation in the past. This creates opportunities to hear their stories and questions and to learn about what matters to them. Then, the work of this plan will reflect all people who are affected by HIV.
Vision and Principles-Based Planning

To create a “Texas-sized plan,” we developed a vision-based plan rather than a monitoring or metric-based plan. That does not mean that we do not have clearly defined outcomes. Instead we start with a vision and then think about what support we need to move toward that vision.

Complexity science has identified strategies needed to thrive in complex systems, including using vision-based planning. G.U.I.D.E. is a framework developed by Michael Quinn Patton, for effective, vision-based planning and evaluation.* The acronym defines criteria for effective planning that is flexible, adaptable, and actionable.

Guiding: Defines areas to focus attention and specifies a direction or priorities for action.

Useful: Describes how to be effective, points toward desired results, and allows people to see their role in moving forward.

Inspiring: Based on shared vision and values and brings people together around a shared purpose.

Developmental: Flexible and adaptable to specific contexts so it can be applied in multiple situations and it stays relevant even with changes in the social, political or biomedical environment.

Evaluable: Provides pathways to measure what is happening and whether the actions are moving us in the direction we want to go.


[Achieving Together] signifies a united movement against HIV. No longer is this an individual white gay male, a black or Latino gay male, a homosexual, transgender, IV drug user, female, or heterosexual fight.

For the first time in years, we are all on the same page and we only have one target. This time, I do believe that the target has no chance of survival.

- John Poole
Focus Areas

The Texas HIV Syndicate identified six areas to focus attention and efforts in order to reach the goals of the plan. We believe that specific and bold action and advocacy across all of the areas will have a high impact on our goals. These areas are outlined below and described in depth on the following pages.

These focus areas are interconnected and we must address all of them if we are going to reach our goals. None of this can be accomplished in isolation, just like no single person or entity can end the HIV epidemic. It will take the synergy of people, organizations, and communities each identifying where they can contribute and taking action. Find your place in this work.

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You ask: “What do I say, where do I start, what best practices should I use?”
Wherever you are, wherever your scope of power and influence lies, start there.

- Nike Blue, AIDS Foundation Houston, Inc.
Cultivate a stigma-free climate of appreciation and inclusion.
Stigma is a negative social norm that is based on beliefs and perceptions.
Change the language, the messages, and the story to promote sexual health and wellness for all people. Normalize HIV testing, prevention, care, and treatment within the healthcare system to help change perceptions and beliefs.

Address mental health, substance use, housing, and criminal justice.
Addressing the interplay of mental health and substance use disorders, criminal justice, and housing is essential to creating supportive and stable environments in which people can achieve their health and wellness goals.

Collaborate, cooperate, and coordinate across systems.
Create systems and processes to share data and resources and to build collaborative partnerships. Build connections with other systems that impact HIV prevention, care, and treatment such as education, housing, transportation, employment, mental health, substance use, and criminal justice. Structure funding opportunities to promote coordination of services across the continuum.

Connect clients, providers, and communities across Texas.
Strong networks create multiple pathways for people to connect with HIV prevention, care, and treatment. This can increase access and actively involve communities in outreach and advocacy. In-person efforts like community mobilization and peer networks are proven methods of building support for involvement in HIV prevention, care, and treatment. New and emerging technology, including mobile apps, telehealth, at-home testing, and web-based provider education, create options for people to access services and information.

Provide culturally affirming HIV prevention, care, and treatment.
Providers and people who are planning programs must create relationships with people and communities affected by HIV based on mutual respect and an understanding of cultural humility in practice. Community-guided planning and data that is inclusive of all population groups will support programs and interventions that are culturally appropriate.

Promote the continuum of HIV prevention, care, and treatment.
Biomedical tools, supported by behavioral interventions, continue to change the way we think about HIV prevention and treatment. The continuum of prevention, care, and treatment starts with testing and continues with systems of care that are in place to promote these interventions.
Focus Area:

**Cultivate a stigma-free climate of appreciation and inclusion.**

Addressing the language, messages, and story around HIV, sexual health, mental health, substance use, ethnicity, race, sexual orientation, and gender identity: Normalizing HIV testing, prevention, care, and treatment within the healthcare system will help change perceptions and beliefs.

