

# Summary of Baltimore HIV/AIDS Strategies & Targets for 2015

## Key Overall Strategies

1. Expand HIV Counseling and Testing. All sexually active Baltimore residents should be provided at least one test, and annual HIV testing is recommended for those persons and communities at highest risk of infection.
2. Accelerate Treatment. All people living with HIV in Baltimore should get access to immediate treatment with anti-retroviral medications with proper monitoring and continuity of care, including those who are homeless, incarcerated or in transition from incarceration.
3. Expand Community Care. All HIV-positive persons, whether opting for therapy or not, should be linked to care and social services, including drug treatment linked to HIV services for substance-abusing populations with or at risk of HIV infection, and universal availability of drug treatment services.
4. Deter Infection. BCHD, in collaboration with the planning council and with input from the Commission, should evaluate the affordability and potential benefits, based on emerging science, of making pre-exposure prophylaxis readily available to the most at-risk populations in Baltimore.
5. Promote Prevention. Condoms and educational materials should be widely distributed with a single message through and in local organizations, churches, venues that cater to at-risk populations, venues frequented by substance-abusers, and age-appropriate school settings.

## Goal 1 – Reducing New HIV Infections

### 2015 Targets:

- Lower the annual number of new infections by 25 percent. Measure this with new diagnosis data, lowering the number of new diagnoses from 505 in 2009 to 379.
- Reduce the HIV transmission rate (i.e., ratio of annual transmissions to number of people living with HIV), by 30 percent, from 7.08 persons newly diagnosed per 100 people with HIV to 4.96 persons new identified per 100 people with HIV.
- Increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus. In 2008, the number of cases of people known to be living with HIV was 13,155. Assuming progress towards reducing new infections by 25 percent and no change in deaths, then the number of cases of people living with HIV knowing their status will be 18,726.

### Strategic Initiatives:

- Intensify HIV-prevention efforts in specific geographic areas, including the 10 most heavily affected zip codes, and among particularly high-risk populations accounting for 60 percent of all infections.
- Expand targeted efforts to prevent HIV infection, including innovative prevention services, strengthening HIV screening, expanding effective prevention services, and expanding access to those services.
- Expand effective education about the threat of HIV and how to prevent it.

## Goal 2 – Increasing Access to Care and Improving Health Outcomes

### 2015 Targets:

- Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65 to 85 percent.

- Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (defined as at least 2 visits for routing HIV medical care in 12 months, at least 3 months apart) from 73 percent to 80 percent.
- Increase the number of Ryan White clients with permanent housing from 82 percent to 86 percent. This measurement serves as a proxy for determining success of efforts to expand access to HUD and other housing supports to all needy people living with HIV.

Strategic Initiatives:

- Create a seamless system of care, expanding collaboration and strengthening links between HIV-prevention providers, housing-services providers, faith-based organizations, and other support services.
- Increase the number and diversity of HIV-services providers.
- Support People Living with HIV/AIDS with their co-occurring health conditions, including updating standards of care and expanding advocacy and access for support services.

**Goal 3 – Reducing HIV-related Health Disparities**

2015 Targets:

- Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20 percent from an estimated 2009 baseline of 14 percent, up to 16.8 percent.
- Increase the proportion of HIV-diagnosed African-Americans with undetectable viral load by 20 percent from an estimated 2009 baseline of 13 percent, up to 15.6 percent.
- Increase the proportion of HIV-diagnosed Hispanics with undetectable viral load by 20 percent from an estimated 2009 baseline of 14 percent, up to 16.8 percent.

Strategic Initiatives:

- Focus on reducing HIV-related mortality in communities at high risk for HIV infection, including maintaining and expanding testing opportunities across high risk groups.
- Adopt community-level approaches to reduce HIV infection, including establishing pilot programs that use community delivery models and promote a more holistic approach to health.
- Reduce stigma and discrimination against People Living with HIV/AIDS, drawing upon public leadership, encouraging communities to affirm support, promoting public health approaches, and strengthening enforcement of civil rights laws.

**Goal 4 – Achieving a More Coordinated City Response**

2015 Targets:

- Increase coordination across all public and private entities engaged in combating HIV, with a majority of providers reporting additional linkages and collaborations.

Strategic Initiatives:

- Increase coordination of HIV program administration, promoting equitable resource allocation and streamlining and standardizing data collection.
- Develop improved mechanisms to monitor progress, including provision of rigorous evaluation and encouraging participating organizations to provide regular progress reports.