**Aspirations**¹

1. Recognize that language evolves over time and create shared language that promotes appreciation and inclusion of all people.
2. Offer messages that promote overall health and wellness without stigma attached to mental health, substance use, and sexuality.
3. Create understanding and educate communities about the impact the intersectionality of race, sex, and gender has on health and wellness.
4. Create opportunities for conversations about healthy sexuality.
5. Normalize HIV testing in all clinical and non-clinical settings by making it routine.
6. Incorporate HIV treatment and care into primary medical care.

**Take Action**²

**Shared Language**

- Work with communities to develop and adopt language that is person-first and de-stigmatizing, and promote life-affirming language in written materials, policy, and face-to-face interactions.
- Translate and interpret into other languages, especially Spanish.
- Develop original culturally and linguistically appropriate materials and messages in languages other than English.

**Accurate Messages**

- Normalize the conversations about HIV with providers and communities.
- Normalize conversations about sex and sexual health within the health care and broader environment.
- Work with communities of faith to promote messages of acceptance and inclusion.
- Educate about the impact of stigma on: people living with HIV; communities of color; LGBTQ communities; people with mental health and substance use disorders; and people living in poverty.

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¹ An aspiration is a hopeful desire to achieve something.
² The actions in each section reflect potential high-impact recommendations from the Achieving Together planning group.
• Replace fear-based safer sex messages with opportunities for conversations on healthy sexuality and relationships.

Normalizing HIV testing, prevention, treatment, and care within the healthcare system

• Implement opt-out, routine screening in all clinical settings (e.g. hospital emergency departments, inpatient services and outpatient clinics, primary care clinics, urgent care clinics, store-based health clinics, substance use treatment centers, STD clinics, etc.).
• Expand provider education to include HIV education for all health care providers.
• Incorporate HIV prevention and care into primary and emergency care settings, including combination prevention, PrEP, nPEP, and ART.
• Routinize conversations about combination prevention and healthy sexuality and wellness in all healthcare settings.

Policy and advocacy to support this area

• Use appropriate community-driven language in all local and state policy, planning, and communication. Work with funders and federal partners to promote appropriate language.
• Promote comprehensive sexual health education through schools.
• Integrate HIV and sexual health education into curricula at medical schools, nursing schools, and other schools that train healthcare professionals.
• Advocate for opt-out, routine testing.
• Model economic impact of integrating HIV testing and care into routine care.
• Advocate for policies that support syringe exchange and overdose prevention.
• Advocate to remove policies that discriminate against people based on their race, gender identity, and sexual orientation.

What is stigma?

Stigma is a negative social norm that is based on learned beliefs and perceptions about people or communities who are perceived as different in some way.

Discrimination occurs when people and societies deprive certain groups of individuals of the rights and life opportunities that are afforded to other people, such as housing, healthcare, employment, education, and opportunities for civic life.*

Focus Area:

Address mental health, substance use, housing, and criminal justice.

Addressing mental health, substance use disorders, criminal justice, and housing is essential to creating supportive and stable environments in which people can achieve their health and wellness goals.

Aspirations

1. Recognize and understand the intersections of mental health, substance use, housing, and criminal justice and the impact these have on people’s ability to access HIV services.
2. Increase access to mental health services and substance use disorder treatment.
3. Create access to housing opportunities for people living with HIV, especially those who have been incarcerated.
4. Remove policies that perpetuate stigma and limit access for people with mental health and substance use disorders or who have been incarcerated.
5. Address the impact of mass incarceration on racial and economic disparities that contribute to the HIV epidemic.
6. Address the barriers to HIV prevention, care, and treatment created by the fear of deportation and by the inadequate services offered in immigration detention centers.
7. Create a seamless flow of HIV prevention, treatment, and care services for people who transition in and out of the criminal justice system.

Take Action

Mental Health

• Promote a recovery model for mental health disorders, including broadening the base of trained mental health recovery coaches.
• Establish collaborations between HIV organizations and mental health providers.
• Adopt models for co-location of services.

Substance Use

• Promote a harm reduction approach to substance use disorders.
• Promote a recovery model for substance use disorders, including broadening the base of trained substance use recovery coaches.
• Develop relationships between local law enforcement, mental health authorities, and substance use communities to promote treatment rather than incarceration for substance use.
• Promote access to long-term treatment and mental health services for people who are under- or uninsured or living in poverty.

**Housing**

• Pilot the use of HOPWA (Housing Opportunities for Persons with AIDS\(^1\)) funds for post-incarceration housing assistance and develop outcome measures and best practice models for adoption of successful models.

• Adopt the Housing First evidence-based model for helping people with mental health and substance use disorders get housing.\(^2\)

• Collaborate and coordinate with housing authorities to create synergy of ideas, strategies, and advocacy that will positively impact people living with or at risk for acquiring HIV.

**Criminal Justice**

• Ensure continued, consistent HIV prevention, care, and treatment in the correctional health system.

• Provide access to HIV prevention, care, and treatment in immigration detention centers.

• Create and operationalize processes in order to provide seamless and comprehensive medical and supportive services for people who have been released from prisons and jails.

• Implement initiatives to improve HIV literacy in the correctional system.

• Work with criminal justice advocates to address the inequities and disparities in the criminal justice system. Collaborate and coordinate with criminal justice professionals and advocates to bring improvements to the current systems.

• Work with immigration advocates to address the impacts that immigration policies are having on HIV prevention, treatment, and care.

**Policy and advocacy to support this area:**

• Highlight data to support syringe exchange programs in Texas.

• Advocate for changes in federal laws that restrict housing.

• Remove barriers to hiring people based on criminal history.

• Advocate for condom access in the correctional system by researching the success of condom distribution programs in correctional settings and promoting findings with Texas Department of Criminal Justice (TDCJ) and county jail officials.

• Promote and educate providers in the correctional, housing, mental health and substance use treatment settings on the advances in HIV prevention and treatment and how they can help.

• Advocate for supervised injection facilities.

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\(^1\) The Housing Opportunities for Persons With AIDS (HOPWA) Program is the only Federal program dedicated to the housing needs of people living with HIV. [https://www.hudexchange.info/programs/hopwa/](https://www.hudexchange.info/programs/hopwa/)

\(^2\) [https://www.usich.gov/solutions/housing/housing-first](https://www.usich.gov/solutions/housing/housing-first)
Focus Area:

Collaborate, cooperate, and coordinate across systems.

Create systems and processes to share data and resources and to build collaborative partnerships. Build connections with other systems that impact HIV prevention, care, and treatment such as education, housing, transportation, employment, mental health, substance use, and criminal justice. Coordinate funding opportunities to promote coordination of services across the continuum.

Aspirations

1. Build leadership, networking, and evaluation capacity within the Texas HIV Syndicate membership to serve as change agents within their regions.
2. Strengthen existing relationships with current allies and build bridges to work with new partners.
3. Cultivate cooperative and collaborative environments at all levels across the state.
4. Create a statewide data system that meets the needs of all stakeholders.
5. Create platforms and increase efficiencies for statewide communication and centralized data and resource sharing.

Take Action

Data sharing

- Centralize eligibility and records at the state level.
- Integrate data systems across electronic medical record software (EMRs) that communicate with each other.
- Restructure data collection and dissemination processes to create a streamlined system for collecting and providing access to timely, accurate, and comprehensive data that reflects the current reality.

Resource sharing

- Develop an online peer-to-peer resource and information-sharing network for everyone who works in and with the HIV field in Texas.
- Create mechanisms for streamlined communication between levels of government.
Funding structures

- Re-structure funding processes to encourage collaboration rather than competition at the local level.
- Coordinate funding across co-morbidities.
- Create collaborative grant models that encourage seamless services.
- Provide funding based on integrated models, funding coalitions that demonstrate that they collaboratively provide services across the continuum.
- Provide funding for organizations led by communities most impacted by health disparities.
- Move from a memorandum of understanding (MOU) model to a truly collaborative model.

Engage people in other systems, including transportation, education, faith-based communities, employment, housing, mental health, substance use, and criminal justice.

- Use community-engagement strategies to build partnerships across communities.
- Invite people from other disciplines to trainings and educational programs on harm reduction, trauma, informed disclosure laws, and cultural humility.
- Engage faith-based and education communities in partnerships to promote understanding and acceptance.

Policy and advocacy to support this area:

- Conduct economic modeling for lifetime HIV treatment.
- Advocate for Texas government support of an Ending the Epidemic plan.
- Implement non-discrimination policies.
- Evaluate and update administrative systems and structures at the State level and with funders and federal partners to ensure that they support the implementation of this plan, including Notice of Funding Opportunities, Requests for Proposals, standards of care, outcome measures, monitoring tools, and reporting requirements.
- Create joint policies/mandates for agencies who serve the same population.
- Advocate for multiple systems to work together to holistically address the needs of communities and issues that affect HIV outcomes.
Focus Area:

Connect clients, providers, and communities across Texas.

Strong networks create multiple pathways for people to connect with HIV prevention, care, and treatment. This can increase access and actively involve communities in outreach and advocacy. In-person efforts like community mobilization and peer networks are proven methods of building support for involvement in HIV prevention, care, and treatment. New and emerging technology, including mobile apps, telehealth, at-home testing, and web-based provider education, create options for people to access services and information.

Aspirations

1. Expand access to testing, prevention, treatment, and care.
2. Adopt same day “test and treat” strategy as a standard of care.
3. Adopt wide use of current technology across testing, prevention, treatment, and care.
4. Expand provider base across Texas.
5. Expand peer navigation networks across Texas.
6. Increase collaboration between primary care and specialty HIV providers.

Take Action

Technology across testing, prevention, treatment, and care

- Expand the use of telehealth for case management, mental health care, risk reduction, and prevention in addition to medical care.
- Explore the use of mobile apps for consumers and providers.
- Use technology to streamline the enrollment process.
- Expand the availability of at-home testing.
- Embrace and adopt new and emerging technologies.
- Expand the use of electronic medical records (EMRs) (e.g., screening algorithms, laboratory ordering, linkage to care tracking) to increase health outcomes for patients, efficiency for clinicians, and coordination across systems.
Peer networks
• Develop and adopt a peer navigation training program.
• Develop inclusive policies for hiring and training peer navigators that reflect the people affected by HIV in the community.
• Expand the role of and support for peer navigators across communities.
• Develop support structures to build advocacy and leadership skills for peer networks to engage the HIV community and to be advocates in other systems.

Community mobilization
• Implement community engagement strategies to identify and involve people affected by HIV in disenfranchised communities.
• Build capacity for leadership and advocacy, especially in communities that have been historically disenfranchised.
• Highlight and implement best practices for community mobilization.

Accessible testing, prevention, treatment, and care
• Address health literacy needs by considering ways to ease the burden on consumers.
• Offer non-traditional hours and locations that meet the needs of the community.
• Create models for co-location of services and “one-stop-shop” regardless of HIV status.
• Redesign health-care roles to utilize medical assistants and other licensed professionals in HIV prevention, treatment, and care.
• Expand the use of non-traditional, mobile, and virtual locations for services including: intake, healthcare, social services (including case management and navigation), labs, testing, and syringe exchange.
• Develop approaches to engage and retain youth in HIV prevention, treatment, and care.
• Create environments where people feel safe accessing prevention, treatment, and care services regardless of their gender, sexual identity, race, ethnicity, or immigration status.

Expanded provider base and collaboration between primary care and specialty HIV providers
• Work with medical schools to expand HIV education into primary care curriculum.
• Improve data sharing to improve communication between providers.
• Strengthen the provider base through peer-to-peer networks and web-based distance education for providers.
• Build capacity and proficiencies of HIV care providers throughout the state using web-based peer-to-peer training.

achievingtogethertx.org
Policy and advocacy to support this area:

- Develop agency policies that provide support for people to remain in care.
- Increase access by advocating for Medicaid expansion and universal health coverage.
- Understand the minimum requirements and barriers to the adoption of technology, including EMRs, social media, texting, mobile apps, and other emerging technologies.
- Advocate to develop policies at the local and state level that will facilitate the adoption of technologies that will increase access.
- Adjust policies to support hiring and training peer navigators.
- Advocate for the reimbursement of peer-delivered interventions.
- Remove barriers to hiring people based on criminal history.
- Increase the availability/access of at-home testing and access to providers.

Health Literacy

There are many literacy-related tasks involved with understanding, preventing, and managing a disease like HIV, as well as navigating the systems involved. Health literacy is a function of both individual skills and the structure of the healthcare system.\(^1\) Research on health literacy highlights the gap between the demands and expectations of health systems and individuals’ skills.\(^2\) The shift in focus from the individual to the health care system also shifts the burden of responsibility from patients to the communicators of health information. All members of a health care system or organization must communicate clearly so that people can effectively participate in health care services and medical treatment.

As technology becomes more widely used in health care, people need to be able to access, understand, and use electronic health information. Digital health literacy involves more than the ability to read and understand written language. People need to know how to use a computer, smartphone, or other device. People also need to be able to understand health terms, identify credible sources of health information, and know the limitations and applicability of information they find. They need to be able to navigate online portals and understand how their personal health information is used online. (https://www.hiv.gov/blog/7-things-providers-know-about-digital-health-literacy)

People and organizations involved in planning and providing health-related information and services must rethink their assumptions about what people can easily understand and do. Consider ways to ease the burden on the people who use materials or services when developing communication materials, reviewing operating procedures or systems, or working directly with consumers. For more information, visit https://hivhealthliteracy.careacttarget.org/iit/resources.


Focus Area:

Provide culturally affirming prevention, care, and treatment.

Providers and people who plan programs must create relationships with people and communities affected by HIV based on mutual respect and an understanding of cultural humility in practice. Community-guided planning and data that is inclusive of all population groups will support programs and interventions that are culturally affirming and will help people find the right pathway to meet their health and wellness goals.

Aspirations

1. Increase equity in opportunities for Latinx, Black, and White gay, bisexual and other men who have sex with men, Black women, and transgender individuals to achieve positive health outcomes, especially viral suppression.
2. Increase the possible pathways through which people can achieve viral suppression.
3. Institutionalize consumer-centered healthcare and shared decision-making.

Take Action

Cultural humility, sensitivity, competency, and equity

- Review eligibility processes, standards of care, and documentation requirements to ensure they are equitable to the populations being served.
- Make access to PrEP, prevention, and treatment equally available and accessible.
- Expand positive messaging to all systems that people seeking HIV prevention, treatment, and care come in contact with.
- Work with communities to develop and adopt language that is person-first, de-stigmatizing, and life affirming in written materials, policy, and face-to-face interactions.
- Provide materials and services in Spanish and other languages where it is appropriate.
- Identify or create and implement effective cultural humility and equity training for providers and people working in systems that impact HIV.
- Develop cultural humility accountability standards for providers.

Cont. on next page
Cultural sensitivity, humility, and competence have often been used in place of one another depending on the context being used. More recently, they have developed distinct meanings and represent a spectrum of cultural knowledge and awareness.

**Cultural sensitivity**\(^1\) begins with a recognition that there are differences between cultures. These differences are reflected in the ways that different groups communicate and relate to one another, and they carry over into interactions with healthcare providers.

**Cultural humility**\(^2\) refers to respecting the validity of another person’s culture and accepting the creative tension of holding two different perspectives simultaneously.

**Cultural competence**\(^3\) refers to the capacity of an individual or organization to communicate and interact effectively with people of similar and dissimilar cultures. It is a set of behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

**Cultural equity**\(^4\) is an emerging concept that all cultures be equally represented, respected, and honored as an overall part of a community. It takes the approach that diversity should be valued, embraced, and preserved.

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4 www.culturalequity.org/ace/cultural-equity
Policy and advocacy to support this area:

- Advocate to remove policies that discriminate against people based on their race, gender identity, or sexual orientation.
- Advocate for training that supports organizations to provide culturally affirming services.
- Adapt systems to meet the needs of the changing epidemic and diverse cultures.
- Provide more flexibility in funding organizations and groups that work specifically with and are led by gay, bisexual and other men who have sex with men, communities of color and gender non-binary communities.
- Advocate for providing additional technical assistance to organizations and groups that work specifically with and are led by gay, bisexual and other men who have sex with men, communities of color and gender non-binary communities to build capacity within these communities.
- Advocate for flexibility in all eligibility processes to remove barriers and meet the needs of people from diverse communities.
- Advocate for flexibility in documentation requirements that might present barriers to people experiencing homelessness and immigration issues.

Talking About My Generation

It is important to pay attention to generational differences when planning culturally affirming prevention, care, and treatment. For example, long-term survivors of HIV have unique needs as they age, including managing co-morbidities, long-term effects of medication, and aging in place. Youth within populations most impacted by HIV may have different perspectives on HIV compared with older generations. Many view HIV as a treatable chronic disease and this impacts their perception of risk. Many young people also choose to connect with each other, with information, and with systems in different ways than people in other generations.

Shared Decision-Making

Shared decision-making is a collaborative process that allows patients and their providers to make healthcare decisions together, taking into account the best scientific evidence available, as well as the patients’ needs, values, and preferences.
Focus Area:

Promote the continuum of prevention, care, and treatment.

Biomedical tools, supported by behavioral interventions, change the way we think about HIV prevention and treatment. The continuum of prevention, care, and treatment starts with awareness and continues with testing and systems of care that are in place to promote these interventions.

Aspirations

1. Adopt an integrated prevention and care continuum through a status neutral lens—care should happen regardless of status.
2. Increase medication adherence and retention in care among people living with HIV.
3. Increase viral suppression among people living with HIV.

Take Action

Integrated prevention and care continuums

- Re-envision the HIV prevention, care, and treatment system as person-centered rather than provider-centered.
- Provide supportive care services (e.g., housing, nutrition, mental health) across the continuum based on need.

Definitions

**Viral load** is the number of HIV particles in a milliliter sample of blood.

**Viral Suppression** is defined as suppressing or reducing the function and replication of a virus. The term “viral load” refers to the number of copies of HIV per milliliter of blood. In other words, it is the amount of virus in the blood.

**CD4+ T-cells** are immune cells that can be destroyed by HIV. A CD4+ cell count measures how many CD4 cells are in the blood. The higher the CD4 count, the healthier the immune system.

**Anti-retroviral therapy (ART)** is the combination of medications used to treat HIV. The goal is to reduce the viral load and lead to viral suppression.

**Treatment as prevention** — Research shows that people living with HIV who are on ART and achieve and maintain viral suppression have effectively no risk of transmitting HIV.

**Test and treat** is an intervention strategy in which the population at risk is screened for HIV and people diagnosed with HIV receive early treatment with anti-retroviral therapy (ART), reducing potential transmission to other people.

**Pre-exposure prophylaxis (PrEP)** is a medical protocol that prevents HIV acquisition when used correctly.

**Non-occupational post-exposure prophylaxis (nPEP)** is a protocol of taking antiretroviral medicines (ART), after being potentially exposed to HIV, to prevent acquiring the virus. nPEP must be started within 72 hours after a recent possible exposure to HIV.
Biomedical interventions

• Increase the awareness, availability, and accessibility of pre-exposure prophylaxis (PrEP) as a biomedical prevention option for people vulnerable to HIV.
• Increase the awareness, availability, and accessibility of non-occupational post-exposure prophylaxis (nPEP) as a biomedical prevention option.
• Increase provider understanding of and willingness to prescribe PrEP and nPEP.
• Provide anti-retroviral therapy (ART) to all people living with HIV, regardless of viral load and CD4+ T-cell counts, to promote viral suppression.
• Improve access to care to optimize treatment as prevention.
• Increase the availability and accessibility of systems that use test and treat models that get people from diagnosis into care and on treatment within 72 hours.

Behavioral interventions

• Continue to adopt and use behavioral interventions.
• Pilot, evaluate, and increase scalability of effective behavioral interventions that increase healthy outcomes and wellness.
• Incorporate biomedical interventions into behavioral intervention models.

Policy and advocacy to support this area:

• Advocate for continued funding for HIV research toward a cure and a vaccine.
• Advocate for Medicaid expansion.
• Leverage existing campaigns to promote treatment as prevention.
• Advocate for policies that support condom distribution.
• Advocate for covering related medical costs associated with PrEP and nPEP.
• Advocate for continued access to the 340B drug discount program for ART & PrEP.
• Advocate for PrEP assistance programs.
Plan Development & Acknowledgments

Achieving Together was developed by community leaders from across Texas through a process that began at the October 2017 Texas HIV Syndicate meeting. The planning group included 111 Texas HIV Syndicate members and a 35-member Steering Committee consisting of Texas HIV Syndicate Regional Co-Chairs and other community leaders. Between November 2017 and February 2018, five workgroups and the Steering Committee met monthly via video conference calls to develop the plan framework. Through a generative process, the group developed goals, guiding principles, areas of focus, aspirations, and recommended actions. A planning summit was held in Austin in January 2018 to share perspectives and create consensus around the developing concepts and vision of the plan. The UT-Austin Health Innovation and Evaluation Team (UT-Austin) facilitated all of the workgroup and Summit meetings. Representatives from the Texas Department of State Health Services HIV/STD Branch attended all meetings to listen to what the community representatives discussed. Over the course of six months, community leaders contributed over 1,000 person-hours in the development of this plan. UT-Austin drafted the plan to reflect the ideas, recommendations, and guidance of the workgroups and Steering Committee.

A Community Engagement Toolkit was created to guide the planning group members in reaching out to traditional and non-traditional stakeholders to gain additional input from the communities in which they live and work. The planning group reported feedback from individuals and groups around the state.

More information about the Texas HIV Syndicate is available at www.txhivsyndicate.org.

The Achieving Together movement matters most to me because it has provided me with the opportunity to bring the narratives of my community to the table of change. This process has been enriching and encouraging as we work to collectively create opportunities to cultivate healthier people and healthier communities.

- P.J. Moton

What I find most meaningful about the Achieving Together Plan is that it was written by us and for us. And while we keep our goals of preventing HIV transmissions, increasing viral suppression, eliminating health disparities, and cultivating a stigma-free climate at the center of our work, we recognize that in order to truly end the epidemic we have to address the underlying systems that support and perpetuate the stigma, isolation, and barriers to care that currently exist.

- Brandon Wollerson

Achieving Together provides the momentum of change that is necessary in Texas and beyond for ending the HIV epidemic.

- Lonnetta Wilson

Dr. Cornell West says: "Justice is what love looks like in public." I’m proud of this effort. The plan emphasizes moving beyond blaming and stigmatizing individual behaviors. It focuses on creating systems that better serve people and on improving the communities in which we all live. I believe this plan will move Texas forward in ending HIV as an epidemic.

- Shelley Lucas, Texas AIDS Director
I knew [when my brother died] that stigma was strong and could fuel the fire of HIV for a very long time unless... we, as a community, came together to end stigma and end HIV. This plan “Achieving Together” is our hope for a better tomorrow, free from stigma, free from HIV, and united in a movement that matters.

Will you join me?

- Michele Mayfield Durham
How can Texas achieve together?

Get tested.

Vote from your heart.

Promote healthy sex lives.

Affirm people’s experiences.

Ask people what matters to them.

Ask people what pronouns they prefer.

Talk to a health care provider about PrEP.

Talk to people in your community about HIV.

Talk to medical providers about mental health.

Talk to co-workers about how equity, racism, sexism, homophobia, and transphobia impact health and wellness.

Join us. Visit www.achievingtogether.tx.org